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Figure B.30 Industrial District Facility Types

B1. Existing Conditions

Existing Building Inventory

Industrial District - Building Ages





Figure B.31 Industrial District Building Ages

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B1. Existing Conditions

Existing Building Inventory

Industrial District - Building Conditions



B1. Existing Conditions

Existing Building Inventory

Industrial District - Historic Values

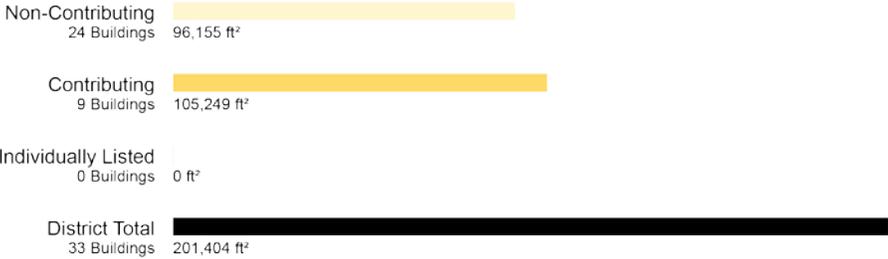




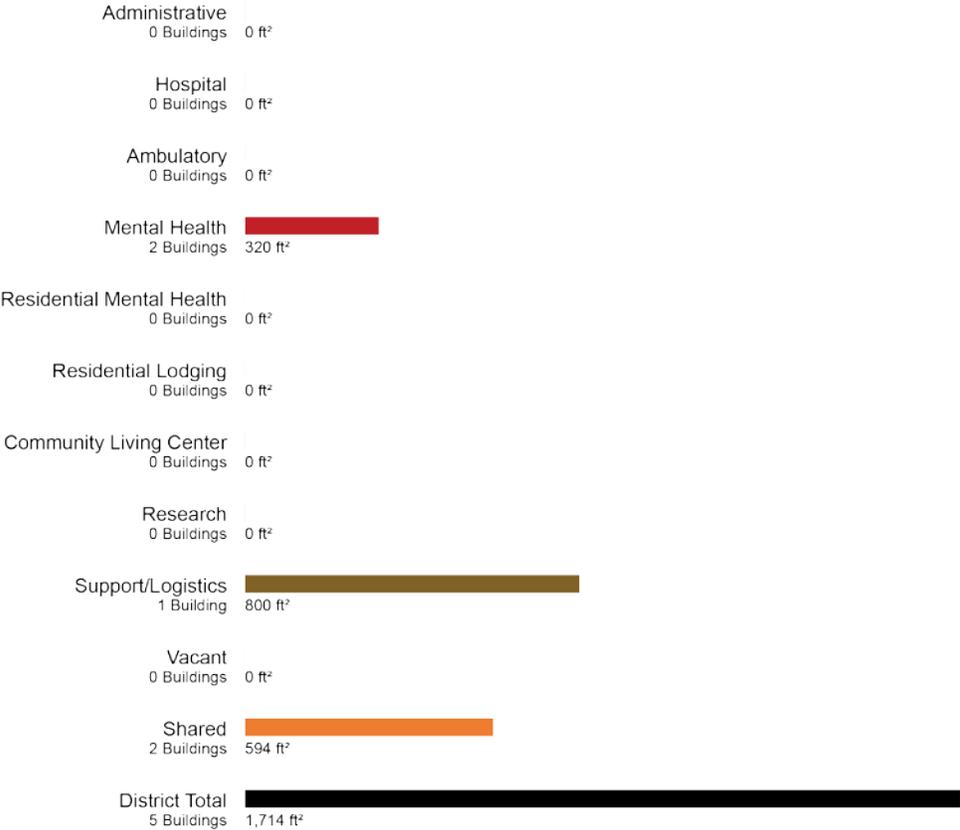
Figure B.33 Industrial District Historic Values

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B1. Existing Conditions

Existing Building Inventory

Recreational District - Facility Types



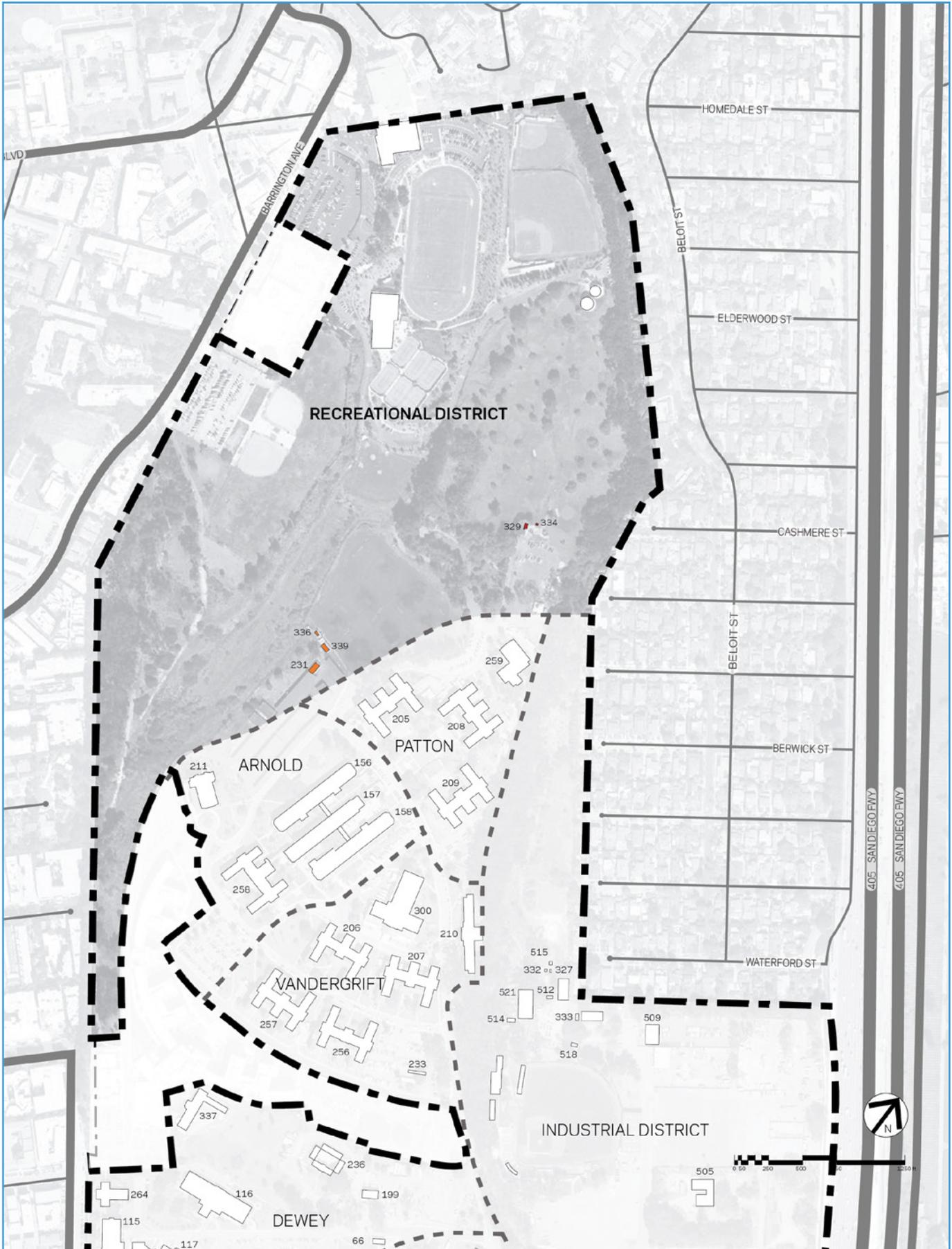


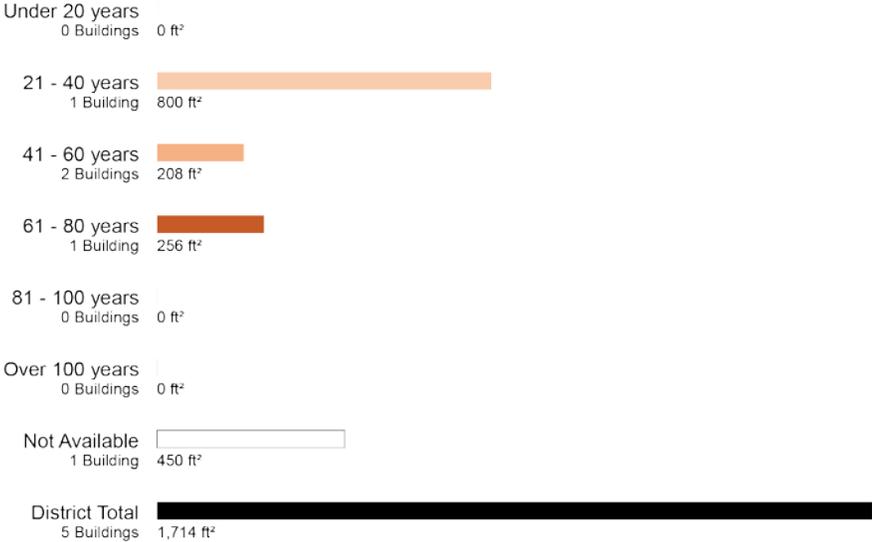
Figure B.34 Recreational District Facility Types

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B1. Existing Conditions

Existing Building Inventory

Recreational District - Building Ages



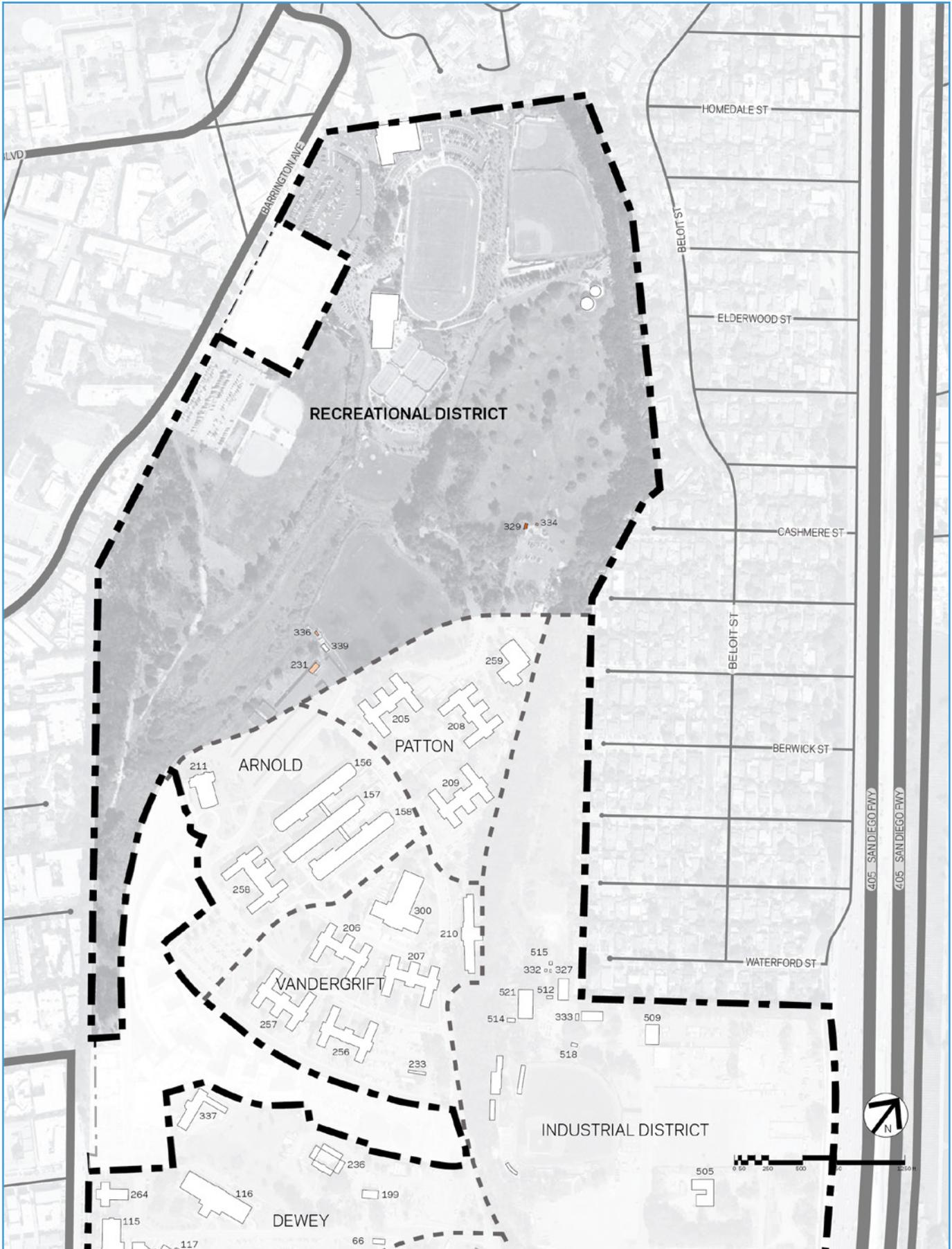


Figure B.35 Recreational District Building Ages

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B1. Existing Conditions

Existing Building Inventory

Recreational District - Building Conditions



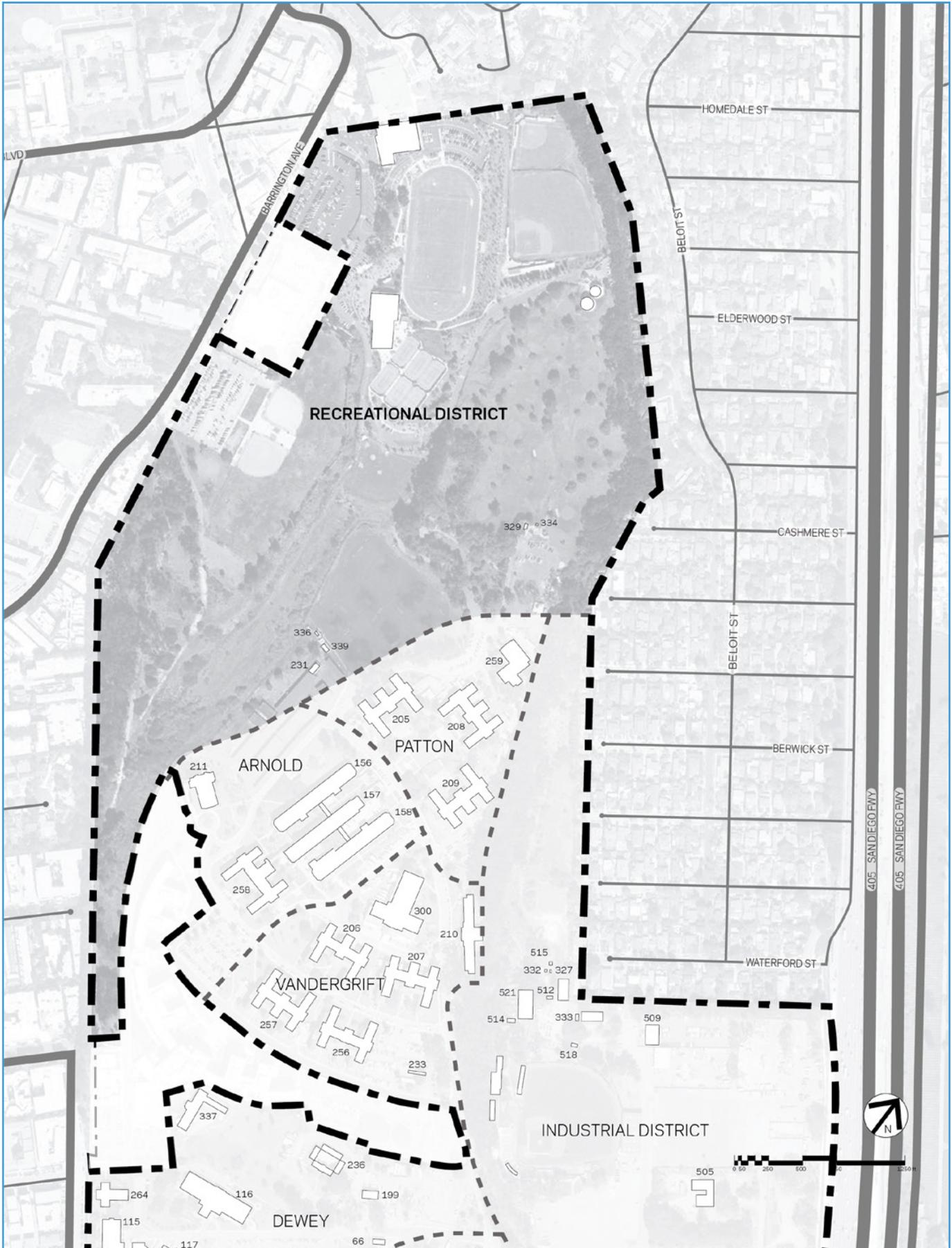


Figure B.36 Recreational District Building Conditions

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B1. Existing Conditions

Existing Building Inventory

Recreational District - Historic Values



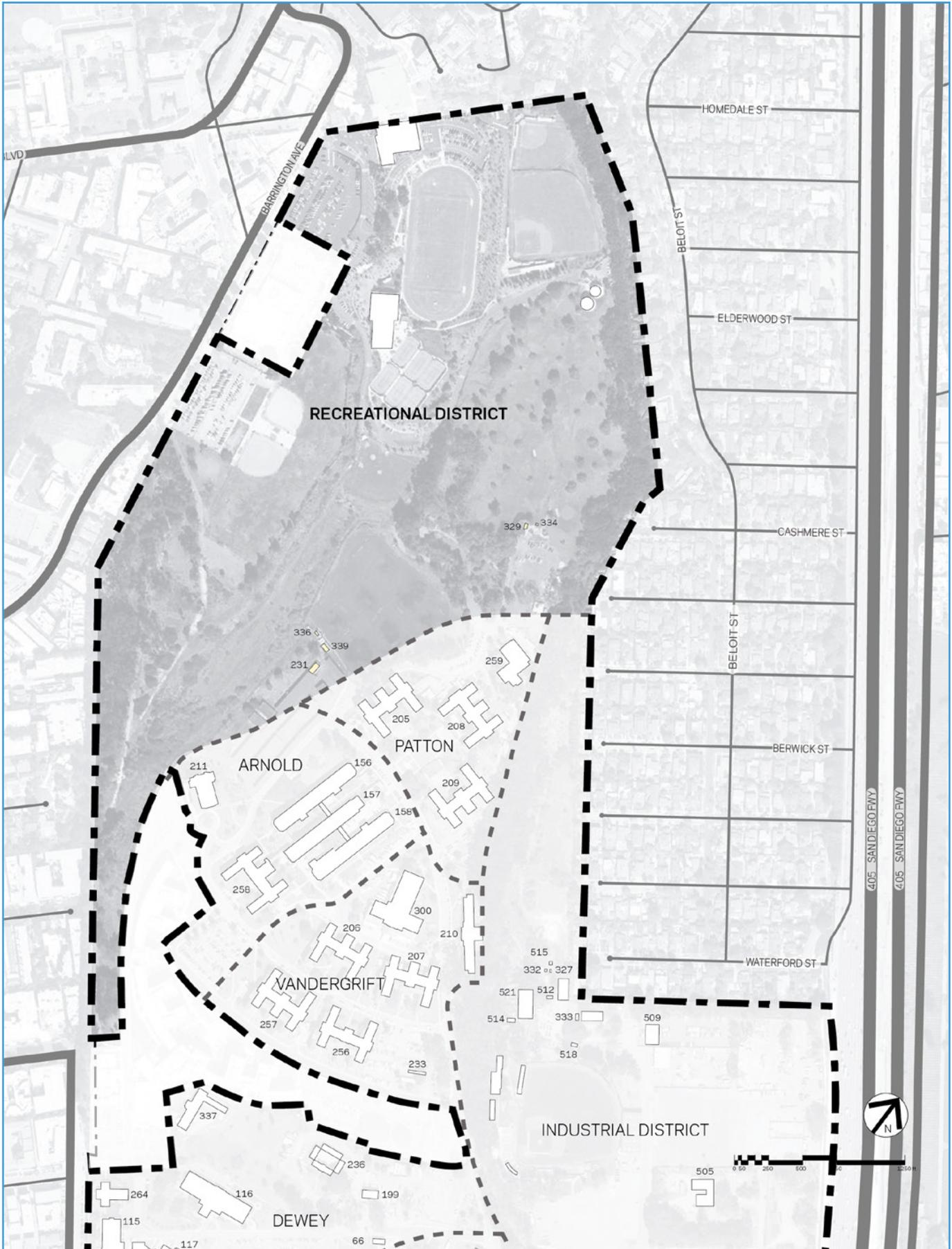


Figure B.37 Recreational District Historic Values

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B2

B2. Demographics, Demand, & Program Analysis

Existing Conditions

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Demographics, Demand & Program Analysis

B2

B2. Demographics, Demand & Program Analysis

Veteran and Homeless Demographics

Veteran Homelessness

Background

Ending Veteran homelessness, in coordination with Federal and community partners, is a top priority of the Obama Administration, Department of Veterans Affairs, and local communities across the country. To meet this challenge, VA launched a comprehensive, evidence-based, and outcome-driven strategy. VA's strategy is consistent with Opening Doors (The Federal Strategic Plan to Prevent and End Homelessness), which calls for the adoption of partnerships among federal, state, local governments, and service organizations, to increase access to stable, affordable housing—by prioritizing evidence-based services such as Housing First. VA's transformational effort has resulted in several new service models for homeless and at-risk of homeless Veterans and their family members, most notably the Supportive Services for Veteran Families program and a significant expansion of HUD-VASH. These models promote a more person-centered and collaborative approach that prioritizes connecting Veterans to permanent housing, healthcare, and other supportive services including employment opportunities that promote sustainable income, greater community reintegration, and improved quality of life.

California and Los Angeles play a significant role in the national goal of ending Veteran homelessness, accounting for high rates of Veteran homelessness (24% within the state and approximately 10% sited in greater Los Angeles). The Greater Los Angeles VA's Comprehensive Homeless Center provided services to 710 new individuals between October 1, 2014 and May 31, 2015. The homeless Veterans are diverse and complex with significant mental health and other healthcare concerns. Los Angeles has some of the highest numbers of homeless Veterans returning from Iraq and Afghanistan, female Veterans, and chronically homeless Veterans in the nation (Homeless Registry data, 2014). Chronic homelessness is defined by VA as having both a disability and having experienced homelessness for at least a year, or four or more episodes of homelessness in the last three years. Within GLA's service area, the average age of homeless and/or at-risk Veterans is 52 years, approximately 56% of the Veterans are 55 years of age or older, and 95% were male.

Many have significant mental health issues including depression, PTSD, psychosis, or addiction, in addition to medical comorbidities including diabetes, prolonged and complicated hypertension, COPD, arthritis, or other cardiac conditions that decrease their life expectancy and increase their risk for premature placement into nursing homes or other institutional care settings. Fifty-three percent of new intakes included chronically homeless. Behavioral health issues (substance abuse or psychiatric illness) were reported by 59% of the new intakes and 70% reported a serious medical issue, such as chronic pain, hepatitis C, or diabetes.

To address the housing and healthcare needs of homeless Veterans, the WLA VA Campus has increased its engagement and partnership with Federal and community partners to better address the needs of homeless and at-risk of homelessness Veterans. WLA VA Campus recognizes that it cannot solve Veterans homelessness in isolation; it takes the combined and coordinated efforts of the entire Los Angeles community to solve this problem. In partnership with the community, WLA VA Campus has also increased resources like HUD-VASH, SSVF case management and outreach services, and Homeless Patient Aligned Care teams (H-PACT) to better meet the housing, healthcare, employment, and other service needs of the homeless Veteran population.

Progress from these efforts is evident by reductions in the annual Homeless Point-in-Time (PIT) counts conducted by the community each January. Since 2011 there has been a 36% reduction in Veteran homelessness. However, the 2015 PIT indicated that there were still 4,016 homeless Veterans, 683 considered at greatest risk.

B2. Demographics, Demand & Program Analysis

Based on PIT and VA data, feedback from Veterans, Veteran Service Organizations, and other key stakeholders, it is clear that GLA, Federal, and community partners must continue to expand capacity and flexibility to serve homeless Veterans and/or Veterans at-risk of homelessness, as well as emerging sub-populations with distinct needs, including aging Veterans, female Veterans (especially those with histories of trauma including military sexual trauma), families, recently returning Veterans, and aging Veterans with significant medical and mental health complications.

It is imperative that chronically homeless Veterans and/or Veterans with complex mental health and/or medical service needs have access to the level of services they need to achieve housing stability and maximize their quality of life. In order to achieve this vision and as a component to a settlement agreement from *McDonald v. Valentini*, VA has advanced a Master Plan. The Master Plan is intended to reflect VA's unequivocal priority to prospectively operate the WLA VA Campus as a 21st century medical center and home that offers state-of-the-art healthcare while also providing safe, open, and welcoming services that supports including homes for homeless Veterans. The goal is to revitalize the campus so all Veterans feel welcomed in accessing, living, recreating, and socializing with one another, their families, the community, and VA staff. The new Master Plan will also help the Campus operate more efficiently and in a more Veteran-centric manner going forward, identify the optimal types, location, mix, and densities of bridge and permanent supportive housing, and treatment services including; mental health, addictions, employment and social supports needed by our Veterans who chose VA for their care.

The new vision for the campus also includes significant and adequate levels of permanent supportive housing, 'bridge', and transitional housing, along with short-term treatment services that can provide state-of-the-art primary care, mental health, and addiction services to Veterans, particularly chronically homeless Veterans of the Los Angeles region, severely disabled, aging, and female Veterans. Such housing shall be structured based on state-of-the-art homelessness prevention and urban planning sciences, consistent with best practices and evidence-based approaches under the Housing First model. VA's objective under that model is for Veterans to have an attractive choice to decide whether to pursue housing on or off the campus, while noting permanent housing on the Campus is intended for the most needy and vulnerable Veterans.

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B2. Demographics, Demand & Program Analysis

Veteran and Homeless Demographics

Assumptions

Veteran and Homeless Demographics Assumptions

VA provided fiscal year 2014 data, which included:

- a. Historic utilization (inpatient and outpatient) for homeless and non-homeless Veterans in greater Los Angeles
- b. West Los Angeles inpatient volume data
- c. Projections of Veterans and enrollees and key healthcare service utilization in the Greater Los Angeles area
- d. Unduplicated patients were determined to accurately assess the number of homeless Veterans in the Greater Los Angeles area
- e. Demographic data was analyzed to determine patient origin, average age, sex, service connected score, non-service connected disability
- f. Utilization trends of inpatient and outpatient services for homeless Veterans were determined

Assumptions for the formerly homeless and at-risk Veteran populations include:

1. VA projects that both Veterans and enrollees will decline by 2025 and future projections (to 2034) show a continued decline.
2. A 33% decline in Veterans by FY2025, as well as a 8% decline in VA enrollees based on VA projections.
3. Homeless Veterans and enrollees will decline at the same rate as the general Veteran population, with the same percentage of homeless men and women as in FY2014.

Assumptions for Clinical Care include:

1. Usage rates for inpatient services will decrease overall about 26% between FY2014 and FY2025, and outpatient use rates are projected to increase overall about 16% during the same period.
2. Currently, homeless Veterans use inpatient services 10% more than non-homeless Veterans and generate 85% more encounters; this trend is expected to continue in the future.

Program Eligibility and Utilization

1. Seventy-nine percent of homeless Veterans using healthcare services in Greater Los Angeles have a service connected score above 50% or have a non-service connected disability (a disability preventing them from gaining employment).
2. Over 60% of services for homeless Veterans at the WLA site center around mental health, primary care, specialty care, and housing-related services.

Demographics

Although the WLA facility draws patients from across the U.S., the majority are from the Los Angeles area

1. The majority of homeless Veterans seeking care at a Greater Los Angeles VA facility provide a ZIP code in the Greater Los Angeles region and make up 16% of all encounters.
2. Average age for homeless Veteran patients in the Greater Los Angeles area is 47 for women and 55 for men.
3. Female homeless Veteran patients make up a little less than 8% of the total homeless Veteran population.

B2. Demographics, Demand & Program Analysis

Veteran and Homeless Demographics

Methodology and Summary

Overall Methodology and Summary

The demographic and demand analysis is based on several data sources from both VA and HUD. Specifically, data surrounding historic and projected health utilization for Veterans were provided by VA and historic homeless data (including homeless Veterans) was provided by HUD.

During the data collection phase, several meetings were held by the Master Plan team with representatives from the planning department of VA and VA's National Homeless Center to understand and process data in a meaningful and impactful way. Discussions with stakeholders and community members augmented the analysis and provided context for how patients received care in VA system.

In understanding the demographics and demand for this campus, two analyses were completed—one which projected the number of homeless Veterans in need of housing in the greater Los Angeles area and one which projected healthcare service volumes for the West Los Angeles VA campus.

Homeless Veteran Population Analysis

In order to project homeless Veterans for FY2025, two specific data sources were used, including the FY2014 Annual Homeless Assessment Report (AHAR) to Congress provided by HUD, and GLA Veterans projects provided by VA Greater Los Angeles Healthcare System (VAGLA HS) Office of Planning & Development (OOP).

AHAR reports that approximately 34,393 homeless are located within the GLA area, the second largest homeless population in a metropolitan outside of New York City. Of the 34,393 homeless in Los Angeles, about 22,596 or 65.7% are chronically homeless. California has the highest number of homeless Veterans at 12,096 in 2014, and that number has decreased 32.7% over the last 5 years. In 2014, the GLA area had 3,739 homeless Veterans, the highest rate of homeless Veterans in a major city (more than twice that of other major cities). The number of "chronically homeless" Veterans, staying in places not means for human habitation such as streets, encampments in parks, or abandoned buildings, in GLA area is similar to the general homeless population at 68.4%. Most Veterans in the count were individuals (96%) and a small proportion were members of families with children (4%).

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Table B-1 Veterans Projections, FY2014 - FY2025

	Veterans		
	FY2014	Projected FY2025	Percent Change
Los Angeles, CA	314,667	203,101	-35%
Orange, CA	126,806	81,904	-35%
Kern, CA	47,962	40,958	-15%
Ventura, CA	43,841	30,718	-30%
Santa Barbara, CA	23,980	16,360	-32%
San Luis Obispo, CA	21,527	16,496	-23%
Total Greater Los Angeles Area	578,783	389,537	-33%

B2. Demographics, Demand & Program Analysis

Veteran and Homeless Demographics

Methodology and Summary

Using the assumptions, the FY2014 Veteran homeless population was reduced by the chronic homeless population. As the target is to capture those chronically homeless who are aging, medically compromised, or female, the medically compromised population is the highest. Thus this percentage was applied to the chronically homeless population to provide a baseline of individuals who need housing. The FY2025 projection resulted in using the reported VA percent change in overall Veterans (see “Table B-3 VA Enrollee Projections, FY2014 - FY2025” on page 109).

As depicted in “Table B-2 GLA Chronically Homeless Veteran Projections” the chronically homeless population is calculated at 864, and those who are medically compromised or targeted for permanent housing is calculated at 683. There will be a future FY2025 medically compromised chronically homeless count of 437.

Demand for Healthcare Services Analysis

Healthcare services demand was analyzed for all GLA Veteran enrollees using historic patient volumes (October 2013 to September 2014) and Veteran and enrollee projections provided by VA Greater Los Angeles Healthcare System (VAGLA HS) Office of Planning & Development (OOP). Based on the information provided by VA, several assumptions were determined:

- A 8% decline in VA enrollees by FY2025 (see Table B-4)
- Use rates will decrease for inpatient services overall approximately 26% and ambulatory services to increase approximately 16%

An overall comparison between the FY2011 WLA VA Master Plan (see “Table B-4 FY 2011 WLA VA Master Plan Projections”) and the current GLA projections (see “Table B-5 WLA VA Master Plan Projections based on FY2014”) show differences in FY2025 projections with inpatient medicine, inpatient surgery, and ambulatory primary care higher than FY2011. Based on a baseline of FY2014, mental health services and pharmacy are projected to decrease more than what was originally projected in the FY2011 master plan.

Per VA, use rates will decrease for inpatient services overall about 26% between FY2014 and FY2025 and outpatient use rates are projected to increase overall about 16% during the same period. Use rates are calculated using the GLA projected utilization divided projected enrollees multiplied by 1,000 (see “Table B-6 WLA VA Inpatient and Outpatient use Rates per 1,000”).

Table B-2 GLA Chronically Homeless Veteran Projections

	Veterans						
	FY2014 AHAR Reported Homeless Veterans	AHAR Reported Percent Chronic Homeless	FY2014 AHAR Chronically Homeless	FY2014 VA Reported Homeless Treated with Service Connected Score of 50% or More	FY2014 Medically Compromised Chronically Homeless	VA Reported Veteran Percent Change FY 2014 - FY 2015	FY2025 Medically Compromised Chronically Homeless
Greater Los Angeles, CA	3,739	23.1%	864	79%	683	-33%	437

Source: FY 2014 Annual Homeless Assessment Report (AHAR). FY2014-2015 VAGLA Office of Planning and Development

B2. Demographics, Demand & Program Analysis

Table B-3 VA Enrollee Projections, FY2014 - FY2025

	VA Enrollees		
	FY2014	Projected FY2025	Percent Change
Los Angeles, CA	131,412	116,148	-12%
Orange, CA	40,224	37,849	-6%
Kern, CA	15,537	16,640	7%
Ventura, CA	15,056	14,244	-5%
Santa Barbara, CA	8,748	7,976	-9%
San Luis Obispo, CA	7,244	6,988	-4%
Total Greater Los Angeles Area	218,221	199,845	-8%

Table B-4 FY 2011 WLA VA Master Plan Projections

SERVICE	VA Enrollees			
	FY2009	FY2015	FY2020	FY2025
Acute Inpatient Medicine	31,550	26,261	23,060	20,130
Acute Inpatient Mental Health	12,846	11,179	9,658	8,248
Acute Inpatient Surgery	15,704	13,297	11,653	10,103
Outpatient Mental Health Programs	334,263	409,954	425,763	428,535
Outpatient Care-Geriatrics-Urgent Care	265,070	301,459	311,565	313,454
Pharmacy	2.8 mil	3.2mil	3.6mil	3.9mil

Table B-5 WLA VA Master Plan Projections based on FY2014

SERVICE	VA Enrollees			
	FY2014 Baseline	FY2015 Modeled	FY2020 Modeled	FY2025 Modeled
Acute Inpatient Medicine	41,599	40,973	34,851	28,309
Acute Inpatient Mental Health	11,608	10,737	8,622	7,188
Acute Inpatient Surgery	14,031	13,566	11,983	10,197
Outpatient Mental Health Programs	403,661	409,713	396,671	381,551
Outpatient Care-Geriatrics-Urgent Care	413,477	412,516	412,545	414,841
Pharmacy	3,057,437	3,039,914	3,026,293	3,037,274

Source: FY2014-2015 VAGLA Office of Planning and Development

B2. Demographics, Demand & Program Analysis

Veteran and Homeless Demographics Methodology and Summary

Table B-6 WLA VA Inpatient and Outpatient use Rates per 1,000

	WLA VA Use Rates (per 1,000)				
	FY2014	FY2015	FY2020	FY2025	Percent Change
Acute Inpatient Medicine	19	188	164	142	-26%
Acute Inpatient Mental Health	53	49	41	36	-32%
Acute Inpatient Surgery	64	62	56	51	-21%
Subtotal Inpatient					-26%
Amb: Dental Clinic	355	367	425	478	34%
Amb: Laboratory and Pathology	1,365	1,374	1,443	4,560	14%
Amb: LTSS Home and Community Based	681	709	772	865	27%
Amb: Medicine and other Non-Surgical Specialties	1,364	1,380	1,466	1,579	16%
Amb: Mental Health Programs	1,850	1,878	1,868	1,909	3%
Amb: Primary Care-Geriatrics-Urgent Care	1,895	1,891	1,942	2,076	10%
Amb: Radiology and Nuclear Medicine	455	451	466	506	11%
Amb: Surgical Specialities	554	556	588	642	16%
Subtotal Outpatient					16%

Table B-7 Baseline WLA VA Unit Need and Adjustments

UNIT TYPE	Baseline Oct 2013 - Sept 2014				Adjusted Baseline Based on change in utilization			
	Admissions	Patient Days	ALOS	Unit Need	Admissions	Patient Days	ALOS	Unit Need
Epilepsy Center	40	197	4.93	1	40	197	4.9	1
General Surgery	1,018	6,499	6.38	22	697	6,194	8.9	21
General (Acute Medicine)	4,912	49,242	10.02	169	4,028	47,044	11.7	161
Intermediate Medicine	125	909	7.27	3	61	858	14.1	3
Medical ICU	150	2,681	17.88	10	133	2,551	19.3	9
Surgical ICU	270	2,339	8.66	9	258	2,327	9.0	8
Surgical Stepdown	46	215	4.67	1	36	208	5.8	1
Telemetry	725	5,245	7.23	18	537	4,761	8.9	16
Total	7,286	67,327	9.24	233	5,798	64,141	11.1	220

Source: FY2014-2015 VAGLA Office of Planning and Development

B2. Demographics, Demand & Program Analysis

Inpatient Analysis

The inpatient data provided by VA Greater Los Angeles Healthcare System Office of Planning & Development was used to test utilization assumptions and resultant inpatient unit demand required at the WLA VA campus. Based on changes with the Affordable Care Act and resulting focus on insurers paying for high-quality, low-cost care, trends across the U.S. show a decrease in utilization. This includes eliminating avoidable admissions, including one day length-of-stay admissions that could be served via outpatient or observation services and increased care coordination for chronic disease patients. For purposes of this study, chronic diseases included those patients with diagnoses of the following conditions: chronic obstructive pulmonary disorder (COPD), congestive heart failure (CHF), stroke, diabetes and related peripheral vascular complications, obesity, and depression.

The following chart shows the baseline discharges and patient days for medical and surgical services (not including observation, rehabilitation or behavioral health), compared to future need achievable by avoiding the aforementioned avoidable discharges. All 1 day length of stay discharges included avoidable

by shifting to observation. Due to the complex nature of the patient population, it was assumed that 50% of those admissions considered chronic would be avoidable. Unit need was calculated with a best practice benchmark of 80% occupancy for medical surgical units and best practice benchmark of 70% occupancy for intensive care units. The result is a 21% decrease in patient discharges and a 5% decrease in patient days (see "Table B-7 Baseline WLA VA Unit Need and Adjustments").

The Veteran enrollee population is projected to decrease 8%, resulting in further decreased need for inpatient services to an overall 27% decrease in discharges (corresponding similarly with VA inpatient projections) and the 12% decrease in patient days (see Table B-8). As in Table B-7, unit need was calculated with a best practice benchmark of 80% occupancy for medical surgical units and best practice benchmark of 70% occupancy for medical and surgical intensive care units.

Unit need for non-medical or surgical services had the same adjustments applied and unit need was calculated with a best practice benchmark of 90% occupancy for domiciliary, psychiatry, NHCU, and rehabilitation and 70% occupancy for observation units (see Table B-9).

Table B-8 WLA VA Projected FY2025 Unit Need, Medical / Surgical

UNIT TYPE	Baseline Oct 2013 - Sept 2014				Projected FY2025 Unit Need			
	Admissions	Patient Days	ALOS	Unit Need	Admissions	Patient Days	ALOS	Unit Need
Epilepsy Center	40	197	4.93	1	37	181	4.9	1
General Surgery	1,018	6,499	6.38	22	641	5,699	8.9	20
General (Acute Medicine)	4,912	49,242	10.02	169	3,706	43,280	11.7	148
Intermediate Medicine	125	909	7.27	3	56	790	14.1	3
Medical ICU	150	2,681	17.88	10	122	2,347	19.3	9
Surgical ICU	270	2,339	8.66	9	237	2,141	9.0	8
Surgical Stepdown	46	215	4.67	1	33	192	5.8	1
Telemetry	725	5,245	7.23	18	494	4,380	8.9	15
Total	7,286	67,327	9.24	233	5,326	59,010	11.1	205

Source: FY2014-2015 VAGLA Office of Planning and Development

B2. Demographics, Demand & Program Analysis

Veteran and Homeless Demographics

Methodology and Summary

Outpatient Need

Outpatient utilization in the state of California has been increasing. According to the Kaiser Family Foundation, outpatient utilization increased 5% overall from 2008-2013. GLA VA outpatient has seen a greater increase in utilization, with a 9% increase in volume from 2011-2014.

It is projected that utilization will continue to increase 16% by 2025. During this same time-frame, however, enrollee population is expected to decrease by 8%. "Table B-10 WLA VA Projected Ambulatory Volumes" demonstrates projected outpatient visit volumes for the WLA VA managed practices.

Table B-9 WLA VA Projected FY2025 Unit Need, Non-Medical / Surgical

UNIT TYPE	Baseline Oct 2013 - Sept 2014				Projected FY2025 Unit Need			
	Admissions	Patient Days	ALOS	Unit Need	Admissions	Patient Days	ALOS	Unit Need
Domiciliary	795	88,847	111.76	270	386	41,623	107.8	127
Nursing Home Care Unit (NHCU)	324	64,171	198.06	251	285	57,165	200.4	174
High Intensity General Psychiatric Inpatient	714	15,563	21.80	47	578	13,557	23.5	41
General Intermediate Psychiatric	11	535	48.62	2	9	477	55.1	1
Psychiatric Observation	10	4	0.38	0	9	-	-	-
Medical Observation	385	954	2.48	4	353	876	2.5	3
Surgical Observation	1	18	17.65	0	1	16	17.7	-
Rehabilitation Medicine	26	768	29.53	2	23	676	29.0	2

Table B-10 WLA VA Projected Ambulatory Volumes

Ambulatory Care	
Baseline Volume (FY2014)	1,679,832
Expected Rate of Utilization Increase	16%
Adjusted Volume	1,948,605
Expected Rate of Population Decline	-8%
Projected Volume (FY2025)	1,792,717

Source: FY2014-2015 VAGLA Office of Planning and Development

B2. Demographics, Demand & Program Analysis

Existing Services & Programs

Greater Los Angeles

GLA Homeless Programs

To support the goal of ending Veteran homelessness, VA not only provides core primary and specialty healthcare services but also provides specific homeless services, seeking out Veterans in need of assistance. The programs have three core functions that include: street outreach, rapid connections to housing, healthcare, jobs, and other supports, and community reintegration. Street outreach is a fundamental core component of the program where VA staff including Veteran peers, formerly homeless Veterans helping other homeless Veterans, social workers, and nurses, meet with homeless Veterans on the streets daily. Outreach staff also visit shelters engaging homeless and at risk Veterans connecting them to healthcare, housing, and benefits to end their homelessness. A key aspect of outreach is to know the Veterans by name, to know their needs, and to engage these Veterans on a consistent basis. Sharing information across outreach teams and sites, using a Housing First approach to focus on permanent housing connections, and collaborating with other systems, including law enforcement, other healthcare providers, community agencies, and justice programs, are all requirements of a successful outreach program. In order to maximize resources and to minimize the duration a Veteran experiences homelessness VA, in partnership with the GLA community, participates in a coordinated entry system that matches individuals and households experiencing homelessness to appropriate housing and services, based on need.

At WLA there are several VA housing or short-term treatment programs. Grant and Per Diem or transitional housing, are VA contract housing programs that are primarily administered by VA nonprofit partners. Transitional housing generally lasts for a limited time period and is not considered the Veteran's permanent residence. The length of stay can range from weeks up to 24 months. The program is focused on reconnecting the Veterans to independent housing, healthcare services, and employment. While in the program, Veterans work on individual goals focused on housing, employment, savings, and self-determination. Currently the WLA VA campus funds more than 1,300 transitional housing units. The majority of transitional housing units are in the community, but some are located on the WLA campus. Some of these units are focused on rapid stabilization and are utilized to help quickly transition a Veteran to permanent housing. These are denoted as emergency housing or bridge housing units. Currently

the WLA Medical Center funds a number of emergency, transitional, and board and care housing programs on the West Los Angeles Campus. Some of these units (Salvation Army units) are focused on rapid stabilization and are utilized to help quickly transition a Veteran to permanent housing.

In addition to transitional housing, VA provides short-term treatment services for homeless Veterans. The WLA campus is home to a 296 unit Domiciliary program that prioritizes treatment services to homeless Veterans with addiction and co-occurring mental health and substance use treatment needs. Lengths of stays for these programs average approximately 120 days and while in these programs Veterans receive mental health and addiction services. Upon the conclusion of the program, VA staff assists with placing Veterans in housing and aftercare treatment programs. A second type of short-term treatment located on the WLA campus is the 55 unit Compensated Work Therapy Transitional Residential (CWT/TR) Program. This program offers comprehensive psychosocial rehabilitation services so that Veterans can develop sufficient skills, income, and natural supports to re-enter the work force and live independently in the community. CWT/TR provides a stable residential environment while providing Veterans with therapeutic support, employment services, and life skills training. The overarching goals are for Veterans to live and work at their highest levels of ability and function in their environments of choice.

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B2. Demographics, Demand & Program Analysis

Existing Programs

Greater Los Angeles

An essential tool that contributes to ending Veteran homelessness is the HUD-VASH program. HUD-VASH is a joint effort between HUD and VA to move Veterans and their families out of homelessness and into permanent housing. Within HUD-VASH, HUD provides housing assistance through its Housing Choice Voucher Program (Section 8) while VA provides case management and other supportive services to help Veterans obtain and maintain permanent housing. The program targets chronically homeless Veterans, assisting them in obtaining their own home.

The SSVF program represents a crucial component of VA plan to prevent and end homelessness among Veterans. Operationalized in Federal Fiscal Year (FY) 2012, SSVF is the first and only VA program that provides services to Veterans and their families. SSVF is a community-based, competitive grant program that rapidly re-houses homeless Veteran families and prevents homelessness for those at imminent risk due to a housing crisis. The program focuses on achieving housing stability through a short-term, customized intervention using a time-limited case management approach. Services include financial assistance to offset move-in costs or remediate rental arrears, help in locating housing, landlord mediation services, financial management and credit counseling, support for child care and transportation, and assistance with accessing healthcare and other supportive services. SSVF employs a Housing First model, which prioritizes access to permanent rental housing as quickly as possible, without preconditions. SSVF providers concentrate on helping Veterans increase their income through employment and benefits while addressing issues that can interfere with housing stability.

Since making the initial commitment to ending homelessness among Veterans, VA has developed a number of innovations and transformations based on the principle that the solution to homelessness is permanent housing with wrap-around supportive services. VA's service delivery system has become more accessible, community-based, and Veteran-centric, with a focus on meeting Veterans where they are and helping them to move forward to improve their health and housing stability. VA now has an array of programs to connect homeless and at-risk Veterans with varying levels of need, to the housing and supports necessary to end or prevent their homelessness as quickly as possible. The revitalization of the WLA campus to include permanent supportive housing will help VA sustain these advances and ensure that every Veteran in Los Angeles, particularly as our Veterans age, have a place to call home.

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