

Veterans Homes of California Master Plan 2025



California Department
of Veterans Affairs

VETERANS HOMES OF CALIFORNIA MASTER PLAN 2025

Presented by
The California Department of Veterans Affairs

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HONORING CALIFORNIA'S VETERANS

CalVet extends its sincere appreciation to the many contributors who supported this project. Staff from all eight Veterans Homes and every division generously shared their expertise on CalVet's operations and resident trends. Additionally, numerous government agencies, nonprofit organizations, elected representatives, and other stakeholders contributed their time, data, and invaluable insights into veterans' needs and opportunities. Most importantly, we are deeply grateful to the Veterans Home residents, whose critical feedback has been instrumental in shaping CalVet's efforts to better serve their fellow veterans.

The Master Plan is dedicated to Airman Mary Droge, USAF Captain Thomas Bucci, and the countless Soldiers, Sailors, Airmen, Marines, and Coast Guardsmen who served when their country needed them.

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I'm pleased to present the California Department of Veteran Affairs 2025 Master Plan. This comprehensive roadmap builds a picture of the evolving needs of our California veterans and provides insights about the future state of long-term care throughout CalVet's facilities. This document reflects the dedication of countless individuals and organizations working together to ensure our veterans receive the care, dignity, and support they need and deserve.

The Veterans Homes is composed of eight homes, each with its own unique history, population, and challenges. These homes serve a diverse demographic of veterans, ranging in age, background, and health status

Since 2020, the provision of behavioral health care has become an increasingly important focus. There is critical need for robust mental health support for our veterans, many of whom face challenges compounded by isolation, trauma, and age-related conditions. Our assessment highlights both the progress made and the areas where additional investment is necessary.

Veterans' needs extend beyond the walls of the homes, which is why this master plan also examines the role of community housing and service providers. Strengthening these partnerships will enhance our ability to offer seamless, comprehensive care that addresses the full spectrum of veteran well-being.

Our staff continue to be vital partners in the delivery of quality care at the veterans' homes. Their strength, resilience, and dedication are evident in their daily efforts, yet they face challenges ranging from staffing constraints to the increasing complexity of clinical needs. This plan explores strategies to support and empower our workforce while also addressing broader local healthcare infrastructure needs.

Program funding and revenue, vital to sustaining and improving our services, are assessed alongside property evaluations and other operational considerations. Stakeholder feedback, gathered from veterans, staff, and community partners, has played a central role in shaping the recommendations presented in this master plan. These insights ensure the plan is responsive, inclusive, and grounded in the realities of those we serve.

The state of the veterans' homes today reflects a system striving to balance current demands with future possibilities. From census numbers and hiring capabilities to clinical and infrastructure needs, this plan identifies both strengths and areas for growth. It provides clear, actionable recommendations to guide us in addressing immediate concerns and preparing for a sustainable, thriving future.

This master plan is not just a document—it is a commitment to honoring our veterans with the excellence and compassion they have earned. I am confident that with the collaboration of our dedicated staff, community partners, and stakeholders, we can achieve this vision.

Thank you for your continued support and engagement.

Sincerely,



*Lindsey Sin, Secretary
California Department of Veteran Affairs*

Chapter 1 Introduction

The purpose of the California Department of Veterans Affairs (CalVet) Veterans Homes 2025 Master Plan (2025 Master Plan) is to understand current and future trends in veteran care needs to inform decision-making processes. It will serve as a roadmap for developing or expanding long-term care programming for future generations of veterans.

In 2020, CalVet submitted the first Veterans Homes of California (Veterans Homes) Master Plan. It was the first full-scale reappraisal of the eight Veterans Homes in CalVet's system of care and included an assessment of levels of care and community demand, hiring capabilities, infrastructure, underutilized properties and other characteristics necessary for effective strategic planning. The 2020 Master Plan culminated in 27 recommendations to position the Veterans Homes to provide the best possible care for current and future veteran cohorts, in part by utilizing assets in the most responsible and effective manner possible.

The 2025 Master Plan builds upon the 2020 Master Plan and continues the full-scale assessment of every Veterans Home, including waitlists, challenges in census, the recruitment and retention of critical care staff, and of current and projected long-term care needs of California's veterans. Further, the 2025 Master Plan offers a review of the progress of the 27 recommendations made in the 2020 Master Plan.

REQUIREMENTS

Developed at the direction of the California State Legislature, the Master Plan must include, at a minimum, an analysis of the following:

- Veterans' current and future long-term care needs;
- The ongoing impact of prioritizing veterans with high service-connected disability;
- How the Homes can support veterans with behavioral health needs;
- Services at each Home, to include options to expand, convert, or close facilities based on resources, need, and benefit;
- Land and property use at each Home, with a review of existing leases and opportunities to provide alternative facilities or programs;

Chapter 1 – Introduction

- Geographic considerations for each Home, such as employee cost of living or proximity to United States Department of Veterans Affairs (VA) medical facilities; and
- Stakeholder input and recommendations.

However, this report evaluates operations beyond these baseline requirements. Other critical factors are included to ensure an effective assessment of service needs and opportunities.

CONTENTS AND STRUCTURE

The structure of this report mirrors CalVet's methodology for developing it. In the following chapters, this report will:

- Provide background information on existing services, programs, and design in the Veterans Homes;
- Present the changing demographics of California's veterans;
- Evaluate veterans' health and service needs;
- Identify existing resources and organizations beyond the Homes that serve those needs;
- Review the geographic distribution of medical providers and human resources required to operate Veterans Homes;
- Explore available data from the Veterans Homes on program demand, outcomes, and opportunities; and,
- Issue recommendations for program improvement and success.

It is important to note that the 2025 Master Plan for the Veterans Homes examines a relatively narrow band of all veteran service programs. By their nature, the Veterans Homes have specific service capabilities, regulatory frameworks, and property use agreements that govern, and in many ways limit, programmatic options. Therefore, the data analysis and recommendations included in this report primarily address long-term geriatric care and related programming, although other opportunities are identified. Many other critical service needs, such as education, employment, and hospital care are generally not within the scope of the 2025 Master Plan.

THE OBJECTIVE OF THE MASTER PLAN

The 2025 Master Plan is designed to provide actionable data, analysis, and recommendations for the future of the Veterans Homes. The goal is to understand long-term trends and use that knowledge to propose programmatic improvements. However, this data can only inform value judgments. In developing this report, CalVet created or incorporated information indicating demand or opportunities for a wide range of current and alternative program offerings. CalVet evaluated these possibilities based on the expected benefit to California veterans; infrastructure and property capabilities; compatibility with the Homes' programs and expertise; resource availability; compliance with property and licensing requirements; and other qualitative factors. These criteria are reflected in the final recommendations.

Ultimately, the state of California must have a unified vision for the purpose, mission, and focus of the Veterans Homes. The 2025 Master Plan can inform, but not dictate, the state's efforts to maximize the use of the Veterans Homes. However, this report indicates clear trends about the aging veteran population as well as the strengths and challenges of each individual Veterans Home. Many of these trends are already impacting the Homes, while others will take effect in 10 or more years. Taking this opportunity to meet the coming changes head on is of critical importance in delivering effective and efficient services to California's veteran population. While many of the recommendations included in the 2025 Master Plan do not require immediate action, the Governor, the Legislature, and CalVet should begin taking steps now to prepare the Veterans Homes for the future of veteran care.

Chapter 2 Background

The mission CalVet is “To serve and honor all California veterans and their families by connecting them with their earned benefits through outreach, advocacy, and direct services.” As part of that mission, Veterans Homes system of care provides the state’s aged and disabled veterans with residential, rehabilitative, behavioral wellness, and medical services in a homelike environment in eight facilities throughout California.

Presently, the Veterans Homes offer Domiciliary (DOM), Residential Care Facility for the Elderly (RCFE), Intermediate Care Facility (ICF), Skilled Nursing Facility (SNF), and SNF Memory Care (SNF MC) services.

To receive care at the Veterans Homes, veterans must meet state and federal eligibility standards. Among other criteria, veterans must have served on active duty for more than just training purposes and have been discharged under conditions other than dishonorable. Additionally, the VA must determine that they qualify for admission to a state veterans home.ⁱ

Spouses or domestic partners of eligible veterans may be admitted jointly, and all residents must have care needs appropriate for the programs and licensure of the facility.

ⁱ An eligible veteran means a veteran whose care in a state veterans home may serve as a basis for per diem payments to the state. The requirements that an eligible veteran must meet are set forth in 38 Code of Federal Regulations §§ 51.50, 51.51, and 51.52.

Chapter 2 – Background



THE EVOLUTION OF THE VETERANS HOMES SYSTEM OF CARE

For over 140 years, California has been at the forefront of caring for veterans, beginning with the Yountville Home. Founded in 1884 for veterans of the Mexican-American and Civil Wars, the Yountville Home is the oldest and largest Veterans Home operating in the Veterans Homes of California system of care. For decades, veterans at the Yountville Home tended to crops and livestock as part of their therapeutic activities and were expected to “earn their keep” – to the extent they were capable – and contribute to the Home’s success. Over time, the need for services for older veterans grew, and residents were increasingly less able to perform physical labor. The Yountville Home shifted away from serving as a respite for veterans in need and became a permanent, long-term residence. The Yountville Home renovated and expanded at multiple stages between the 1920s and 1950s, primarily in response to increased physical and mental health needs among returning World War I (WWI) and World War II (WWII) veterans.

By 1981, the Yountville Home provided DOM, ICF, SNF, and acute levels of care. However, with the boom of aging WWII veterans and a rise in life expectancy, demand increasingly outpaced the Yountville Home’s capabilities, particularly for nursing care. As a result, the state began evaluating options to develop new campuses, eventually opening the Barstow and Chula Vista Homes in 1996 and 2000, respectively. This first expansion phase of the Veterans Homes system of care followed much of the Yountville Home’s original model. Both the Barstow and Chula Vista Homes had shared rooms, a central SNF building and outlying DOM buildings, and a spread-out campus; however, both of these Homes offered more personal space and restrooms between the two bedrooms (rather than communal restrooms). Critically, the Barstow and Chula Vista Homes placed a greater emphasis on higher levels of care, which would become a common theme with each new Veterans Home construction effort.

After the opening of the Barstow and Chula Vista Homes, efforts shifted toward meeting the high demand in the Los Angeles region. The second expansion phase resulted in the construction of the Greater Los Angeles and Ventura County (GLAVC) Homes, located in Lancaster, Ventura, and West Los Angeles. These facilities differ significantly from the three oldest Homes, abandoning the DOM program and instead offering RCFE, SNF, and SNF MC services.ⁱ GLAVC Homes provided semi-private rooms with a significant amount of personal space, all located in one primary building.

The third expansion phase of the Veterans Home system of care took place in 2013, with the construction of the Fresno and Redding Homes. Both of these Homes are located in the outskirts of their respective cities with the goal of

ⁱ The West Los Angeles Home was the first Home with a SNF MC unit in its original design.

Chapter 2 – Background

providing services to rural veterans, making them a natural complement to the urban-centric GLAVC Homes. Like the West Los Angeles Home, the Fresno and Redding Homes were designed with SNF MC units, increasing the number of SNF MC beds by nearly two thirds. In a departure from the GLAVC Homes, the Fresno and Redding Homes include private rooms in “neighborhoods,” wherein rooms are clustered together with a communal living area and courtyards. In Redding, the neighborhoods are connected together in one large building. In Fresno, neighborhoods are distributed across five residential buildings with one central administrative building; unlike in the three oldest Homes, Fresno’s residential buildings are not spread out and are very close to the administrative building.

The Veterans Homes vary significantly in size, levels of care, infrastructure, and design. The Yountville Home is by far the largest with hundreds of acres of land, more than a hundred buildings, and four levels of care. Adding to the complexity of the Yountville Home are the more than a dozen active leases, two reservoirs and their associated dams, as well as the historical Yountville Veterans Home Cemetery. Comparatively, the Ventura Home is located on a 10-acre plot in one RCFE building. The other facilities fall on the spectrum between the Yountville and Ventura Homes, although none come close to matching Yountville’s scale or complexity. Next is a brief overview of each of the Veterans Homes operating in the Veterans Homes system of care today.

Veterans Homes Sites

	Veterans Home	Year Opened	Acres
Original Site	Yountville	1884	615
First Expansion Phase	Barstow	1996	22
	Chula Vista	2000	30
Second Expansion Phase	Lancaster	2009	22
	Ventura	2009	10
	West Los Angeles	2010	13
Third Expansion Phase	Fresno	2013	26
	Redding	2013	26

LONG-TERM CARE PROGRAMS

Provided below are brief descriptions of the long-term care (LTC) programs offered at the Veterans Homes, from the least care-intensive to the most care-intensive. Among other factors, the levels of care are determined by the amount of assistance a veteran needs with their activities of daily living. According to the Centers for Medicare and Medicaid Services (CMS), basic activities of daily living include bathing, dressing, transferring, toileting, and eating.

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Domiciliary

Homes with DOMs: Barstow, Chula Vista, Yountville

Licensing Agency: None

Certification Agencies: VA

Also referred to as “independent living,” the DOM level of care is for veterans who require no support with activities of daily living. Non-clinical staff supervise the unit and the Ambulatory Care Clinic (ACC), an outpatient clinic located onsite for residents to receive routine medical care. Veterans dictate their own schedules, although voluntary activities are offered.

Residential Care Facility for the Elderly

**Homes with RCFEs: Chula Vista, Fresno, Lancaster, Redding, Ventura,
West Los Angeles, Yountville, Barstowⁱ**

Licensing Agency: California Department of Social Services (CDSS)

Certification Agencies: VA

Also referred to as “assisted living,” RCFEs provide residents with limited support with activities of daily living. A small clinical team works in the unit, providing supervision and helping residents with bathing, feeding, grooming, medication management, and other tasks. RCFE residents must still be somewhat independent and must be capable of performing at least some activities of daily living without support.

Intermediate Care Facility

Homes with ICFs: Barstow, Yountville

Licensing Agency: California Department of Public Health (CDPH)

Certification Agencies: CMS, VA

An incremental step above RCFE, the ICF unit provides moderate support to residents with their activities of daily living. ICF residents require more services than found in a typical RCFE but can still support themselves in some areas. ICF is the lowest level of care that is federally certified by CMS and is, therefore, subject to operating requirements that are more typically found in SNF settings.

Skilled Nursing Facility

**Homes with SNFs: Barstow, Chula Vista, Fresno, Redding, West Los Angeles,
Yountville**

Licensing Agency: CDPH

Certification Agencies: CMS, VA

The SNF level of care provides around-the-clock nursing support to residents with significant care needs. Residents in the SNF unit require assistance with all activities of daily living, may be bedridden, or suffer from other significant

ⁱ The Barstow Veterans Home is currently in the process of opening an RCFE.

Chapter 2 – Background

physical or mental health limitations. SNF residents often receive physical, occupational, or speech therapy, as well as other clinically intensive services. Staffing levels are high in the SNF unit, which must have a minimum of 3.5 direct-care staffing hours per patient day (HPPD) per regulations promulgated by CDPH.ⁱ

SNF Memory Care

Homes with SNF MCs: Fresno, Redding, West Los Angeles, Yountville

Licensing Agency: CDPH

Certification Agencies: CMS, VA

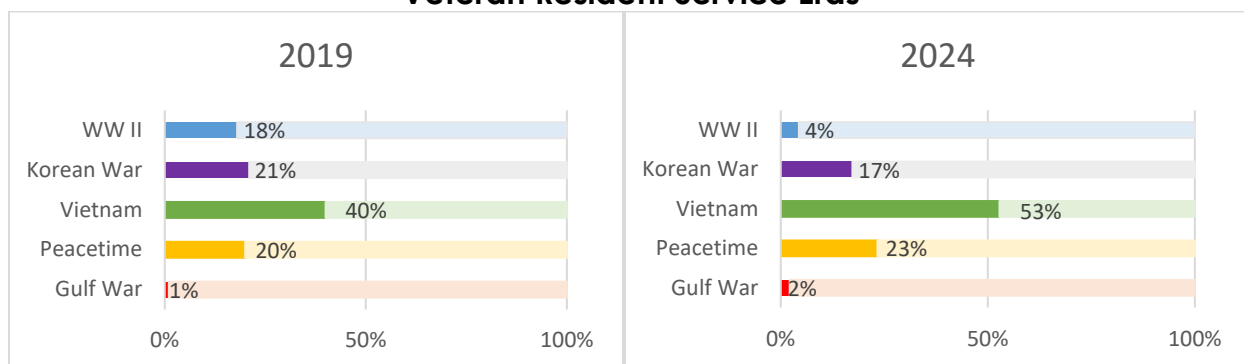
SNF MCs carry identical licenses to typical SNFs, but provide specialized care for residents with cognitive disabilities. Although SNF MC is technically not a distinct level of care from SNF, all the residents in the SNF MC unit have dementia or similar impairments typically associated with aging. Staff closely supervise these residents in closed units to ensure they do not wander away or do anything else that might pose a risk to themselves or others. In addition, CalVet tailors SNF MC programming for dementia residents, with specific activities and therapeutic services designed to limit cognitive decline.

WHO WE SERVE

A Changing of the Guard

Historically, the primary focus for the Veterans Homes has been the LTC of WWII and Korean War veterans. In recent years, however, the veteran population has changed dramatically. This transition is evident among the veterans residing in the Veterans Homes, where Vietnam War era veterans now make up more than half of the veteran resident population.

Veteran Resident Service Eras



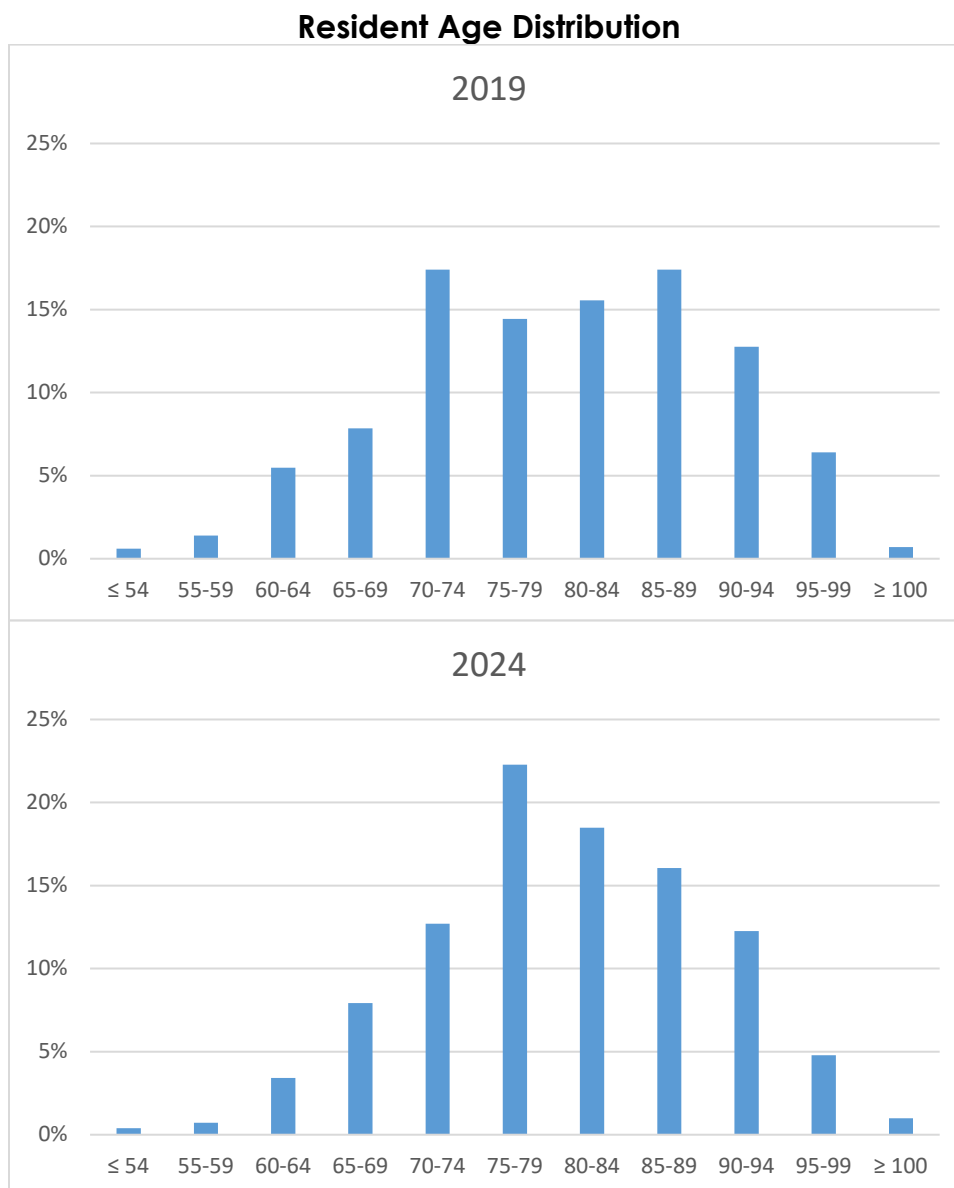
ⁱ In 2024 CMS has finalized a total nurse staffing standard of 3.48 HPPD, which includes at least 0.55 HPPD of direct RN care and 2.45 HPPD of direct CNA care, and a new requirement that an RN be onsite 24 hours a day, seven days a week, and available to provide direct patient care.

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As noted previously, the transition is significant for the long-term planning of the Veterans Homes. Whereas older generations of WWII and Korean War veterans historically expressed greater interest in community living environments, veterans from the Vietnam and Gulf War eras are prioritizing privacy and hesitant to reside in long-term facilities where they have to share a bedroom.

Resident Age

In 2019, more than half of the residents were 80 or older, while nearly a fifth were 90 or older. The most significant shift in the resident population over the past five years is in the increase in residents who are between the ages of 70 and 79, which is made up of Vietnam War era residents.



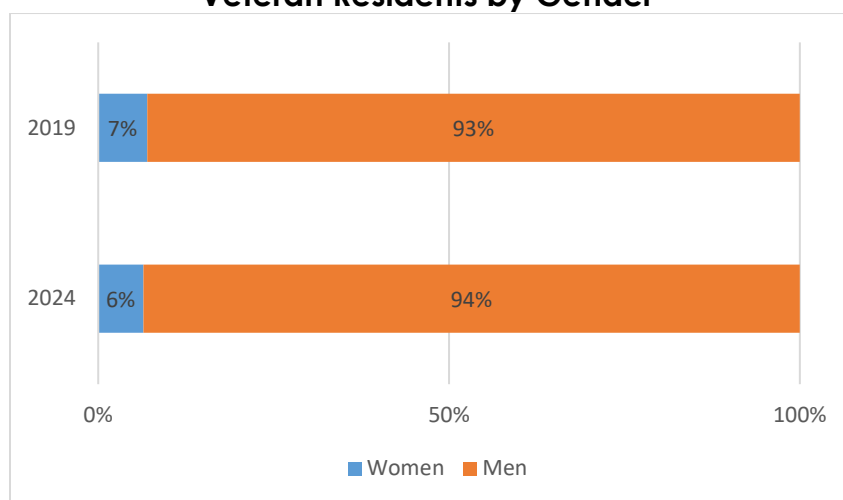
Chapter 2 – Background

One explanation for this shift is that over the past five years, the Veterans Homes have admitted far fewer new residents, while many existing residents have remained and aged in place within the CalVet Veterans Home system of care during this time.

Demographic Makeup of the Veterans Homes

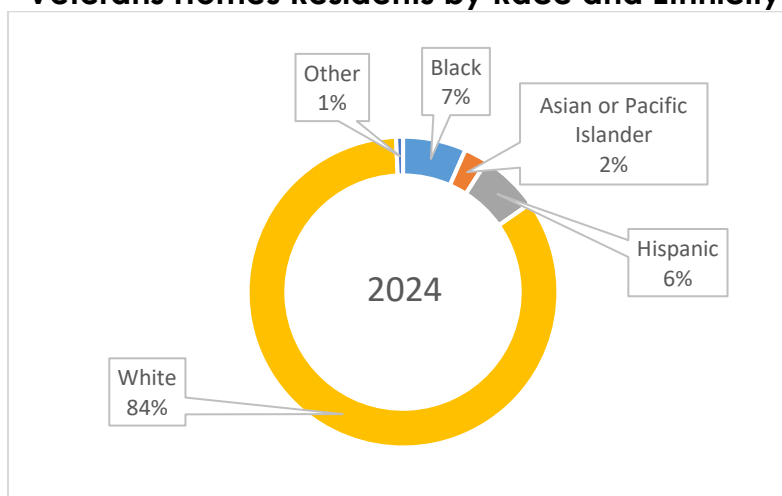
While the Veterans Homes continue to primarily serve white male veterans, as they transition to serving veterans from more recent service eras, they will likely see an increase in percentage of women veteran residents and become more racially and ethnically diverse over the coming years. However, over the past five years the Veterans Homes have not yet seen a noticeable change in the percentage of women veteran residents nor in the racial and ethnic makeup of the residents.

Veteran Residents by Gender*



*Does not include non-veteran spouses who reside at the Home.

Veterans Homes Residents by Race and Ethnicity



Chapter 2 – Background

Serving Veterans Experiencing Homelessness

CalVet estimates that approximately 19% of the residents admitted to the Veterans Homes between FY 2019-20 through FY 2023-24 were either previously experiencing homelessness or on the verge of experiencing homelessness.

The Veterans Homes play an important role in serving the needs of veterans who have experienced homelessness, when those needs align with the Veterans Homes' facility based LTC model. However, the Veterans Homes are not able to admit every veteran, regardless of housing status, as they may require behavioral health services, such as substance abuse treatment, transition planning, or intensive psychiatric care, which are beyond the licensure or capabilities of the Veterans Homes.

Impact of Prioritization of Admissions

While waitlisted veterans are primarily admitted in the order in which they apply, in 2017, CalVet proposed an amendment to state law for veterans with 70% or greater disability ratings to be prioritized for admission to the Veterans Homes. This proposal was approved by the Legislature and the Governor as part of the FY 2017-18 state budget.ⁱ This change helped ensure that those veterans who had the greatest physical and mental needs will receive prioritization for admission in a veteran-centric setting, if that is where they wish to live. Additionally, this approach allows CalVet to reduce its reliance on the General Fund, as serving veterans with higher service-connected disability ratings enables CalVet to receive increased per diem reimbursements from the VA.ⁱⁱ

Waitlisted Veterans with Disability Ratings of 70% or Greater by Veterans Home

Level of Care	DOM	RCFE	ICF	SNF and SNF MC
Barstow	4	--	0	0
Chula Vista	0	0	--	5
Fresno	--	1	--	3
Lancaster	--	0	--	--
Redding	--	2	--	13
Ventura	--	0	--	--
West Los Angeles	--	2	--	8
Yountville	0	0	0	42
Total	4	5	0	71

This prioritization criteria naturally benefits veterans who are 70% disabled or greater at the expense of other veterans. Whereas recipients of the Medal of Honor (MOH) and former prisoners of war (POWs) are prioritized before veterans

ⁱ See SB 96 (Ch. 28, Stats. 2017)

ⁱⁱ For more information on VA per diem, see Chapter 7.

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with a 70% or greater disability rating, other veterans with a lower priority status or those without any priority status will have longer wait times for a bed to become available. In August of 2019, veterans with a disability rating of 70% or greater represented under 10% of the number of waitlisted veterans and today they represent over 15% of waitlisted veterans. Based both on population trends in the veteran community, as well as with the applications the Veterans Homes have received over the past five years, more veterans with a disability rating of 70% or greater will likely be admitted in future years.

The Veterans Homes were established to prioritize care for those with the greatest need. Disabled veterans embody this mission, as they are recognized by the VA as a high-need population due to the illnesses and injuries they sustained during their military service.

THE VETERANS HOMES TODAY

2020 Master Plan Implementation

As the needs of California's veterans evolve, so too should California's Veterans Homes. For this reason, in 2020 CalVet conducted a full-scale reappraisal of every Veterans Home, including their levels of care, regional demand, hiring capabilities, infrastructure, underutilized properties, and other characteristics necessary for effective strategic planning. Through a series of 27 recommendations, CalVet's 2020 Master Plan laid out a new vision for CalVet's Veterans Homes system of care. These recommendations were founded in CalVet's quantitative and qualitative analysis of trends, challenges, and opportunities. CalVet is committed to tracking the progress and implementation of the 2020 Master Plan recommendations to ensure that current and future generations of veterans receive high quality services that meet their healthcare needs. It is important though to note that these recommendations were optional.

Recommendation #1:

CalVet should not establish new Veterans Homes, except to relocate existing Home operations to more ideal locations, if appropriate. However, CalVet should revisit building new Homes if information becomes available to suggest there is a need for more campuses.

- **Update:** CalVet is not proposing any new Veterans Home construction. Instead, CalVet continues to focus on restructuring services at its existing facilities. Were CalVet to build any additional Veterans Homes, it would be necessary to conduct a study of all regions across the state to identify the most appropriate location for a new site.

Recommendation #2:

CalVet should only establish new Veterans Homes when and where there is evidence to suggest that a) there is sufficient need in a nearby veteran community; b) the proposed campus is close to a VA facility; c) the proposed levels of care are appropriate; d) the local healthcare infrastructure can support the LTC; and e) recruitment and retention of staff can be successful, based on sufficient candidate pools, and cost of living.

- **Update:** CalVet continues to assess each Veterans Home location based on these criteria. By combining information on veterans' demographics, service needs, veteran service providers, labor markets, and healthcare infrastructure data at a regional level, CalVet can better evaluate current and potential future Veterans Home locations.

Recommendation #3:

CalVet should reevaluate admissions prioritization periodically, and no later than in the next Homes-wide master plan, due to the Legislature in 2024. Based on this analysis, CalVet may consider modifying admissions priorities to ensure veterans with the greatest needs and who could benefit the most from the Veterans Homes are admitted first.

- **Update:** The Veterans Homes have prioritization criteria that allow applicants to be admitted ahead of others. Under state law, recipients of the MOH and former POWs are admitted before all other applicants. Other priority admission qualifications include applicants who have been on the waitlist awaiting admission to the Veterans Homes since January 1, 2018, veterans with a 70% or greater disability rating from the VA, or those veterans who meet the CalVet Secretary's needs-based criteria for admission to the Veterans Homes.

Recommendation #4:

CalVet should not establish any new Veterans Homes with DOM or ICF units or expand the existing DOM or ICF programs.

- **Update:** The levels of care offered in the Veterans Homes should be adjusted based on community need and effectiveness. In general, there is limited demand for DOM (excluding at the Chula Vista Home) or for ICF. Furthermore, the DOM and ICF programs are subject to growing federal regulatory and certification requirements, which have made those services increasingly difficult to operate. Both programs have a narrowing band of veterans who are eligible for services. As such, CalVet continues to recommend that the Veterans Homes do not expand existing DOM or ICF programs.

Recommendation #5:

CalVet should continue collecting data on the Veterans Housing and Homelessness Prevention (VHHP) and CalVet's Residential Enhancement Neighborhood (REN) programs, evaluating reinvestment in them, if appropriate, based on unmet need, programmatic success, and available resources.

- **Update:** In 2024, voters approved Proposition 1 which allocated \$1,065,000,000 toward housing investments aimed at supporting veterans vulnerable to homelessness, including those currently experiencing homelessness or facing chronic homelessness, with a focus on individuals struggling with behavioral health issues or substance use disorders. CalVet and the California Department of Housing and Community Development (HCD) are coordinating closely to determine the methodology and distribution of funds, as well as the supportive service plan standards and other program areas to champion this piece of California's behavioral health transformation.

Recommendation #6:

CalVet should clarify admissions policies and regulations to ensure residents in homelessness supportive programs receive priority admission to the Veterans Homes. CalVet should engage stakeholders when appropriate.

- **Update:** CalVet is currently in the process of reevaluating its policies and procedures for admissions to the Veterans Homes and will engage with stakeholders of other supportive programs when appropriate.

Recommendation #7:

CalVet should strongly consider developing an Adult Day Healthcare (ADHC) program at any new Veterans Home, if appropriate, based on design, location, and community needs.

- **Update:** Currently, CalVet is not proposing any new Veterans Homes. Although ADHC may not be suitable for the current campuses within the Veterans Homes system of care, CalVet continuously evaluates the need for ADHC services. This assessment takes into account factors such as facility design, local population density, transportation availability, and unmet community needs.

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Recommendation #8:

CalVet should provide information about alternative housing and care programs on the Homes Division's website to ensure potential applicants are aware of all options. CalVet should update the website when appropriate.

- **Update:** In an effort to ensure veterans understand their LTC options, CalVet is redesigning each Veterans Home website to include, among other things, a link that offers potential applicants a variety of alternative housing and care programs in their area that may better meet their individual needs. This project is anticipated to be completed in the Spring of 2025.

Recommendation #9:

CalVet should contribute to the Master Plan for Aging to determine how to best support veterans in need of all forms of LTC.

- **Update:** Through participation in stakeholder advisory committees for the Master Plan for Aging, CalVet provided recommendations on how to best support veterans in need of LTC and shared our vision on how we plan to continue to provide premier care and services at our Veterans Homes through implementation of the Master Plan.

Recommendation #10:

CalVet should expand social work services, ensuring that behavioral wellness staffing is commensurate with the current and future residents' level of need.

- **Update:** CalVet received approval in Fiscal Year (FY) 2020-21 to add eight Licensed Clinical Social Worker (LCSW) positions throughout the Veterans Home system of care, to meet a minimum baseline of behavioral wellness staffing for our residents.ⁱ CalVet will continue to assess behavioral wellness staffing to ensure that it meets the needs of our residents.

Recommendation #11:

CalVet should explore options to add a psychological position in Chula Vista and a psychiatrist position each in Chula Vista and Fresno.

- **Update:** CalVet received approval in FY 2020-21 to add one psychologist position in the Chula Vista Veterans Home and a psychiatrist position each in Chula Vista and Fresno Veterans Homes.

ⁱ This included two LCSWs at the Chula Vista, Fresno, and Yountville Homes, one LCSW each in the Lancaster and Redding Homes.

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These psychological and psychiatrist positions have allowed the Chula Vista and Fresno Homes to continue providing LTC to a veteran population with growing behavioral health needs.

Recommendation #12:

CalVet should reevaluate mental health staffing periodically (no later than in the next Homes-wide Master Plan, due to the Legislature in 2024) based on updated demographic, healthcare, and workload data.

- **Update:** As discussed later in Chapter 4, CalVet is continuing to assess how to meet the complex veteran mental and behavioral health needs of our current and future veterans. As part of this ongoing assessment, CalVet will continue to monitor and evaluate behavioral health staffing in the Veterans Homes.

Recommendation #13:

CalVet should prioritize implementing and expanding telemedicine and similar services as opportunities arise.

- **Update:** During the COVID-19 pandemic, CalVet expanded its telemedicine programming as part of the infection control policies of the Veterans Homes. Post COVID-19, CalVet is continuing to assess telemedicine and its place in the overall programming in the Veterans Homes.

Recommendation #14:

CalVet should reevaluate the current funding structure for the Morale, Welfare, and Recreation (MWR) program. If changes are appropriate, CalVet should submit recommendations to the Legislature, no later than in the next Homes-wide master plan, due in 2024. However, recommendations should be submitted at an earlier date if necessary, based on revenue trends.

- **Update:** CalVet is actively reevaluating the allocation and funding structure of the MWR program to ensure it aligns with current needs and priorities. This review is ongoing as we explore opportunities for improvement and efficiency.

Recommendation #15:

CalVet should explore making the one-time operating expenses and equipment (OE&E) funding permanent based on the availability of resources.ⁱ Further, CalVet should consider whether cable television in the

ⁱ For FY 2019-20, the Barstow, Chula Vista, and Yountville Homes collectively received a one-time augmentation of \$6,268,000 to address increases in OE&E costs. At the time, the OE&E budgets

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Barstow, Chula Vista, and Yountville Homes, should be included as part of those operating expenses, removing the burden from the Homes' MWR budgets.

- **Update:** Starting in FY 2020-21, OE&E funding for the Barstow, Chula Vista, and Yountville Homes has been increased by \$6,800,000 ongoing in order to address increases in operational costs since 2012. Furthermore, due to the volatile nature of MWR allocations and a need to standardize operations across all of the Veterans Homes, as of FY 2020-21 cable television in the Barstow, Chula Vista, and Yountville Homes are funded through their OE&E budgets.

Recommendation #16:

CalVet should continue to prioritize and pursue construction of the new, 240-bed SNF complex on the campus of the Yountville Veterans Home. If the complex cannot be constructed on the campus, CalVet should consider eliminating the SNF program at the Home.

- **Update:** CalVet is constructing a new state-of-the-art SNF facility that will meet modern standards and allow for improved quality of life for the Yountville Home SNF residents. The approximately 317,000-square-foot, multi-story building will host the Yountville Home's SNF and SNF MC program on the southwest corner of the main campus. As the largest construction project in the history of the Yountville Home, the new SNF complex represents a major step toward reinvesting in the Yountville Home campus and replacing its aging licensed state facilities. Construction is anticipated to be completed in the first half of 2025.

Recommendation #17:

CalVet should reduce the Yountville Home's DOM units by 30 beds. Further, CalVet should regularly reevaluate trends in DOM admissions and, if and when appropriate, request further reductions to the DOM program. No residents should be discharged as part of this transition.

- **Update:** CalVet reduced the Yountville Home DOM in FY 2020-21 in order to adjust the levels of care in the Yountville Home to meet community need and accommodate the construction of the new Yountville SNF building.ⁱ

for these Veterans Homes had not kept pace with inflation, infrastructure needs, and new regulatory requirements.

ⁱ One DOM building was demolished (Polk Hall) and residents from another DOM building (Jefferson Hall) were relocated because it was in the construction zone and needs to be empty until construction is complete.

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Recommendation #18:

CalVet should consolidate the Yountville Home's RCFE and ICF programs. No residents should be discharged as part of this transition.

- **Update:** CalVet ceased new admissions in the ICF level of care as part of CalVet's plan to expand the Home's RCFE in the future. No residents have been or will be discharged as a result of these level of care changes.

Recommendation #19:

CalVet should begin taking steps to explore using available property at the Yountville Veterans Home for third-party development. In particular, CalVet should emphasize proposals to develop on-campus housing and outpatient care facilities. CalVet should engage stakeholders when the appropriate time presents itself.

- **Update:** CalVet has been working with the Department of General Services (DGS) as well as stakeholders to begin exploring opportunities for employee housing, among other things, on the Yountville Veterans Home campus. With any development that may impact Yountville Home employees, CalVet will work closely with the California Department of Human Resources (CalHR) to ensure full compliance with policies and regulations.

Any major development would likely take years to complete, but CalVet is committed to working with DGS, the VA, and other stakeholders on exploring options that will benefit veterans in the Home and community alike.

Recommendation #20:

CalVet should pursue reactivating the 20 unused SNF beds at the Barstow Veterans Home, increasing the SNF Unit capacity from 40 to 60 beds. Further, CalVet should cease admissions to the DOM buildings and convert the ICF unit to an RCFE with private rooms. No residents should be discharged as part of this transition.

- **Update:** In FY 2021-22, CalVet began the process of realigning the levels of care at the Barstow Home. CalVet received approval to add beds to the SNF, ensuring that the Barstow Home is focused on an in-demand level of care and supporting veterans with the greatest care needs.

Simultaneously, the Barstow Home began to gradually shift away from ICF and DOM, two levels of care that are outdated and in limited demand in the area. In FY 2021-22, CalVet proposed closing the DOM

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through attrition and began by reducing the Barstow DOM. In FY 2024-25, CalVet implemented another reduction to the DOM.

CalVet has begun the process of converting the Barstow Home's dual-occupancy ICF to a single room RCFE. When completed, this will replace both an outdated level of care that is increasingly rare and enhance the quality of life for the residents in the Barstow Home.

No residents have been or will be discharged as a result of these level of care changes.

Recommendation #21:

CalVet should begin taking steps to explore alternative third-party uses for the DOM buildings at the Barstow Veterans Home, provided that the DOM program is discontinued. CalVet should begin stakeholder outreach if and when the DOM program is discontinued.

- **Update:** With the realignment of the levels of care at the Barstow Home, the main building on campus will continue operations with an expanded SNF and the conversion of the active dual-occupancy ICF into a single room RCFE.ⁱ

Over a period of years, the outlying DOM buildings at the Barstow Home will slowly become available for use by third parties who could provide direct services to Barstow Home residents or the veteran community at large.

Recommendation #22:

CalVet should continue efforts to identify best future uses for the Barstow Veterans Home campus. This evaluation should be based on current and alternative programs, available resources, and the needs of veterans in the surrounding region. CalVet should complete this evaluation no later than in the next Homes-wide master plan, due to the Legislature in 2024.

- **Update:** For the foreseeable future, the focus of the Barstow Home is on realigning the levels of care to better address the evolving needs of veterans in the region. These adjustments are part of a long-term strategy and will take several years to implement. During this time, CalVet aims to enhance services that reflect the specific care demands of the local veteran population. Once the realignment is

ⁱ In addition to converting the active ICF into an RCFE, the 2020 Master Plan recommended that CalVet consider the vacant, inactive ICF unit in the main building should be converted to an additional single room RCFE. While not proposed at this time, CalVet will continue to explore this option in future years based on resource availability, regional demand, and other relevant factors.

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complete, CalVet will reassess the Barstow Home to explore future planning options, including the optimal use of vacant space in the outlying DOM buildings to support initiatives that best serve the community's needs.

Recommendation #23:

CalVet should consider eliminating eight DOM beds at the Chula Vista Veterans Home, thereby providing better quality of life for DOM residents. CalVet should not consider discharging residents as part of any transition efforts.

- **Update:** CalVet reduced the Chula Vista DOM in FY 2020-21 in order to provide private rooms for DOM residents and enhance their quality of life.

Recommendation #24:

CalVet should continue evaluating the Chula Vista Veterans Home to identify costs and considerations associated with converting a SNF unit to SNF MC. Based on the results of this evaluation, CalVet should determine whether this conversion is appropriate and act accordingly. CalVet should complete this evaluation no later than in the next Homes-wide master plan, due to the Legislature in 2024. CalVet should not consider discharging residents as part of any transition efforts.

- **Update:** As noted in the 2020 Master Plan, the Chula Vista Home is, by far, the largest in CalVet's system of care without a dedicated SNF MC. Because of this, the Chula Vista Home continues to refer many veterans' families to other Veterans Homes like the West Los Angeles, Barstow, or Fresno Veterans Homes, or to community facilities with dementia units closer to the San Diego area.

CalVet has been working with Architectural and Engineering (A&E) consultants and DGS to identify the costs and considerations associated with converting up to two existing SNF units into SNF MC units. This evaluation is discussed further in Chapter 9 of this report.

Recommendation #25:

CalVet should begin evaluating long-term solutions to ensure success at the West Los Angeles Veterans Home. CalVet should evaluate whether levels of care be shifted between the Lancaster, Ventura, and West Los Angeles Veterans Homes to improve program effectiveness. If appropriate, CalVet should consider implementing changes to take effect after property use restrictions expire in 2030, or sooner with necessary approvals. CalVet should not consider discharging residents as part of any transition efforts.

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- **Update:** At this stage, CalVet does not have any recommendations to shift the levels of care between the GLAVC Homes. As pandemic-restrictions and limitations continue to ease, CalVet will continue to monitor demand for each level of care offered in the GLAVC Homes and to assess CalVet's ability to recruit staff at the West Los Angeles Home. See Chapter 9 for evaluations and assessments of the GLAVC Homes.

Recommendation #26:

CalVet should begin taking steps to explore using available property at the Lancaster Veterans Home for third-party development. CalVet should engage stakeholders when the appropriate time presents itself. No residents should be discharged as part of any transition efforts.

- **Update:** CalVet has engaged stakeholders to begin exploring potential third-party property use opportunities of the unused 10-acre lot to the immediate north of the Lancaster Home. CalVet is committed to working with state, regional, and local stakeholders to further explore these options in greater detail.

Recommendation #27:

CalVet should consider converting one RCFE unit in the Fresno and/or Redding Veterans Homes to provide additional SNF or SNF MC beds. If appropriate, CalVet should consider implementing changes to take effect after property use restrictions expire in 2033, or sooner with necessary approvals. No residents should be discharged as part of any transition efforts.

- **Update:** At this stage, CalVet does not have any plans to convert an RCFE unit in either the Fresno or Redding Home to provide additional SNF or SNF MC beds. For the time being, CalVet will continue to monitor community demand for RCFE, SNF, and SNF MC in the Fresno and Redding Homes. See Chapter 9 for further discussions and assessments of the Fresno and Redding Homes.

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Recent Clinical Success

In recent years, some of these same Veterans Homes have been recognized repeatedly by national publications as some of the best nursing homes in the country. In addition to being recognized as having some of the best nursing homes in the country, the Veterans Home system of care has also been praised for its COVID-19 pandemic response.ⁱ The COVID-19 pandemic had a devastating impact on LTC facilities, disproportionately harming older and other at-risk adults. Where there were an unprecedented number of deaths in nursing homes throughout California and the nation, leadership and dedicated staff at the Veterans Homes implemented life-saving infection control procedures to safeguard California's veterans under their care. Following the COVID-19 pandemic, CalVet applied key lessons learned by increasing Infection Prevent Control and Prevention Coordinators and supervisory nurse staffing in FY 2023-24 to enhance oversight and mitigate future risks effectively.

ONGOING CHALLENGES

Informed by the recommendations in 2020 Master Plan, CalVet has taken major steps to prepare the Veterans Homes for future generations of veterans. However, the Veterans Homes still face a number of challenges.

Although the new SNF complex in the Yountville Home is well on its way to completion, the infrastructure at all eight Veterans Homes continue to age, with many more buildings and systems in need of renovation or replacement. Additionally, much like healthcare facilities throughout California and the nation, the Veterans Homes are currently experiencing a critical nursing staffing shortage throughout the Veterans Home system of care. And although CalVet added clinical positions throughout the Veterans Homes in FY 2020-21 to meet the behavioral health needs of our residents, the Veterans Homes continue to see an increase in behavioral health diagnoses. These challenges will be discussed in further detail throughout this report.

ⁱ See Senate Concurrent Resolution No. 34 (Ch. 122, Stats. 2021).

Chapter 3 Demographics

For decades, the legacy of WWII defined the way that veterans were supported. WWII was the largest mobilization of forces in the nation's history, with approximately 16 million Americans actively serving in the armed forces.ⁱ When the veterans returned, the existing veterans' programs needed to evolve to better serve them. Veterans were able to receive more appropriate medical care, educational and vocational training, home loans, and pensions. As the years went on and access to long-term geriatric care became a priority, State veterans homes and VA facilities were constructed throughout the country to meet that need. Currently, every state has at least one state veterans home. California has eight and is home to one of the largest and oldest continually operating state veterans homes in the country.

CHANGING DEMOGRAPHICS

An Evolving Legacy

WWII veterans have been a significant portion of both the nation's and California's veteran population for many years and have been the primary focus for the Veterans Homes. However, the undeniable fact is that the number of WWII veterans is dwindling quickly.ⁱⁱ The VA estimates that there will be approximately 59,000 WWII veterans left nationwide by the end of 2025 and that in 2030 there will only be an estimated 7,000; a decline of almost 88%. Projections for California will parallel the national trend and see the WWII veteran population decrease by an estimated 88%.

The decline in veteran populations extends beyond WWII veterans. According to VA estimates, there are currently around 549,000 Korean War veterans across the nation. However, within five years, this number is projected to drop to approximately 173,000—a significant 68% decrease. Similarly, the population of Vietnam veterans, estimated at 5.2 million by the end of 2025, is expected to decline by 23%, reaching just over 4 million by 2030.

While the number of veterans who served in the Vietnam War era is a little over half that of WWII veterans, their supportive services needs offer unique challenges to veteran-centric service providers. Analyzing the changing veteran

ⁱ "America's Wars." United States Department of Veterans Affairs.

ⁱⁱ Unless otherwise stated, all veteran population figures are as reported by the VA's National Center for Veterans Analysis and Statistics. Accessed June 5, 2024.

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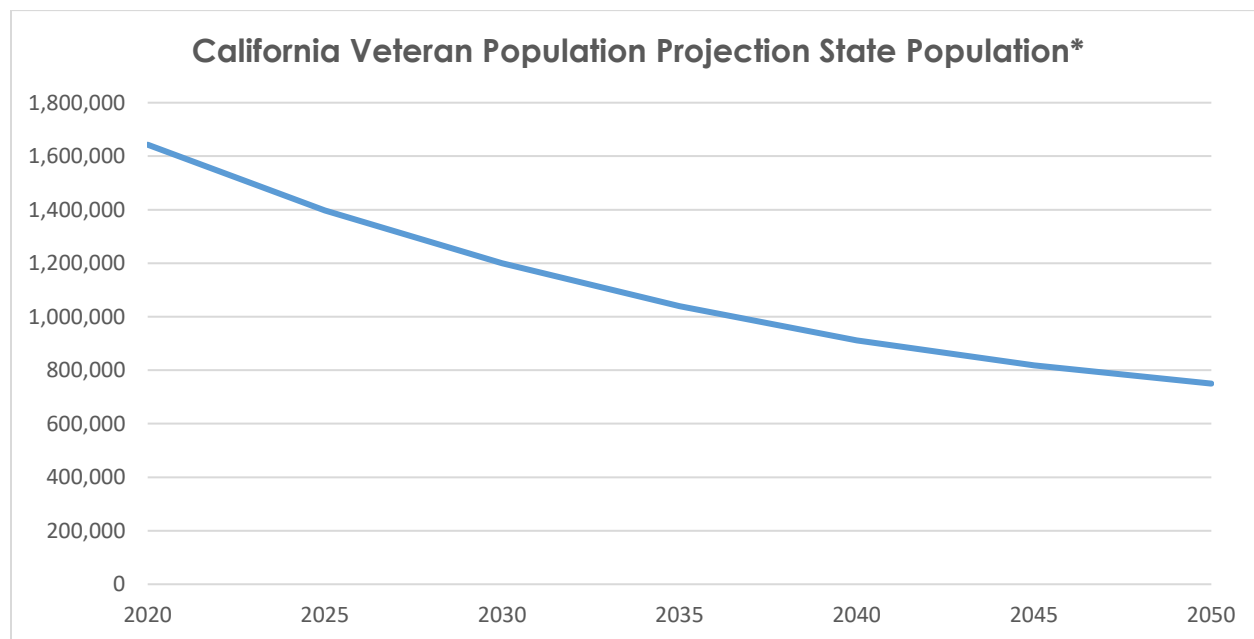
demographics is critical to help position the Veterans Homes to meet the evolving needs of current and future veterans.

The necessity to reassess behavioral health programming is already apparent for the Vietnam War era cohort; today's long-term care veteran residents are requiring more behavioral health support than previous generations. Robust behavioral health programs must become a cornerstone of long-term care for veterans.

California's Veteran Population Decline

As discussed in Master Plan 2020, WWII veterans are not the only service era population that is in decline in California. By the end of 2025, Korean War veterans are estimated to number around 51,000 in California. Over the next 25 years, California is not expected to have any Korean War veterans left in the state. From 2025 to 2050, the Vietnam War veteran population will decline by an estimated 97%. Unlike their Korean War cohort, there is still estimated to be a sizable number of Vietnam veterans in 2050, numbering near 14,000.

California's veteran population as a whole will decline at a much faster rate compared to the national trend. Over the next 25 years, California will see its veteran population decrease by 46% while the national veteran population will decrease by 32%.



*As is standard with long-term projections, it is important to note that the furthest years will be less accurate and reliable. All reported data should be treated as estimates.

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State and National Veteran Population Projections

Year	Veterans Nationwide	California Veterans	California's Share of Veterans
2020	19,398,000	1,643,000	9%
2025	17,590,000	1,397,000	8%
2030	16,042,000	1,200,000	7%
2035	14,661,000	1,039,000	7%
2040	13,486,000	912,000	7%
2045	12,557,000	818,000	7%
2050	11,858,000	750,000	6%

Projected Veteran Population Decline Rates*

Period	National Veteran Population Change	Decline Rate	California Veteran Population Change	Decline Rate
2020-2025	-1,808,000	-9%	-246,000	-15%
2025-2030	-1,548,000	-9%	-198,000	-14%
2030-2035	-1,381,000	-9%	-161,000	-14%
2035-2040	-1,175,000	-8%	-127,000	-12%
2040-2045	-929,000	-7%	-94,000	-10%
2045-2050	-699,000	-6%	-68,700	-8%

*Percentages reflect the changes from the listed years, not the cumulative change.

GENERATIONS

Service Eras

California Veteran Service Periodsⁱ

Service Period	2020	2025	2030	2035	2040	2045	2050
WWII	33,000	5,000	1,000	--	--	--	--
Peacetime -- Between WWII and Korean Conflict	6,000	2,000	--	--	--	--	--
Korean Conflict	120,000	51,000	15,000	3,000	--	--	--
Peacetime -- Between Korean Conflict and Vietnam War	116,000	74,000	38,000	14,000	4,000	1,000	--
Vietnam War	537,000	417,000	302,000	193,000	103,000	44,000	14,000
Peacetime -- Between Vietnam and Gulf War	243,000	210,000	179,000	149,000	118,000	86,000	54,000
Gulf War Era	633,000	666,000	649,000	595,000	535,000	473,000	404,000
Peacetime -- Post-Gulf War	--	--	34,000	96,000	159,000	218,000	279,000
All Wartime	1,278,000	1,112,000	948,000	779,000	632,000	513,000	417,000
All Peacetime	365,000	286,000	251,000	260,000	281,000	304,000	333,000

A few items of note regarding the service periods:

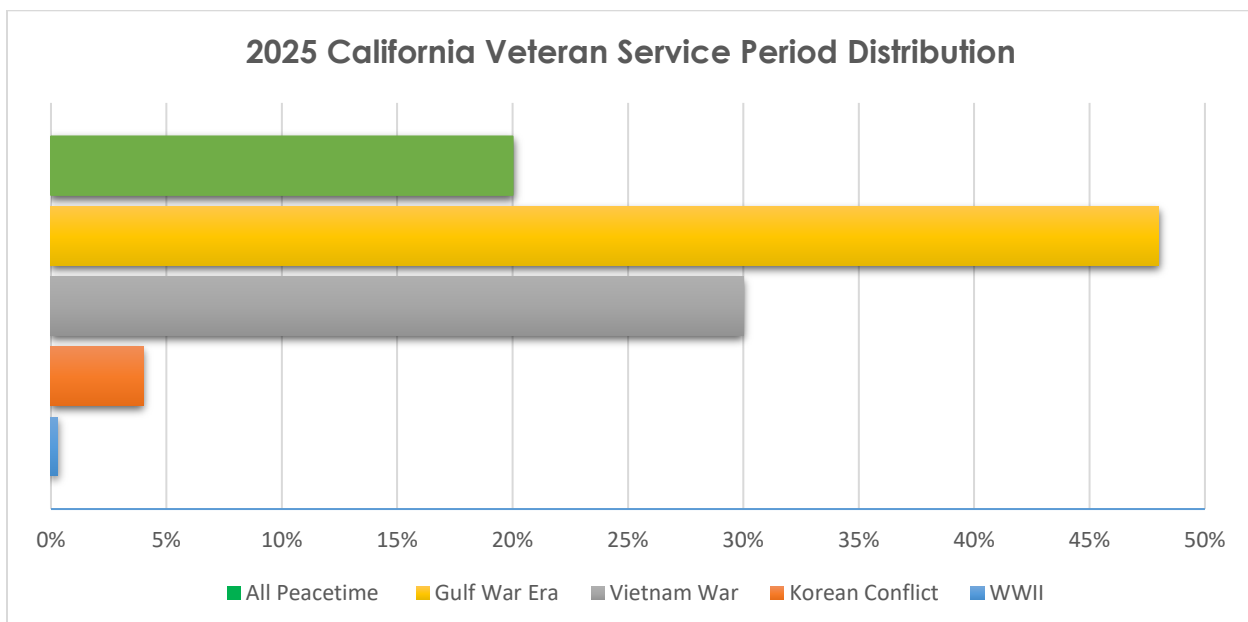
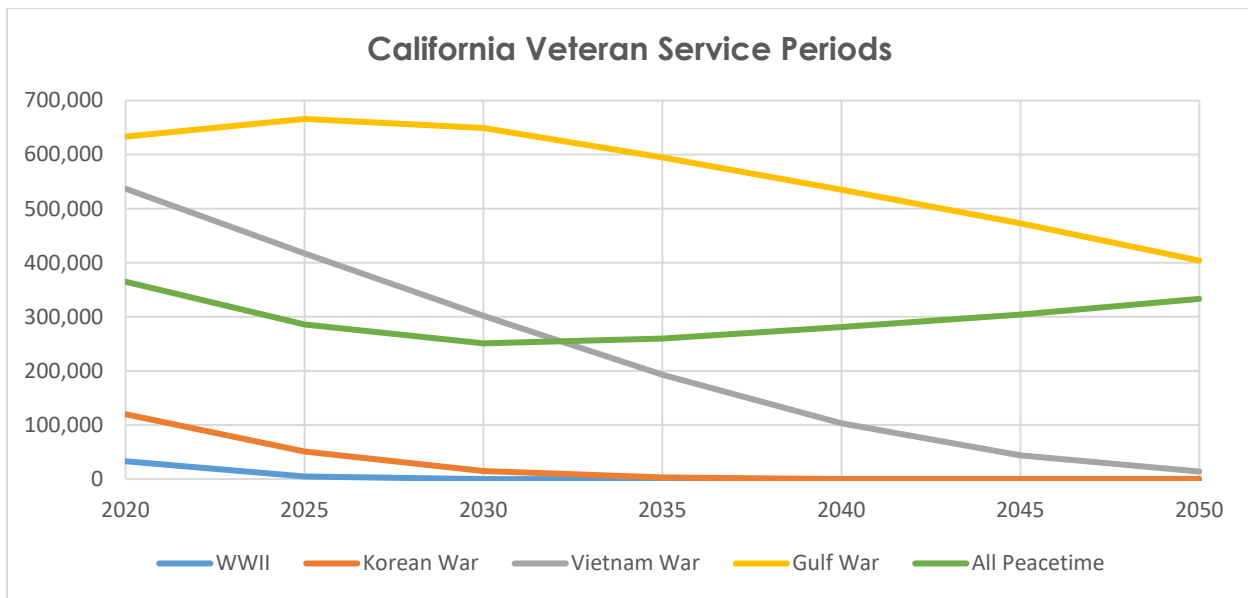
- At times, the service period timeframes do not match the historical dates for conflicts as seen in the WWII service period.
- Wartime service is not dependent on where the veteran was stationed unless otherwise noted. For example, the Vietnam War service period is divided into Veterans in Vietnam and All Other Veterans. It is dependent on the dates of service.
- The Gulf War service era is still ongoing and as such, the post-Gulf War era is purely theoretical. However, starting in 2030, the VA does estimate that the number of post-Gulf War veterans will rise. Though this period of veterans lies beyond the focus of this report and this report does not

ⁱ Because figures are rounded to the nearest thousand, there may be small numbers of veterans in each service era in years marked with "--". For example, some WWII veterans will likely be alive in 2035 or later, but their numbers would be too small to accurately project.

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presume the conclusion of the Gulf War service era, post-Gulf War service period estimates are included in order to align with overall VA projections.

- Veterans with both peacetime and wartime service are counted solely by their wartime periods. However, VA datasets do not make such distinctions for veterans of multiple wars. These veterans are counted separately in each wartime period but are only counted once in determining the total number of wartime veterans.



As discussed previously, the decline in WWII and Korean War veterans means that Vietnam veterans represent a majority of the overall veteran population in the Veterans Homes of California system of care. They will inherit the long-term

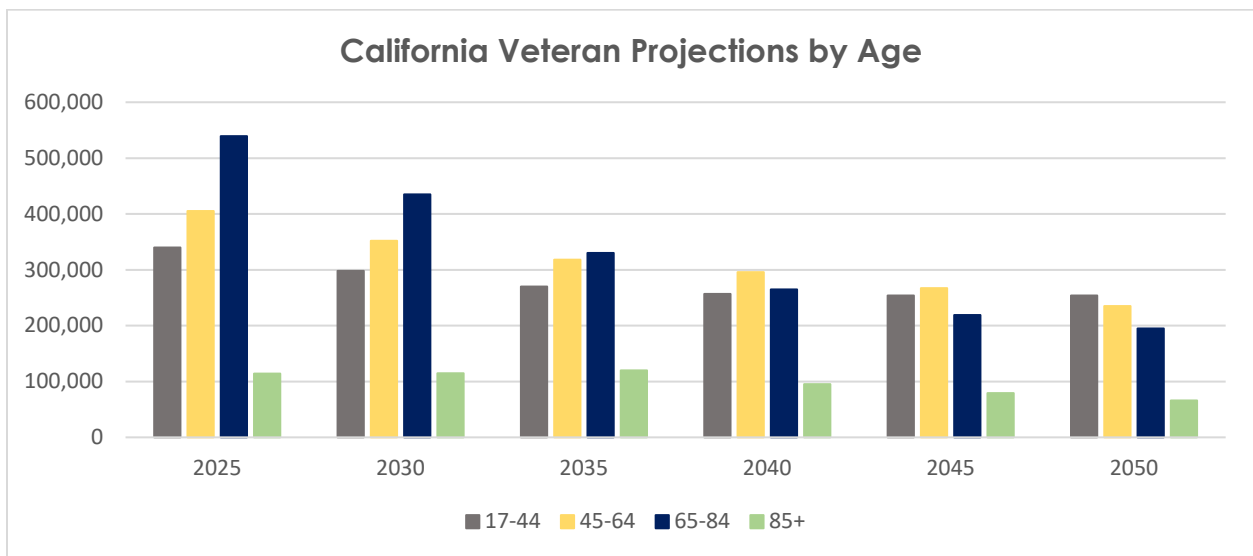
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care designed for previous generations of veterans and determine how long-term care will change.

Aging Projections

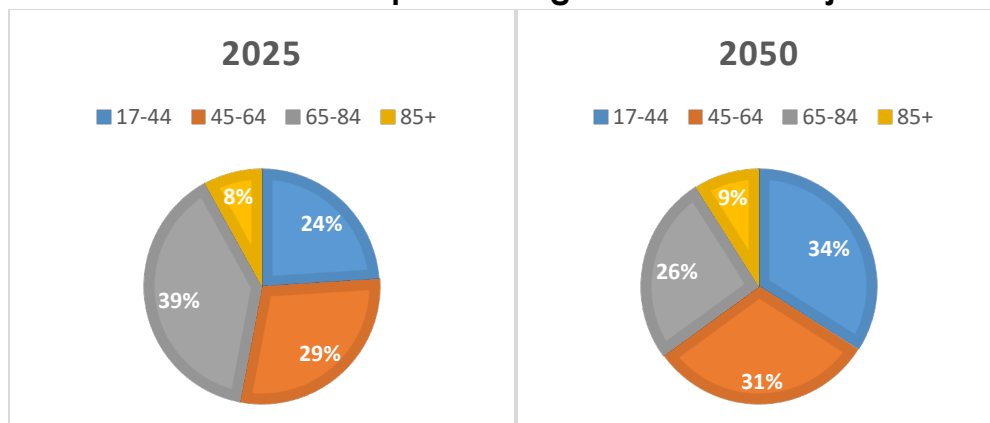
Understanding the evolving age demographics of California's veterans is a pivotal factor in understanding their long-term care needs.

Over the next several decades, all of the age groups are estimated to decline, though not equally. Veterans in age groups 65-84 and 85+ will have faster rates of decline as there are not enough younger veterans to take their place. However, the other age groups will decline at a slower rate as new veterans take their place.



By the end of 2025, veterans under the age of 65 will represent approximately 53% of California's veterans. By 2050, veterans over the age of 65 will still number in the hundreds of thousands and remain a major portion of veterans CalVet serves.

California Veteran Population Age Distribution Projections



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REGIONAL POPULATION CHANGES

While California's veteran population as a whole is estimated to decline over the next 25 years, each county will see different rates of decline. Though all counties are expected to see a decline in their veteran population, there are several with a veteran population too small to accurately predict. A majority of the 58 counties will see a decline rate above the national decline rate of 46%.

Mendocino County has one of the highest rates of decline at 75%, and Riverside County will have the lowest at 32%. Los Angeles County, currently home to most of the state's veterans, expects to lose around 121,000 veterans or 52%. Though Southern California will still be home to most of California's veterans, San Diego County will surpass Los Angeles County in number of veterans in the county.

Veteran Population Projection in Selected Counties

Ranking	County (with 2025 Ranking)	2025 Veteran Population	2050 Veteran Population	Population Decline
1	Los Angeles	233,000	112,000	-52%
2	San Diego	214,000	127,000	-41%
3	Riverside	110,000	75,000	-32%
4	Orange	92,000	48,000	-48%
5	San Bernardino	85,000	50,000	-41%
7	Santa Clara	44,000	22,000	-50%
8	Alameda	43,000	21,000	-51%
9	Contra Costa	37,000	18,000	-51%
10	Kern	34,000	21,000	-38%
11	Ventura	32,000	15,000	-53%
12	Fresno	32,000	20,000	-38%
13	Solano	30,000	16,000	-47%
16	Sonoma	20,000	8,000	-60%
17	San Mateo	20,000	9,000	-55%
18	San Francisco	20,000	9,000	-55%
20	Santa Barbara	17,000	8,000	-53%
22	San Luis Obispo	15,000	7,000	-53%
30	Marin	7,000	2,000	-71%
34	Imperial	6,000	3,000	-50%
37	Napa	5,000	2,000	-60%

A majority of the Bay Area is predicted to lose more than 50% of their veteran population. All counties are expected to either match or surpass the national decline rate. Solano County is expected to lose the fewest number of veterans at an approximate 47% decline rate. Marin, Sonoma, and Napa are expected

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to lose at minimum approximately 60% of their veteran population. Though the Bay Area is anticipated to lose around half of their veteran population, counties like Santa Clara and Alameda will still have veteran populations in the tens of thousands.

Southern California's veteran population change looks different than that of the Bay Area. Unlike the Bay Area, not every county in Southern California will decline at or more than the national rate, though more than half will. Southern California, as a region, has a lower average decline rate, at around 47% and a wider overall range of decline rates, ranging from 32% to 53%. Riverside, Kern, Imperial, San Bernardino, and San Diego counties are projected to maintain a more stable veteran population. However, even as Southern California will lose veterans, the region will still be home to over 60% of the state's veterans in 2050.

**Veteran Population Projections and Age Distribution in
Counties Where Veterans Homes Are Located**

County	Year	17-44	45-64	65-84	85+
Fresno	2025	9,000	10,000	12,000	2,000
	2050	8,000	6,000	5,000	1,000
Los Angeles	2025	58,000	70,000	87,000	20,000
	2050	36,000	36,000	30,000	10,000
Napa	2025	--	1,000	2,000	--
	2050	--	--	--	--
San Bernardino	2025	24,000	26,000	31,000	5,000
	2050	19,000	16,000	13,000	3,000
San Diego	2025	71,000	67,000	64,000	12,000
	2050	52,000	42,000	26,000	8,000
Shasta	2025	2,000	3,000	5,000	1,000
	2050	2,000	2,000	2,000	--
Ventura	2025	7,000	9,000	14,000	3,000
	2050	5,000	5,000	4,000	2,000

Los Angeles County is expected to lose the highest number of veterans in the age group 65-84, at around 57,000. Meanwhile, Napa County is expected to have the highest rate of decline across all age groups; however, as noted in the 2020 Master Plan, the catchment area for the Yountville Home extends beyond Napa. San Diego County will still maintain a relatively stable population of younger veterans due to the active military discharges in the area. By 2050, veterans under 65 are estimated to be about three-quarters of San Diego County's veterans.

INDIVIDUAL CHARACTERISTICS

Women Veterans

While women have served in some capacity in every major conflict since the Revolutionary War, they have not always been supported and recognized. It was not until the 1980 Census that women were asked if they had served and 1.2 million women responded “yes.”ⁱ This census report led Congress to grant veteran status to women who had served in the Women’s Army Auxiliary Corps during WWII. In November 1983, the VA established an Advisory Committee on Women Veterans which was tasked with assessing the needs of women veterans related to VA programs and services as well as make recommendations to better serve women veterans. Today, the Advisory Committee on Women Veterans continues to advocate for women veterans by publishing reports, summaries, and addressing issues related to women veterans.

On a national scale, the number of women veterans will increase and become a greater percentage of the overall veteran population. Like the overall veteran population, the VA estimates that the number of women veterans will decrease in California, but they will come to represent a larger portion of the overall population of those who served. By the end of 2025, it is estimated that women veterans will make up approximately 11% of the total population. This will grow to 14% by 2035 and will represent 17% of the total veteran population by 2050.

This growing percentage of women veterans will apply most to those 45 and older, as their role in the military has increased overtime. In 2025 women veterans 17-44 will make up 18% of the veteran population and by 2050 will make up 18.1%. In age group 65-84, women veterans are estimated to make up 6.6% and will grow to 16% by 2050.

Gender Breakdown in 2025

Age Group	Men	Women	Totals	Female Percentage	Male Percentage
17-44	280,000	60,000	340,000	18%	82%
45-64	352,000	53,000	405,000	13%	87%
65-84	503,000	35,000	539,000	6%	93%
85+	109,000	5,000	114,000	4%	96%
Totals	1,244,000	153,000	1,397,000	11%	89%

ⁱ Department of Veterans Affairs. (n.d.). [Women Veteran Issues: A Historical Perspective](#).

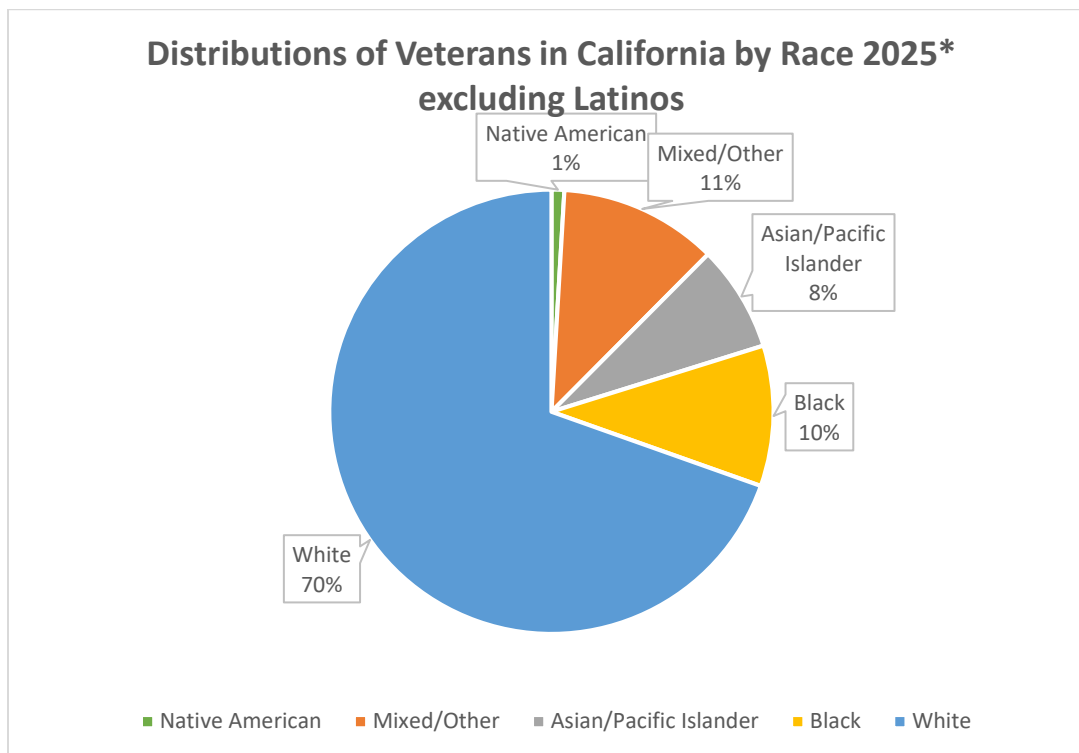
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Gender Breakdown in 2050

Age Group	Men	Women	Totals	Female Percentage	Male Percentage
17-44	208,000	46,000	254,000	18%	82%
45-64	196,000	39,000	235,000	17%	83%
65-84	165,000	30,000	495,000	15%	85%
85+	57,000	9,000	66,000	14%	86%
Totals	626,000	124,000	1,050,000	17%	83%

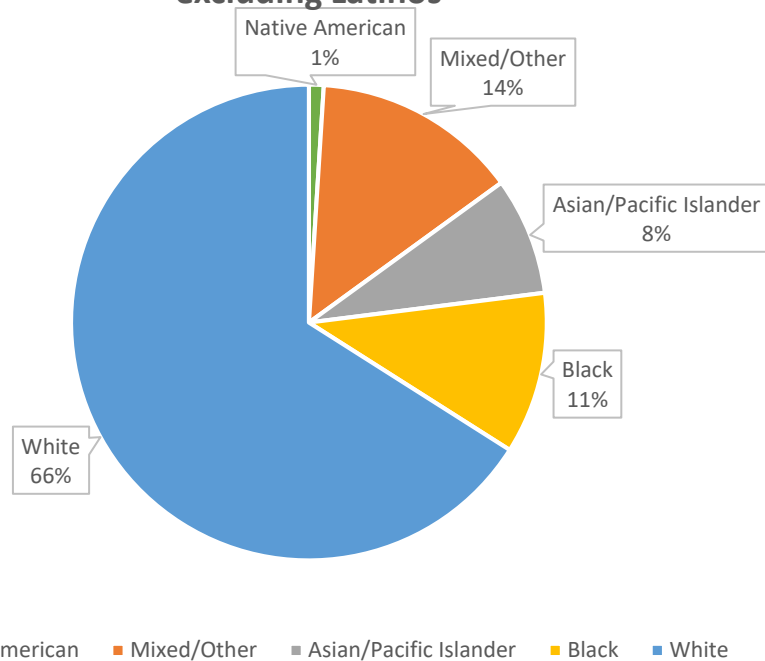
Race and Ethnicity

California is home to a diverse veteran population and is, comparatively, more diverse than the overall veteran population in the country. California ranks sixth in the number of Black veterans, second in Native American and Hispanic and Latino veterans, and first in Asian and Pacific Islander and mixed-race veterans.

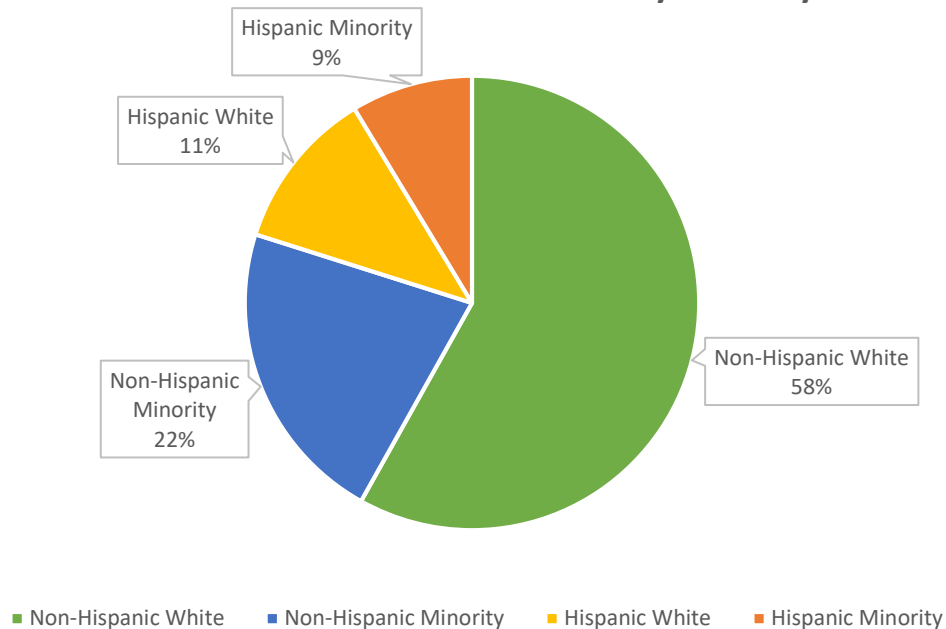


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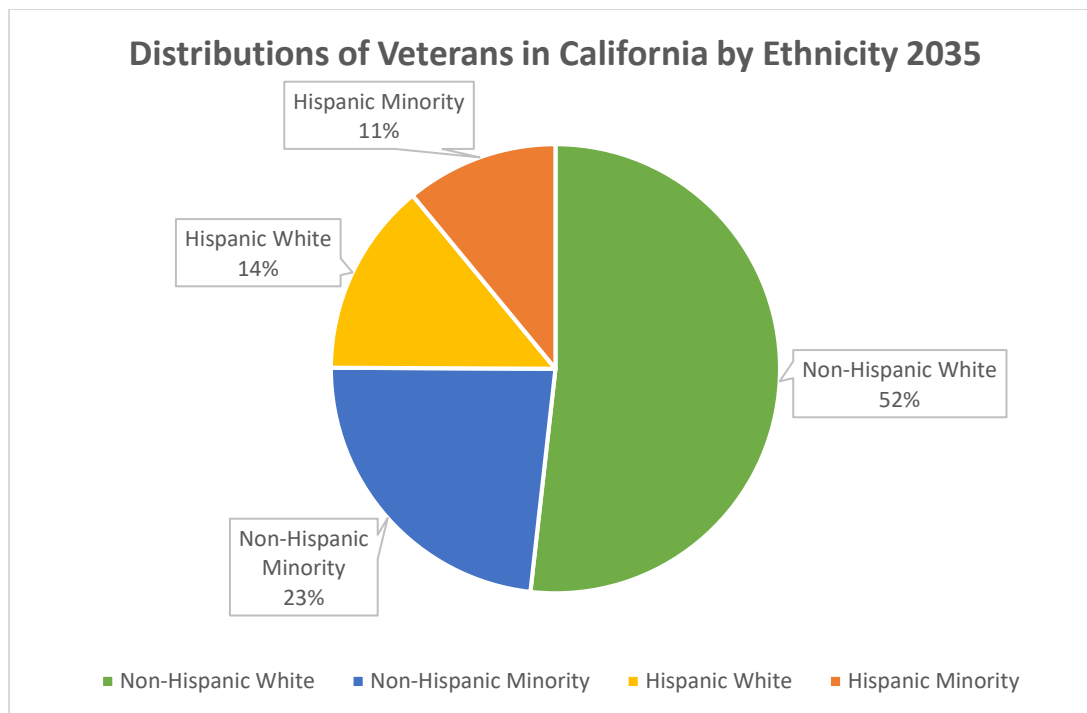
Distributions of Veterans in California by Race 2035*
excluding Latinos



Distributions of Veterans in California by Ethnicity 2025



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Veterans Experiencing Homelessness

Veterans experiencing homelessness is an issue nationwide, and particularly in California. Various studies have determined that, veterans are more likely to have a higher risk of experiencing homelessness than civilians.ⁱ Even among the veteran population, there are those who have a higher risk of homelessness than others.

Over the past decade, much research has been done on veterans experiencing homelessness, especially relating to risk factors and circumstance. In 2013, it was determined that there is a relationship between childhood abuse, familial instability, and other childhood problems and homelessness.ⁱⁱ Veterans who have been discharged for misconduct or who are survivors of sexual trauma are more likely to experience homelessness. Women veterans who have experienced partner violence are more likely to experience homelessness and unhoused women veterans are more likely to have minors in their care.

According to the U.S. Department of Housing and Urban Development (HUD), more than 181,000 people are experiencing homelessness in California, including approximately 11,000 veterans. While veterans make up less than 4% of California's population, they account for about 6% of the state's homeless

ⁱ Tsai, J., & Rosenheck, R. A. (2015). Risk Factors for Homelessness Among US Veterans. *Epidemiologic Reviews*, 37(1), 177–195. <https://doi.org/10.1093/epirev/mxu004>

ⁱⁱ "Conduct disorder behaviors, childhood family instability, and childhood abuse as predictors of severity of adult homelessness among American veterans" Jack Tsai and Robert Rosenheck

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population and represent roughly 30% of the nation's homeless veteran population. This makes California the state with the highest concentration of homeless veterans. Of note, 7,500 of these 11,000 veterans are unsheltered, living in conditions not meant for human habitation.ⁱ

Region ⁱⁱ	Veterans Experiencing Homelessness	Percent Unsheltered
Los Angeles City and County	3,874	72%
San Diego City and County	814	58%
Riverside City and County*	252	24%
Santa Ana, Anaheim/Orange County	238	61%
Oxnard, San Buenaventura/Ventura County*	180	74%
Oakland, Berkeley/Alameda County	552	78%
San Francisco	548	74%
San Jose/Santa Clara City and County	479	73%
Fresno City and County/Madera County	235	72%
Imperial County	142	99%
San Bernardino City and County	231	88%
Watsonville/Santa Cruz City and County	159	87%
Riverside City and County*	252	79%
Oxnard, San Buenaventura/Ventura County*	180	74%
Santa Rosa, Petaluma/Sonoma County	110	67%

*These are separate continuums of care tracked by HUD and are not duplicates.

Compared to the nationwide population of people experiencing homelessness, veterans are less likely to experience homelessness in major cities. However, in major cities approximately 49% of all veterans were unsheltered. In rural areas, approximately 46% of veterans experiencing homelessness are unsheltered.

EVOLVING CARE

More robust behavioral health programming to better support Vietnam and Gulf War veterans is one of the most significant changes happening in long-term care today. Behavioral health programs for veterans are also often

ⁱ Unsheltered, or unsheltered homelessness, is defined by HUD as people whose primary nighttime location is a place not meant for human habitation, like sidewalks, cars, or parks and is a type of homelessness. HUD defines homelessness as lacking a fixed, regular, and adequate nighttime residence.

ⁱⁱ This data is from the annual HUD Point-in-Time (PIT) report. HUD breaks down regions differently than the VA. Regions listed are by how HUD breaks down the country.

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accompanied by increased training for staff to be able to better support veterans in need of this particular type of programming.

CalVet is also working to ensure that equitable care is provided to our veterans. Historically, in order for a veteran applicant to be eligible for admission into a Veterans Home, they had to be a veteran of the United States Armed Forces who was discharged or released from active duty under honorable conditions from service. In 2017, CalVet proposed an amendment to state law to allow Veterans applying to the Veterans Home to be eligible for admission if they had been discharged or released from active duty under conditions other than dishonorable. This proposal was approved by the Legislature and the Governor as part of the FY 2017-18 state budget.ⁱ This change helped broaden the eligibility requirement from a status of honorable, in part to allow for admission of those discharged for discriminatory reasons, such as sexual orientation or gender identity.

SERVICE DEMAND FOR LONG-TERM CARE

When preparing for the future of LTC, it is important to look at and understand the demand for the various levels of care offered at the Veterans Homes. As discussed earlier in this report, the Veterans Homes offer DOM, RCFE, ICF, SNF, and SNF MC services. The levels of care are listed from least care-intensive to most care-intensive. A resident's level of care is determined by the amount of support needed for activities of daily living, among other things. The trends discussed are a summation of anecdotal data from the Veterans Homes of California.

The DOM level of care is seeing less and less demand from the community. Currently only two Veterans Homes are advertised to offer this level of care: Yountville and Chula Vista. The decline in demand for DOM is a continued trend from previous years as discussed in Master Plan 2020 and readdressed in Chapter 2 of this report.

Like the DOM level of care, ICF is also experiencing a decrease in demand. Currently, there are no Veterans Homes advertising ICF, however, Yountville and Barstow are licensed and are providing this level of care to current residents. ICF is the lowest level of care that is federally licensed by CMS. Since ICF is federally licensed, the level of care is subject to increasing regulatory and certification requirements, which in turn narrows the pool of eligible veterans. The restrictions have also placed significant burdens on the staffing and program models. The decreasing demand for ICF is also a continued trend from the previous years as CalVet made several recommendations regarding the reduction of ICF beds, as discussed in Chapter 2 of this report.

ⁱ See SB 96 (Ch. 28, Stats. 2017)

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Conversely, the demand for RCFE level of care is seeing an increase. Potential residents are remaining in their communities and aging in place. As a result of this trend, members of the community are entering CalVet's system of care more advanced in age with more care needs than previous cohorts.

As seen with the RCFE level of care, SNF and SNF MC are also seeing an increased demand. Historically both SNF and SNF MC have been levels of care with a high demand.

Properly preparing for the future of LTC is not only reliant on understanding community demands for the levels of care, but also on specific services.

Increased demand for higher levels of care is also connected to an increase in veteran demand for long-term care. The VA has estimated that up to 80% of veterans will need long-term care at some point in their lives.ⁱ

FUTURE VETERAN POPULATIONS

In the next several decades, the veteran population will decline. California's WWII and Korean War veterans will have passed away. Vietnam War era veterans will also decline drastically, though still maintain a sizable population. Gulf War veterans, though they have become the most populous veteran group, are not a large enough population to replace the previous generations.

The makeup of the veteran population will also change. Women veterans will become a larger percentage of the overall veteran population. San Diego County will have the most veterans in the state, though Southern California as a whole will be the epicenter for California's veterans. Veterans will also be younger, with more than half the population being under 64.

The population changes provide vital context for the changing needs of California's veterans. But they do not provide a complete picture. The decline of the veteran population does not parallel the decline in needs. The healthcare needs of veterans will involve addressing a complex mix of physical, mental, and environmental health challenges. Policymakers and healthcare providers will need to prioritize resources, research, and innovative solutions to ensure these veterans receive the long-term, comprehensive care they deserve. Chapter 4 of this report seeks to understand the evolving behavioral healthcare needs of future veterans who will reside in the Veterans Homes.

ⁱ Hartronft, Scotte, Executive Director, Office of Geriatrics and Extended Care, Veterans Health Administration, statement before the U.S. House of Representatives, Committee on Veterans Affairs, Subcommittee on Health, July 27, 2021.

Chapter 4 Veterans' Behavioral Healthcare

The 2020 Master Plan assessed behavioral healthcare needs from a data driven perspective.ⁱ Informed by the expertise of behavioral health clinical staff within the Veterans Homes, this report provides context to that data to better understand the complexities of the veteran behavioral healthcare landscape. CalVet held discussions with clinical staff, including psychiatrists, psychologists, and social work teams at the Veterans Homes to identify recent trends and changes in the behavioral health needs of Veterans Home residents.

Through interviewing clinical staff, this report reviews the efficacy of behavioral health changes implemented since the 2020 Master Plan, the changing veteran behavioral health landscape, and the ways that the Veterans Homes can best meet the behavioral health needs of current and future residents.

CalVet can strategically position the Veterans Homes to better serve current veterans and prepare for future cohorts by analyzing behavioral trends that have emerged since the 2020 Master Plan. To achieve this, the Veterans Homes could benefit from a third-party evaluation of their behavioral health program to gain deeper insights into these emerging trends.

NATIONAL TRENDS

Increased Demand

Demand for veterans' behavioral health services have increased in recent years. According to the U.S. Government Accountability Office (GAO), the VA saw the number of veterans receiving mental healthcare from VA increase by 90% from federal FY 2006 to 2019 – more than three times the rate of increase for all VA healthcare services. During this time, VA's reported mental health budget increased from \$2.4 to \$8.9 billion.ⁱⁱ One-third of veterans who received VA care in FY 2018 had at least one diagnosed behavioral health condition, with depression, post-traumatic stress disorder (PTSD), and anxiety amongst the most

ⁱ See [2020 Master Plan](#), Chapter 4.

See [2020 Master Plan](#), Chapter 4.

ⁱⁱ U.S. Government Accountability Office, Healthcare Capsule, GAO-21-545SP (2021).

Chapter 4 – Veterans' Behavioral Healthcare

common.ⁱ According to the GAO, veterans are often diagnosed with multiple mental health conditions.ⁱⁱ Looking forward, some postulate that the behavioral healthcare needs of post-9/11 veterans will be higher. Research suggests that post-9/11 veterans are expected to increasingly secure disability claims in part due to high incidence of PTSD among veterans, of whom 36% have a PTSD diagnosis.ⁱⁱⁱ

Prevalent Behavioral Health Issues

Research further suggests that veterans diagnosed with PTSD have a higher risk for other ailments, including: heart disease, rheumatoid arthritis, heart failure, among others. Those diagnosed with PTSD are more likely to be diagnosed with a disease within five years of returning from deployment than those without PTSD. Veterans with PTSD utilized non-behavioral healthcare services and hospitalizations at 71% to 170% higher rates than those without PTSD. Additionally, traumatic brain injury (TBI), which is estimated to affect some 20% of Iraq and Afghanistan conflict veterans, includes a higher risk of dementia and other diseases.^{iv}

Although the Veterans Homes do not currently serve post-9/11 veterans as a primary cohort, it is critical for the Veterans Homes to anticipate the needs of future veterans. Research suggests that this cohort will seek behavioral healthcare in greater numbers due to the incidence of PTSD and TBI among this cohort. The Veterans Homes may need to tailor their behavioral healthcare accordingly.

Substance use disorders (SUDs) include dependencies on alcohol, illicit and prescription drugs, and nicotine. SUDs have substantial negative consequences on veterans' mental and physical health, work performance, housing status, and social function. In veterans, SUD commonly co-occurs with and complicates other conditions or issues. These conditions or issues may be health-related, such as other mental health conditions.^v

ⁱ *Id.*

ⁱⁱ *Id.*

ⁱⁱⁱ Bilmes, Linda (2021). [The long-term costs of United States care for veterans of the Afghanistan and Iraq wars. *Economics*, 113, 54-66.](#)

^{iv} *Id.* citing Hoge, C. W., Marmar, C. R., Lesikar, S., Guevara, R., Lange, J., Brundage, J., ... Orman, D. T. (2002). Mental disorders among US military personnel in the 1990s: Association with high levels of healthcare utilization and early military attrition. *American Journal Of Psychiatry*, 159, 1576–1583.; see also work from the Veterans Health Research Institute.

^v VA Office of Research and Development, [VA Research on Substance Use Disorders](#).

CALVET VETERANS HOMES' VETERANS BEHAVIORAL HEALTHCARE TRENDS

Over the past five years, behavioral healthcare teams at the Veterans Homes have identified emerging trends among residents. Staffing for these teams varies by location, reflecting differences in the levels of care provided and the number of veterans served. These teams typically include a combination of psychiatrists, psychologists, and social workers, depending on the needs of each Home.

Behavioral healthcare is available across all levels of care, tailored to residents' specific needs. Depending on these needs, residents may receive services from the Veterans Homes' behavioral health teams, the VA, or third-party community providers. For instance, residents in higher levels of care, such as our SNF level of care, often require behavioral health support for cognitive impairments or memory-related issues. Meanwhile, those in lower levels of care, such as our DOM settings, typically access outpatient behavioral health services.

Certain diagnoses have become more prevalent. For instance, the frequency of TBI diagnoses have increased; so too have diagnoses of insomnia among residents. Other common diagnoses include PTSD, major depressive disorder (MDD), pain-related diagnosis, and bi-polar disorders, among others.

As mentioned earlier, SUDs often co-occur with other behavioral health conditions. Within the Veterans Homes, residents across all levels of care may be affected by a SUD diagnosis.

For a variety of reasons, some residents entering the Veterans Homes may have difficulty adjusting to the Veterans Homes' community living environments. As a result, some experience behavioral issues upon entering the Veterans Home. Although CalVet's Veterans Homes can't conclusively pinpoint the reasons for such difficulties, contributing factors may include a history of being unhoused or having unstable housing, as well as a history of SUD.

Addressing personality-related behavioral health issues generally demands more staff time compared to other behavioral health diagnoses. While additional staff may not always be necessary, an increase in future admissions of residents with personality-related issues would likely require dedicating more staff time to their treatment. Currently, staff-intensive behavioral issues are more commonly observed in residents at lower levels of care, such as those in the DOM setting.

Although all ages of veteran residents can experience a behavioral healthcare issue, age is not an exclusive factor. While certain generations of veterans may show a higher prevalence of specific diagnoses, behavioral healthcare staff at the Veterans Homes have observed that factors such as a veteran's housing history, trauma history, and other background experiences often play a more significant role than age in the development of a behavioral health diagnosis.

Chapter 4 – Veterans' Behavioral Healthcare

Generational Changes

Incoming generations of veterans in the coming decades are likely to have increased incidences of PTSD and TBIs. The post-9/11 cohort of veterans may require a different behavioral healthcare programming and staffing model to treat such diagnoses.

The Veterans Homes anticipate that the overall population, including veterans, are likely to see increased levels of memory care issues such as Alzheimer's and dementia in coming years. These memory care issues often require additional staff, training, knowledge, and care teams. The Veterans Homes should continue to assess how to best meet the evolving memory care needs of current and future veteran populations.

Comorbidity

Comorbidities exist between behavioral health diagnoses and other conditions, such that one condition can increase the likelihood or intensity of another. Patients with multiple co-occurring conditions require a disproportionate share of medical support and are generally less able to care for themselves in the community.

As might be expected, PTSD and depression are highly correlated. As many as half of any individuals with PTSD also have MDD.ⁱ In a comprehensive study of the Vietnam War, 37% of veterans with PTSD were found to have a diagnosis of depression, compared to less than 1% of those who did not have PTSD. Depression and PTSD are both much more intensive when combined with stressors, increasing the need for social work services and resources.^{ii,iii}

PREPARING FOR FUTURE VETERAN COHORTS

As veterans' behavioral healthcare continues to evolve, the Veterans Homes should continually evaluate how to meet the needs of current and future generations of veterans. It is apparent that the behavioral healthcare needs of future cohorts of veterans will likely be different than the current veteran population. To the extent possible, the Veterans Homes should anticipate these changes and leverage internal and external resources to better prepare for the needs of future veterans.

ⁱ Flory, Janine D. and Rachel Yehuda. "Comorbidity between post-traumatic stress disorder and major depressive disorder: alternative explanations and treatment considerations." *Dialogues in clinical neuroscience* 17, no. 2 (2015): 141.

ⁱⁱ Figley, Charles R., ed. *Trauma and its wake*. Routledge, 2013.

ⁱⁱⁱ Clark, Gayle, Susan Rouse, Heather Spangler, and Jennifer Moye. "Providing mental healthcare for the complex older veteran: Implications for social work practice." *Health & social work* 43, no. 1 (2017): 7-14.

Chapter 4 – Veterans' Behavioral Healthcare

Staffing

To effectively address the evolving behavioral health needs of the Gulf War and Iraq/Afghanistan veteran populations, the Veterans Homes must explore innovative approaches to staffing and programming. Behavioral healthcare is currently delivered through a multidisciplinary team, including psychiatrists, psychologists, and social workers. However, as the needs of future cohorts continue to change, new strategies may be required to provide adaptive and effective care.

Residents with personality disorders, for example, often require more intensive care. Building on this insight, the Veterans Homes should actively evaluate and refine their staffing models and programming to address the unique challenges faced by veterans of more recent conflicts, including those with trauma-related and service-specific behavioral health conditions.

As behavioral healthcare needs evolve, current models and interventions may need to be adjusted or expanded. This could include integrating advanced behavioral interventions or leveraging emerging technologies to enhance care delivery. The Veterans Homes should prioritize regular assessment of their staffing models to identify opportunities for innovation and ensure they are equipped to meet the complex needs of future veteran populations effectively and sustainably.

Training

On a daily basis, both clinical and non-clinical Veterans Home staff interact with residents. For example, Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), and Certified Nursing Assistants (CNAs) interact with residents on a routine basis while providing care. During clinical interactions with professionals who are not specialized in behavioral health, a resident may experience a behavioral health episode. In such cases, non-behavioral health clinical staff may need to step in to intervene, de-escalate, or provide an appropriate response.

Providing de-escalation training to non-behavioral healthcare staff could play a vital role in CalVet's response to behavioral health events, as residents may experience such episodes at any time. To prepare for these situations, CalVet may need to consider exploring training methods for direct patient care staff—such as RNs, LVNs, and CNAs—to equip them with the skills needed to effectively manage and de-escalate behavioral health crises. Researching and developing a comprehensive training program in the coming years could enhance staff preparedness, improve resident outcomes, and support a safer, more responsive care environment.

Chapter 4 – Veterans' Behavioral Healthcare

Substance Use Disorders

The Veterans Homes are not inpatient SUDs treatment facilities, nor are they equipped to pivot to provide such care. However, the Veterans Homes behavioral healthcare teams continue to explore relevant treatment options as they become available.

Continuity of Care

Behavioral healthcare often involves coordination across multiple providers and care locations, including Veterans Homes staff, VA providers, and third-party community care services. In emergencies or crises, the Veterans Homes frequently rely on third-party community emergency services. Ensuring continuity of care is critical in these situations, as it directly affects the quality and effectiveness of treatment.

The Veterans Homes' behavioral healthcare is deeply interconnected with external providers, making access to previous and ongoing behavioral health records essential. Inclusion in a shared records system is crucial for the Veterans Homes to ensure seamless communication and coordination with other care providers. This access enables the behavioral health team to deliver informed, consistent, and high-quality care, preserving the continuity of care that is vital for supporting veterans' overall well-being and recovery.

Looking ahead, the Veterans Homes should aim to establish stronger integration with the VA and third-party community care services systems that include behavioral health data from all relevant providers. By advocating for enhanced data sharing agreements, the Veterans Homes hope to improve data accessibility and collaboration with external care partners. This initiative will enable the Veterans Homes to track and manage behavioral healthcare more effectively, ensuring veterans receive consistent, well-informed care tailored to their individual needs.

Chapter 4 – Veterans' Behavioral Healthcare

SUMMARY

Given the evolution of behavioral health treatment, as well as the evolving medical care needs of the Veterans Homes' resident population, tailoring the behavioral health programming in the Veterans Homes is critical. The Veterans Homes' behavioral health staffing model may evolve with the changing behavioral health landscape.

The CalVet Veterans Homes provide behavioral healthcare in step with the needs of its current residents. However, the Veterans Homes should continue to tailor its behavioral healthcare program with its ever-changing resident population in mind. The Veterans Homes may benefit from studying and evaluating third-party behavioral healthcare models in the long-term care industry to understand how to best provide behavioral healthcare within this specialized field. As behavioral healthcare continues to evolve, CalVet will be placed on the forefront of care for elderly veterans as the next generation of veterans enter the CalVet Veterans Home system of care.

Chapter 5 Community Housing and Service Providers Beyond the Veterans Homes

California's veterans are served by a vast network of services that reach beyond CalVet. The Veterans Homes are part of a diverse ecosystem of programs that serve various subsets of California's veterans. Some of these alternative programs are administered or supported by CalVet, while others are managed by federal agencies and nonprofit organizations.

The Veterans Homes exist on one end of a spectrum, with skilled nursing, physical and behavioral healthcare, and permanent residency. However, there are a range of other programs that offer one or more of these components, each with varying services and funding structures. Some programs are designed for temporary relief or transitional support and some offer long-term housing or care. Many providers offer services across the state, while others operate within specific regions.

This chapter revisits a summary of these other providers.ⁱ Like the Veterans Homes, these providers have unique strengths that allow them to provide services for targeted veteran populations. This context is necessary for understanding the current and future role of the Veterans Homes.

IN-HOME AND COMMUNITY CARE

VA Supportive Programs

The VA offers a range of options for veterans who require assistance or care support. Some benefits are only available in specific regions, while others are independent of geography. Service-connected disability ratings are used to

ⁱ This is not an exhaustive list of all available services. Many benefits, services, and providers, particularly those without a housing component, are not included in this chapter because they are beyond the scope or resources of this report. For more information on additional programs, please refer to the CalVet Veterans Resource Book.

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determine prioritization for some services. Disability ratings and income are also used to determine veteran copays when applicable. These services are critical because they allow veterans to remain at home for as long as possible before requiring services in a LTC facility. Just as importantly, they also help caregivers continue to provide services and lessen the burden on veterans' families.

Aid and Attendance or Household Benefits

Among the most widely used benefits is the Aid and Attendance allowance. Unlike other items on this list, which involve the direct provision of healthcare or housing, this benefit provides a monthly pension allowance for eligible veterans. Aid and Attendance is designed to support veterans in need of supportive care and is used solely to pay caretakers. Veterans must require support for activities of daily living (such as feeding or bathing) or they must be bedridden, have significant vision loss, or require nursing home or residential institutional care due to a disability. The funds provide flexibility for the veteran and his or her family to choose the most appropriate services based on the circumstances. The allowance can be used for in-home caretakers, community-based programs, or assisted living or nursing home facilities. Alternatively, the VA also provides a housebound allowance for veterans with permanent disabilities that significantly restrict them to their homes, although it may not be collected in conjunction with Aid and Attendance.

Home Based Primary Care

Veterans who require in-home care but have difficulty traveling or are otherwise unable to receive effective services at a VA facility may be eligible for Home Based Primary Care. Under this program, primary care providers travel to the veteran's home to provide a variety of clinical services.

Home Telehealth

One of the most significant healthcare advances in recent years is the growth in telehealth. The VA has been at the forefront of this expansion, launching multiple initiatives to provide telehealth and telemedicine services throughout the country. Veterans and their caregivers can receive remote services from VA clinicians using common household devices like computers and smartphones.

Skilled Home Healthcare

As with Home Based Primary Care, Skilled Home Healthcare is available for veterans who have difficulty traveling to a VA facility. This service is contracted out to local providers and allows for in-home therapy and nursing services.

Chapter 5 – Community Housing and Service Providers Beyond the Veterans Homes

Regional VA Community Living Centers

VA-run Community Living Centers (CLCs) are not licensed by the state or certified by CMS, but they are equivalent to SNFs. Many CLCs serve veterans in need of specific forms of in-patient care, as well as veterans in need of short-term nursing rehabilitation. In contrast, state veterans homes primarily provide longer stays and generalized SNF care.

Medical Foster Homes

Medical Foster Homes are private, personal homes that serve between one and three veterans who need support for activities of daily living. A caretaker (generally the homeowner) receives training from the VA and provides in-home care to the veterans. The VA provides Home Based Primary Care and other support as needed. Medical Foster Homes are intended to serve as an alternative to LTC facilities.

Adult Day Healthcare

Veterans can go to VA ADHC facilities (either operated by the VA or in partnership with other providers) for services such as therapeutic activities, health monitoring, social work, and dietary counseling, among other things. ADHC is discussed in greater detail later in this chapter.

Homemaker and Home Health Aide Program and Respite Care

Eligible veterans can receive home health aides to support daily activities, such as eating and dressing. Home health aides can help veterans care for themselves or help veterans' caretakers by relieving some daily tasks. Similarly, caretakers can receive up to 30 days of respite care per year, which can be at home or via temporary services at a LTC facility.

Caregiver Support Program

The VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) offers enhanced clinical support for caregivers of eligible veterans who have a serious injury incurred or aggravated during active military service on or after September 11, 2001; or before May 7, 1975. Eligible PCAFC family caregivers may receive a monthly stipend for their role as a family caregiver of an eligible veteran.

Home Hospice and Palliative Care

Chronically or terminally ill veterans may be eligible for additional in-home services. Palliative care is offered to veterans with serious illnesses to help relieve their symptoms. For veterans with terminal conditions, in-home hospice care is also available, allowing for greater end-of-life comfort.

Adult Day Services

There are two licensed adult day services programs in California: ADHC, which is licensed by CDPH; and Adult Day Program (ADP), which is licensed by CDSS. ADPs follow a non-medical model, delivering general assistance with activities of daily living in a supervised environment. In contrast, ADHCs provide services more akin to SNFs, administering medication and offering therapy, social services, and nursing care. While these programs are generally not exclusive to veterans, they do provide an important alternative to institutionalized LTC.

Both programs offer therapeutic activities, social interaction, and overall support for clients. Equally important, they also alleviate the burden on caregivers. ADPs and ADHCs are typically open on weekdays during business hours, which allows for caregivers with compatible schedules to work while the facilities care for their loved ones. They also provide or assist with transportation to and from the facilities. Based on CalVet's site visits, these programs are likely to have variable participation rates, with many vacancies depending on the day based on the clients' and families' schedules and needs. Accordingly, staffing levels may vary based on projected demand.

As with nursing homes, the location of ADPs and ADHCs are critical to their success, but the emphasis is different in one significant respect. SNFs and ADHCs (and, to a lesser extent, ADPs) require adequate community infrastructure, including medical and support facilities and a sufficient pool of potential employees from which to hire. Where they diverge is with their client base. SNFs draw their clients in as residents, so those clients can come from anywhere as long as they are able and willing to relocate. However, ADPs and ADHCs have to be close to their clients to provide daily services and transportation. In addition, most clients have caretakers for their time outside of the program. Therefore, adult day services providers must be centrally located in regions with a sufficient number of potential clients who require services, have caretakers, and live within a reasonable distance.

The benefits of adult day services can be significant. Clients can continue to live at home or with family, reducing the burden on medical infrastructure as well as the costs for themselves and taxpayers. They can receive many of the same services they would receive in an RCFE or SNF without the same around-the-clock staffing needs. The limitation is that these clients generally require stable living situations with permanent housing and caretaking for nights and weekends. Potential clients without these options might not be appropriate for adult day services, especially those who require skilled nursing.

ADHC programs typically operate for about 8 to 10 hours per day, providing comprehensive services during that time. Participants generally attend these programs on weekdays, resulting in an average of 8 hours per participant per

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day. This structure offers a full day of care and support, aligning with standard operational hours for such services.

As previously stated, the VA supports qualified veterans in need of ADHC. In recent years, the VA updated regulations to create separate rules and structures for ADHCs in state veterans homes, and several states now offer it in their facilities.

In-Home Supportive Services

As an alternative to veterans housing programs, veterans can utilize resources in their respective counties to receive care while remaining in their homes. The In-Home Supportive Services (IHSS) program of CDSS provides aid to help eligible lower-income California residents who are elderly or disabled, helping them to live safely in their own homes. This often represents the ideal care scenario for many veterans. Utilizing county, state, and federal dollars, IHSS covers services such as housecleaning, meal preparation, laundry, grocery shopping, personal care, and accompaniment to medical appointments.

CALVET HOME LOAN PROGRAM

The CalVet Home Loan Program was established 104 years ago, in 1921, by the citizens of California to thank WWI veterans for their service and sacrifice for our country.ⁱ Since then, the Home Loan Program has undergone many changes to best serve veterans.

The CalVet Home Loan Program provides veterans with low-cost loans to purchase homes and farms. At inception, a veteran had to be a California resident before entering the service to be eligible. Today, all veterans residing in California are eligible if they were discharged under honorable conditions and are purchasing a primary home in California.

To date, the CalVet Home Loan Program has issued almost \$8.5 billion in home loans to more than 425,000 veterans and their families. CalVet has had a veteran loan holder in every county in the state.

The CalVet Home Loan Program's loans are typically made with at or below market interest rates and with low- or no-down payment requirements. These loans can be used to purchase single-family residences (including condominiums, planned unit developments and cooperatives), farms, and mobile homes in rental parks or permanently affixed on land in California. The CalVet Home Loan Program also offers home improvement, construction, and renovation loans.

Veteran loan applications are reviewed by CalVet's inhouse underwriters who endeavor to approve loans that make sense for both the applicants and the

ⁱ The CalVet Home Loan Program was formally known as the Farm and Home Loan Program.

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CalVet Home Loan Program. Over the years, underwriters have approved many veterans who may not have been able to qualify for a commercial loan due to their complex credit, income, or property profiles. Also, most CalVet Home Loan Program loans carry unparalleled fire, flood, earthquake and hazard insurance with low deductibles. In accordance with the Military and Veterans Code (MVC), the CalVet Home Loan Program's insurance coverages provide guaranteed replacement cost on each home.

Program Funding

The CalVet Home Loan Program utilizes self-liquidating general obligation and revenue bonds to capitalize the entire program. Veterans' mortgage payments pay the bonds and fund all expenses of the program. For the past 104 years, the program has operated without any support from the state's General Fund.

The Home Loan Program is a valuable benefit available to veterans in California, designed to help them achieve homeownership. This program offers competitive interest rates, flexible terms, and unique protections like life and disaster insurance, making it an attractive option for veterans seeking to finance a home.

Notably, the Home Loan Division (HLD) leverages the VA Home Loan Guarantee benefit for its loan products. By utilizing this guarantee, HLD ensures robust loan security and provides veterans with accessible financing options tailored to their needs. This integration underscores HLD's commitment to supporting veterans in their journey to secure stable housing.

CalVet Residential Enriched Neighborhoods Program

In 2012, the CalVet Home Loan Program established a pilot program for affordable home-ownership entitled the CalVet REN program. CalVet partnered with local governments and non-profit service providers and developers to build single family homes for veterans with lower incomes. Through this pilot, five communities (Sylmar, Santa Clarita, Riverside, Palmdale, and North Hollywood) donated land, and in some cases funding, to enable the non-profit developers and service providers to establish neighborhoods of between 12 and 78 homes (dependent on the site). Through the use of the CalVet Home Loan Program's construction loans, non-profit developers finance the development of these projects.

To date, the CalVet REN program has completed projects in Sylmar, Santa Clarita, and the first phase of a Palmdale project is slated for 56 homes. Additionally, there is a 26-home development in Riverside County and a 12-home neighborhood in North Hollywood in the planning stages for the future. Once all are completed, up to 184 low-income veterans and their families will

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own a home, allowing these communities to serve veterans in need, while also reducing local housing shortages.

HOMELESS SUPPORT PROGRAMS

Veterans Housing and Homelessness Prevention Program

The VHHP Program has been an integral part of the state's efforts to provide temporary and permanent housing for homeless and low-income veterans since the passage of Proposition 41 in 2014. VHHP is a partnership between HCD, the California Housing Finance Agency, and CalVet.

In 2024 Proposition 1 was passed, which allocates \$1.065 billion of the nearly \$6.4 billion bond towards housing investments aimed at supporting veterans vulnerable to homelessness, including those currently homeless or facing chronic homelessness, with a focus on individuals struggling with behavioral health issues.

CalVet and HCD have a long-standing relationship and a proven track record in collaborating to bring quality multifamily affordable and supportive housing for veterans and their families experiencing or at-risk of homelessness. That VHHP collaboration has resulted in 100 new multifamily affordable housing developments and nearly 7,000 units accessible to veterans. The two departments are currently coordinating closely to determine the methodology and distribution of funds, as well as the supportive service plan standards and other program areas to champion this piece of California's behavioral health transformation.

Housing and Urban Development-Veterans Affairs Supportive Housing Program

Jointly administered by HUD and the VA, the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program serves homeless veterans through a multipronged approach. Homeless veterans with physical or behavioral health disabilities receive VA support and vouchers for private rental units. These HUD-VASH vouchers are distributed across the country based on regional need and local resource availability. Voucher recipients may be subject to waitlists if rental units are not available. Depending on the recipient's needs, VA services may include vocational training, social work, drug and alcohol abuse treatment, and other assistance designed to help homeless veterans live independently.

Project-based vouchers, specifically through the HUD-VASH program, can be applied to a housing development designed for veterans in permanent supportive housing; which allows the development to dedicate specific units

Chapter 5 – Community Housing and Service Providers Beyond the Veterans Homes

exclusively for eligible veterans with access to VA case management and supportive services alongside their housing assistance.

California Veterans Health Initiative

In an effort to improve access to mental healthcare for veterans and their families, CalVet has announced the availability of up to \$38 million in competitive grants. This initiative is the California Veterans Health Initiative (CVHI) Mental Health Support Grant Program. Grants are intended to support grantees throughout a three-year period with incremental sustainment goals each year and will be distributed in accordance with the provisions of the notice of funding availability.

Grantees will be asked to focus on prevention and early intervention efforts with the end goal of increasing access to mental health services for veterans and their families. Proposals funded under CVHI must be inclusive, equitable, and available to all veterans regardless of age, period of service, type of service, discharge status, or disability rating. Applicants must be able to meet the eligibility requirements of California MVC Section 881 to be considered for funding, and proposals must aim to expand the state's capacity to provide mental health support to veterans and to fill gaps in mental health services.

Veterans Support to Self-Reliance Pilot Program

The Veterans Support to Self-Reliance pilot program provides for a higher level of on-site supportive services for veterans aged 55 and over with high-acuity and who reside in permanent supportive housing projects throughout California. Expanded on-site supportive services may include, but are not limited to SNF care, medication management, peer specialists, and geriatric social workers.

CalVet awarded \$20 million in grants to six veteran-centric community-based organizations with existing supportive housing services programs. The goal of the grants is to demonstrate that with these enhanced supportive services, and within the construct of Housing First and evidence-based practices, that aging veterans experiencing chronic homelessness will be able to age in place and enjoy the stable and thriving quality of life that they deserve.

Chapter 6 Our People, Our Strength

The recent years have seen much fluctuation in both the nation's and the state's workforce. The COVID-19 pandemic and the subsequent socio-economic changes over the last five years have significantly transformed the workforce. The impacts of these changes can be most notably seen in the nursing field as vacancies in nursing classifications remain a consistent challenge to LTC operations. Further, the cost of living across the state is increasing, compounding the ability of the Veterans Homes to fill direct-care vacancies. In order to combat these challenges, CalVet has expanded its recruitment and retention efforts to address these critical vacancies.

For the purposes of this report, RNs, LVNs, and CNAs are the focal point of this analysis. These classifications are the primary caregivers in most hospitals, LTC facilities, and other healthcare environments. The supply and demand for these classifications for a given region can provide insight into that region's patient care infrastructure. However, Food Service Technicians (FSTs), Laundry Workers, and Custodians will also be discussed, due to their vital role in maintaining non-clinical services for residents.

THE WORKFORCE

Registered Nurses

An RN's responsibilities vary greatly depending on the setting. RNs may be found in hospitals, clinics, schools, nursing homes, and assisted living facilities, among other places. Within these settings, RNs can provide general clinical and supportive services or specialize in particular fields like geriatric care. In general, RNs work alongside other medical staff like physicians, surgeons, and other nurses. At the Veterans Homes, some RNs range in a of supervisory levels, also oversee LVNs and CNAs as well as other RNs. While duties vary, in Veterans Homes the RNs are typically responsible for, among other things:

- Assessing residents' conditions;
- Monitoring resident health and developing care plans accordingly;
- Overseeing wards or neighborhoods in licensed care units;
- Administering medicine and treatments; and
- Serving on and supporting interdisciplinary teams with other clinical staff and specialists.

Chapter 6 – Our People Our Strength

Licensed Vocational Nurses

LVNs provide basic nursing care for ill, injured, disabled, or convalescing patients. Like RNs, they typically work in hospitals, clinics, and LTC facilities. They do not perform the same range of duties as an RN and are more closely supervised, often by a physician or RN. In the Veterans Homes, some LVN responsibilities include:

- Observing residents and measuring their vital signs;
- Performing basic assessments of resident health, documenting and addressing changes accordingly;
- Administering medicine and treatments; and
- Helping residents with daily care needs, such as dressing, eating, and bathing.

Certified Nursing Assistants

CNAs may be found in hospitals but the majority work in nursing and residential care facilities. CNAs provide hands-on healthcare support with bathing, dressing, and other daily activities of life. CNAs generally have the most interaction with residents in the Veterans Homes and are often the first to notice changes in resident care needs, allowing for important medical intervention at early stages. These front-line staff are especially critical for successful clinical services. Daily responsibilities of a CNA in a Veterans Home may include, but are not limited to:

- Providing extensive support for residents with daily care needs, such as dressing, eating, and bathing;
- Turning, lifting, and repositioning bedridden residents when needed;
- Cleaning residents' rooms and belongings;
- Transporting residents to medical appointments; and
- Helping with therapy and therapeutic activities.

Food Service Technicians

FSTs may be found in restaurants, hotels, hospitals, schools, and LTC facilities. FSTs assist with food preparation, equipment maintenance and sanitation, eating area maintenance and sanitization, and serving. They typically work as part of a food service team. Daily responsibilities of an FST in a Veterans Home may include, but are not limited to:

- Assisting in preparing food and beverage and dispense food from a tray line;
- Delivering and picking up meal carts for residents;

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- Operating dish washing machines and other culinary equipment; and
- Maintaining proper sanitations and temperatures for the food.

Custodians

Custodians may be found in schools, hotels, hospitals, and LTC facilities, among others. Custodians assist in maintaining an area's cleanliness and sanitation and are vital in preventing the spread of viruses and infections, particularly in places with high-risk populations. Daily responsibilities of a Custodian in a Veterans Home may include, but are not limited to:

- Performing a variety of janitorial cleaning tasks, like sweeping, scrubbing, mopping, and vacuuming;
- Driving vehicles to and from work areas; and
- Learning and implementing knowledge on appropriate personal protective equipment, chemicals, policies and procedures, and infection control.

Laundry Workers

Laundry Workers may be found in hospitality, hospitals, and LTC facilities, among others. Laundry Workers assist in washing bed linens and dining linens, personal clothing items, and bathroom linens. Daily responsibilities of a Laundry Worker in a Veterans Home may include, but are not limited to;

- Operating various laundry equipment, such as washers, dryers, extractors, tumblers, sterilizers, and ironers;
- Assisting in maintaining the laundry rooms and work areas; and
- Learning and implementing proper policies and procedures for the Veterans Home.

Challenges since Master Plan 2020

The COVID-19 Pandemic

Amidst a monumental shift in the labor market due to economic factors and the global COVID-19 pandemic, the Veterans Homes are reaching a tipping point in recruitment and retention for classifications that are critical to providing even the most basic level of care.

CalVet recognizes that vacancies are hitting all sectors of the economy, but possibly none more critical than the healthcare and LTC industries. According to the American Healthcare Association, nursing homes have experienced the worst job loss of any healthcare sector (approximately 210,000 jobs from

Chapter 6 – Our People Our Strength

February 2020 to December 2022) and projects that nursing homes will not return to pre-pandemic levels until 2027.ⁱ

California is facing a critical nursing shortage, reflecting a nationwide crisis in healthcare staffing. In 2020, the demand for nursing professionals was staggering: 323,900 RNs, 72,400 LVNs, and 97,300 CNAs. By 2030, this demand is projected to soar to 359,900 RNs (an 11% increase), 83,500 LVNs (a 15% increase), and 110,000 CNAs (a 13% increase).

This growth in demand is overshadowed by an alarming reality—nursing professionals are leaving the field in unprecedented numbers due to retirements and career transitions. Without decisive action to attract, train, and retain these critical workers, California risks a severe gap in care, putting patient safety and healthcare outcomes in jeopardy.

ⁱ ["Data Show Nursing Homes Continue to Experience Worst Job Loss of Any Health Care Sector."](#)
American Healthcare Association, January 19, 2023.

Nursing Workforce Forecasts for Veterans Homes Areasⁱ

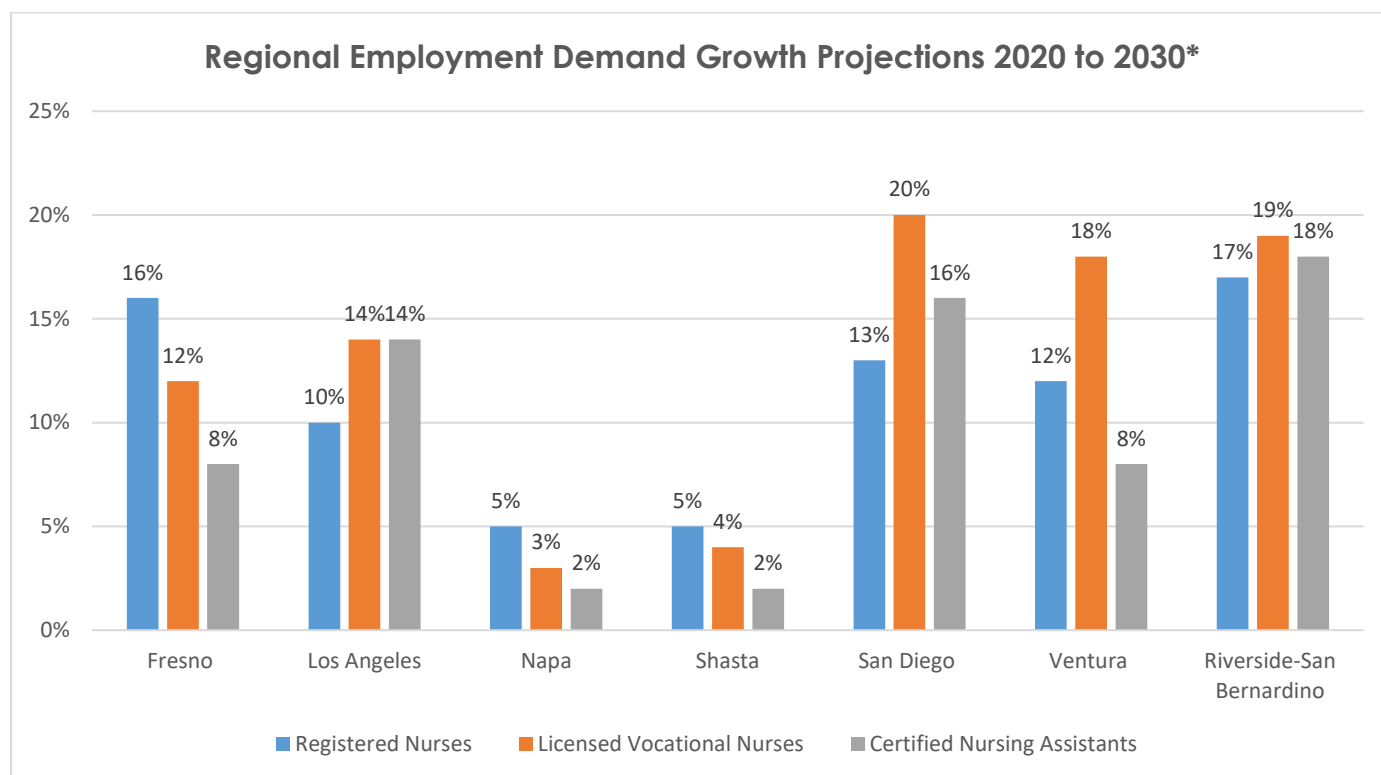
Region	Occupation	Employment Projections 2020	Employment Projections 2030	Percent Change 2020-2030	Exits and Transfers ⁱⁱ	Percentage of Exits and Transfers of 2030 Projections
Fresno	RNs	8,160	9,440	+1,280 (16%)	4,560	48%
	LVNs	1,620	1,810	+190 (12%)	1,300	72%
	CNAs	2,620	2,840	+220 (8%)	3,290	116%
	Totals	12,400	14,090	+1690 (14%)	9,150	65%
Los Angeles (West LA-Lancaster)	RNs	87,410	96,450	+9,040 (10%)	47,660	49%
	LVNs	23,450	26,830	+ 3,380 (14%)	18,970	71%
	CNAs	31,380	35,620	+4,240 (14%)	40,420	113%
	Totals	142,240	158,900	+16,660 (12%)	107,050	67%
Napa (Yountville)	RNs	1,540	1,610	+70 (5%)	820	51%
	LVNs	350	360	+10 (3%)	270	75%
	CNAs	540	550	+10 (2%)	660	120%
	Totals	2,430	2,520	+90 (4%)	1,750	69%
Shasta (Redding)	RNs	1,730	1,820	+90 (5%)	920	51%
	LVNs	450	470	+20 (4%)	350	74%
	CNAs	570	580	+10 (2%)	690	119%
	Totals	2,750	2,870	+120 (4%)	1,960	68%
San Diego (Chula Vista)	RNs	27,130	30,550	+3,420 (13%)	14,950	49%
	LVNs	5,960	7,130	+1,170 (20%)	4,940	69%
	CNAs	8,760	10,150	+1,390 (16%)	11,400	112%
	Totals	41,850	47,830	+5,980 (14%)	31,290	65%
Ventura	RNs	5,560	6,200	+640 (12%)	3,050	49%
	LVNs	1,110	1,310	+200 (18%)	920	70%
	CNAs	1,660	1,800	+140 (8%)	2,090	116%
	Totals	8,330	9,310	+980 (12%)	6,060	65%
Riverside-San Bernardino (Barstow)	RNs	30,590	35,720	+5,130 (17%)	17,190	48%
	LVNs	8,080	9,610	+1,530 (19%)	6,670	69%
	CNAs	7,750	9,150	+1,400 (18%)	10,190	111%
	Totals	46,420	54,480	+8,060 (17%)	34,050	63%

ⁱ All employment estimates are from the U.S. Bureau of Labor Statistics Current Employment Statistics program.

ⁱⁱ Exits are the projected number of workers leaving an occupation and exiting the labor force entirely and transfers are the projected number of workers leaving an occupation and transferring to a different occupation. Definitions are defined by the Bureau of Labor Statistics.

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As a whole, California's nursing industry is expected to see an increased demand in the workforce. However, demand will be uneven throughout the different regions.



* All employment estimates are from the U.S. Bureau of Labor Statistics Current Employment Statistics program.

Of the regions listed, the Riverside-San Bernardino region will see the highest overall percentage increase for RNs, LVNs, and CNAs while Napa County and Shasta County will see the lowest. By 2030 the Riverside-San Bernardino region and Fresno County will see the highest RN industry growth rates among the regions where a Veterans Home is located. San Diego, Ventura, and Los Angeles County will see the next highest RN industry growth rates, and Napa and Shasta County will have the lowest. For LVN industry growth rates, San Diego, Riverside-San Bernardino, and the Ventura regions will see the most growth. Los Angeles and Fresno County will have the next highest increase while Shasta and Napa County will see the lowest. Regarding the CNA industry growth rate, the Southern California regions, except for Ventura County, will see the most growth. Ventura and Fresno County have the same growth rate and Napa and Shasta County will have the lowest.

The Cost of Living

One of the most important metrics when studying staff recruitment and retention is cost of living. There are certain economic indicators that offer insight to an area's affordability. These indicators can include, but are not limited to, the cost of housing, childcare, transportation, medical care, food, and clothing. This report will focus on the cost of housing as it is reasonable to draw conclusions of an area's affordability based on if an individual can purchase or rent a home.ⁱ

For the purpose of this report, mortgage costs are determined by the median housing price for the area,ⁱⁱ assumes a 6% down payment, a 30-year mortgage, an interest rate of 7.84%,ⁱⁱⁱ a property tax of 1.25% of home value, and an average insurance rate of \$6.33 per \$1,000 of home value. Rental costs are based on local medians.^{iv}

For RNs living in a region with a Veterans Home, the data suggests that it is relatively affordable to rent. Redding is the most affordable region while West Los Angeles is the most expensive, though still remaining affordable. For LVNs, Redding, Fresno, and Lancaster are relatively affordable; the data estimating that renting would cost between 20% and 30% of an individual's monthly wage. Barstow, Chula Vista, Ventura, and Yountville fall into the less affordable category and West Los Angeles would fall into the least affordable category for LVNs. While regions with a Veterans Home fall into varied affordability categories for LVNs, rent for CNAs tips into the least affordable category in six of the eight regions. Based on the data, CNAs in West Los Angeles cannot afford rent at all as the median rent is more than their monthly wage.

RNs living in Fresno are the only nurse classification and region where CalVet would consider it affordable to have a mortgage. RNs living in Lancaster, Redding, and Barstow would be living in a region that is considered less affordable. Every other region for RNs, LVNs, and CNAs falls into the least affordable category. A mortgage would be least affordable for CNAs as the projected median mortgage is equal to or higher than the average gross monthly wage in every region except Fresno.^v

ⁱ Please note that the data related to housing costs is from November 2023, there may be some fluctuation but not a substantive amount.

ⁱⁱ "Median Home Prices by State." Byers, Christian. Rocket. 8 May 2024.

ⁱⁱⁱ "California Mortgage and Refinance Rates. Ostrowski, Jeff. 2024. [Current California Mortgage and Refinance Rates | Bankrate](#)

^{iv} "www.rentcafe.com"

^v A mortgage in Fresno is still an estimated 94% of a CNAs wage and as such it would be reasonable to determine that having a mortgage is unsustainable and unaffordable.

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The West Los Angeles region is the least affordable region across the board. The projected median monthly mortgage supersedes the average gross monthly wage for RNs, LVNs, and CNAs. The stark unaffordability of the region is very apparent when studying CNAs as the projected mortgage cost is over 400% of their wage. It is also important to note that the percentages of both rent and a mortgage are based on a gross income and do not consider any deductions, like health insurance, dental insurance, and retirement, when being calculated.ⁱ There is a high probability that the percentages are higher than what is presented here.

Recruitment and Retention

Healthcare staffing shortages are a nationwide challenge. Much like healthcare facilities throughout the state and nation, CalVet is currently experiencing staffing challenges throughout the eight Veterans Homes, but the department continues to look for opportunities to improve recruitment and retention throughout the eight Veterans Homes. Over the past few years, CalVet has pursued a myriad of recruitment and retention opportunities including the utilization of non-traditional classifications, working with local nursing schools, increasing the number of job fairs and hiring fairs, and submitting proposals to CalHR, among other things. It is important to note, that as the post-pandemic labor market continues to evolve, so too do CalVet's recruitment and retention efforts.

Non-Traditional Classifications

As stated previously, CalVet's efforts to improve recruitment and retention included the use of two non-traditional training classifications: Maintenance and Service Occupational Trainee (MSOT) and Mechanical and Technical Occupational Trainee (MTOT). MSOTs are typically used in, but not limited to, areas like food service, laundry, and housekeeping. MTOTs are typically used in, but not limited to, areas like telecommunications, automotive maintenance, and land surveys. Both classifications are limited-term, non-testing classifications that are designed to provide people the chance to get on-the-job training and develop skills to make it easier to enter state service in a permanent position. This helps to create upward mobility through a talent pipeline. CalVet is currently utilizing the MSOT classification to create a talent pipeline for hard to fill CNAs, FSTs, Laundry Workers, and Custodians. The MTOT is still a viable option when the needs better align with the classification. While the availability of training and upward mobility have been positive recruitment techniques, the use of MSOTs

ⁱ These were not taken into consideration due to the varying nature of deductions across the state.

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was also intended to contribute to retaining existing staff. Training allowed staff to be available to handle other tasks while supervising the MSOT and help alleviate strain on permanent civil service staff and reduce the risk of burnout. The use of MSOTs has proven successful and have been used in several Veterans Homes.

Job Fairs and Hiring Fairs

In the post-pandemic landscape, CalVet has significantly expanded its recruitment efforts through increased participation in community job fairs and hosting hiring events at our Veterans Homes. These events serve as essential tools for connecting with potential employees, providing information about job opportunities, the state hiring process, and CalVet's mission.

Community job fairs enable Veterans Homes to establish new relationships and strengthen existing ones, broadening their recruitment networks. On-campus hiring fairs, when possible, offer additional benefits by allowing candidates to explore the facilities and interact with potential coworkers, giving them a clearer picture of the work environment.

These hiring events streamline the recruitment process by incorporating key steps such as administering exams, conducting interviews, and extending conditional job offers—all within the same day. They are particularly beneficial for individuals unfamiliar with the state hiring process, as staff guide candidates through each stage.

Notably, hiring fairs have been instrumental in addressing staffing challenges, successfully filling critical roles like FSTs and Custodians, and ensuring Veterans Homes continue to meet their operational needs.

The Digital Sphere

CalVet has improved its digital footprint to improve recruitment and retention. Most recently, CalVet has embarked on redesigning and updating the individual Veterans Homes webpages that now include jobs links. These job links provide a list of job openings in the Veterans Homes catchment area along with a tutorial for how to get a state job. The website redesign also includes an updated volunteer page for each of the Veterans Homes. This volunteer page serves to invite those who wish to become a volunteer at a Veterans Home and also create an opportunity for individuals to be introduced to CalVet and state service as a whole.

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Community Connections

Some Veterans Homes have historically partnered with local nursing school programs offering nursing hours at the Veterans Home to meet certificate and licensure requirements. These programs have been successful in the past in providing a pipeline for new nursing graduates, particularly, CNAs. The Veterans Homes continue to look for these opportunities in their communities to leverage resources and fill vacancies.

CNA Pay Increase

A major aspect of CalVet's recruitment and retention efforts continues to be on CNAs. They are crucial to the continuity of care for residents as well as meeting regulatory and licensure staffing requirements. Both the private and government sectors have found it increasingly difficult to recruit CNAs. While the private sector is responding to these historical challenges with wage increases and other employee benefits to attract members of a finite CNA labor pool, the government sector is not able to pivot as nimbly nor as quickly as its private sector counterparts.

In order to better compete with the private sector, CalVet conducted extensive research on CNA recruitment and retention efforts of the public and private sector concentrating in areas where CalVet has Veterans Homes. This research culminated in a Special Salary Adjustment proposal submitted to CalHR to be considered during the collective bargaining process. In August 2023, CNAs received a collective 17.4% pay increase which included a 3% General Salary Increase and a 14% Special Salary Adjustment. There was also an additional \$3,000 annual retention bonus for a three-year period, at the West Los Angeles and Yountville Homes. As discussed earlier, both of these Homes are in areas with a very high cost of living.

The Coming Years

In the coming years, the Veterans Homes will focus on cultivating the potential of our greatest asset—our people. While recruitment and retention remain essential goals, our primary emphasis will be on empowering and strengthening the skills and contributions of our current workforce. By investing in our staff and refining our strategies to meet evolving challenges, CalVet will be prepared to address critical care vacancies and ensure uninterrupted, high-quality care for the residents we serve. Together, we will build and sustain a resilient and dynamic team committed to fulfilling our mission and making a lasting impact.

Chapter 7 Program Funding and Revenue

The State Constitution requires the Governor to submit a balanced budget proposal to the Legislature by January 10 of each year. The proposed budget is a detailed spending plan for the fiscal year beginning on July 1. The Legislature then has until June 15 to pass the budget.

Following the release of the Governor's Budget, the Legislative Analyst's Office, a non-partisan body, prepares a detailed review of the proposed budget. The Legislature's budget committees also begin their analysis and hearings on the proposed budget in the various budget subcommittees. Upon completion of the hearings, the subcommittees vote and send their reports to their respective full budget committees.

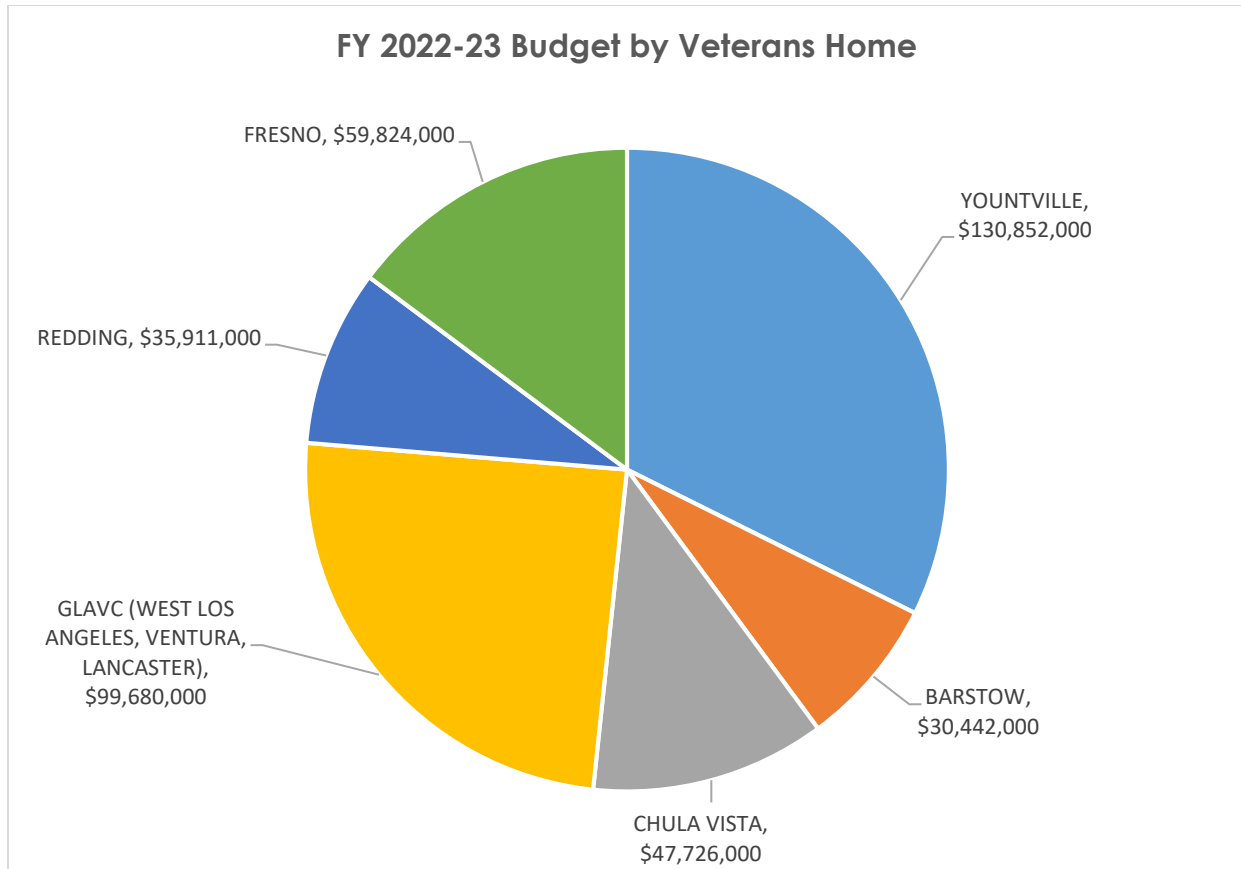
From late May to early June, the budget committees of each house, taking into consideration the subcommittees' reports, send a revised budget bill to the floor for consideration by the full body. Each house discusses and votes on its version of the budget bill. Any differences between the two houses' revised budget bills are then worked out in a conference committee, which is comprised of three members from each house. The conference committee then sends the reconciled budget bill to the Governor for review and signature.

The Governor has veto power of any spending not statutorily required and may use the veto power at his or her discretion. The bill becomes law upon signature by the Governor.

THE BUDGET FOR THE VETERANS HOMES

In FY 2022-23, the total Veterans Homes budget, excluding debt service, was \$404,435,000. Every Veterans Home is budgeted individually – each has its own program in the state's Budget – based on the number of residents and the levels of care provided, among other things. Predictably, the cost of care for a resident in a DOM is significantly less than for a resident in a SNF or SNF MC.

Chapter 7 – Program Funding and Revenue



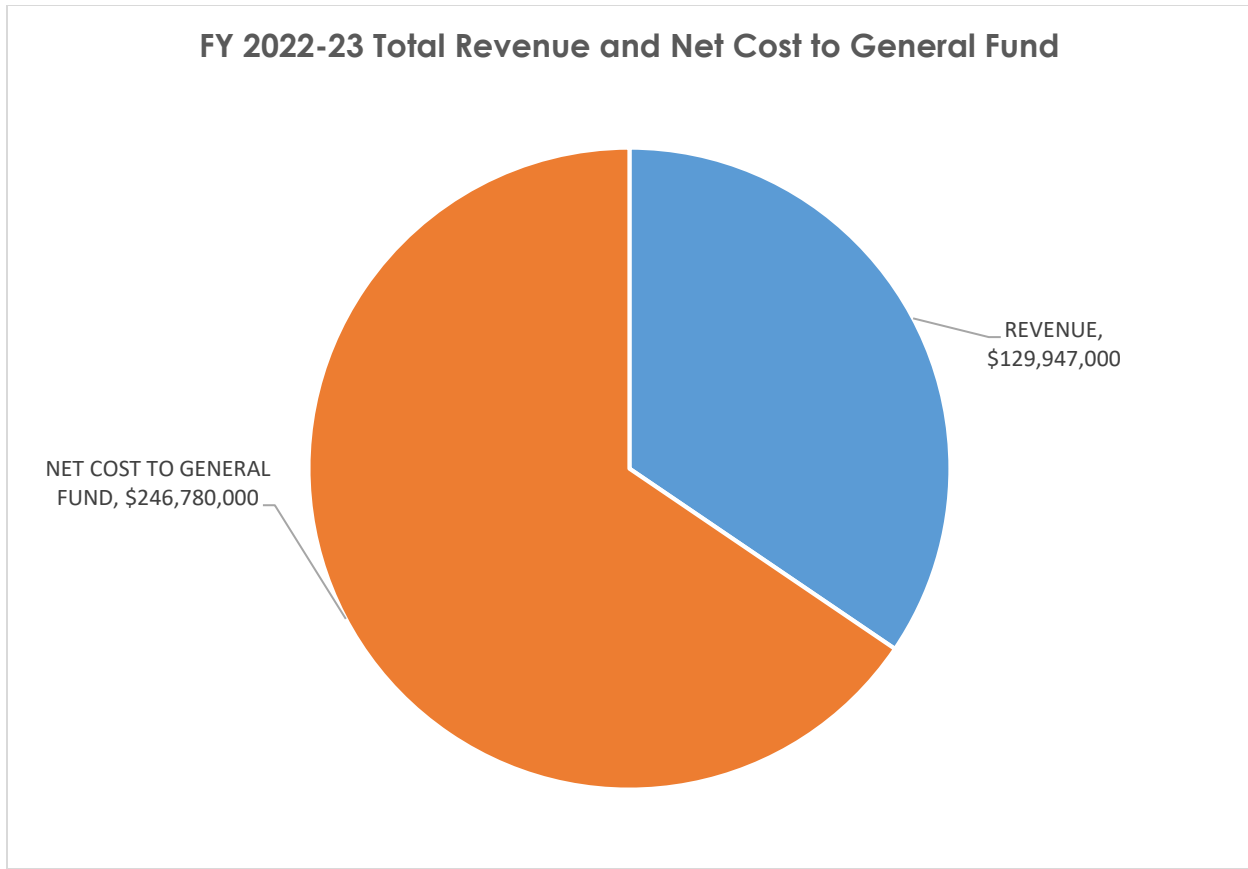
REVENUE GENERATED AT THE VETERANS HOMES

The Veterans Homes are funded by the General Fund, and revenue generated by the Veterans Homes is deposited into the state's General Fund to offset the cost of operations. The Veterans Homes exercise due diligence to collect all allowable revenue.

For FY 2022-23, the Veterans Homes collected \$129,947,000 in combined revenue.ⁱ This revenue offset approximately 34% of the Veterans Homes' expenditures and encumbrances of \$376,728,000 for that year, reducing the impact on the General Fund to \$246,780,000.

ⁱ 2024-25 CalVet May Revision Budget Estimate Package.

Chapter 7 – Program Funding and Revenue



The revenue streams for the Veterans Homes are as follows:

Federal Per Diem

Federal per diem is a subsidy made available through the VA to state veterans homes for providing care to eligible veterans. This is the largest source of revenue for California's Veterans Homes by far.

For each day an eligible veteran is cared for at a state veterans home, the VA pays a per diem, based on the veteran's level of care. Nonveteran spouses are not eligible for federal per diem. The federal fiscal year per diem rates for FY 2022-23 were as follows:

VA Federal Per Diem Rates by Level of Care

Level of Care	Per Diem Rate
DOM or RCFE	\$54.89
ICF, SNF, or SNF MC	\$127.17

As discussed later in this chapter, the Veterans Homes receive an enhanced federal per diem for veterans with high service-connected disability ratings

Chapter 7 – Program Funding and Revenue

which is considered payment in full for services; therefore, the Veterans Homes do not collect revenue from some other sources.

For FY 2022-23, federal per diem (standard and enhanced) accounted for approximately 60% of all revenue collected by the Veterans Homes.

Member Fees

MVC Section 1012.3 provides that residents of a Veterans Home, including nonveteran spouses or domestic partners, shall pay fees to cover room and board and other expenses. The amount of the fees is determined by the level of care being provided and by a percentage of a resident's income. A resident's fees cannot be greater than as set forth in the following schedule:

Member Fees by Level of Care

Level of Care	Percentage of Income
DOM	47.5%
RCFE	55.0%
ICF	65.0%
SNF and SNF MC	70.0%

Because fees are relative to income, residents pay very different amounts. Many residents pay no fees as they have little or no income. Assets are not considered as part of the fee determination, regardless of the value of the resident's estate.

For FY 2022-23, member fees accounted for approximately 15% of all revenue collected by Veterans Homes.

Aid and Attendance

The VA provides revenue to the Veterans Homes through the payment of aid and attendance allowances for veterans drawing pension or compensation who require licensed care and who need assistance with at least two of the five basic activities of daily living. The rate in December of 2023 was up to \$921 per month.

MVC Section 1012.2 requires that any resident of a Veterans Home who is receiving an aid and attendance allowance from the VA for his or her own care shall pay to the Veterans Home an amount equal to that allowance in all levels of care excluding DOM.

For FY 2022-23, aid and attendance reimbursements accounted for 2% of all revenue collected by Veterans Homes.

Chapter 7 – Program Funding and Revenue

Medicare

Medicare is a medical insurance program, and through its coverage, provides three distinct revenue streams for the department: Medicare Part A, Medicare Part B, and Medicare Part D.

Medicare Part A covers eligible inpatient hospital stays, inpatient, non-custodial LTC in SNFs, hospice care and some home healthcare. CalVet collects most of its Medicare Part A revenue through the services provided to veterans who were injured or require rehabilitation in the Veterans Home system of care.

Medicare Part B covers certain doctor services or supplies that are needed to diagnose or treat a medical condition, durable medical equipment, and preventive services. Medicare Part B also covers inpatient, outpatient, and partial hospitalization for mental health treatment. The Veterans Homes bill Medicare for the cost of care, less any co-pay.

Medicare Part D covers prescription drug needs. When an eligible resident is prescribed pharmaceuticals, the Veterans Homes bill for the cost of the prescription, less any co-pay.

For FY 2022-23, Medicare reimbursements accounted for approximately 11% of all revenue collected by Veterans Homes.

Medi-Cal

Medicaid, known as Medi-Cal in California, is a joint federal and state program that offers low-cost health coverage to children and adults with limited income and resources. Medi-Cal helps pay for doctor visits, hospital stays, prescription drugs, rehabilitation, and other medical services. Where Medicare eligibility is primarily age-driven, Medi-Cal eligibility is based on income and assets.

The four areas of coverage for which Veterans Homes collect revenue are Medi-Cal LTC, Medi-Cal Outpatient, Medi-Cal AB 959, and Medi-Cal Pharmacy.

Medi-Cal LTC is for services in nursing facilities, homes for the developmentally disabled, and in-home supportive services. Services may include medical care, therapy, rehabilitation, and assistance with activities of daily living, among other things. The Veterans Homes collect revenue by billing Medi-Cal for services rendered, less any share of cost.

Medi-Cal Outpatient serves residents who do not have Medicare Part B and covers outpatient services such as a normal clinical visit or bedside visits by an attending physician. The Veterans Homes collect revenue by billing Medi-Cal for services rendered, less any share of cost.

Chapter 7 – Program Funding and Revenue

Medi-Cal AB 959 is a supplemental coverage that supports the additional costs of care provided to SNF residents. These payments are in addition to the rate of payment a facility would otherwise receive for skilled nursing services through the Medi-Cal LTC program.

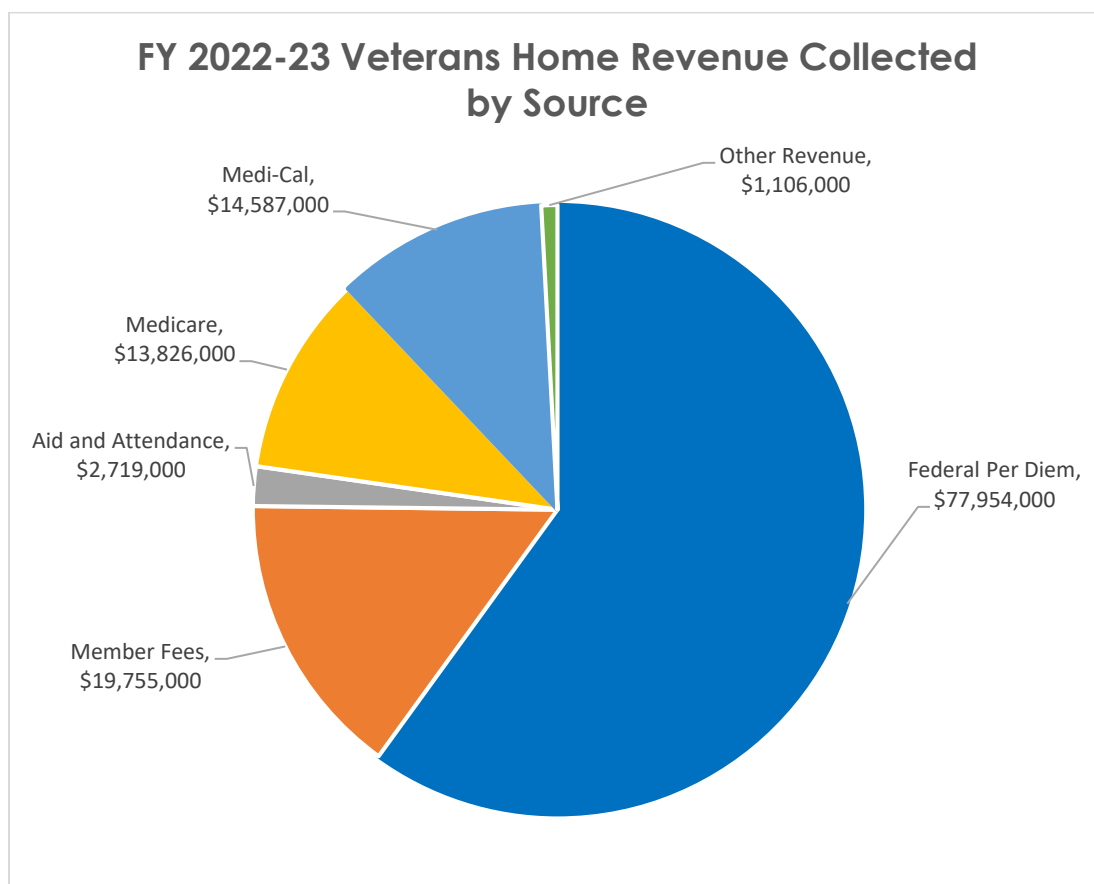
Medi-Cal Pharmacy pays the cost of pharmacy services of covered members. The Veterans Homes collect revenue by billing Medi-Cal for services rendered, including pharmaceuticals prescribed, less any share of cost.

For FY 2022-23, Medi-Cal reimbursements accounted for approximately 11% of all revenue collected by Veterans Homes.

Other Revenue

Other revenue sources include, but are not limited to, health maintenance organization payments for medical services rendered, payments for veterans receiving hospice services, rent from employees who live on Veterans Home grounds, and lease payments received from third-party entities.

For FY 2022-23, other revenue sources accounted for less than 1% of all revenue collected by Veterans Homes.



Chapter 7 – Program Funding and Revenue

70% Service-Connected Disabilities

The VA issues disability ratings to veterans for injuries and other health conditions stemming from their service. There is a distinction between what revenue a Veterans Home can collect for residents who have a singular or combined service-connected disability rating of 70% or greater versus residents who are not.ⁱ

For veterans with 70% or greater service-connected disability ratings in ICF, SNF, and SNF MC units, the only revenue stream a Veterans Home can collect from is federal per diem; other revenue, such as Medi-Cal LTC and member fees, may not be collected per VA requirements.ⁱⁱ However, the federal per diem is enhanced to reflect the VA's acknowledgment of their sacrifices in the Armed Forces and to ensure they receive full access to nursing home care. This rate varies geographically to reflect estimated regional cost and availability of care. The 2023 federal fiscal year rates for enhanced ICF, SNF, and SNF MC per diem were:

Federal Fiscal Year 2022-23 Enhanced VA Per Diem by Veterans Home

Veterans Home	Per Diem Rate
Barstow	\$590.44
Chula Vista	\$615.18
Fresno	\$553.07
Redding	\$655.00
West Los Angeles	\$626.03
Yountville	\$706.03

Enhanced federal per diem is not available for veterans in DOM or RCFE. CalVet receives the standard per diem for all DOM and RCFE veterans and collects from all available revenue streams, even if they have service-connected disability ratings of 70% or greater. Many of these veterans are admitted to higher levels of care, at which point CalVet begins receiving the enhanced federal per diem.

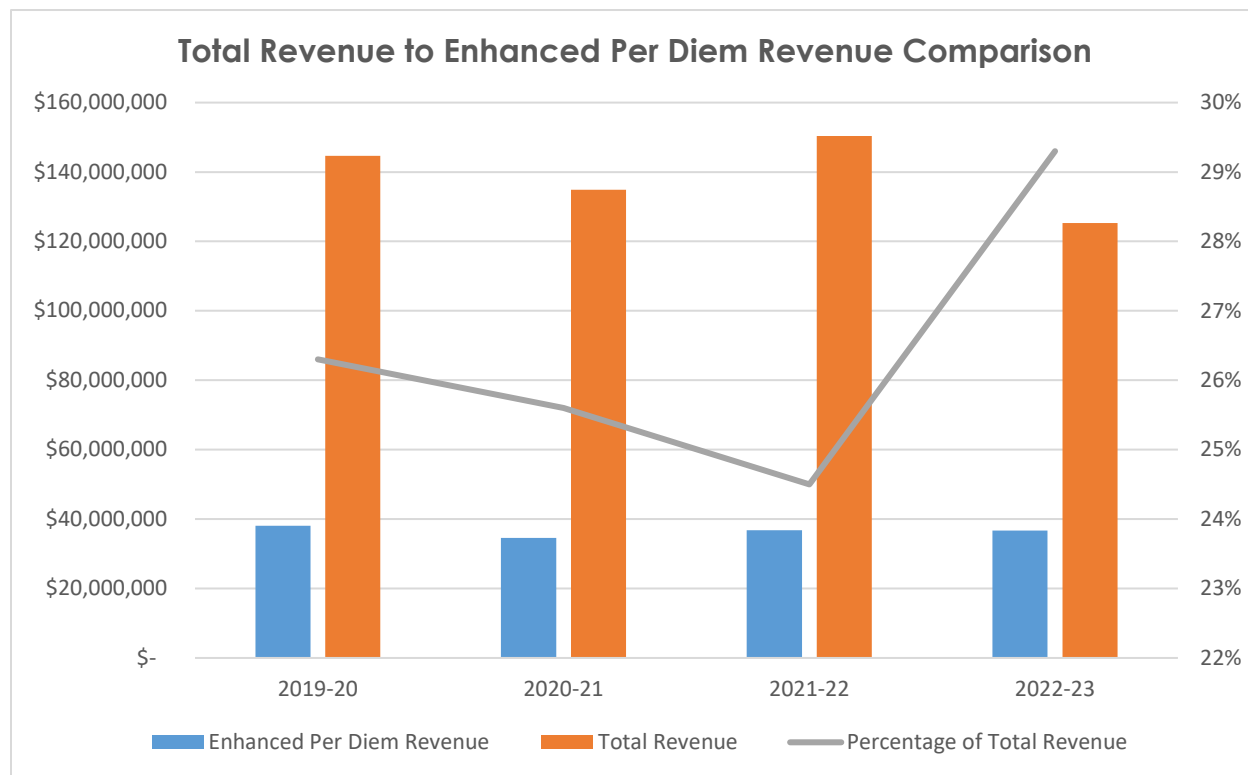
From FYs 2019-20 to 2022-23, an average of 26% of the revenue generated in the Veterans Homes came from enhanced per diem. The number of 70% disabled

ⁱ In some cases, veterans with lower disability ratings may be eligible for enhanced services and funding as though they had disability ratings of 70% or greater. These veterans have service-connected disabilities that, in the sole opinion of the VA, necessitate LTC or render them unemployable or bedridden. These veterans are subject to the same revenue structure as a veteran with a high disability rating.

ⁱⁱ The Veterans Homes may collect some revenue from other select sources for these veterans when they require hospice care.

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veterans residing in the Veterans Homes during this period averaged approximately 10% over the same period.



It is clear that revenue generated from 70% disabled veterans is significant when compared to other residents. Although it is difficult to be precise, CalVet estimates that it collects at least twice as much revenue from 70% disabled residents than other residents.

ESTATE RECOVERY AND RECREATIONAL FUNDING

As previously stated, resident fees are proportional with income. Residents with significant pensions and other sources of income pay higher fees than those with less income. Many residents, particularly those who were experiencing homelessness, have little or no income and pay virtually or literally nothing for their care.

Throughout a veteran's residency at a Veterans Home, the full estimated cost of care, revenue, and Unreimbursed Cost of Care (URCC) is reported to residents on a quarterly basis.

Shifting Demographics

Residents at the Veterans Homes today are more likely to have experienced homelessness or otherwise have low or no income. Residents are also increasingly likely to have disability ratings of 70% or greater, which prevents CalVet from recovering any costs (including URCC) associated with ICF, SNF, or SNF MC care. These admission trends are both appropriate as these populations are specifically targeted for admission, but they adversely impact URCC collection, which in turn limits recreational activities in the Veterans Homes.

MVC Section 1012.3 provides that residents of a Veterans Home, including nonveteran spouses and domestic partners, shall pay fees to cover room and board and other expenses. Further, MVC Section 1012.2 requires that any resident of a Veterans Home who is receiving an aid and attendance allowance from the VA for his or her own care shall pay the Veterans Home an amount equal to that allowance in all levels of care excluding DOM.

CalVet is required to collect the URCC from each resident's estate after he or she passes away. In reality, few residents leave behind enough assets to cover the URCC, and many have no assets at all.

Unlike VA per diem, member fees, and nearly all other revenue, collected URCC funds are not returned to the General Fund. Instead, CalVet deposits URCC revenue in the MWR Fund. The MWR Fund is a special fund that pays for activities, celebrations, and recreational programs and facilities. The MWR Fund is critical to maintaining a high quality of

life for residents in the Veterans Homes; however, with few residents leaving behind enough assets to cover the URCC, the MWR Fund is relying on a volatile revenue stream. During the COVID-19 pandemic, URCC collections and allocations of the MWR Fund have become increasingly unpredictable, making it difficult to gauge recent trends. Post pandemic, CalVet is reevaluating the allocation and funding structure for the MWR program to ensure a more stable allocation of funds to the Veterans Homes.

Chapter 8 Stakeholder Feedback

The stakeholders of the eight Veterans Homes are located throughout the state from Redding in the north to Chula Vista in the south. Stakeholders in CalVet's outreach efforts included residents, elected officials, and veteran service groups. To develop this report, CalVet staff traveled to all eight Veterans Homes to meet with residents and to gather input on their vision for the future of their respective Veterans Homes. Further, CalVet conducted stakeholder meetings with elected officials and their staff as well as veteran community-based organizations and other interested parties. The external outreach efforts were designed to receive feedback on the future use of facilities and best ways to improve care for the current and future residents of the Veterans Homes.

Stakeholder knowledge provides invaluable insight on the continued operations of the Veterans Homes through evaluation of possible improvements and vision for change. The Veterans Homes are one of many long-term care options for California veterans. Stakeholder feedback helps ensure the Homes maintain excellent service for current residents while attracting future generations of veterans.

KEY TAKEAWAYS FROM VETERAN STAKEHOLDER MEETINGS

Changes to the Veteran Population

Critically, Veterans Home stakeholders understand the changing veteran population and the resulting shift in their care needs. Numerous stakeholders emphasized the need to accommodate the needs of a shifting veteran population. Some residents surmised that the prevalence of PTSD is likely to increase in the coming decade as Vietnam and Gulf War veterans become the main cohorts in the Veterans Homes.

Level of Care Changes

Stakeholders noted the challenges of operational level of care in some Veterans Homes. Residents in the Barstow Home expressed interest in a smooth and successful transition of the campus as the DOM level of care is eliminated through attrition and the ICF is converted to an RCFE. One Barstow resident

Chapter 8 – Stakeholder Feedback

recognized the logistical challenges of utilizing some of the outlying buildings on campus for patient care. Residents of the Ventura Home also noted the benefits of offering a higher level of care, especially to accommodate residents of Ventura who would like to remain at the Ventura Home indefinitely. To that end, Ventura residents suggested having even a temporary SNF located in the Ventura Home to prevent the need to seek SNF care in private community SNFs.

Legislative stakeholders of the Yountville Home emphasized that wait times for the SNF level of care were long and that offering more SNF MC beds will be increasingly important to assist veterans in need.

Residents in the Veterans Homes of Lancaster and Ventura, which only offer the RCFE level of care, emphasized an overall satisfaction with these two facilities. These residents also expressed a desire to age in place and remain in these facilities in the RCFE level of care as long as practical.

We deeply value the input of our stakeholders and recognize the importance of listening to the voices of residents, families, and the community. We remain committed to exploring ways to support residents' needs and provide the highest level of care possible within our existing resources.

Community Resources

Residents of the Barstow and Lancaster Homes agreed that local VA Community Based Outpatient Clinics (CBOCs) in their community offer convenience and utility to their Homes' residents. A Legislative stakeholder noted that, ideally, VA resources would be located close to the Veterans Home.

Opportunities for Marketing

Residents of the Yountville Home, which has the largest number of DOM residents, remarked that marketing of the DOM program could be improved to attract more potential DOM residents. Particularly, residents expressed that CalVet should improve marketing efforts by working with veteran service organizations in the community. Residents of the Yountville Home highlighted challenges with the admissions process, describing it as unclear and potentially overwhelming for individuals applying to become first-time residents of a Veterans Home.

Veterans Homes for those at Risk of Being Unhoused

Multiple residents emphasized that their Veterans Home provided them with a housing option when they were facing the possibility of being unhoused prior to entering the Veterans Home.

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Addressing Staffing Concerns

Multiple groups of stakeholders were aware of the issues caused by continuity of care interruptions related to current staffing issues at the Veterans Homes. Residents expressed wanting staff that they knew and who were familiar with their daily needs. Many stakeholders were aware that staffing issues are present industry-wide, and that healthcare and long-term care facilities are facing the same challenges of recruiting in an ever-shrinking nursing labor pool. Legislative stakeholders noted that the staffing challenges, particularly in recruiting CNAs, hampers the Veterans Homes' ability to bring in more residents.

Numerous residents across multiple Veterans Homes remarked on the current lack of adequate nursing staff. Both the Barstow and Yountville Homes offered solutions, suggesting that CalVet advocate for student nurses or recent nursing graduates to become employees of a Veterans Homes. The hiring of CNAs remains an important goal for stakeholders. For example, the Yountville Home's Allied Council sent letters to promote changes to CNA compensation in an effort to improve CNA recruitment. Residents in the West Los Angeles Home noted that there isn't a one-size-fits all for staff pay across the state. One resident remarked that what may be adequate compensation in some areas of the state are inadequate in West Los Angeles.

Programming at the Veterans Homes

Residents of multiple Veterans Homes would like to see an improvement in activities offered, particularly following infection control protocols that were in place during the height of the COVID-19 pandemic.

Multiple residents suggested that CalVet staff receive additional, specialized training to better address challenging behavioral issues encountered in the Veterans Homes. They acknowledged the complexities of behavioral health conditions among residents and emphasized the importance of equipping staff with the tools and knowledge necessary to respond effectively.

Residents proposed that training programs should focus on areas such as de-escalation techniques, trauma-informed care, and understanding the unique behavioral health needs of veterans, including those related to PTSD, dementia, and other mental health conditions. By enhancing staff expertise in these critical areas, they believe the overall quality of care can be significantly improved, fostering a safer and more supportive environment for both residents and caregivers. Such training would not only improve patient outcomes but also empower staff to navigate complex situations with confidence and compassion.

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In Chula Vista, residents agreed that they have noticed the benefits of the Chula Vista Home's relatively recent expansion of behavioral health staff. The expansion came in FY 2020-21 when CalVet received approval to add one psychologist position and one psychiatrist position to the Home.

Yountville Stakeholder Outreach

The Yountville Home's stakeholders communicated the unique needs of the Yountville Home. These Yountville stakeholders—including residents, elected officials, and community partners—highlighted the emphasis on the new SNF in the 2022 Yountville Master Plan, the continued staffing challenges in the Yountville area, and the opportunities to advertise to veterans in the vicinity to potentially increase admissions to the Home. Yountville stakeholders requested that CalVet continue to evaluate how various amenities on campus are utilized. Particularly, residents would like the larger amenities such as the Lincoln Theater, the baseball field, and the Napa Valley Museum be evaluated. Stakeholders also considered the best future uses of the Holderman Building—which will become mostly vacant when the new SNF building opens.

Infrastructure

Veterans Homes' stakeholders emphasized the importance of existing facilities and suggested future additions and improvements. Across all eight Veterans Homes stakeholders' suggestions included:

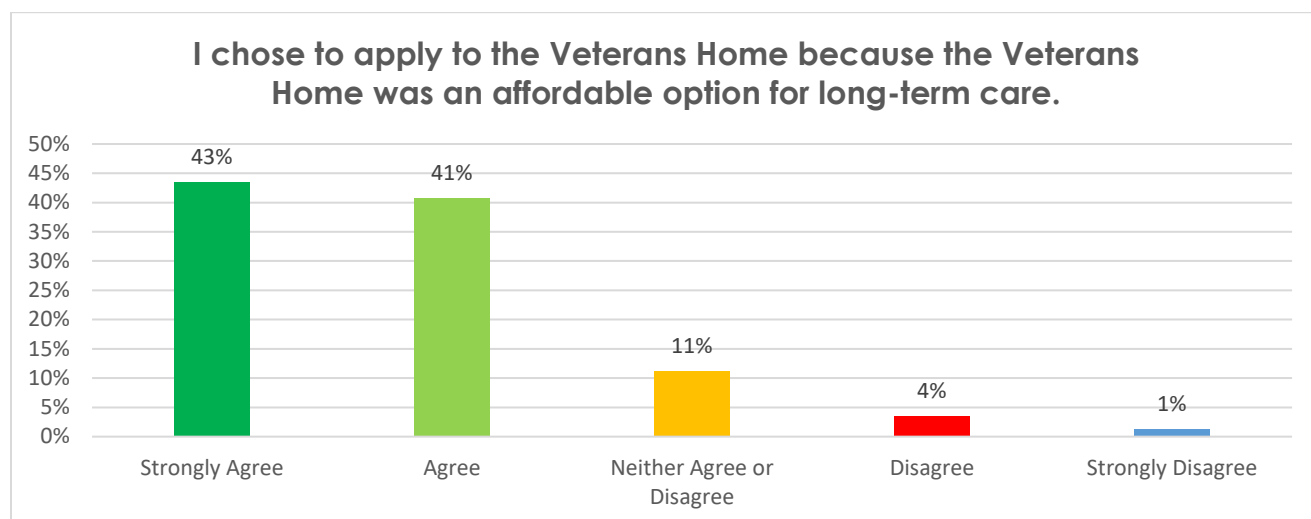
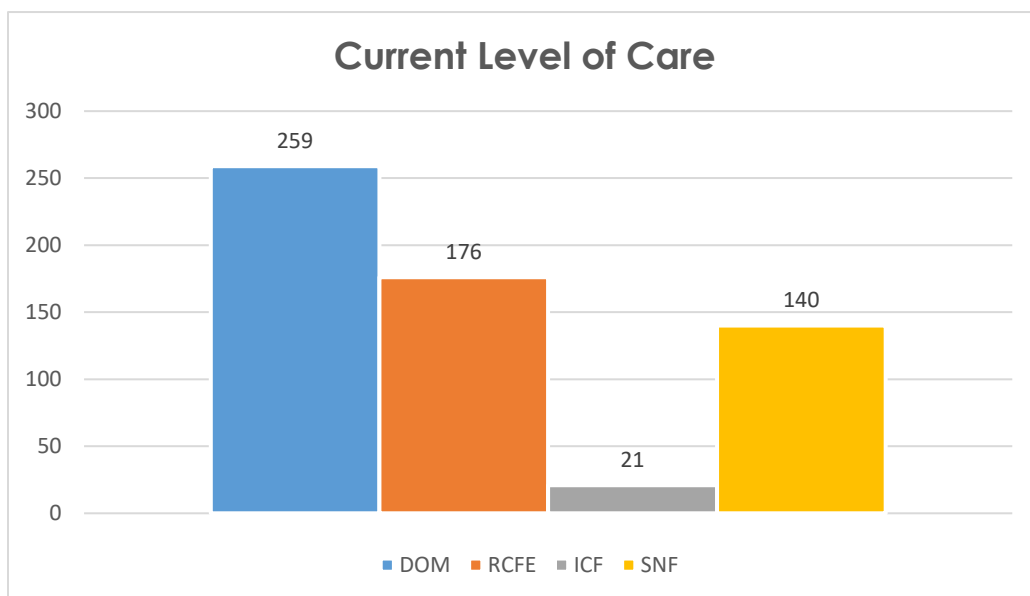
- The Redding and Fresno Veterans Homes noted the need for dedicated activity spaces not included in the Homes' original building designs.
- At the West Los Angeles Home, a memorial space dedicated to the Home's deceased residents.
- The addition of guest quarters to provide an economical accommodation option for residents' out of town guests.
- Aquatic therapy improvements and additions.
- Various deferred maintenance projects across the Veterans Homes.

Resident Surveys

In connection with soliciting feedback for this report, CalVet distributed resident surveys across the eight Veterans Homes to gather demographic data and measure residents' satisfaction with various elements of the Veterans Homes. These surveys help CalVet understand the successes and challenges to meeting veterans' needs and how to provide residents an environment that focuses on their priorities. Residents' responses to each survey question are detailed below.

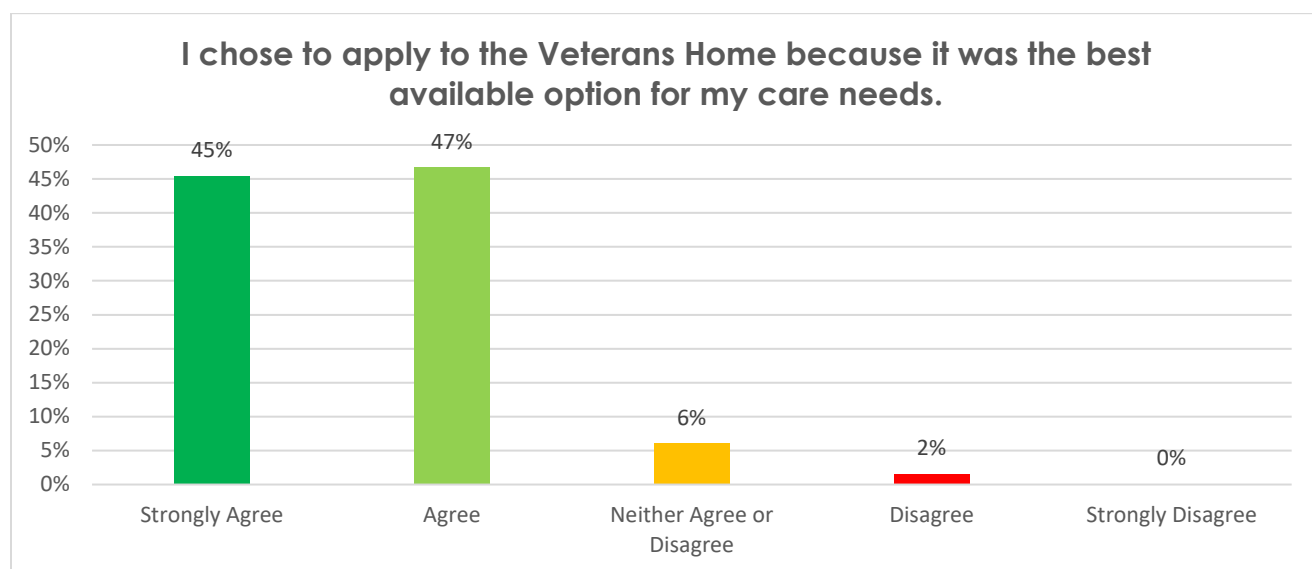
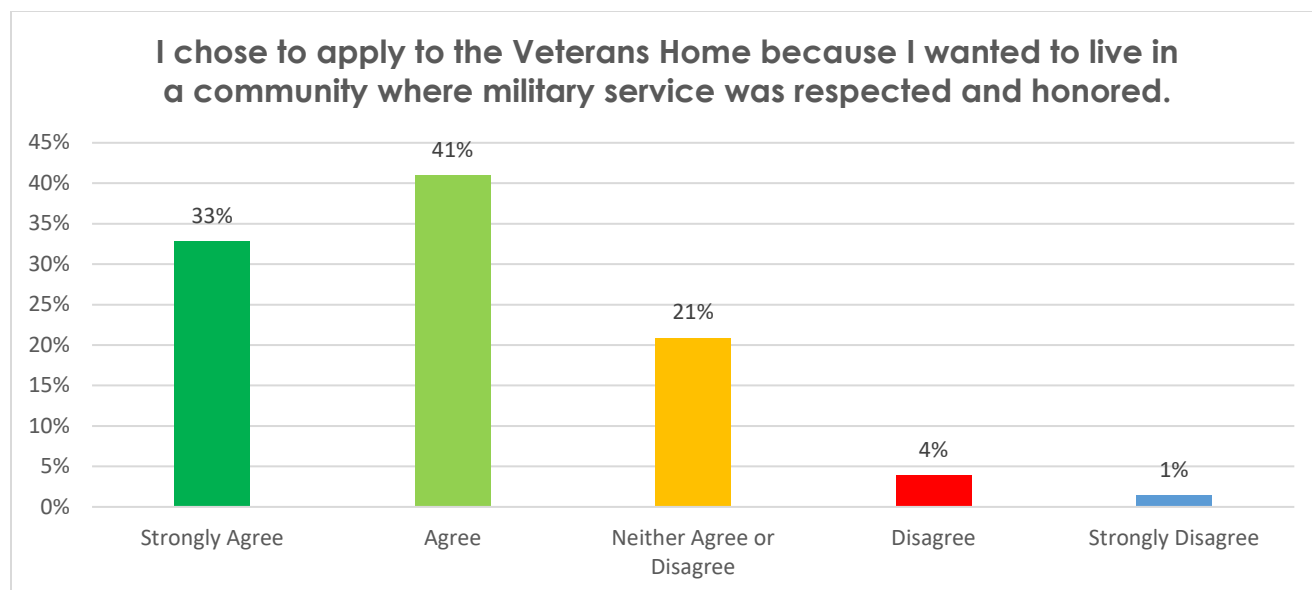
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The respondents to the survey include residents at each level of care. A majority of the residents that responded were DOM residents while the least number of respondents were ICF residents. However, there were surveys where the respondent either did not indicate their level of care or incorrectly identified their level of care.ⁱ



ⁱ For example, the respondent marked they are in a level of care not offered at their Home.

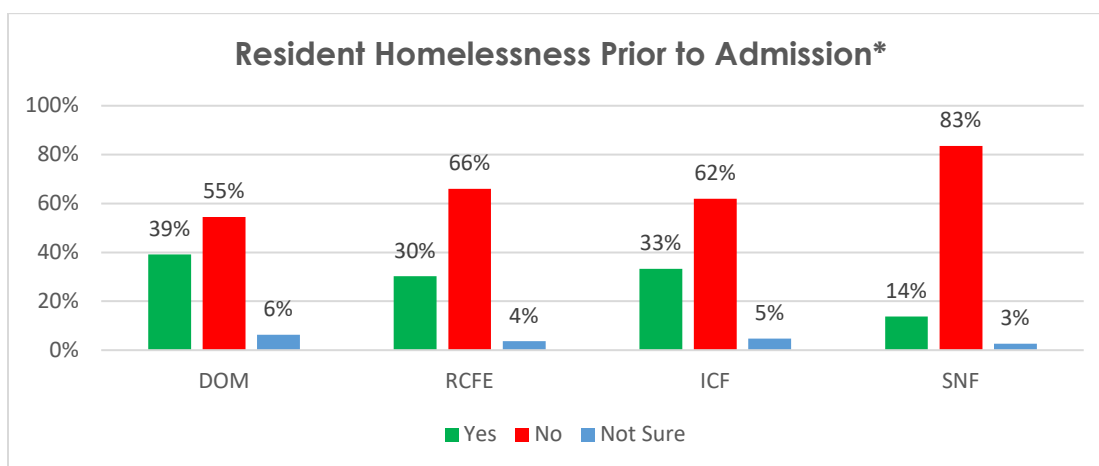
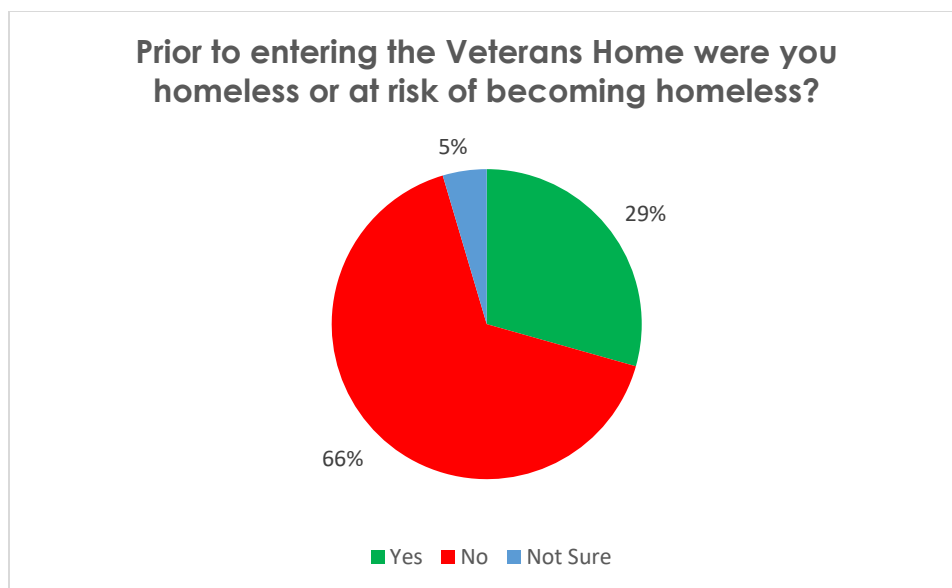
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While it is difficult to quantify the numerous factors that inform a resident's decision to enter a Veteran's Home, a vast majority of survey respondents at least somewhat agreed that affordability of care, living in a veteran-centric community, as well as an individual's overall care needs, were all important factors in applying to their respective Veterans Homes. No more than 2% either disagreed or strongly disagreed on whether any of these factors were important for them when applying to a Veterans Home.

Residents were also asked to self-identify if they were at risk of homelessness prior to becoming a resident at a Veterans Home. Nearly one-third of residents self-identified as being at risk prior to entering a Veterans Home.

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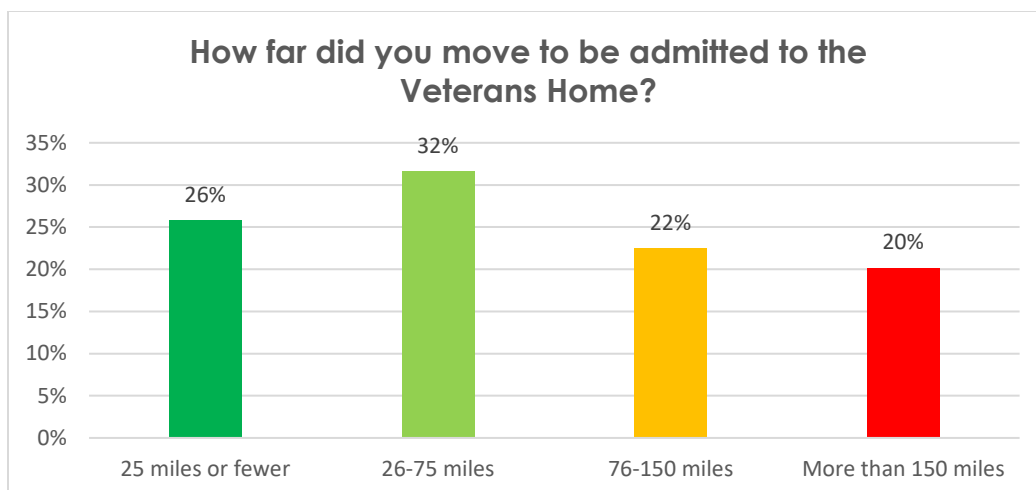


*This chart does not include all responses to this survey question. It only looks at responses based on level of care and several respondents either did not respond or incorrectly identified their level of care.

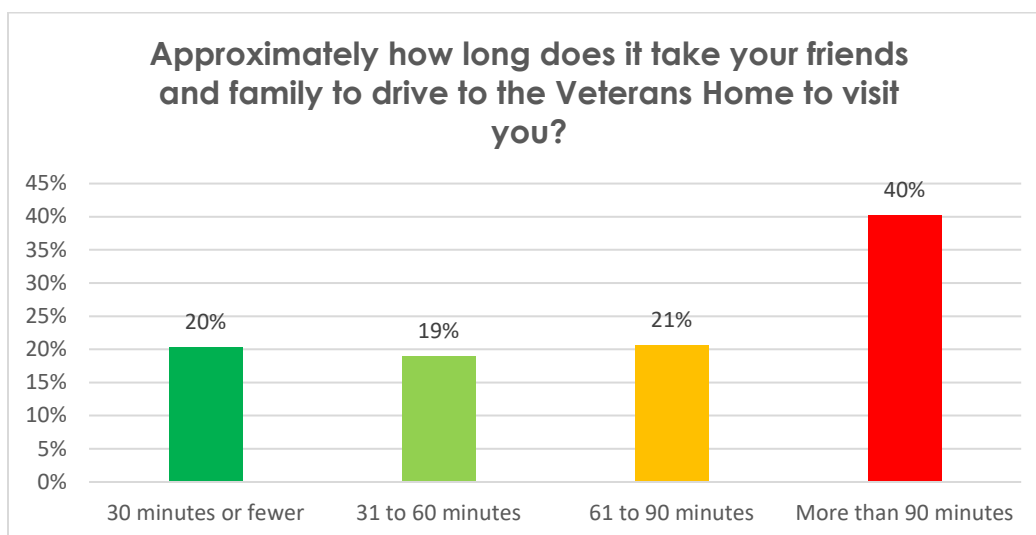
When reviewing those survey responses where the resident also identified their current level of care, there is a pattern where respondents in DOM, the lowest level of care, were more likely to have identified themselves as having experienced homelessness or at risk of experiencing homelessness. Conversely those who self-identified as residing in SNF, the highest level of care, were the least likely to have identified as having experienced homelessness or at risk of experiencing homelessness.

In addition to asking questions to understand why residents chose to apply to a Veterans Home, CalVet also asked residents how far they relocated to move into a Veterans Home as well as how long it takes for friends and family to visit.

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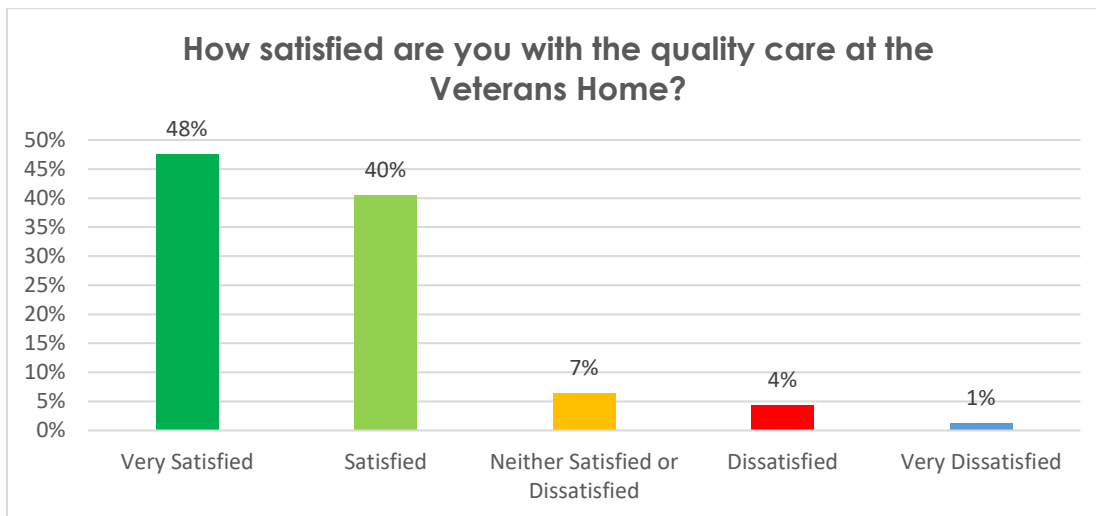
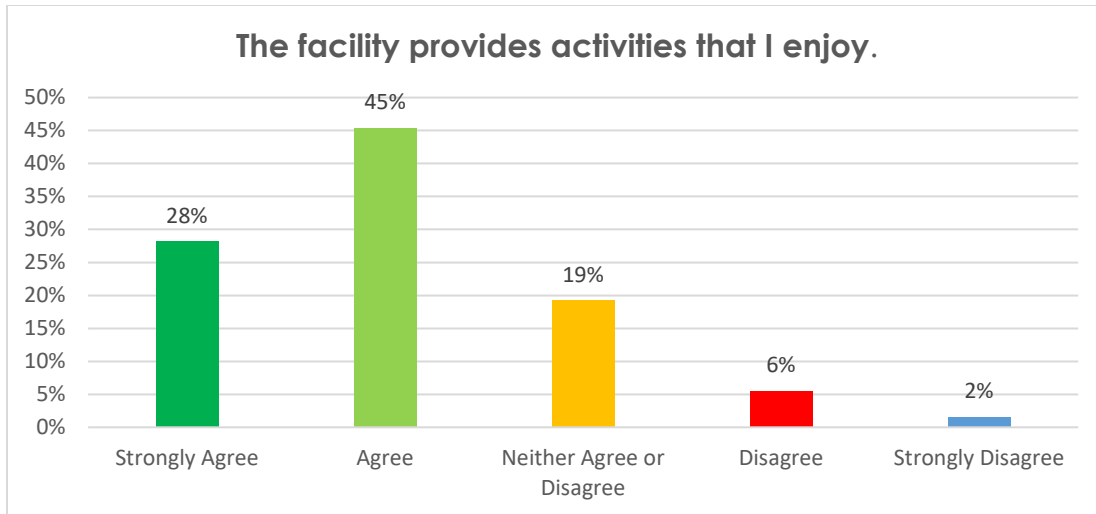
The data suggests that a plurality of the residents who responded relocated anywhere from 26-75 miles. Approximately 20% of the respondents moved more than 150 miles.



Approximately 20% of residents' friends and family travel 30 minutes or less to visit. A majority of residents reported that their family and friends travel long distances to visit. Around 21% have family and friends travel over an hour while about 40% have friends and family travel more than 90 minutes.

Residents were also asked about their experience living in a Veterans Home.

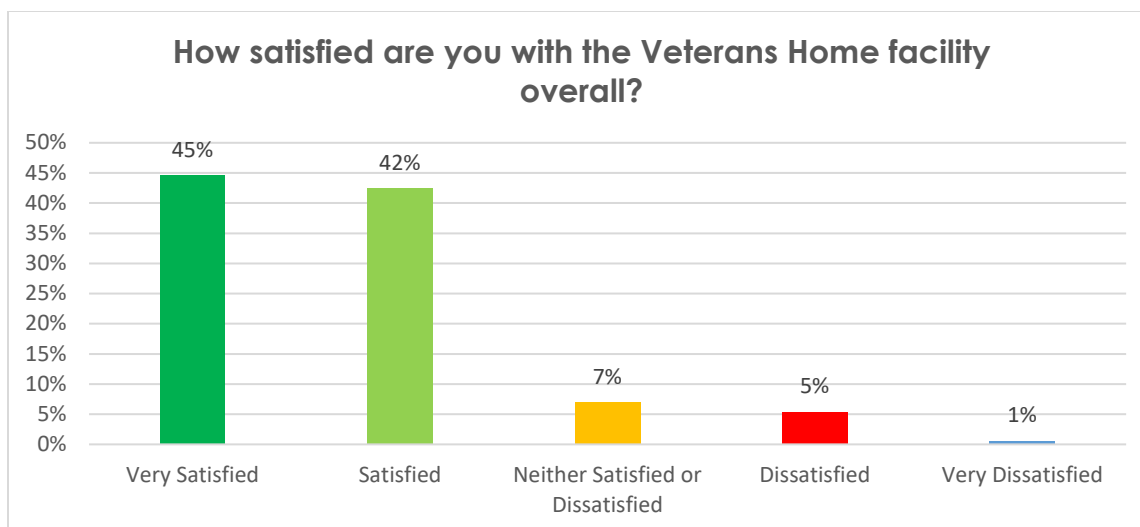
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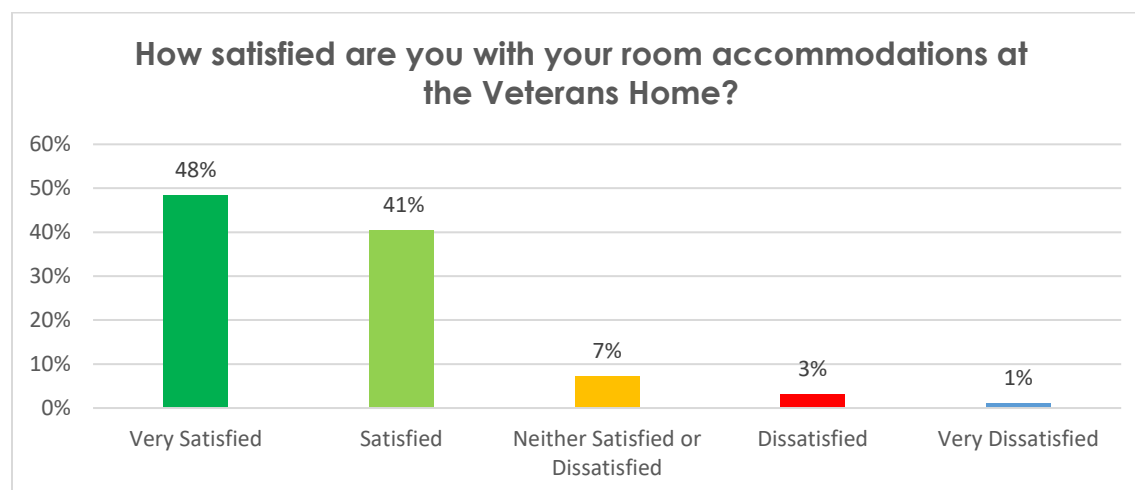
Approximately 73% of those who responded to the survey answered that they were satisfied or very satisfied with the activities offered at the Veterans Home and that they enjoy the activities. Additionally, about 88% of the respondents were very satisfied or satisfied with the quality of care.

In addition to being surveyed on their experience in a Veterans Home, CalVet also surveyed residents' opinions on the facilities themselves and their overall opinions.

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Nearly all respondents said they were either satisfied or very satisfied with their Veterans Home facility overall, with 13% responding they were either very dissatisfied, dissatisfied, or neither satisfied or dissatisfied with the facility overall.



Considering the room accommodations, a majority of residents are generally satisfied, though some dissatisfaction exists.

SUMMARY

CalVet would like to thank all residents, employees, government leaders, community representatives, and other stakeholders who provided input on the Master Plan 2025. Overall, shareholders emphasized the importance of anticipating and accommodating the shifting needs of veterans on a programmatic level, ensuring smooth transitions with any changes, and addressing staffing concerns. Stakeholder feedback is integral to shaping the future of the Veterans Homes and ensuring it remains successful for years to come.

Chapter 9 The State of the Veterans Homes of California

REVISITING THE VETERANS HOMES

Over the past several chapters, CalVet has analyzed data on various external populations and programs. Chapter 3 reviewed available information on changing veteran demographics. Chapter 5 explored the many alternative service providers available for veterans. Finally, Chapter 6 analyzed the shifts in CalVet's workforce and the impact that the past years have had on the LTC industry. This chapter looks at the Veterans Homes with a similar approach.

In brief, the Veterans Homes serve a particular subset of veterans. A variety of factors, including licensure, design, expertise, staffing, and infrastructure, directly impacts a Veterans Home's ability to serve various segments of the veteran population. Further, these factors are not universal; several of the Veterans Homes have unique challenges related to geography or infrastructure and must be evaluated accordingly. In addition, the population served by the Veterans Homes (both residents and applicants seeking admission) are changing, as are their demographics and their care needs. This chapter ends with a point-by-point reevaluation of each of the Veterans Homes, reflecting on strengths, weaknesses, and opportunities. Overall, the findings in this chapter suggest a significant and ongoing shift in the landscape for the Veterans Homes.

THE PANDEMIC'S LASTING IMPACT

Two years removed from the COVID-19 pandemic, the Veterans Homes are still struggling to return to normal. Staff vacancies, especially critical care positions, are still well above pre-pandemic numbers and, as a result, census for most of the Veterans Homes remains low.

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Vacancies for All Veterans Homes – July 2024

Homes Wide	Authorized Positions	Filled Positions	Vacant Positions	Vacancy Rate July 2024
RNs	220.6	172.4	48.2	21.8%
LVNs	206.8	143.0	63.8	30.9%
CNAs	763.3	440.7	322.6	42.3%
All Other	1851.2	1513.0	338.2	18.3%
Total	3041.9	2269.1	772.8	25.4%

As of July 2024, the Veterans Homes collectively reported 772.8 vacant positions, of which, 434.6 were nursing positions. Nursing vacancies represent over 56% of all vacancies.

To provide context, pre-pandemic vacancies for all of the Veterans Homes was 417.5 with 150 of the vacancies being nursing positions. Nursing vacancies represented almost 36% of all vacancies during that period.

Vacancies for All Veterans Homes – July 2020

Homes Wide	Authorized Positions	Filled Positions	Vacant Positions	Vacancy Rate July 2020
RNs	214.5	197.0	17.5	8.2%
LVNs	200.8	192.0	8.8	4.4%
CNAs	766.3	642.6	123.7	16.1%
All Other	1815.2	1547.7	267.5	14.7%
Total	2996.8	2579.3	417.5	13.9%

From July 2020 to July 2024, total vacancies increased by 85% and nursing vacancies by 190%. It is important to note that the vacancy increases are not direct comparisons as there is a difference of 45.1 positions from 2020 to 2024.

It is important to note that during the COVID-19 pandemic, CalVet halted admissions based on public health directives and as a precaution to protect residents in the Veterans Homes. While admissions in the Veterans Homes eventually resumed, census continued to be impacted by public health orders and operational limitations due to staffing shortages.

Census for All Veterans Homes – July 2024

Level of Care	Filled Beds	Vacant Beds	Census Rate
DOM	449	157	74.1%
RCFE	412	143	74.2%
ICF	49	116	29.7%
SNF	467	271	63.3%
SNF MC	140	85	62.2%
Total	1517	772	66.3%

As of July 2024, the overall census rate was 66.3%. For comparison, in July 2020 the overall census rate was 83.1%. Over four years, the census rate declined by approximately 17%. Each level of care's census rate is lower in July 2024 than in July 2020, though not all levels declined the same amount. The higher levels of care, like Skilled Nursing (SNF) and Skilled Nursing Memory Care (SNF MC) saw their census decline by approximately 25%.

Census for All Veterans Homes - July 2020

Level of Care	Filled Beds	Vacant Beds	Census Rate
DOM	570	164	77.7%
RCFE	487	68	87.7%
ICF	115	50	69.7%
SNF	617	101	86.0%
SNF MC	203	22	90.2%
Total	1992	405	83.1%

The importance of staffing on filling beds cannot be overstated. Appropriate staffing helps to ensure that the Veterans Homes remain in compliance with licensure and provide a safe, healthy environment for residents.

SERVICE-CONNECTED DISABILITIES

In 2017, CalVet proposed an amendment to state law to allow for veterans with 70% or greater disability ratings from the VA to be prioritized for admission. This proposal was approved by the Legislature and the Governor as part of the FY 2017-18 state budget.ⁱ The goal for this change was to address several key issues. First, veterans receive high service-connected disability ratings because they were injured, disabled, or otherwise permanently harmed in performing

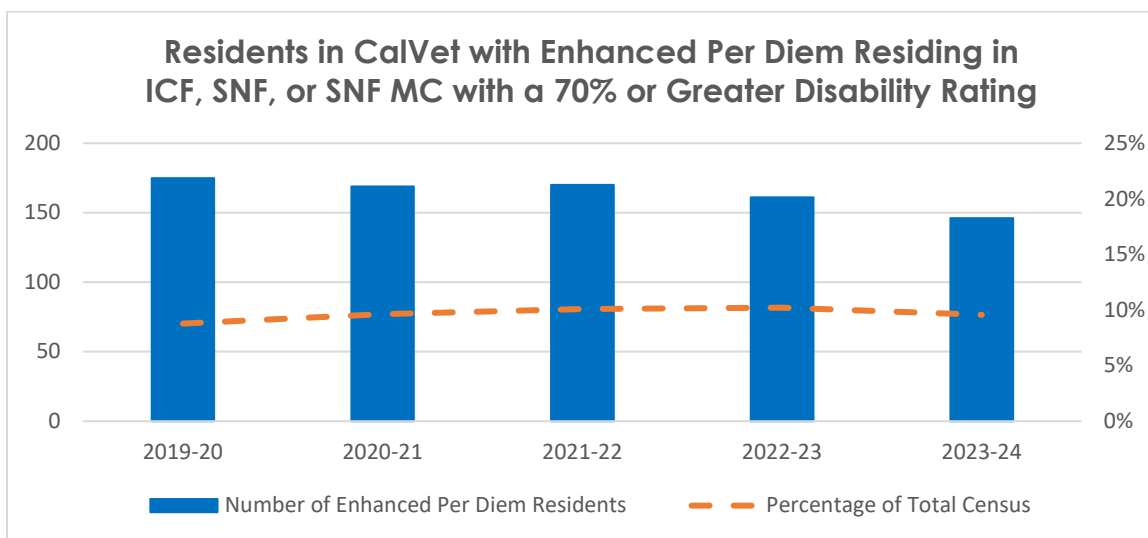
ⁱ See SB 96 (Ch. 28, Stats. 2017)

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their duties in the armed forces. With this amendment, CalVet can ensure that those who physically and mentally sacrificed the most by their service may receive expedited care. Second, these veterans are likely to benefit the most from the veteran-centered care and community of the Veterans Homes, given the impact their service had on them. Finally, CalVet would reduce its footprint on the General Fund, as CalVet receives greater per diem reimbursements from the VA when serving veterans with high service-connected disability ratings.

Because of this change, all veteran applicants rated at 70% or greater have been prioritized ahead of any other veterans (excluding MOH recipients and former POWs) who applied on or after January 1, 2018. Applications were not reprioritized if they were received before 2018 to ensure fairness to applicants already on the waitlists.

Over the past five fiscal years, the percentage of service-connected disabled veterans receiving enhanced federal per diem because they rated at 70% or greater and residing in either ICF, SNF, or SNF MC levels of care has decreased by 17%.



It is important to note, however, that overall census for the same period decreased by 23%.

Because CalVet greatly restricted admissions during the COVID-19 pandemic, it is still too early to draw conclusions as to the affect the new prioritization is having on the number of service-connected disabled veterans being admitted to the Veterans Homes.

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Clinical Needs

In general, staff did not identify a significant variance in physical care needs between 70% or greater disabled veterans and other residents within each level of care. While CalVet believes disabled veterans are more likely to require services in their lifetimes and at younger ages, the levels of care provided in the Veteran Homes are independent of disability status. Meaning, all residents are treated based on their care needs, regardless of how or why those needs developed. High disability ratings may explain the need for care, but they do not make a significant difference in daily nursing services. State and federal law limit the types of services the Veterans Homes can provide in each level of care, and if veterans with high disability ratings require greater or lesser care, they must be transferred to more appropriate levels or referred to another facility that can meet their care needs. Because of this, CalVet has found no evidence to date suggesting a significant change in costs or savings associated with the admission of 70% or greater disabled veterans, regardless of the number admitted or the overall size of the population. No changes are required to accommodate their needs, although CalVet can voluntarily revisit levels of care offered, as discussed in the next chapter.

BEHAVIORAL HEALTH SERVICES AND DEMAND

Behavioral health programming and care is a vital part of caring for California's veterans. However, because the Veterans Homes are LTC facilities, behavioral health programming is limited by licensing, certification, staffing, and expertise. The Veterans Homes are unable to provide behavioral health programming and support the way psychiatric and substance abuse facilities can. The Veterans Homes cannot concurrently provide adequate services for the existing aged and disabled population typical of a nursing home while serving individuals with violent or otherwise severe behavioral health issues. Therefore, not all behavioral health needs can be and should be treated in the Veterans Home and not all applicants with behavioral health issues are appropriate for admission. CalVet makes every effort to admit any eligible veteran possible but it may not, by law, admit any applicants who would exceed service capabilities, endanger the safety of themselves or others, or threaten the licensure or certification of the facility.

Despite these limitations, CalVet is proud of the continuous efforts in the Veterans Homes to support behavioral health needs. Veterans Homes were originally founded in large part as a response to untreated psychosocial need among veterans and remaining in line with that mission is critical to CalVet. Currently, a significant proportion of veterans require and receive behavioral

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health services. Part of CalVet's efforts to support behavioral health needs is to evaluate and improve existing behavioral health programming.

As discussed in Chapter 2, a recommendation from the 2020 Master Plan was to expand behavioral health services across the system. In 2021, CalVet received approval for 11 additional behavioral health positions throughout the Veterans Homes, including two Staff Psychiatrists, one Staff Psychologist, and eight LCSWs. These new positions drive CalVet's behavioral health programming along with Supervising Psychiatric Social Workers.

The additional LCSWs were divided among five of the Veterans Homes: two LCSWs in Chula Vista, two LCSWs in Fresno, one LCSW in Lancaster, one LCSW in Redding, and two LCSWs in the Yountville Home. Each of the Veterans Homes had LCSWs as members of the behavioral health support team and the new positions help improve and support the existing programs.

Today, behavioral health programming varies significantly across the Veteran Homes. To some degree, this is unavoidable, given the levels of care at each site as well as any unique factors in the populations served, such as whether they were experiencing homelessness.

SERVICES FOR VETERANS WHO ARE EXPERIENCING HOMELESSNESS

While homeless applicants are a prioritized group for admission to a Veterans Home, the Veterans Homes are frequently unable to admit applicants experiencing homelessness as their needs surpass the Homes program structure. The Veterans Homes do not have the types of services offered by other providers, such as those funded via the Veterans Housing and Homelessness Prevention program that are better suited to support applicants experiencing homelessness.

As discussed in Chapter 5, residential and support programs dedicated for veterans experiencing homelessness have specific services to help their clients become independent. These services include vocational training, financial management, and other supports that the Veterans Homes do not provide. The Homes are also not equipped with the appropriate tools and programs to provide intensive substance abuse treatment and psychiatric counseling, which are more likely to be seen in veterans experiencing homelessness. Additionally, the Veterans Homes are not equipped with the necessary tools, guidance, and services to allow for short-term rehabilitation and reentry into the community.

On the surface, it may appear that these limitations can be overcome with additional resources and training. However, there is a deeper incompatibility between the Veterans Homes operations and the needs of some veterans who

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chronically experience homelessness. The first limitation is simply location. All of the Veterans Homes, except for the West Los Angeles Home, are located in areas that are generally not the most appropriate for serving large amounts of veterans experiencing homelessness even when they are located in counties with relatively high homelessness rates. Though there are multiple Veterans Homes in Los Angeles County, the Lancaster Home is located in the desert to the north. The Chula Vista Home is in San Diego County, and while it has the second largest homeless population, it is on a hill in the suburbs and far from the area's unhoused population.ⁱ Their location also poses as a hinderance as they would not be conducive to emergency shelter. The Veterans Homes are isolated from those they would serve and the supportive service providers this cohort of veterans need.

Additionally, the programming within the Homes does not serve the needs of many veterans who are experiencing homelessness. Each Veterans Home is licensed and certified for geriatric care. As detailed earlier in this chapter, the Veterans Homes provide behavioral healthcare as part of the service but the Homes are not equipped, suited, or licensed as psychiatric or substance abuse facilities. This is especially true in the DOM care units, which are not licensed to provide inpatient care, behavioral or otherwise. While the Homes can provide some services, they cannot exceed their licensing capabilities.

Though there are several major limitations to serving veterans experiencing homelessness, many of them are in a place where LTC is the best support option. For example, if a veteran requires permanent services and their behavioral health needs are manageable, a Veterans Home may be their best option for housing. This is especially true for aged veterans experiencing homelessness who develop permanent physical health needs and require daily assistance. Furthermore, homelessness programs are generally not designed to provide LTC and participants in these programs age and need assisted living or skilled nursing services. The Veterans Homes can be very effective in providing physical and behavioral health support.

REEVALUATING THE VETERANS HOMES OF CALIFORNIA

While CalVet can identify overarching trends and factors affecting all Veterans Homes, it is essential to recognize that each Home operates with unique needs and local influences. These distinct challenges and circumstances shape their functionality as individual units rather than as a uniform system of Veterans

ⁱ The U.S. Department of Housing and Urban Development published their 2023 Annual Homelessness Assessment Report (AHAR) to Congress and reported San Diego County as having the second highest number of veterans experiencing homelessness in California.

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Homes, underscoring the importance of tailored approaches to address their specific requirements.

In order to compare how different factors impact each Veterans Home and provide a standardized framework, CalVet previously developed and utilized an assessment tool for each Veterans Home location based on five criteria: veteran need, proximity to VA care, appropriate levels of care, local healthcare infrastructure, and hiring compatibility.

By combining updated information on veterans' demographics, service needs, veteran service providers, labor markets, and healthcare infrastructure at a regional level, CalVet can better evaluate current and potential future Veterans' Homes locations.ⁱ

ⁱ For a detailed examination of each criterion and how they were developed, please see the 2020 Master Plan.

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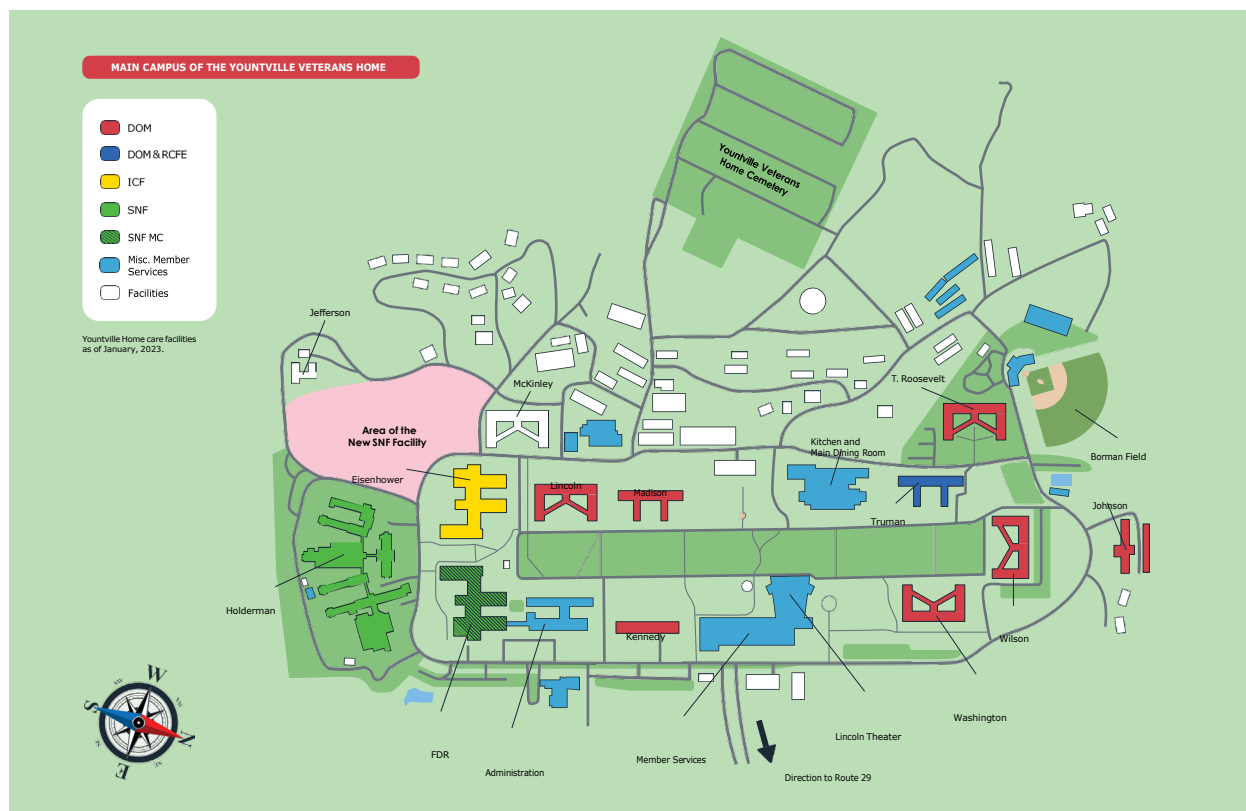
VETERANS HOME OF CALIFORNIA-YOUNTVILLE

Year Opened: 1884

Campus Size: 615 acres

Building Space: 1,078,000 Gross Square Feet

Levels of Care: DOM, RCFE, ICF, SNF, SMF MC



The Yountville Home is unlike the other Homes. The campus is expansive with a low-density layout that is more reminiscent of a town or a military base than an LTC facility. As one of the oldest veterans homes in the country, the buildings are particularly old and, in some cases, failing, while some levels of care are outdated. Because of its age, location, and design, the Yountville Home has a series of unique challenges.ⁱ

ⁱ For a detailed examination of each criterion and how they were developed, please see Chapter 7 of the 2020 Master Plan.

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Veteran Need

The Yountville Home is located in the heart of Napa County. As noted in Chapter 3, Napa County does not have a large veteran population, ranking 37th among all counties in California.ⁱ The low density will worsen over the next 25 years, with the veteran population estimated to decline approximately 60%. However, surveys conducted in previous years and recent surveys suggest that the catchment area for the Yountville Home extends beyond Napa County and would include neighboring Lake and Yolo counties, counties within the Bay Area, as well as Colusa and Sacramento counties.ⁱⁱ In the resident survey conducted for this report, over half of the respondents noted that they moved between 26 and 75 miles to be admitted to the Home. While only 9% of respondents noted they moved 25 miles or less to be admitted.

As noted in Chapter 3, the Bay Area is expected to see a decline in the region's veteran population, though the region as a whole is still anticipated to be home to tens of thousands of veterans over the next quarter century. In addition to a smaller veteran population, the veteran population is trending younger. Currently veterans 65 and older account for approximately over half of Napa County's veteran population but is anticipated to decline significantly. However, though the age and size of the veteran population are decreasing, their needs are not. Given the higher acuity of the healthcare needs of Vietnam and Gulf War veterans compared to their older counterparts, these cohorts will likely require more extensive care, like SNF and SNF MC as they age.

Although the veteran population in the Napa County is comparatively small, the regional population will remain substantial as will their healthcare needs. Overall, there will continue to be a demand for LTC in the veteran community.

Proximity to VA Care

While local facilities provide care to the residents at Yountville, some services, including specialty care, must be provided by the VA directly. As noted in the 2020 Master Plan, a Veterans Home campus would ideally be located less than 30 minutes from a VA Medical Center (VAMC). However, the nearest VAMCs to Yountville are located in Martinez and San Francisco, about 42 and 60 miles respectively. For years, a majority of care needs have been treated at the San

ⁱ Unless otherwise stated, all population figures are as reported by the VA's National Center for Veteran Analysis and Statistics. Accessed June 6, 2024.

ⁱⁱ For a detailed description of the Yountville Home's catchment area, please see Chapter 4 of the Yountville Master Plan.

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Francisco VAMC. However, recently the primary VAMC for Yountville veterans has been moved to the Sacramento VAMC located in Mather, California.

Though the Sacramento VAMC is further from the Home in terms of mileage, around 80 miles, it is roughly the same commute time. Veterans may travel three to four hours round trip on a bus in order to get care at the VA. This does not account for time spent waiting for everyone's appointments. This distance and the amount of time a single trip requires creates significant strain for veterans of the Yountville Home and impacts their quality of life. While not all residents at the Yountville Home routinely receive services at a VAMC, all veteran residents are eligible for specialty care at the VA and virtually all veteran residents will need specialty care at some point. This fact makes the distance from VAMCs challenging.

Appropriate Levels of Care

As noted in the Yountville Master Plan 2022, the levels of care at the Yountville Home are not in line with veteran needs. While the demand for SNF and SNF MC are high, these levels of care are currently located in the Holderman Building. The Holderman Building is an outdated Depression-Era building that does not meet modern programmatic expectations and goals. To ameliorate this concern, a new state-of-the-art SNF and SNF MC building is being constructed on campus and will be home to veterans of these levels of care next year. Although Yountville Home residents will no longer reside in the Holderman Building, a portion of the Holderman Building will house administrative functions. Furthermore, the Home struggles to find eligible and interested veterans for the DOM and ICF levels of care. In addition to lack of demand, the ICF level of care is subject to increasing federal requirements, which places significant burdens on staffing and program models. As discussed in Chapter 3, veterans are also choosing to remain in their communities longer rather than age-in-place at the Home.

Currently, there are no specific changes in place for the DOM program. Though as the post-pandemic years pass, and CalVet tracks need and demand, it may be appropriate to consolidate DOM residents and shutter buildings as the need arises. While there are no current plans to modify the DOM program, there are changes being made to the ICF and RCFE levels of care. The Home stopped admissions to ICF in FY 2020-21 and the level of care will be eliminated through attrition.ⁱ As detailed in the 2020 Master Plan, when the ICF census declines to a

ⁱ Residents from other levels of care continue to be transferred to the ICF based on their needs.

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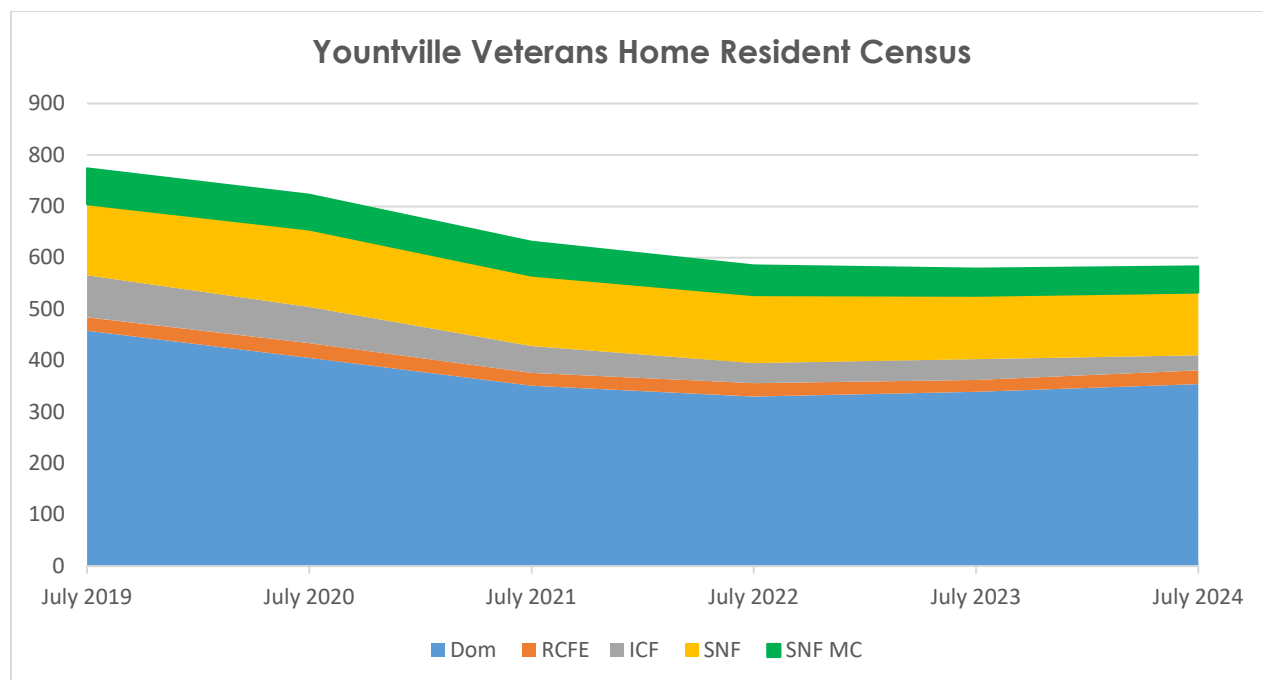
sufficient level, CalVet intends to consolidate the RCFE and ICF programs into a larger RCFE with private rooms.ⁱ

Similar to the SNF, the RCFE is located on the first floor of the aging Truman Building and has shared bedrooms and communal bathrooms. This model of communal-style living is becoming less popular among the younger veteran cohorts. Given that the accommodations in RCFE are inferior to those in the ICF and DOM, current and prospective residents have been hesitant to accept a transfer to the RCFE.

Replacing the ICF in the Eisenhower Building would allow the RCFE to offer private rooms with two bedrooms to a bathroom and more updated accommodations overall. Additionally, as the transition moves forward, CalVet should reevaluate the program structure for the RCFE. The existing RCFE features an older program model with limited support for medication management, and with the realignment, there may be opportunities to mirror the programming of the newer Homes and improve care offerings.

The existing SNF MC is currently located in the Franklin Delano Roosevelt (FDR) Building and will be relocated to the new SNF once it begins operation. The new SNF provides additional SNF MC beds. The FDR Building is not well suited for a SNF MC population as neither the location nor the design of the building is ideal for cognitively-impaired residents. However, these concerns are not relevant for RCFE residents and the FDR Building is in significantly better shape than all of the other residential buildings currently on the campus. Accordingly, the 2020 Master Plan recommended converting the FDR Building to a second single-bed RCFE after it becomes vacant, provided that alternative uses are not identified and resources are available. At this time, an RCFE conversion is still the most appropriate option that CalVet has identified.

ⁱ The ICF residents straddle the line between SNF and RCFE. When the conversion process starts, CalVet will need to evaluate each ICF resident to determine who can be served in the new RCFE and who would require SNF, elevating SNF-appropriate residents accordingly and as space becomes available.



A majority of the levels of care at the Yountville Home have seen a census decline of a minimum of 20% from pre-pandemic levels.ⁱ The SNF saw a decline rate around 12% while RCFE fluctuated but stayed relatively stable. DOM and SNF MC saw a decline rate of 23% and 27% respectively. The approximately 65% decline in ICF usage is largely due to the decision to cease new admissions at this level of care. Overall, the census at the Yountville Home has declined by approximately 25%. The decline in census has played a crucial role in forcing the stabilization of staff-to-resident ratios, especially amid ongoing staffing and hiring challenges. By maintaining a smaller census, Veterans Homes have been able to allocate limited nursing and support staff more effectively, ensuring that residents continue to receive the quality care they deserve despite workforce shortages. This approach helps alleviate strain on staff, reduces burnout, and supports retention efforts, creating a more sustainable and manageable environment.

Local Healthcare Infrastructure

The healthcare infrastructure around the Yountville Home is limited but reliable and not inadequate. There are two local hospitals that provide responsive and high-quality services to the Yountville Home. Overall, vendors and medical facilities are able to meet the need. However, there are relatively few nursing programs in the area, which makes it more difficult to grow a nursing staff.

ⁱ This compares July 2019 to July 2024 specifically, not cumulative change over the five-year period.

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Additionally, a selection of contracted services is harder to obtain due to local availability.

Hiring Compatibility

The Yountville Home has historically struggled to recruit and retain staff due to the location and the area's high cost of living.ⁱ As a result, recruiting new employees is difficult and those who are hired often have to commute long distances from their residences as detailed in the 2020 Master Plan. The post-COVID-19 years have continued to heavily impact the LTC industry so much so that it is anticipated that nursing homes across the country will not return to pre-pandemic levels until 2027.ⁱⁱ A large factor related to recruitment and retention challenges is the prohibitive cost of living in the region. For all three nursing classifications, a mortgage is considered least affordable, ranging from over half to over twice the monthly salary. Rent ranges from affordable to least affordable, increasing from the RN classification to the CNA classification.ⁱⁱⁱ

Over the past three years, Yountville has seen an increase in all nursing vacancies: RNs, LVNs, and CNAs. RN vacancies have nearly quadrupled from pre-pandemic levels. LVN vacancies are more than eight times the number of pre-pandemic vacancies, and CNA vacancies have increased nearly seven times that of pre-pandemic times. The Yountville Home has pursued various recruitment activities in order to improve recruitment and retention of nursing staff. As part of a system-wide approach to improving recruitment and retention, CalVet has increased the frequency of hiring fairs and job fairs, utilized the digital space more prominently, and leveraged existing internal resources and activities with other divisions within the agency.^{iv}

The Yountville Home has also increased reliance on staff overtime and staff registry contracts to meet licensure and resident care needs.

ⁱ For a detailed examination of the cost of housing in the Yountville community, please see Chapter 6.

ⁱⁱ American Healthcare Association Press Release "Data Show Nursing Homes Continue to Experience Worst Job Loss of Any Healthcare Sector," Published 19 January 2023.

ⁱⁱⁱ For more information about housing affordability, housing rates, and the criteria regarding affordability, see Chapter 6.

^{iv} For more details on the various recruitment and retention techniques CalVet used, please see Chapter 6.

Clinical Vacancies at the Yountville Veterans Home

RNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	87.2	81.2	6.0	6.9%
Jul-20	87.2	80.2	7.0	8.0%
Jul-21	86.2	72.8	13.4	15.5%
Jul-22	86.2	69.2	17.0	19.7%
Jul-23	86.2	64.2	22.0	25.5%
Jul-24	86.2	61.4	24.8	28.8%

LVNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	35.0	34.0	1.0	2.9%
Jul-20	35.0	33.0	2.0	5.7%
Jul-21	36.0	30.0	6.0	16.7%
Jul-22	36.0	29.0	7.0	19.4%
Jul-23	36.0	28.0	8.0	22.2%
Jul-24	36.0	27.0	9.0	25.0%

CNAs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	186.5	174.0	12.5	6.7%
Jul-20	186.5	165.0	21.5	11.5%
Jul-21	186.5	136.0	50.5	27.1%
Jul-22	186.5	120.0	66.5	35.7%
Jul-23	186.5	104.0	82.5	44.2%
Jul-24	187.5	99.0	88.5	47.2%

Facility Infrastructure and Design

Unfortunately, much of the Yountville Home's infrastructure is outdated and in need of significant repairs, maintenance, and modernization. Of all of the buildings on the campus, few were built after the 1950s and several critical structures date back to the 1920s and 1930s.

CalVet spends millions of dollars each year on maintenance and repairs at the Yountville Home, with tens of millions more in unbudgeted deferred maintenance. Much of the ongoing maintenance has focused on keeping the Yountville Home operating in its current state, rather than implementing more cost-effective modernization efforts. Many buildings must either be renovated or

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replaced to meet operational needs and modern standards, including multiple structures that are unsafe for habitability and cannot be used by either staff or veterans. The Yountville Home routinely relies on emergency contracts to address sudden facility and equipment failures, further impacting the Yountville Home's operating budget. Despite the best efforts of staff at the Home, these issues worsen with each year as facilities and systems continue to age.

The main campus is home to all of the residential and member services buildings and support facilities and structures. The main campus is on roughly one third of the 615-acre site. The remaining two-thirds includes land to the west of the main campus, which is made up of hundreds of hilly, undeveloped woodlands. Additionally, the land includes the Rector Reservoir and adjoining acreage, which lies on a noncontiguous parcel on the eastern hills of Napa Valley.ⁱ

On the main campus, the 13 residential buildings were constructed between the 1920s and 1950s. Most of the DOM buildings were originally designed to replicate the style of military barracks, having long, open bays with minimal privacy. However, they have been converted to individual rooms. These rooms vary in size but are generally small compared to the newer Veterans Homes. The DOM rooms are also currently single occupancy rooms to provide greater privacy, though residents share communal restrooms similar to a college dormitory.

While DOM rooms have transitioned to be single-occupancy rooms, rooms in the ICF, SNF, and SNF MC are generally home to two residents each with curtains for additional privacy. Restrooms in the ICF and SNF are split between two resident rooms, with four residents to each restroom. Unlike the SNF and ICF, the SNF MC has two residents to a room who share a bathroom.

The SNF is located in the aging and soon-to-be-replaced Holderman Building on the southern end of the main campus. Across the street from Holderman is the FDR Building, which houses all of the SNF MC. The ICF is housed in the Eisenhower Building, next to FDR toward the west. Throughout the rest of the main campus are seven residential buildings that exclusively serve DOM residents and an eighth building split between DOM and RCFE.

Holderman also serves as the central hub for all care operations, with the ACC, a pharmacy, a medical records center, and other various units. The ACC is where DOM and RCFE residents receive outpatient care. Though due to the size of the campus, DOM residents in the furthest residential buildings may walk

ⁱ For a more detailed assessment of the campus land and infrastructure, including building histories, site topography, and utility capabilities, see the 2012 CalVet Yountville Facilities Master Plan Evaluation.

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around 15 minutes for medical appointments. A new state-of-the-art SNF is currently under construction at the southwest corner of the main campus. As discussed earlier, the Holderman Building will still be home to administrative functions but not residents, once the new SNF is open.

At the center of the main campus and a short walk from the residential buildings are the Yountville Administration Building, Member Services Building, Main Dining Room, Armistice Chapel, and Creative Arts Center. To the west are support facilities such as plant operations, the chiller tower, the boiler room, and storage and warehouse facilities.

The Additional Land to the West

As discussed earlier, a large swath of the Yountville campus is undeveloped, hilly, woodland. This untouched natural landscape adds to the beauty of the Yountville Home and campus as well as provides residents with plenty of opportunity to enjoy the outdoors. Due to the nature of the topography, CalVet does not currently have plans to develop the land. This area is home to approximately 25 cottages meant for staff housing. Unfortunately, six of the cottages are uninhabitable and additional cottages would require significant remodeling and renovations before they could be used for employee housing.

Two reservoirs and their dams add to the complex nature of the property. Finally, located on 11 acres in the northwest corner of the property is the Yountville Veterans Home Cemetery. This cemetery marks the resting place of over 5,700 veterans and dependents and includes the remains of soldiers who served as far back as the Mexican-American War in 1846-48. Although part of the Yountville Home's campus and a key piece of its legacy, the cemetery is governed by its own set of VA regulations and is managed by CalVet's Veterans Services Division. Therefore, the cemetery is outside of the scope of this report.ⁱ

Leased Property

Other major uses of the Home's land include more than a dozen active leases. Leases are generated through a standard state process, wherein DGS drafts the leases, assesses property value, and provides technical support, while CalVet collaborates with DGS and evaluates the benefits to the Home.

The leases vary as they relate to services, operators, land use, and duration. A couple of leases are for small portions of property to provide space for two ATMs. Others encompass significant portions of the property or whole buildings.

ⁱ Although not maintained or managed by the Yountville Home, the cemetery currently only accepts the interment of veterans who were residents of the Yountville Home.

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Overall, most of the leases are for a duration of five years. For the purposes of this report, several leases are notable because of how they can dictate the long-term use of the property in question potentially for decades.ⁱ Among these leased properties are:

- A nine-hole golf course and driving range (with a restaurant, store, and associated amenities). The lease includes 66 acres of land adjacent to the eastern edge of the main campus. The lessee may extend this lease until 2058. Veteran residents receive free green fees and golf carts while non-resident veterans can golf at the member price. Additionally, annual rent and a percentage of concession sales are collected into the Home's MWR fund. This fund supports a variety of activities and events that enhance the experience of the veterans home residents.
- A museum dedicated to local art, culture, and history; the property totals approximately 4 acres and the lessee may extend the lease until 2040.
- A full-sized baseball field located on the northern end of the main campus. A local club operates the baseball field and concession stand. Currently, the club has a month-to-month lease for the baseball field.
- The 1200-seat Lincoln Theater. This performing arts theater is connected to the Member Services Building near the heart of the campus. As of November 2022, there is no active lease on the Lincoln Theater, but the property may be available for leases in the future as appropriate.
- An on-campus U.S. Post Office, which provides a substantial benefit to the residents of the campus who might otherwise walk into town for postal needs.
- An Army & Air Force Exchange Service (AAFES) store, located in the Member Services Building. Typically found on military bases, the AAFES offers convenience store goods and a convenient catalog service for the residents of the Home.

ⁱ Section 1023(b) of the MVC states that with the consent of the secretary, the Director of General Services may lease or let any real property held by the department for a home, and not needed for any direct or immediate purpose of the home, to any entity or person upon terms and conditions determined to be in the best interests of the home and its members.

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- Office space and a garden for the Tug McGraw Foundation, which supports research and services related to neurological conditions such as traumatic brain injuries and brain cancer. Tug McGraw Foundation has a month-to-month lease.
- A fire station and a firefighter training facility. Both leases are with Napa County, which sublets out to the California Department of Forestry and Fire Protection to provide fire services for the area. The fire station sits on a little over one acre to the east of the golf course, while the training facility is located at the base of the Rector Dam on 13 acres. The lessee may extend the leases until 2030, although they may be terminated by either party with notice.

Summary

As historically configured, the Yountville Home does not fully meet all five established criteria for an ideal location. However, with the construction of a new state-of-the-art and purpose built SNF facility, the Yountville Home is undergoing its most significant transition in a century. When the new SNF complex is complete, the Yountville Home's SNF residents will finally enjoy the private bedrooms, private restrooms, and better accommodations found in CalVet's newest Veterans Homes. Furthermore, with the SNF and SNF MC residents moving to the new SNF complex, there will be more opportunities available to mitigate some of the challenges found at the Yountville Home as more buildings will become available to repurpose for alternative uses.

VETERANS HOME OF CALIFORNIA-BARSTOW

Year Opened: 1996

Campus Size: 22 acres

Building Space: 208,000 Gross Square Feet

Levels of Care: DOM, ICF, SNF



The Barstow Home was built with the intention of expanding services to the veterans in Southern California. However, the remote location leads to limited demand for care and hampers operations.ⁱ

Veteran Need

The overall veteran population is far from the Barstow Home due to its location in the high desert region of San Bernardino County. In this area, the general population and veteran populations are not densely populated. At the same time, San Bernardino County has the fifth largest community of veterans in the state. It is also the largest county in both the state and the country. This reflects a significant, though understandable, weakness in the VA's veteran population projection data. The VA develops projections based at the county level and does not detail the variances of each county. San Bernardino County varies

ⁱ It is unclear how the location for the Barstow Home was selected. In review of limited historical records, the Barstow area received low scores for proximity to VA care and the veteran communities.

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significantly with a mixture of rural and urban areas. Veterans reside largely in and around the county seat of San Bernardino and the surrounding urban areas.

In addition to an unevenly distributed veteran population, the number of veterans in the county is estimated to decline by approximately 41%. Aged veterans, 65 and older, are estimated to decline by over half in the next 25 years. CalVet anticipates that the decrease in aged veterans will result in a modest but natural reduction in facility-based care needs.

Though the demand for independent living may decline, it is expected that the demand for SNF will remain relatively stable. Compared to their predecessors, Vietnam and Gulf War veterans have a higher acuity of healthcare needs, and as such, these cohorts will likely require more extensive care, like SNF and SNF MC, as they age.

Like all veterans in the region, veterans under 65 are expected to decline in the next quarter century, though much less than their elders. Veterans under 65 are expected to decline by around 30% in the next 25 years. Very few of the younger veterans will require geriatric LTC services. While service members at nearby military bases, like Fort Irwin, may choose to reside in the surrounding region after discharge, they are not likely to be appropriate candidates for admission to the Barstow Home, where very few residents are under 65.

Proximity to VA Care

As discussed earlier in this report, ideally, a Veterans Home campus would be located no less than 30 minutes away from a VAMC. The closest VAMC to the Barstow Home is in Loma Linda, which is over 75 miles away. Residents may travel three hours or more by bus, not including time spent waiting for medical appointments. This distance creates significant strain for veterans of the Barstow Home, potentially impacting quality of life.

Though not all residents receive services at the Loma Linda VAMC, those who are eligible for specialty care at the VA generally must continue to receive services there, which makes the distance to the VA challenging.

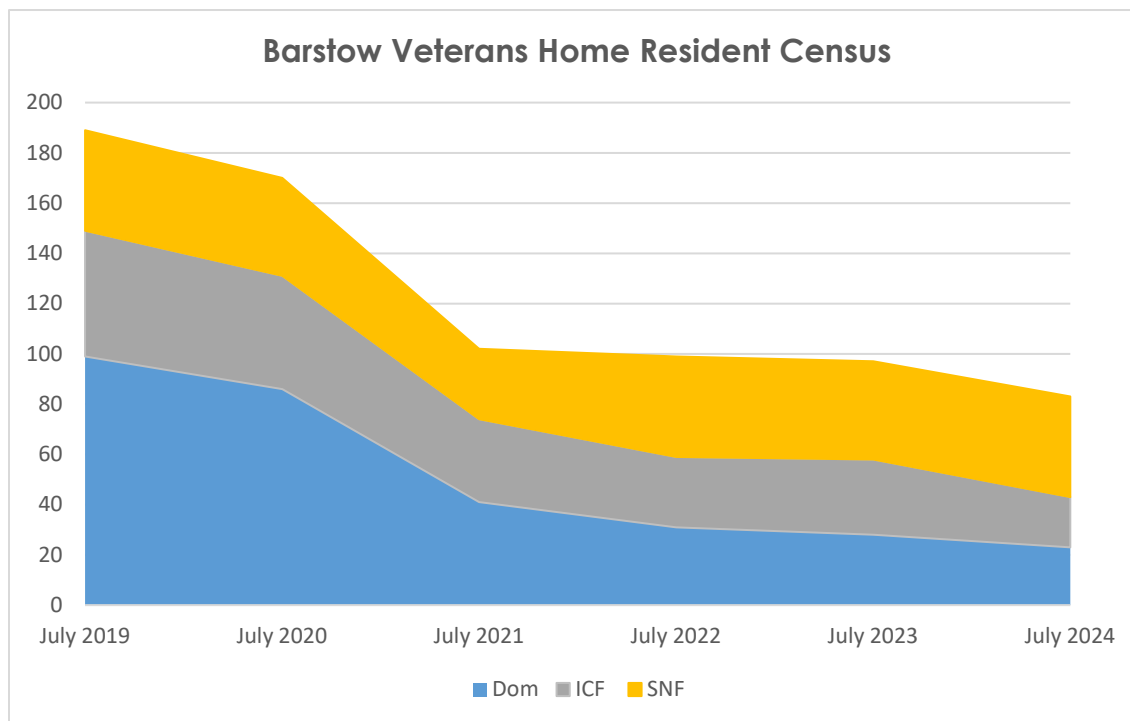
Appropriate Levels of Care

From pre-pandemic to post-pandemic, the Barstow Home's total census has decreased by approximately 56%.ⁱ Though there are several factors impacting Barstow's census, the DOM level of care saw the highest rate of decline at

ⁱ This is between July 2019 and July 2024, not a cumulative decrease over five years.

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approximately 77%; the ICF declined by 60%. The SNF census remained relatively stable over the previous five fiscal years, though never reaching full capacity.



As discussed in Chapter 2, the Barstow Home levels of care realignment is impacting each level of care. With increased demand for higher levels of care, in FY 2021-22, CalVet received approval to add SNF beds. That same year DOM was reduced. The DOM was reduced again in FY 2024-25. The long-term plan is to gradually phase out the DOM level of care through attrition, as demand for this service within the community is limited. Given the current number of residents utilizing this level of care, the transition is expected to be a multi-year process.

The ICF is an outdated level of care. The Barstow Home is in the process of converting the dual occupancy ICF to a single room RCFE. This transition will allow the facility to serve a broader cross section of the veteran community. ICF residents who have greater care needs will be moved to the expanded SNF. The remaining ICF residents would remain at that level of care until the RCFE is established. This conversion will eliminate an outdated level of care and create a better quality of life for the residents. No resident will be discharged as a result of the realignment.

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Local Healthcare Infrastructure

In addition to the VAMC being far from the Barstow Home, local healthcare infrastructure is limited. The Barstow Home maintains a successful and collaborative relationship with the local community hospital, and residents are able to get quality acute care. Unfortunately, though acute care is accessible relatively efficiently, the region does not have a large number of vendors providing other healthcare services.

The Barstow Home also has difficulty securing nurse registry staff. Although registry service providers engage in the bidding process to provide nurse registry services, they have historically underperformed.

Hiring Compatibility

Barstow is located in a relatively remote part of San Bernardino County. The Barstow Home has historically had difficulty recruiting for classifications that require certifications or licensure. The labor pool available in the region is minimal and the Barstow Home also competes with other healthcare facilities in the area. Additionally, a large portion of staff do not live in Barstow, but live more than half an hour away.

Housing affordability is a vital factor in understanding a region's hiring compatibility. The Barstow Region is the most affordable for RNs. A mortgage is considered less affordable while rent is considered to be affordable. For LVNs, a mortgage is considered least affordable and rent is considered less affordable. For CNAs, the cost of both a mortgage and rent are least affordable. Both housing options are estimated to cost well over half of a CNA's gross monthly wage. A mortgage in particular is estimated to cost more than their gross monthly salary. The cost of housing is a large limiting factor when looking at a region's hiring capabilities.

Over the past several years, the vacancy rates for all nursing classifications have fluctuated. RNs have seen their vacancy rate increase over the past five years and currently have a vacancy rate of 17.4%. LVNs have had the most stable vacancy rate from pre-pandemic to post-pandemic, ranging between no vacancies and a 10% vacancy rate. CNAs have had some of the highest vacancy rates. Pre-pandemic vacancies were relatively low, hovering at about 9%. However, post pandemic the CNA vacancy rate quadrupled. Currently, the CNA vacancy rate is approximately 37%.

Clinical Vacancies at the Barstow Veterans Home

RNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	10.0	10.0	0.0	0.0%
Jul-20	10.0	10.0	0.0	0.0%
Jul-21	10.0	9.0	1.0	10.0%
Jul-22	11.5	10.0	1.5	13.0%
Jul-23	11.5	10.5	1.0	8.7%
Jul-24	11.5	9.5	2.0	17.4%

LVNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	10.0	10.0	0.0	0.0%
Jul-20	10.0	9.0	1.0	10.0%
Jul-21	10.0	9.0	1.0	10.0%
Jul-22	10.0	10.0	0.0	0.0%
Jul-23	10.0	10.0	0.0	0.0%
Jul-24	10.0	9.0	1.0	10.0%

CNAs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	44.0	40.0	4.0	9.1%
Jul-20	44.0	39.0	5.0	11.4%
Jul-21	44.0	31.0	13.0	29.5%
Jul-22	46.0	30.0	16.0	34.8%
Jul-23	46.0	25.0	21.0	45.7%
Jul-24	46.0	29.0	17.0	37.0%

Facility Infrastructure and Design

Opening in 1996, the Barstow Home is the second-oldest Veterans Home operating in the Veterans Homes of California system of care today.

The Barstow Home is made up of one main building and five smaller buildings. Presently, the Barstow Home offers DOM, ICF, and SNF. The main building houses an active SNF unit, an active ICF unit, and an unbudgeted, inactive ICF unit. Both ICF and SNF units have a small communal area designed for dining, activities, and a general living space. The main building also houses the plant

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operations and all administrative functions. Further, it includes an ACC, a kitchen, and a dining hall for DOM residents.

Four of the smaller buildings are housing for DOM residents. The last smaller building is a support building that serves as a common area for residents and a place to entertain guests. Though the facility has multiple building across campus, the smaller buildings are only a short walk from the main building.

Property Evaluation

The Barstow Home sits on 22 acres of land that was donated by the Barstow Community College in the High Desert of San Bernardino County. As more than 20 years have passed, the Barstow Home is not subject to VA grant restrictions, and some or all of the property could be repurposed if desired. Three of the four outlying DOM buildings on the campus are vacant and available for alternative uses.

Summary

Since its opening in 1996, the Barstow Home has filled a critical role in serving Southern California's veterans. For years it was only one of two Veterans Homes in the state. The decades since its opening have seen significant shifts in the veteran community, the LTC industry, and CalVet. The coming years will see a focus on the level of care realignment and filling vacancies. Realigning the levels of care and filling vacancies at the Barstow Home will allow the Home to be more responsive to community demand and direct resources to veterans with the greatest care needs.

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VETERANS HOME OF CALIFORNIA-CHULA VISTA

Year Opened: 2000

Campus Size: 30 acres

Building Space: 208,000 Gross Square Feet

Levels of Care: DOM, RCFE, SNF

The Chula Vista Home is in an ideal location to serve the veteran community now and in the future. Though cost of living and nursing staff vacancies are hindering the Home's ability to operate at its fullest potential.



Veteran Need

The Chula Vista Home is in the optimal location to attract veterans in need. The Home is located in San Diego County which has the second highest number of veterans in the state. The veteran population is estimated to decline by around 41% in the coming decades though San Diego is anticipated to be home to the most veterans in the state during the same time frame.

In addition to residing in a region that is anticipated to having a sizable veteran population for the next several decades, San Diego County will have one of the largest populations of aged veterans. The population of veterans 65 and older is estimated to still number in the tens of thousands in the next 25 years.

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Proximity to VA Care

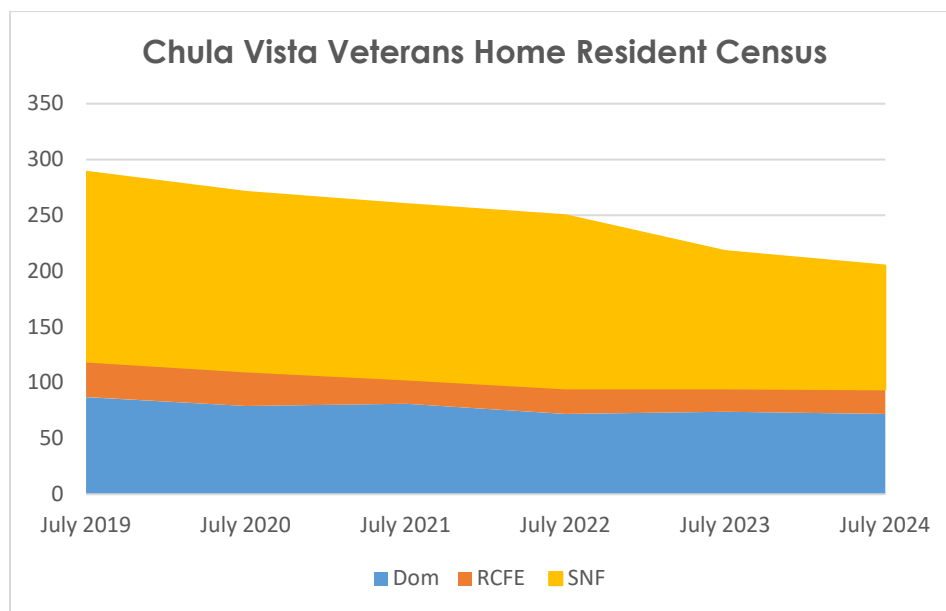
The Chula Vista Home is located closest to the VAMC in La Jolla. Depending on traffic and other driving conditions, the travel time is approximately 40 minutes. Though the travel time is just beyond the ideal of a 30-minutes commute, Chula Vista is one of the Veterans Homes closest to a VAMC.

Appropriate Levels of Care

Generally, the levels of care at the Chula Vista Home are appropriate for the needs in the community. However, Chula Vista does not offer SNF MC at its facility. Given the current and projected size of San Diego County's veteran population, the lack of SNF MC prevents the Home's ability to offer a level of care in which demand is expected to rise. CalVet previously conducted a study regarding establishing a SNF MC at the Chula Vista Home. Currently, such an expansion is cost prohibitive due to multiple factors; however, CalVet will continue to assess future SNF MC options for the Chula Vista Home.

Chula Vista has seen a census decline of approximately 29% from pre-pandemic levels to post-pandemic. Historically Chula Vista's DOM was in high demand. However, the Home's DOM census has decreased by approximately 17% from pre-pandemic levels. The RCFE declined by approximately 31% and the SNF declined by 37%.

In FY 2021-22, CalVet received approval to reduce Chula Vista's DOM to allow DOM residents to have private rooms.



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Local Healthcare Infrastructure

The local healthcare infrastructure is excellent. There are a wide variety of vendors and facilities that are able to provide the appropriate clinical services.

Hiring Compatibility

Local housing costs are overall on the expensive side for all nursing classifications. A mortgage is considered to be the least affordable for RNs, LVNs, and CNAs. While a mortgage for an RN is over 60% of their gross monthly wage, a mortgage is more than an LVNs' and CNAs' gross monthly wage. Rent affordability varies among RNs, LVNs, and CNAs. Rent is the most affordable for RNs and the least affordable for CNAs.

Much like the resident census, vacancies for RNs, LVNs, and CNAs has increased over the past several years. Vacancies for LVNs and CNAs were minimal pre-pandemic, while RN positions generally remained filled. During and post-pandemic, RN vacancies increased to 33.3%. The CNA vacancy rate is slightly higher at 33.7%. LVNs have routinely had the highest vacancy rates of all three classifications and, as of July 2024, was at 58.6%.

Clinical Vacancies at the Chula Vista Veterans Home

RNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	26.0	26.0	0.0	0.0%
Jul-20	26.0	26.0	0.0	0.0%
Jul-21	26.0	26.0	0.0	0.0%
Jul-22	26.0	25.0	1.0	3.8%
Jul-23	27.0	24.0	3.0	11.1%
Jul-24	27.0	18.0	9.0	33.3%

LVNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	28.0	27.0	1.0	3.6%
Jul-20	28.0	27.0	1.0	3.6%
Jul-21	28.0	27.0	1.0	3.6%
Jul-22	28.0	24.0	4.0	14.3%
Jul-23	28.0	15.0	13.0	46.4%
Jul-24	29.0	12.0	17.0	58.6%

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CNAs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	113.8	110.8	3.0	2.6%
Jul-20	113.8	107.5	6.3	5.5%
Jul-21	113.8	104.0	9.8	8.6%
Jul-22	113.8	97.8	16.0	14.1%
Jul-23	113.8	85.8	28.0	24.6%
Jul-24	112.8	74.8	38.0	33.7%

Facility Infrastructure and Design

The design of the Chula Vista Home is identical to that of the Barstow Home. Resident rooms are designed to have two residents per room and two rooms share a bathroom. Having opened in 2000, the Chula Vista Home is the third oldest Veterans Home operating in the Veterans Homes system of care. After 25 years of operation, the Chula Vista Home's infrastructure is beginning to age, requiring extensive repairs and ongoing maintenance to improve campus safety, security, and provide a comfortable and safe environment for residents, staff, and visitors.

Property Evaluation

The Chula Vista campus is larger than that of the Barstow Home and therefore the buildings are more spread out. There is no space that allows for significant new structures without demolishing existing ones.

The Home currently has two leases. The first is a cellular communications tower in a small, unused corner of the property which minimizes its impact on the property. The lease can be extended to 2032 at the lessee's discretion. The second lease is an ATM in the Home's lobby, which is convenient for the residents and has no significance with regard to use of the property.

Summary

The Chula Vista Home is in a prime location to serve the current and future veteran population. The community healthcare network is sufficient to support the Home. The cost of living is high and filling nursing vacancies post-pandemic is difficult. The VAMC is within an acceptable distance from the Home.

A main weakness for the Chula Vista Home is the lack of a SNF MC. San Diego County will be home to a majority of the state's veterans in the coming years and will not be able to meet the high need for memory care as a result of older programmatic and facility design.

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VETERANS HOME OF CALIFORNIA-LANCASTER

Year Opened: 2009

Campus Size: 22 acres

Building Space: 47,000 Gross Square Feet

Levels of Care: RCFE

The Lancaster Home is in a remote part of Antelope Valley and is far from the VA. There is steady veteran need for this level of care and the Lancaster Home is able to effectively hire and retain staff. Though the Lancaster Home is relatively isolated, its small size helps to alleviate weaknesses.



Veteran Need

Similar to the Barstow Home, the Lancaster Home is located in a relatively rural desert portion of Los Angeles County. It is about 65 miles from the city center. However, unlike the Barstow Home, there is a more sizable veteran population in the surrounding area. The Lancaster Home is also within a reasonable distance to the Los Angeles metropolitan area and Bakersfield in Kern County. Kern County is anticipated to maintain a more stable veteran population. Los Angeles county is anticipated to lose over half of their veteran population over the next 25 years. However, Los Angeles County is still expected to be home to over 100,000 veterans. The population of aged veterans will remain relatively high, with about 40% veteran population being 65 and older.

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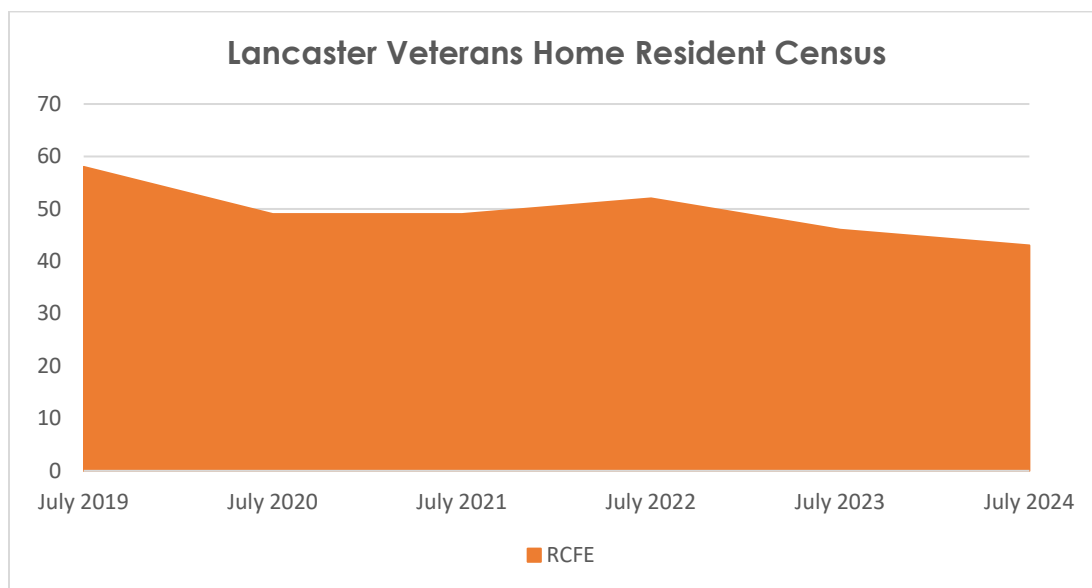
Proximity to VA Care

The closest VA facility is just over an hour away from the Lancaster Home. In addition to residents receiving care from the VA, some veterans require specialty care at the West Los Angeles VAMC, which is just a short distance further than the West Los Angeles Home.

Appropriate Levels of Care

The Lancaster Veterans Home only offers RCFE. Pre-pandemic, the Home was perpetually at or near capacity. During the initial years of the pandemic, the resident census declined. The census at the Lancaster Home has only slightly recovered.

As discussed earlier in Chapter 8, residents in the Lancaster Home have expressed a desire to remain in the Lancaster Home as long as practical. Establishing higher levels of care could potentially allow the Lancaster Home to serve more of the veteran community.



Local Healthcare Infrastructure

The Lancaster Home is supported by an adequate local healthcare infrastructure.

Hiring Compatibility

Housing near the Lancaster Home is more affordable than other Veterans Homes. For LVNs and CNAs, a mortgage is least affordable. The projected median monthly mortgage is approximately 66% of an LVNs gross monthly wage and about equivalent to a CNAs. While still not ideal, a mortgage is more

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affordable for an RN, though still around 38% of their gross monthly wage. Rent comparatively is considered affordable for RNs and LVNs, representing 18% and 31% of their monthly income respectively. Rent is still considered least affordable for CNAs at 47%.

The staff vacancies for nursing staff at the Lancaster Home have been practically non-existent, despite its rural location and all of the challenges related to the COVID-19 pandemic.

Clinical Vacancies at the Lancaster Veterans Home

RNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	1.5	1.5	0.0	0.0%
Jul-20	1.5	1.5	0.0	0.0%
Jul-21	1.5	1.5	0.0	0.0%
Jul-22	2.0	2.0	0.0	0.0%
Jul-23	2.5	2.0	0.5	20.0%
Jul-24	3.0	3.0	0.0	0.0%

LVNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	8.0	8.0	0.0	0.0%
Jul-20	8.0	9.0	0.0	0.0%
Jul-21	8.0	9.0	0.0	0.0%
Jul-22	8.0	9.0	0.0	0.0%
Jul-23	8.0	8.0	0.0	0.0%
Jul-24	8.0	8.0	0.0	0.0%

CNAs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	12.5	12.5	0.0	0.0%
Jul-20	12.5	12.5	0.0	0.0%
Jul-21	12.5	12.5	0.0	0.0%
Jul-22	12.5	12.5	0.0	0.0%
Jul-23	13.5	13.5	0.0	0.0%
Jul-24	13.5	13.5	0.0	0.0%

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Facility Infrastructure and Design

The Lancaster Home is made of one primary, single-story building that houses all 60 residents. The standard rooms are semi-private, with two adjacent resident rooms separated by a full wall with storage units and connected by a foyer. Attached to the foyer is a shared bathroom; no more than two residents share a bathroom.

As one of the newer Veterans Homes, the Lancaster Home does not have the infrastructure challenges that the older Homes do.

Property Evaluation

The land surrounding the Home is large, particularly given the small population served. To the north of the facility is a vacant 10-acre lot. The additional land was set aside in the event that the state would opt to expand the Lancaster Home. The VA's construction grant will be 20 years old in 2029.

Summary

The location of the Lancaster Home is not ideal, though the size of the Home makes this less problematic. The cost of housing is more affordable than other regions of Southern California and the Lancaster Home has not had difficulty hiring and retaining nursing staff. The VA is beyond the ideal distance from the Lancaster Home, but the distance does not cause operational and quality of life concerns the way it would at Yountville.

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VETERANS HOME OF CALIFORNIA-VENTURA

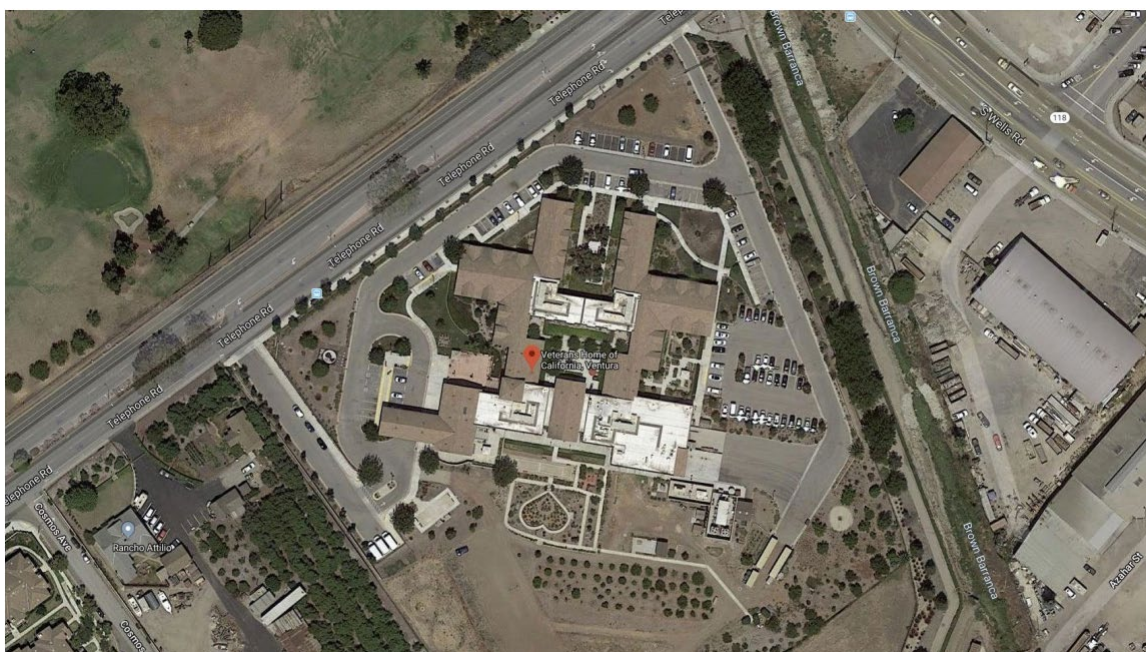
Year Opened: 2009

Campus Size: 10 acres

Building Space: 47,000 Gross Square Feet

Levels of Care: RCFE

The Ventura Veterans Home is in a good location to hire staff and meet the needs of the local veteran population, though the Ventura Home is far from the nearest VAMC.



Veteran Need

Ventura County currently has a relatively large veteran population. Though the population is anticipated to decline by approximately 53% in the next 25 years, there will still be thousands of veterans in the county. Close to 40% of the projected veteran population will be 65 and older.

The Ventura Home is situated along the coast near the bulk of the population. The Home is relatively close to Santa Monica and Los Angeles. Overall, the Ventura Home is well-situated to serve veterans.

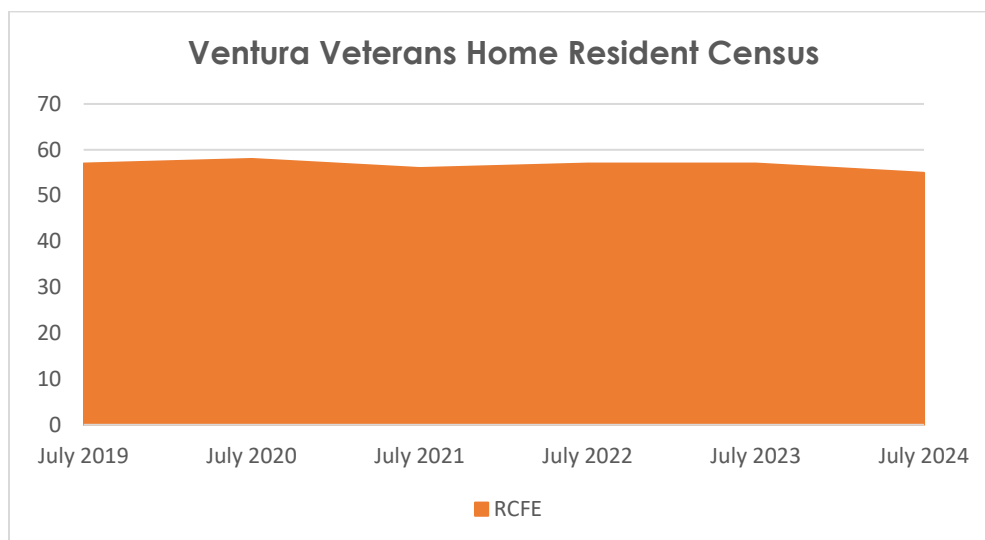
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Proximity to VA Care

Similar to the Lancaster Home, the Ventura Home is a little more than an hour away from the nearest VA outpatient facility. Additionally, many veterans travel a little further to receive specialty services at the West Los Angeles VAMC. Though not as far as other Veterans Homes, the distance is not ideal.

Appropriate Levels of Care

Like the Lancaster Home, the Ventura Home is an RCFE. Although the Ventura Home has moderately more demand, it has seen a 3.5% resident census decline from pre-pandemic to post-pandemic.



Local Healthcare Infrastructure

The local healthcare infrastructure in Ventura is able to support the Ventura Home.

Hiring Compatibility

Housing in the area is relatively expensive. A mortgage is least affordable for all nursing classifications, ranging from nearly a third of an RNs gross monthly income and near double a CNAs gross monthly wage. Renting is only affordable for an RN, less affordable for an LVN and least affordable for a CNA.

Hiring and retaining nursing staff at the Ventura Home has not been a significant challenge. Though there have been vacancies, they are quickly filled and have not posed a problem to operations. With the ability to operate at or near a full complement nursing staff, the Ventura Home is able to fill beds when they become available.

Clinical Vacancies at the Ventura Veterans Home

RNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	1.5	1.5	0.0	0.0%
Jul-20	1.5	1.5	0.0	0.0%
Jul-21	1.5	1.5	0.0	0.0%
Jul-22	1.5	1.5	0.0	0.0%
Jul-23	2.5	1.5	1.0	40.0%
Jul-24	3.0	2.5	0.5	16.7%

LVNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	8.0	8.0	0.0	0.0%
Jul-20	8.0	9.0	0.0	0.0%
Jul-21	8.0	8.0	0.0	0.0%
Jul-22	8.0	8.0	0.0	0.0%
Jul-23	8.0	8.0	0.0	0.0%
Jul-24	8.0	7.0	1.0	12.5%

CNAs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	11.0	11.0	0.0	0.0%
Jul-20	11.0	11.0	0.0	0.0%
Jul-21	13.0	13.0	0.0	0.0%
Jul-22	13.0	12.0	1.0	7.7%
Jul-23	13.0	13.0	0.0	0.0%
Jul-24	13.0	12.0	1.0	7.7%

Facility Infrastructure and Design

The Ventura Home is identical to the Lancaster Home. Residents live in a single-story building, and the standard rooms are semi-private rooms separated by a storage wall and connected by a foyer. Attached to the foyer is a bathroom shared by the two residents.

The Ventura Home does not have many infrastructure needs due to the age of the facility.

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Property Evaluation

Like Lancaster, the Ventura Home was designed with a vacant 10-acre lot. Unlike Lancaster, CalVet no longer owns the land as it was returned to the city of Ventura for veteran housing development. The remaining land is in full use and as such, the Ventura Home does not have excess land for alternative uses.

Summary

Overall, the Ventura Veterans Home is well-located to serve veterans now and in the coming years. The distance from the VA is less than ideal. Though the cost of living is high, the Ventura Home is able to successfully hire from the local workforce.

VETERANS HOME OF CALIFORNIA-WEST LOS ANGELES

Year Opened: 2010

Campus Size: 13 acres

Building Space: 373,000 Gross Square Feet

Levels of Care: RCFE, SNF, SNF MC

The West Los Angeles Home is in a prime location to serve veterans. However, the ability to recruit and retain staff is a significant challenge.



Veteran Need

Located in Los Angeles County, the West Los Angeles Home is in one of the best locations to serve veterans. The West Los Angeles Home is on a state-owned enclave within the West Los Angeles VAMC, giving residents quick and easy access to their healthcare services. Los Angeles County currently has the most veterans in the state. As the years progress, Los Angeles County is expected to lose over half of its veteran population. However, Los Angeles county will still be ranked second in number of veterans in the next several decades. Southern California as a whole will remain home to over 60% of the state's veteran population in the next few decades. The number of aged veterans, over 65, will also remain high in the tens of thousands.

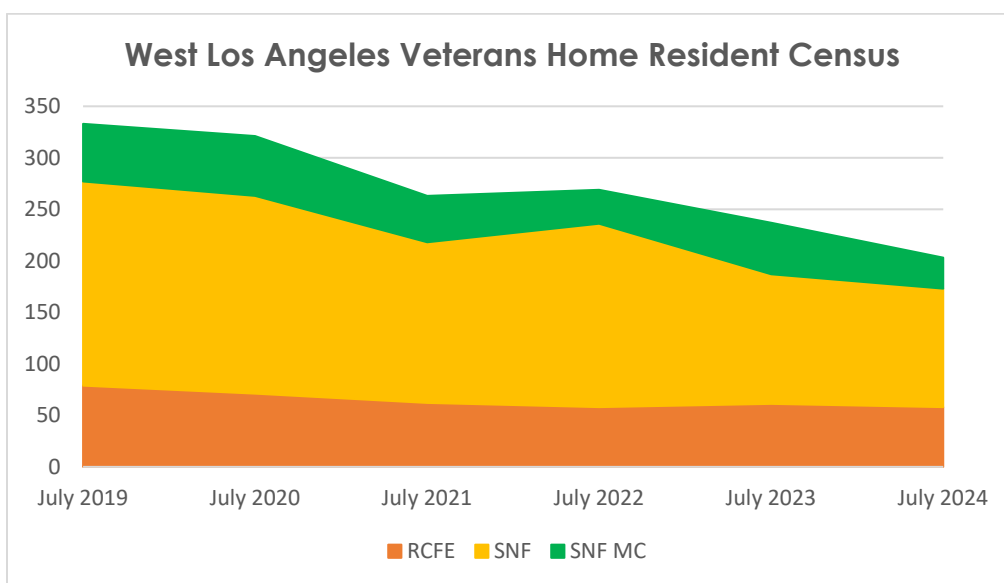
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Proximity to VA Care

The West Los Angeles is located in an enclave of the regional VAMC. Residents are able to receive outpatient care after a several-minute bus ride.

Appropriate Levels of Care

The West Los Angeles Home has historically had difficulty operating at capacity. The COVID-19 pandemic only worsened the Home's ability to fully ramp up. Overall, the resident census declined around 39% from pre-pandemic to post-pandemic and the West Los Angeles Home is operating at a little more than half-capacity. Each level of care saw a decline of at least a quarter. RCFE declined by 27%, SNF declined by 42%, and SNF MC declined by 46%.



Local Healthcare Infrastructure

The West Los Angeles Home has one of the best local healthcare infrastructures in the system. There are many vendors available to provide any necessary service.

Hiring Compatibility

Fifteen years after opening, the West Los Angeles Home continues to struggle to recruit and retain staff. The high cost of living is a large factor of West Los Angeles' recruitment and retention difficulties. A mortgage in the area is more than the gross monthly salary for RNs, LVNs, and CNAs. For CNAs in particular, a mortgage is four times their monthly wage. Rent is only affordable for RNs and is least affordable for LVNs and CNAs. Like with a mortgage, rent is more than a CNA's gross monthly wage. The high cost of living directly hinders hiring capabilities.

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RNs have the lowest vacancy rate at 17.8%, followed by LVNs at a 25.2% vacancy rate. CNAs have the highest at 55.1% and have historically had the highest vacancy rates. The West Los Angeles Home has had to turn to overtime and registry contracts as well as consolidate units to ensure standards of care are met. However, the Home is actively reducing vacancies through regular hiring fairs and recruitment events.

Clinical Vacancies at the West Los Angeles Veterans Home

RNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	46.8	42.0	4.8	10.3%
Jul-20	45.0	38.0	7.0	15.6%
Jul-21	45.0	42.0	3.0	6.7%
Jul-22	45.0	44.0	1.0	2.2%
Jul-23	45.0	40.0	5.0	11.1%
Jul-24	45.0	37.0	8.0	17.8%

LVNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	53.8	48.0	5.8	10.8%
Jul-20	53.8	49.0	4.8	8.9%
Jul-21	53.8	47.8	6.0	11.2%
Jul-22	53.8	43.0	10.8	20.1%
Jul-23	53.8	39.0	14.8	27.5%
Jul-24	53.8	41.0	13.8	25.2%

CNAs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	231.4	163.5	67.9	29.3%
Jul-20	231.4	164.5	66.9	28.9%
Jul-21	230.4	152.5	77.9	33.8%
Jul-22	230.4	133.0	97.4	42.3%
Jul-23	230.4	110.5	119.9	52.0%
Jul-24	229.4	103.0	126.4	55.1%

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Facility Infrastructure and Design

All residents live in a primary building with four main floors. The floors are divided up into sections that can serve either 30 or up to 42. However, there are several drawbacks to a multiple-story building. It is more cumbersome for residents on the higher floors to leave the building and SNF MC residents have limited balcony space rather than open courtyards. The resident rooms themselves are identical to the Lancaster and Ventura Homes with semi-private rooms with attached bathroom for two residents. The infrastructure needs are minimal as the building is relatively new.

Property Evaluation

The West Los Angeles Home is located on a very small lot, only a few acres larger than the Ventura Home, despite having more than six times as many beds. The campus also does not have excess land for alternative use. The VA grant does not expire until 2030 and the existing structure may not be repurposed prior to 2030 without the consent of the VA.

Summary

The high cost of living and the difficulties in recruiting and retaining staff from the local workforce continue to impact the census at the West Los Angeles Veterans Home. The positive benefits are the West Los Angeles Home's location, high density of local veterans, a strong healthcare infrastructure and the Home's placement on the campus of a VAMC.

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VETERANS HOME OF CALIFORNIA-FRESNO

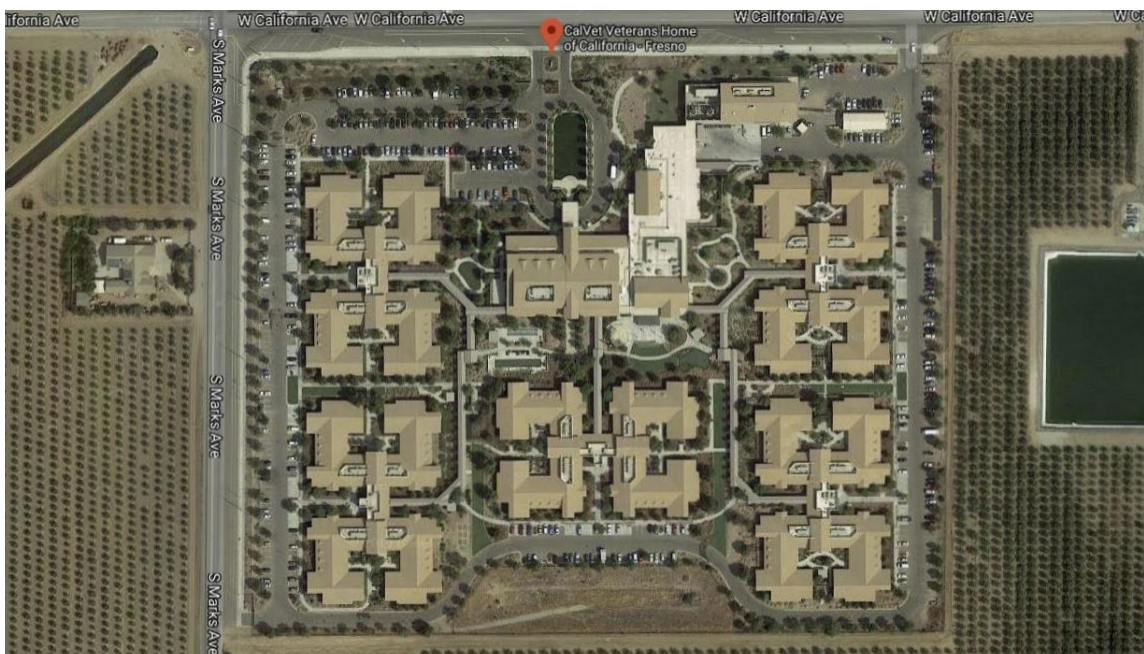
Year Opened: 2013

Campus Size: 26 Acres

Building Space: 292,000 Gross Square Feet

Levels of Care: RCFE, SNF, SNF MC

The Fresno Veterans Home's location situates it to continue serving the local veteran community. It is the only Veterans Home that meets all of CalVet's established Master Plan 2020 criteria.



Veteran Need

The Fresno Home is in good position to serve local demand. Fresno County has one of the higher veteran populations in the state with an estimated 33,000 veterans. Though the veteran population is anticipated to decline approximately 40%, Fresno County is projected to rise in the ranking as more veteran populated counties will decline at a faster rate.

The number of aged veterans, veterans 65 and older, will also still number in the thousands in the next 25 years.

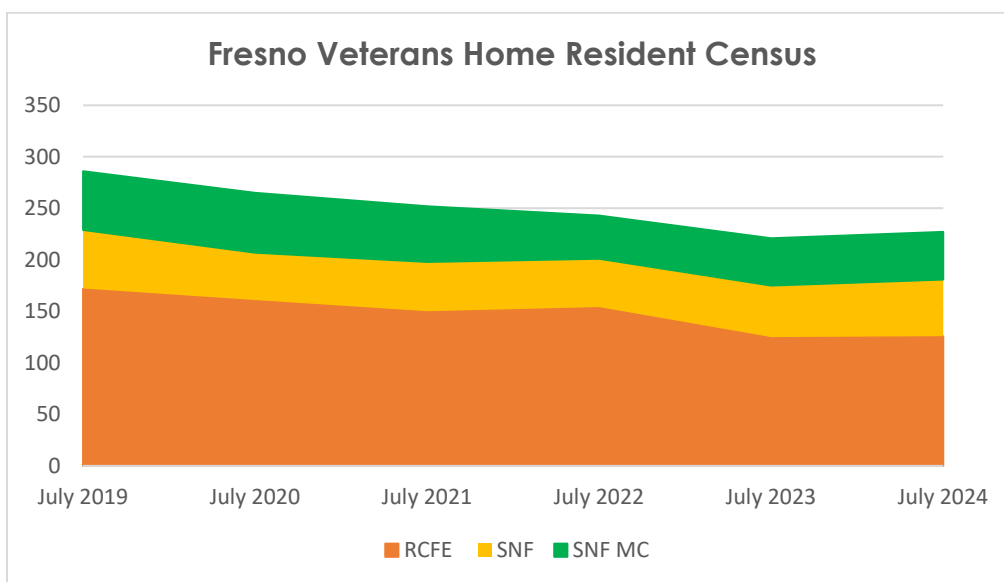
Proximity to VA Care

The closest VAMC is less than ten miles from the Fresno Home, which ensures that residents can easily and efficiently receive quality services with minimal disruption to their daily lives.

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Appropriate Levels of Care

The Fresno Home is the first and only Veterans Home in the Central Valley and as such, has a large catchment area. Historically, demand for the Fresno Home has been high with the Home remaining near capacity. From pre-pandemic to post-pandemic, the overall census has declined by around 21%. The RCFE has seen the most significant decline at around 27%, followed by SNF MC at 19%, and SNF with the least at around 4%. Though the census has not returned to pre-pandemic levels, the demand for veteran LTC options in Fresno County is still high.



Local Healthcare Infrastructure

The local healthcare infrastructure is sufficient in meeting the needs of the Fresno Home.

Hiring Compatibility

Housing in the Fresno area is one of the more affordable regions in the Veterans Home system of care. Renting and owning falls into the affordable category for RNs. Renting is affordable for LVNs while a mortgage is the least affordable. A mortgage for a CNA is almost as much as their gross monthly wage. Rent is less affordable for CNAs at 39% of their gross monthly wage.

The past few years have seen an increase in nursing staff vacancies at the Fresno Home. Vacancy rates for RNs have been relatively low, typically staying under 10%. Currently, the vacancy rate for RNs is at around 7%. LVNs currently have the highest vacancy rate at the Fresno Home at 33.3%. The CNA vacancy rate, like many of the other Veterans Homes, is historically the highest. However, the current vacancy rate is approximately 15.1%.

Clinical Vacancies at the Fresno Veterans Home

RNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	29.1	27.0	2.1	7.2%
Jul-20	29.1	27.0	2.1	7.2%
Jul-21	29.1	24.1	5.0	17.2%
Jul-22	29.1	29.0	0.1	0.3%
Jul-23	30.1	27.0	3.1	10.3%
Jul-24	30.1	28.0	2.1	7.0%

LVNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	42.0	38.0	4.0	9.5%
Jul-20	42.0	41.0	1.0	2.4%
Jul-21	42.0	37.0	5.0	11.9%
Jul-22	42.0	33.0	9.0	21.4%
Jul-23	42.0	32.0	10.0	23.8%
Jul-24	42.0	28.0	14.0	33.3%

CNAs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	105.4	99.4	6.0	5.7%
Jul-20	105.4	91.4	14.0	13.3%
Jul-21	105.4	81.0	24.4	23.1%
Jul-22	105.4	79.0	26.4	25.0%
Jul-23	105.4	74.0	31.4	29.8%
Jul-24	105.4	89.5	15.9	15.1%

Facility Infrastructure and Design

The Fresno Home arguably has some of the best accommodations system-wide. Residents have private rooms and private bathrooms, providing the optimal comfort and quality of life. Residents live in small, single-story buildings near the two-story administrative building. The campus is less spread out than other multi-building Veterans Homes. The infrastructure is a little over ten years old and is in good shape.

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Property Evaluation

The Fresno campus' 26 acres are fully in use, aside from a small parcel of land in the rear of the property. The VA construction grants mature in 2033.

Summary

The Fresno Home meets all of the established criteria for a Veterans Home. The relatively low cost of living aids in recruitment and retention and the local healthcare infrastructure is able to meet the needs of the Home. The Fresno Home is close to a VAMC and is a part of a large veteran community. The Home will be able to provide excellent services for years to come.

VETERANS HOME OF CALIFORNIA-REDDING

Year Opened: 2013

Campus Size: 26 Acres

Building Space: 163,000 Gross Square Feet

Levels of Care: RCFE, SNF, SNF MC



Veteran Need

The Redding Home is located in northern California's Shasta County. While the veteran population numbers in the thousands, the population is spread out. Shasta County also currently has the most veterans out of the surrounding counties. Shasta County is anticipated to remain home to the most veterans out of the surrounding counties in the next 25 years. Additionally, there will also be a sizable number of veterans over the age of 65.

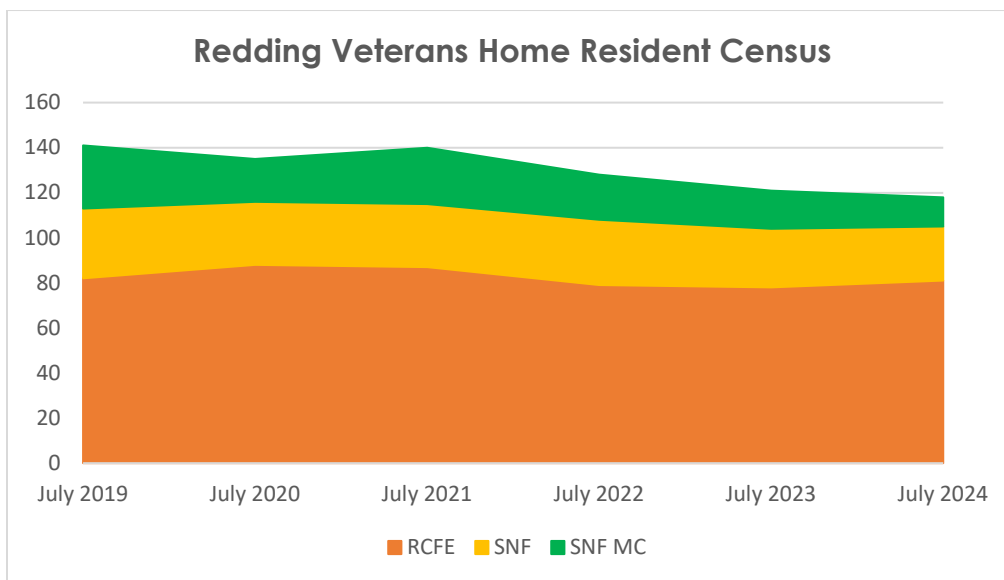
Proximity to VA Care

Although the Redding Home is not within an ideal distance of a VAMC, a majority of needs can be met by the CBOC directly across the street from the Home. However, those who need specialty services not offered locally have to travel to the VAMC in Mather, which is just outside of Sacramento. This would require residents to travel approximately three hours one way barring any traffic or other delays.

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Appropriate Levels of Care

Overall, the census at the Redding Home has declined post-pandemic. However, whereas the SNF has declined by around 23% and SNF MC has declined by over 50%, RCFE has seen only a 1% decrease in census.



Local Healthcare Infrastructure

There is generally effective local healthcare infrastructure.

Hiring Compatibility

Housing in the Redding area is relatively affordable. Rent falls into the affordable category for all nursing classifications, though it is the most expensive for CNAs at 35% of their gross monthly wage. A mortgage is less affordable overall. For RNs, a mortgage falls into the less affordable category at 40%. Owning is least affordable for LVNs and CNAs. A mortgage is nearly three quarters of an LVNs gross monthly wage and more than 100% of a CNA's gross monthly wage.

Though the cost of living is relatively low, nursing vacancies at the Redding Home are increasing with the exception of RNs. The current vacancy rate for RNs is 12.2% which is down nearly 7% from the same time the previous year and is around 5% above pre-pandemic vacancy rates. Contrarily, the vacancy rates for LVNs and CNAs are increasing. The LVN vacancy rate has risen nearly seven times what it was prior to the pandemic. The CNA vacancy rate has risen nearly eleven times the pre-pandemic vacancy rate.

Clinical Vacancies at the Redding Veterans Home

RNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	14.2	13.2	1.0	7.0%
Jul-20	14.2	12.8	1.4	9.9%
Jul-21	14.8	13.8	1.0	6.8%
Jul-22	14.8	12.8	2.0	13.5%
Jul-23	14.8	12.0	2.8	18.9%
Jul-24	14.8	13.0	1.8	12.2%

LVNs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	16.0	15.0	1.0	6.3%
Jul-20	16.0	15.0	1.0	6.3%
Jul-21	16.0	14.0	2.0	12.5%
Jul-22	16.0	13.0	3.0	18.8%
Jul-23	19.0	12.0	7.0	36.8%
Jul-24	19.0	11.0	8.0	42.1%

CNAs				
Year	Authorized Positions	Filled	Vacant	Vacancy Rate
Jul-19	62.2	58.7	3.5	5.6%
Jul-20	61.7	51.7	10.0	16.2%
Jul-21	61.7	46.9	14.8	24.0%
Jul-22	61.7	33.9	27.8	45.1%
Jul-23	55.7	25.9	29.8	53.5%
Jul-24	55.7	19.9	35.8	64.3%

Facility Infrastructure and Design

Residents at the Redding Home have private rooms and private restrooms. This improves quality of life and improves infection control. The Redding Home is one building made up of different, connected neighborhoods.

Property Evaluation

The Redding Home does have some excess land around the campus; however, the shape of the plots is not suitable for significant construction or alternative uses. The VA construction grant will mature in 2033.

Chapter 9 – The State of the Veterans Homes of California

Summary

The Redding Home is well situated to serve Northern California's veteran population now and in the future. Though far from the nearest VAMC, needs are generally met by the local CBOC and the local healthcare infrastructure. Though the cost of housing is relatively low, nursing vacancies are rising.

SUMMARY

Collecting and analyzing data from the past several years from the Veterans Homes illustrates many trends that impact the operations of the Homes. The effects of the COVID-19 pandemic are still being felt across all of the Veterans Homes as the staff vacancies and resident census are struggling to return to pre-pandemic levels.

The demographics of the resident population are also shifting. The number of 70% service-connected veterans residing in the Veterans Homes system of care has decreased, but the impact of reprioritizing admissions is still unclear as the Veterans Homes ceased admissions briefly the COVID-19 pandemic. Behavioral health needs are increasing in the Veterans Homes, and CalVet is continuing to assess its programming.

As need and demand evolve, so are the levels of care offered at the Veterans Homes. DOM and ICF programs are generally seeing a decrease in demand, while SNF and SNF MC are still seeing high levels of demand across the state. Homes like Barstow and Yountville are in the process of realigning their levels of care to meet community demand.

Though general trends can be seen system-wide, each Veterans Home has their own unique factors that impact their operations. Some, like West Los Angeles and Yountville are facing hiring and recruiting challenges as a result of the high costs of living. Others, like Barstow, are located in remote places that impact both staff recruitment and veteran services.

This chapter offered an unvarnished assessment of all eight Veterans Homes and how they align with previously established criteria and evolving veteran needs. The next chapter will use this assessment along with other factors to present formal recommendations. These recommendations will allow CalVet to maximize its resources and ensure the services offered are effective and long-lasting.

Chapter 10 The Future of the Veterans Homes

As noted in Chapter 1, the overarching goal of CalVet's 2025 Master Plan is to understand long-term trends and use that knowledge to propose programmatic improvements for the Veterans Homes. Informed by a full-scale reappraisal of the Veterans Home system of care, the 2025 Master Plan makes the following recommendations. If implemented, these recommendations will allow CalVet to better meet veterans needs, improve program efficiency, support alternative programming, realign levels of care, and maximize property use across the Veterans Home system of care.

RECOMMENDATIONS FOR THE VETERANS HOME SYSTEM OF CARE

Addressing Long-Term Demand for the Veterans Homes of California

Since 2009, CalVet constructed five new Veterans Homes, adding nearly 1,000 beds in diverse regions throughout California. Today, the Veterans Homes serve a much larger portion of the state.

While much of the state is not within 100 miles of a Veterans Home, all major veteran population centers are. Further, the population trends identified in Chapter 3 indicate that these will continue to be the most veteran-dense regions for the next 25 years.

As revisited later in this chapter, not all Veterans Homes are in ideal locations. Collectively, however, their wide distribution covers the most veteran populated areas of the state.

Based on the available data, this report does not propose the construction of new Veterans Homes at this time. Instead, this report recommends revisiting the Veterans Homes to improve care offerings and maximize property use at existing sites. If CalVet were to build a new Veterans Home, the process should begin with a dedicated study of all the regions in the state to identify where the demand is the greatest and where a Veterans Home would be the most successful. If new information becomes available to suggest new construction is appropriate, CalVet should ensure the potential campus meets the following criteria:

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Veteran Need

A large veteran population is located nearby, with evidence that the population has sufficient need for facility-based LTC.

Proximity to VA Care

A VAMC that provides comprehensive specialty services for veteran residents is located no more than 60 minutes away, and ideally less than 30 minutes away.

Appropriate Levels of Care

The levels of care or other services provided at the Veterans Home are reflective of veterans' needs, which are otherwise unmet by other service providers.

Local Healthcare Infrastructure

The local healthcare infrastructure is sufficient to meet the Veterans Home's operational and clinical needs, based on the size of the Veterans Home.

Hiring Compatibility

The local cost of living is affordable and the local workforce of nurses and other licensed or certified specialists is of sufficient size to hire facility staff.

Any potential Veterans Home that does not meet each of the above criteria should not be considered.

Recommendation 1: CalVet should only establish new Veterans Homes when and where there is evidence to suggest that:

- There is sufficient need in a nearby veteran community;
- The proposed campus is close to a VA facility;
- The proposed levels of care are appropriate;
- The local healthcare infrastructure can support LTC; and
- Recruitment and retention of staff can be successful based on sufficient candidate pools, and cost of living.

Behavioral Health Programming

In conducting research for the 2020 Master Plan, CalVet reviewed mental health diagnostic data for every veteran in its care. At the time, over 60% of veteran residents were identified as having at least one mental, behavioral, or similar health diagnosis. Further, a third of veterans were diagnosed with multiple conditions. These high rates indicated significant acuity on both individual and collective levels, challenging the operations at the Veterans Homes.

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In an effort to meet a minimum baseline of behavioral wellness staffing throughout the Veterans Homes, CalVet received approval to add one psychologist position in the Chula Vista Home, a psychiatrist position each in the Chula Vista and Fresno Homes, and eight clinical social workers throughout the Veterans Home system of care in FY 2020-21. These efforts have enabled the Veterans Homes to maintain some staffing to provide behavioral healthcare; however, the increasing complexity and higher level of needs among residents are rapidly surpassing the staff's ability to fully meet these demands. As noted in Chapter 4, demand for veterans' behavioral health services have increased in recent years. Research also suggests that post-9/11 veterans will seek behavioral healthcare in greater numbers than previous generations of veterans, and that the Veterans Homes will continue to see residents with increased levels of memory care issues such as Alzheimer's and dementia in the coming years. Behavioral healthcare teams at the Veterans Homes are already seeing an increase in traumatic brain injury diagnoses among the residents, as well as more personality-related behavior health issues in the lower levels of care.

In order to ensure that the needs of the Veterans Homes' resident population are met, CalVet should continue to assess its behavioral healthcare program. The Veterans Homes would benefit from studying and evaluating third-party behavioral healthcare models in the LTC industry to understand how to best provide behavioral healthcare within this specialized field.

Recommendation 2: CalVet should continue to assess behavioral healthcare programming to ensure that it meets the needs of our residents.

Recommendation 3: CalVet should strengthen partnerships with community care providers to facilitate placements for veterans requiring specialized behavioral health services beyond the capabilities of the Veterans Homes.

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Staffing and Census

While some Veterans Homes in high-cost areas traditionally have had challenges recruiting and retaining staff, the COVID-19 pandemic drastically exacerbated these problems and further complicated staff recruitment and retention at all of the Veterans Homes, including those that traditionally have been more successful competing in the marketplace. Post-pandemic, the Veterans Homes have continued to encounter challenges in recruiting and retaining clinical staff.

In response, CalVet has implemented multiple operational initiatives. The inability to hire a full complement of RNs, LVNs, and CNAs in the Veterans Homes has necessitated a reliance on nurse registry contracts. CalVet has also ramped up efforts to recruit staff by looking at more innovative techniques to attract and retain workers such as utilizing non-traditional classifications, increasing the number of job fairs and hiring fairs, redesigning and updating the individual Veterans Homes webpages to improve recruitment, and leverage community resources and other CalVet resources like the California Transition Assistance Program (CalTAP.)

Recommendation 4: CalVet should prioritize evaluating and enhancing its recruitment and retention strategies to adapt to evolving needs, with a particular focus on retaining skilled personnel. Strengthening these efforts will better position CalVet to address critical care vacancies and build a sustainable workforce for the future.

California Transition Assistance Program

CalTAP is a state program designed to inform and connect veterans of all eras to their earned federal and state benefits, as well as provide continued support and assistance as their needs change over time through five unique pathways: core curriculum, education, employment, entrepreneurship, and service providers.

Preserving Infrastructure Integrity

California's dedication to veterans began in 1884 with the establishment of the Veterans Home in Yountville, the third such facility in the nation. It was created to support veterans of the Mexican-American War and the Civil War. For 112 years, no other expansion was made to meet the growing California veteran population. California's second and third Veterans Homes in Barstow and Chula Vista opened in 1996 and 2000, respectively. However, the demand for additional residential and skilled nursing services far outpaced the number of beds at these three Veterans Homes, resulting in the opening of five new facilities since 2009.

The three oldest Veterans Homes are rapidly aging. Out of over 100 buildings at the Yountville Veterans Home, only a few were constructed after the 1950s.

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Many critical structures date back to the 1920s and 1930s. As a result, the Yountville Veterans Home faces significantly greater maintenance challenges compared to the other seven Veterans Homes, largely due to its aging infrastructure. These challenges have led to more frequent infrastructure issues, creating ongoing pressure on the facility's operating expenses and equipment budget.

Urgent upgrades are critical at the Yountville Veterans Home to meet evolving safety and operational standards. Major projects already underway include renovating the 85-year-old central power plant, overhauling the failing chilled water distribution system, modernizing the underground steam distribution system, and upgrading the nurse call systems. Essential infrastructure repairs, such as addressing Rector Reservoir and Dam, renovating the main campus kitchen, and ensuring the administrative building complies with the Americans with Disabilities Act, are vital to maintaining safe and reliable operations. Delays risk further deterioration, increased costs, and potential disruptions to critical services for our veterans.

At 25 and 29 years old, the Barstow and Chula Vista Veterans Homes are now facing urgent repair needs as their critical infrastructure and mechanical systems near the end of their useful life. In a stark example of these challenges, the Barstow Home was forced to relocate residents from its DOM buildings in 2020 after the hydronic piping system failed—leaving the buildings without air conditioning during the scorching summer and without heat in the cold of winter. These failures underscore the pressing need for action to ensure our veterans continue to receive the safe and comfortable care they deserve.

There is an urgent need for additional resources to address the mounting challenges across the entire system. Currently, CalVet's annual deferred maintenance budget for the three oldest Veterans Homes—Barstow, Chula Vista, and Yountville—stands at just \$681,000. This budget is woefully insufficient, as a single infrastructure project can cost several times that amount. Without increased funding, critical repairs and upgrades will continue to be delayed, jeopardizing the safety, functionality, and quality of care for the veterans who depend on these facilities.

From FY 2015-16 to FY 2023-24, the Veterans Homes have expended nearly \$54 million in one-time funding allocations from the General Fund to address critical projects at the Veterans Homes.

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FY 2015-16 to FY 2023-24 One-Time Allocated Projects

Year	Facility	Project Title	Estimated Cost
2015	VHC-Barstow	Cooling Towers and Condensate Pump Replacement	\$655,000
	VHC-Barstow	Kitchenette and Nursing Station Renovations	\$300,000
	VHC-Barstow	Main Kitchen/Serveries Tile Floor Replacement	\$256,000
	VHC-Chula Vista	SNF Interior Building Painting	\$168,796
	VHC-Yountville	Replace Condensate Return Pumps in 25 Buildings	\$240,000
	VHC-Yountville	Replace Carpet in the Memory Care Center	\$125,000
	VHC-Yountville	Remodel Restrooms in Administration Building	\$110,204
	VHC-Yountville	Rehabilitate Showers in Holderman - One North	\$85,000
	VHC-Yountville	Replace HVAC Valves in Section E	\$60,000
2016	VHC-Chula Vista	Cooling Tower Replacement	\$550,000
	VHC-Yountville	HVAC System Renovation	\$6,750,000
	VHC-Yountville	Rector Dam Rip Rap Repair	\$700,000
2018	VHC-Yountville	Rector Dam Water Distribution System Replacement	\$2,000,000
	VHC-Yountville	Nurse Call System Replacement	\$1,000,000
	VHC-Yountville	Administration Building Repairs/Replacements	\$500,000
	VHC-Yountville	Holderman Building Repairs	\$500,000
2019	VHC-Barstow	Hydronic Piping System Replacement	\$2,100,000
2020	VHC-Barstow	Additional Funding for the Hydronic Piping System Replacement	\$1,666,000
2021	VHC-Barstow	Replacement of Air Handler Units (AHUs)	\$14,400,000
	VHC-Yountville	Elevator Renovations	\$600,000
2022	VHC-Yountville	Emergency Power Connection Installation for Seven Buildings	\$5,321,000
2023	VHC-Yountville	Roof Replacement for Five Buildings	\$15,875,000
TOTAL			\$53,962,000

Additionally, CalVet received \$23 million in one-time American Rescue Plan Act funding, some of which was used to address major projects including:

- Replacing flooring in several Veterans Homes
- Renovating the food server in the West Los Angeles Veterans Home
- Replacing the air handling units in the Chula Vista Home
- Asphalt repair at the Lancaster Home

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- Heating, ventilation, and air conditioning repairs at the Lancaster Home
- Decommissioning of the Hinman Dam at the Yountville Home

While these one-time allocations of funding have helped CalVet address urgent issues, the lack of a sustained programmed funding makes it challenging to develop long-term repair plans. One-time funding is used on projects that are easier to implement rather than those that may be most critical, but require a longer lead time.

To better respond to the evolving infrastructure needs of the Veterans Homes, CalVet is actively developing a comprehensive plan to identify and address these challenges. The plan aims to prioritize projects based on the current condition of the infrastructure, focusing first on those with the greatest impact on the health and safety of residents and staff. Following this, projects that address licensing and regulatory compliance will take precedence, ensuring that the Veterans Homes remain safe, functional, and fully compliant with all requirements. CalVet is also exploring options for third-party consultants to perform facility assessment studies at the Veterans Homes. The purpose of these facility assessments would be to document the conditions of the Veterans Homes and their support facilities in order to identify associated lifecycle and maintenance costs for each Veterans Home. Each assessment would include a complete and thorough visual, non-destructive evaluation of the facility, grounds, components, and building systems so that CalVet can determine the best course of action to address overall infrastructure liabilities and deficiencies. These assessments will guide the development of tailored, long-term repair plans for each Veterans Home, ensuring strategic and effective solutions to address pressing infrastructure needs.

Recommendation 5: CalVet should develop a comprehensive plan to address infrastructure challenges, including identifying additional resources, exploring cost-saving measures, and implementing strategies to enhance responsiveness to evolving infrastructure needs.

Recommendation 6: CalVet should explore options for third-party consultants to perform facility assessment studies for each Veterans Home.

Admissions Prioritization

In order to reside at a Veterans Home, an applicant must either be an aged or disabled veteran that meets state and federal eligibility standards. While waitlisted veterans are primarily admitted in the order in which they apply, the Veterans Homes have prioritization criteria that allow some applicants to be admitted ahead of others. Under state law, recipients of the MOH and former POWs are admitted before all other applicants. Other priority admission qualifications include applicants who have been on the waitlist awaiting admission to the Veterans Homes since January 1, 2018, veterans with a 70% or

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greater disability rating from the VA, or those veterans who meet the CalVet Secretary's needs-based criteria for admission to the Veterans Homes.ⁱ

The Veterans Homes were formed with the intent of serving those with the greatest need and those who sacrificed the most for their service. With this in mind, CalVet is currently in the process of reevaluating its policies and procedures for admissions to the Veterans Homes with the intent of eventually establishing the Secretary's needs-based criteria in regulation to prioritize eligible veterans who are in the most need of our care.

Recommendation 7: CalVet should establish the Secretary's needs-based criteria in regulation to prioritize eligible veterans who are in the most need of care.

ⁱ See MVC Section 1012.

RECOMMENDATIONS FOR SPECIFIC VETERANS HOMES



Investing in the Future

Today, CalVet is constructing a new state-of-the-art 240-bed SNF complex on the southwest corner of the main campus that will meet modern standards and allow for improved quality of life for the Yountville Home's SNF and SNF MC residents.ⁱ The approximately 317,000-square-foot, multi-story building will be very different compared to the Holderman Building, with private bedrooms and private restrooms, more personal space, and a modernized food service program. The SNF complex will include main and satellite kitchens, dining rooms, exam rooms, nurses' stations, laundry facilities, pharmacy, resident outdoor spaces, parking, roadways, emergency generators, and other site improvements and appurtenances. Finally, the new SNF complex will house the central health services offices, which are currently located in the Holderman Building. When completed, the new SNF will revitalize the campus and continue CalVet's commitment to veterans. Construction is anticipated to be completed in the first half of 2025.

Currently, the Yountville Home's primary focus is on the construction and ramp-up of the new SNF. As the largest construction project in the history of the Yountville Home, the new SNF complex represents a major step toward reinvesting in the campus and replacing its aging licensed care facilities.

In addition to the construction of the new SNF complex, other major projects are underway to improve the Yountville Home campus. In FY 2022-23, the Legislature and the Governor appropriated over \$5 million to install transfer switches and upgrade electrical panels in seven DOM/RCFE buildings at the Yountville Home. Once completed, this project will allow for these buildings to access temporary

ⁱ As with any other design-build construction project, costs may fluctuate during time of construction. \$324 million represents the total estimated project cost as of September 2022. CalVet is collaborating with the VA for federal construction grant funding to reimburse a majority of construction costs.

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emergency generator power connections to protect the health and safety of residents and staff who may need to shelter in place during unplanned power failures. In FY 2023-24, the Legislature and the Governor appropriated over \$15 million to replace five aging and leaking roofs on the campus.ⁱ Individually, these projects will provide improvements; together, they represent a push to modernize the campus and prepare for the next generation of veterans.

Recommendation 8: CalVet should continue to focus on the construction and ramp-up of the new SNF and already funded and ongoing major projects to improve the Yountville Home's infrastructure.

Realigning Levels of Care

CalVet's ongoing efforts to modernize the Yountville Home go deeper than changes to physical structures. As recommended in the 2020 Master Plan, CalVet is taking steps to realign the Yountville Home's levels of care to better meet veterans' needs.

In FY 2021-22, CalVet reduced the DOM to accommodate the construction of the new SNF building. CalVet also ceased external admissions into the Yountville Home's ICF in FY 2020-21, leading to a significant decline in the ICF census.ⁱⁱ As detailed in the 2020 Master Plan, when the ICF census declines to a sufficient level, CalVet intends to consolidate the RCFE and ICF programs into a larger RCFE with private rooms.ⁱⁱⁱ

The existing RCFE, located on the first floor of the aging Truman Building, has shared bedrooms and communal restrooms. Due to the accommodations being less favorable compared to those in the DOM and ICF, prospective residents have been reluctant to accept transfers or admissions to the RCFE. By replacing the ICF in the Eisenhower Building, the RCFE will offer private rooms with two bedrooms to a bathroom, as well as much more communal activity space and nicer accommodations overall. This improvement should increase interest in the RCFE. The vacated space in the Truman Building could be repurposed for alternative uses, such as reallocating DOM residents into larger, more comfortable accommodations.

ⁱ The five buildings in need of new roofs include three residential DOM buildings, the Lincoln Theater, and the historic Armistice Chapel.

ⁱⁱ Residents from other levels of care continue to be transferred to the ICF based on their care needs.

ⁱⁱⁱ The ICF residents straddle the line between SNF and RCFE. When the conversion process starts, CalVet will need to evaluate each ICF resident to determine who can be served in the new RCFE and who would require SNF, elevating SNF-appropriate residents accordingly and as space becomes available.

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Recommendation 9: CalVet should continue with the process of consolidating the RCFE and ICF program into a larger RCFE with private rooms in the Eisenhower Building. No residents will be discharged as part of any transition efforts.

Currently, the existing SNF MC is located in the FDR Building; however, the SNF MC will be relocated to the new SNF once it begins operations in 2025. The FDR Building is not well suited for a SNF MC population given its location and design, neither of which are ideal for cognitively-impaired residents. However, these concerns are not relevant for RCFE residents, and the FDR Building is in significantly better shape than all of the other residential buildings currently on campus. CalVet should consider converting the FDR Building into a second single-bed RCFE after it becomes vacant, provided that alternative uses are not identified and resources are available. At this time, an RCFE conversion is still the most appropriate option that CalVet has identified.

Recommendation 10: CalVet should consider converting the FDR Building into a second single-bed RCFE after it becomes vacant, provided that alternative uses are not identified and resources are available. No residents will be discharged as part of any transition efforts.

If all aspects of this plan continue as envisioned, the future RCFE would be modernized and relocated in the Eisenhower and FDR buildings. Rather than splitting a service model with the ICF, the RCFE would be the sole mid-level care program between DOM and SNF, and would cater to a larger demographic while offering better accommodations.

Alternative Property Uses at the Yountville Home

When the new SNF complex is complete and fully operational, SNF residents from Holderman will transfer to the new SNF complex. At that point, both a large portion of the Holderman and the entire FDR buildings will become available for alternative uses.

As already noted, converting the FDR Building into an RCFE is the most appropriate option that CalVet has identified. As for the Holderman Building, even after SNF residents move to the new SNF complex, there will be some administrative staff and a small outpatient clinic for DOM and RCFE residents remaining in the building.

In order to ensure the Holderman Building is used to its maximum benefit for veterans while minimizing the cost to the state, CalVet will continue exploring possible future uses for the Holderman Building.

Recommendation 11: CalVet should continue to explore possible future uses for the Holderman Building to ensure that it is being used to its maximum benefit for veterans while minimizing the cost to the state.

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In addition to infrastructure issues, the most critical challenge at the Yountville Home is its location. The Yountville Home is far from where most of the employees live, which presents challenges to recruitment for many classifications. The Yountville Home has a long history of on-campus employee housing, and a small hotel for residents' families was only recently demolished to allow for construction of the new SNF. Currently, there are only 19 habitable cottages for onsite employee housing, and some of these cottages require substantial renovation.

As discussed in previous chapters, property at the Yountville Home is extensive. While much of the campus is in use to house or otherwise support residents, the Yountville Home has land available for alternative uses, such as the vacant northeast corner of the main campus.ⁱ

Collaborating Toward the Future

CalVet has worked with DGS as well as other stakeholders to begin exploring possible future uses for the Holderman Building as well as opportunities for employee housing on the Yountville Home campus. Any major development would likely take years to complete and will have to wait until after construction of the new SNF complex. With any development that may impact Veterans Homes employees, CalVet will work closely with CalHR to ensure full compliance with policies and regulations.

To ensure a maximum benefit to the Yountville Home, any housing development should ideally meet the following criteria:

- Housing units should be affordable for employees.
- Some units should be large enough to accommodate families.
- Construction efforts and ongoing operations in the housing units should minimally impact the residents of the Yountville Home.

Such a project would benefit the Yountville Home and its residents by improving recruitment and retention. Further, on-campus staff provides a tremendous boost to emergency operations and preparedness. During the 2017 wildfires and the 2014 earthquake, staffing at the Yountville Home was greatly impacted. Many employees were unable to reach the campus due to road closures or were forced to evacuate from their homes. However, the employees in staff housing were not affected, and they played an important role in supporting care operations during the natural disaster.

There are other factors to consider as part of an on-campus housing project, such as the impact to traffic and utility infrastructure on the rest of the Yountville

ⁱ Other large areas could be repurposed if desired and if not subject to existing lease agreements, although alternatives should be evaluated in contrast to the lost benefits of other current uses.

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Home, and how those effects could be mitigated. Additionally, it would be beneficial to develop a third-party childcare program to serve employees, which would reduce the burden on working parents. These and other factors should be explored as CalVet evaluates housing opportunities at the Yountville Home.

Recommendation 12: CalVet should continue exploring possibilities for employee housing on the campus of the Yountville Home.

In March 2022, the VA released its Asset and Infrastructure Review (AIR) report.ⁱ The AIR report recommended establishing a new VA CBOC in the vicinity of Yountville in order to expand access to primary care and outpatient behavioral health services in the area.

Moving forward, CalVet should work with the VA on exploring options to place a CBOC on the Yountville Home campus. Depending on the size and services offered, such a clinic might be located anywhere on campus, provided that the space is appropriate. A VA CBOC with specialty services would reduce the need for veterans to travel to VAMC Sacramento or VAMC San Francisco, which would be more convenient for veterans, while also reducing travel costs for the Yountville Home.

Recommendation 13: CalVet should collaborate with the VA to explore establishing a CBOC on the Yountville campus, as it would enhance convenience for veterans by reducing travel to distant VAMCs while potentially lowering travel costs for the Home.

ⁱ The AIR report is published in the Federal Register and submitted to Congress and a presidentially appointed AIR Commission. Although the Commission is not obligated to accept the VA's recommendations, the report may forecast upcoming changes.



Realignment of the Levels of Care

The Barstow Home has operated in San Bernardino County's High Desert region for 29 years and continues to provide high-quality care to California's veterans. Through the dedication of its employees, the Barstow Home is a CMS five-star rated facility. Nevertheless, the Home has faced a number of challenges. As historically configured, the Barstow Home does not fully meet any of the five established criteria for an ideal location.

In order to better meet the long-term needs of the veterans in the community, CalVet has begun the process of realigning the levels of care at the Barstow Home. In January of 2022, CalVet expanded the SNF. In accordance with recommendations CalVet made in the 2020 Master Plan, this realignment will include converting the existing dual-occupancy ICF to a single room RCFE.ⁱ Meanwhile, the DOM has ceased admissions and will draw down over time through attrition. Over the past five years, the COVID-19 pandemic, combined with other operational challenges, CalVet has reduced the DOM.

For the foreseeable future, the focus at the Barstow Home will be on the continued realignment of the levels of care. These changes will take several years to implement because of CalVet's commitment to maintaining services, particularly for DOM residents.

Recommendation 14: CalVet should continue the process of converting the Barstow Home's ICF unit to an RCFE with private rooms and closing the DOM through attrition. No residents will be discharged as part of any transition efforts.

In addition to converting the active ICF into an RCFE, the 2020 Master Plan noted that CalVet may evaluate whether the vacant, inactive ICF unit in the

ⁱ The ICF residents straddle the line between SNF and RCFE. When the conversion process starts, CalVet will need to evaluate each ICF resident to determine who can be served in the new RCFE and who would require SNF, elevating SNF-appropriate residents accordingly and as space becomes available.

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main building should be converted to an additional single-occupancy RCFE. While not proposed at this time, CalVet should continue to explore this option in future years based on resource availability, regional demand, and other relevant factors.

Recommendation 15: CalVet should continue to explore the possibility of converting the inactive ICF unit in the main building to an additional single-bed RCFE in future years based on resource availability, regional demand, and other relevant factors.

Alternative Property Uses

With realignment of the levels of care at the Barstow Home, the main building on campus will continue operations with an expanded SNF and the conversion of the active dual-occupancy ICF into a single-bed RCFE.

Currently, three of the four outlying DOM buildings on the campus are available for use by third parties who could provide direct services to Barstow Home residents and the veteran community at large. As noted in Chapter 8, residents at the Barstow agreed that a local VA CBOC offers convenience and utility to the Barstow Home residents, and Legislative stakeholders noted that, ideally, VA resources would be located close to the Barstow Home. In time, CalVet may explore whether one of the vacant outlying buildings could serve as a VA CBOC to provide outpatient services to regional veterans. CalVet may explore this and other opportunities to support veterans at the Barstow Home and in the community. Such property use may be authorized by a property grant or a lease. If leased, CalVet would continue to own the land and the arrangement would be subject to state law.

Although currently unable to make any commitments regarding alternative uses of the outlying buildings, CalVet should work with federal, state, regional, and local stakeholders to explore these options in greater detail, as necessary.

Recommendation 16: CalVet should explore alternative uses for the outlying DOM buildings at the Barstow Home as they become available for use by third parties who could provide direct services to Barstow Home residents and the veteran community at large. No residents will be discharged as part of this effort.



Staffing

Prior to the COVID-19 pandemic, the Chula Vista Home experienced minimal operational challenges. However, in the post-pandemic period, the Home has faced considerable staffing difficulties, largely driven by the high cost of living in the area, which has made recruitment and retention more challenging.

To address these issues, CalVet is committed to continuously assessing and refining its recruitment and retention strategies at the Chula Vista Home. The goal is to fill critical care vacancies and maintain the highest standard of care for residents.

Realigning Levels of Care

The Chula Vista Home is in a near-ideal location. However, veterans at the Home and in the community would benefit from some changes to its care offerings.

Staff have evaluated the need for memory care on the campus. With a large veteran population in the region, the lack of SNF MC at the Chula Vista Home is problematic. The Home is by far the largest in the CalVet system of care without a dedicated SNF MC unit. Staff refer many veterans to other Homes or to community facilities with SNF MC units. The San Diego area is the only major veteran population center within 100 miles of a CalVet Veterans Home that does not offer SNF MC programming.

As noted in the 2020 Master Plan, staff reviewed the facilities, infrastructure, and design of the Chula Vista Home to identify potential sites for an on-campus SNF MC. Given the community need, converting an outlying DOM building would be preferable; however, staff analysis determined that this would not be appropriate or efficient. The DOM buildings are located far from the central medical building across a small

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roadway, mirroring one of the design flaws in Yountville's existing SNF MC. Further, nearly all of the space in the DOM buildings is dedicated to residents' rooms, rather than staff workspace; converting a building for dementia care would require an impractically small SNF MC unit or a significant expansion of the structure.

Instead, CalVet worked with A&E consultants and DGS to identify the costs and considerations associated with converting up to two existing SNF units into SNF MC units.ⁱ After a facility assessment of the main building at the Chula Vista Home, it was determined that a SNF MC conversion would be cost prohibitive at this time. Although CalVet does not currently have a recommendation to further pursue the conversion of SNF units to SNF MC units, CalVet may revisit this issue if circumstances change in the future.

Recommendation 17: CalVet should continue to evaluate the potential for implementing SNF MC at the Chula Vista Home, ensuring that this option remains aligned with the evolving needs of the facility, its residents, and the veteran community.

ⁱ The existing SNF units have licenses and are located in the main building, with the appropriate staff workspace in the nearby units. Any potential SNF units would need to have similar accommodations as those found in the SNF MCs found in the Redding and Fresno Homes. This would include open courtyards, obscured exit doors, and other design and programming aspects.



Realigning Levels of Care

The GLAVC Veterans Homes opened approximately a year apart in nearby locations. While these Homes have had relatively few operational issues, the West Los Angeles Home has struggled to fill vacant positions due to the high cost of living in the area as mentioned in Chapter 9.

In the coming years, CalVet should continue to closely monitor recruitment and retention at the West Los Angeles Home. If recruitment does not improve, CalVet should explore realigning the levels of care across the GLAVC Homes, pushing some of the higher levels of care from West Los Angeles to the other locations. With modifications and possibly some expansion of the main building, both the Lancaster and Ventura Homes may be appropriate for conversion to SNF. In turn, existing SNF units in West Los Angeles could become RCFEs. Doing so would alleviate some of the hiring concerns faced by the West Los Angeles Home, placing levels of care with greater staff needs at Homes with sufficient recruitment capabilities without limiting care offerings in the process.

To clarify, this report does not propose any modifications to the West Los Angeles Home at this time. As a relatively new facility, it lacks the nearly 30-year track record of the Barstow Home, which provides a more substantial basis for CalVet's analysis. Additionally, significant changes to the GLAVC network may not be feasible for another decade. In the

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meantime, CalVet should use this period to actively engage with staff, residents, and stakeholders while evaluating potential solutions to ensure the long-term success of the Home.

Recommendation 18: CalVet should continue evaluating long-term solutions to ensure success at the West Los Angeles Veterans Home. CalVet will continue to monitor demand for each level of care offered in the GLAVC Homes and assess CalVet's ability to recruit staff at the West Los Angeles Home. If appropriate, CalVet should consider implementing level of care changes to take effect in 2030, or sooner with necessary approvals. No residents will be discharged as part of any transition efforts.

Available Property

The Lancaster campus includes a 10-acre parcel of available property located to the north of the Home's main building. Preliminary analysis suggests this lot has potential for use in an alternative residential program. CalVet should work with stakeholders, and veterans' groups in particular, to identify potential projects that would benefit the Lancaster Home residents and the veteran community.

Recommendation 19: CalVet should engage stakeholders to begin exploring potential third-party property use opportunities of available property at the Lancaster Veterans Home. CalVet should continue working with federal, state, regional, and local stakeholders to further explore these options in greater detail.

Lancaster Home Available Property





Realigning Levels of Care

The Fresno and Redding Homes opened seven days apart in 2013. While the layouts are slightly different, both Veterans Homes share the same design principles. Three fifths of each Veterans Home is dedicated to RCFE, while a fifth of the beds are licensed for SNF care and the remaining fifth are SNF MC beds.

At this time, this report does not propose changes to the levels of care in either Veterans Home. However, CalVet may wish to consider modifying one RCFE unit in one or both Veterans Homes to instead offer a higher level of care to reflect the greater need in the community. In Redding, one RCFE neighborhood could become a SNF or a SNF MC, while in Fresno, CalVet could make the same changes to one RCFE building.

An initial assessment of both Veterans Homes suggests that these changes are feasible, although there would be costs associated with building modifications and additional staffing. As with any recommendation that has the potential to affect staff or residents, CalVet should work closely with stakeholders to minimize disruption and improve the planning process.

Recommendation 20: CalVet should consider converting one RCFE unit in the Fresno and/or Redding Veterans Home to provide additional SNF or SNF MC beds. No residents will be discharged as part of any transition efforts.

SUMMARY

The 2025 Master Plan for the Veterans Homes includes 20 recommendations. Some recommendations may entail immediate action, while others suggest a measured approach based on further analysis. If fully implemented, the Master Plan would result in substantial changes for the Veterans Homes.

These recommendations have important implications for CalVet's employees and the veterans in their care. CalVet must maintain open communication with staff and stakeholders throughout the implementation process. Collaboration will be key.

To reiterate, all of these recommendations are optional. With the exception of Yountville's SNF program, the Veterans Homes could continue to operate in their current capacities and continue to provide the services to veterans. However, proceeding without action would result in underutilization at some campuses and inefficiencies at others. More importantly, neglecting to implement many of these recommendations would fail to meet the needs of veterans who deserve effective, appropriate, and comprehensive long-term care.

The Master Plan's recommendations are supported by data, site analysis, stakeholder input, programmatic experience, and subject-matter expertise. They represent the considerations necessary to prepare CalVet for the coming decades of veterans care.

Appendix

SELECTED ABBREVIATIONS & TERMINOLOGY

Provided below are select abbreviations and terminology which can be found throughout the 2025 Master Plan.

ABBREVIATIONS	TERMINOLOGY
2025 Master Plan	Veterans Homes of California 2025 Master Plan
AAFES	Army & Air Force Exchange Services
ACC	Ambulatory Care Clinic
ADHC	Adult Day Health Care
ADP	Adult Day Program
AHAR	Annual Homelessness Assessment Report
AIR	Asset and Infrastructure Review
CalHR	California Department of Human Resources
CalTAP	California Transition Assistance Program
CalVet	California Department of Veterans Affairs
CBOC	Community-Based Outpatient Clinic
CDPH	California Department of Public Health
CDSS	California Department of Social Services
CLC	Community Living Center
CMS	Centers for Medicare and Medicaid Services
CNA	Certified Nursing Assistant
CVHI	California Veterans Health Initiative
DGS	Department of General Services
DOM	Domiciliary
FDR	Franklin Delano Roosevelt

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ABBREVIATIONS	TERMINOLOGY
FST	Food Service Technician
FY	Fiscal Year
GAO	U.S. Governmental Accountability Office
GLAVC	Greater Los Angeles and Ventura County
HCD	California Department of Housing and Community Development
HLD	Home Loans Division
HPPD	Hours per patient day
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	Housing and Urban Development-Veterans Affairs Supportive Housing
ICF	Intermediate Care Facility
IHSS	In-Home Supportive Services
LCSW	Licensed Clinical Social Worker
LTC	Long-Term Care
LVN	Licensed Vocational Nurse
MDD	Major Depressive Disorder
MOH	Medal of Honor
MSOT	Maintenance and Service Occupational Trainee
MTOT	Mechanical and Technical Occupational Trainee
MWR	Moral, Welfare, and Recreation
OE&E	Operating Expenses and Equipment
PCAFC	Program of Comprehensive Assistance for Family Caregivers
POW	Prisoner of War
PTSD	Post-Traumatic Stress Disorder

Appendix

ABBREVIATIONS	TERMINOLOGY
URCC	Unreimbursed Cost of Care
RCFE	Residential Care Facility for the Elderly
REN	Residential Enriched Neighborhoods
RN	Registered Nurse
SNF	Skilled Nursing Facility
SNF MC	Skilled Nursing Facility Memory Care
SUD	Substance Abuse Disorder
TBI	Traumatic Brain Injury
VA	United States Department of Veterans Affairs
VAMC	U.S. Department of Veterans Affairs Medical Center
Veterans Home	Veterans Home of California
VHHP	Veterans Housing and Homeless Prevention
WWI	World War I
WWII	World War II

STAKEHOLDER OUTREACH

CalVet would like to thank the Home's stakeholders for their participation in the process of developing the Yountville Master Plan. As part of CalVet's stakeholder engagement, CalVet contacted the following individuals, groups, or entities:

Residents of the Veterans Homes of California

Allied Councils of the Veterans Homes of California

Federal, state, and local government elected officialsⁱ and their representatives

United States Senator Laphonza Butler
United States Senator Alex Padilla
United States Representative Salud Carbajal
United States Representative Jim Costa
United States Representative Mike Garcia
United States Representative Doug La Malfa
United States Representative Jay Obernolte
United States Representative Mike Thompson
United States Representative Juan Vargas
United States Representative Brad Sherman
California Senator Ben Allen
California Senator Anna Caballero
California Senator Brian Dahle
California Senator Bill Dodd
California Senator Shannon Grove
California Senator Monica Limón
California Senator Steve Padilla
California Senator Scott Wilk
California Assemblymember Cecilia Aguiar-Curry
California Assemblymember David Alvarez
California Assemblymember Dr. Joaquin Arambula

ⁱ Elected offices are as of March 29, 2024, when the stakeholder period ended.

Appendix

California Assemblymember Steve Bennet
California Assemblymember Megan Dahle
California Assemblymember Jackie Irwin
California Assemblymember Tom Lackey
Barstow Mayor Dr. Paul Anthony Courtney
Barstow City Manager Andrew Espinoza
San Bernardino County Supervisor Dawn Rowe
Chula Vista Mayor John McCann
Chula Vista City Manager Maria Kachadoorian
Fresno Mayor Jerry Dyer
Fresno City Manager Georgeanne White
Lancaster Mayor Rex Parris
Lancaster City Manager Jason Caudle
Los Angeles Mayor Karen Bass
Los Angeles County Supervisor Lindsey Horvath
Redding Mayor Tenessa Audette
Redding City Manager Barry Tippin
Ventura Mayor Joe Schroeder
Ventura Deputy Mayor Dr. Jeannette Sanchez-Palacios
Ventura City Manager Bill Ayub
Yountville Mayor Marjorie Mohler
Yountville Vice Mayor Hillery Bolt Trippe
Yountville Town Manager Brad Raulston
Napa County Supervisor Anne Cottrell

Federal, State, and Local Government Bodies and Agencies

U.S. Department of Veterans Affairs, Veterans Health Administration
California Veterans Board
Fresno County CVSO
Lassen County CVSO
Los Angeles County CVSO

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Napa County CVSO

San Bernardino County CVSO

Solano County CVSO

Veterans Service Organizations and Local Community Members

American Legion, Department of California

AMVETS, Department of California

California Association of County Veterans Services Officers, Inc.

California Association of Veteran Services Agencies

California State Commanders Veterans Council (CSCVC)

Disabled American Veterans (DAV)

Jewish War Veterans

Military Order of the Purple Heart

Paralyzed Veterans of America

Swords to Plowshares

Tug McGraw Foundation

U.S. Veterans Initiative (U.S. Vets)

Veterans Affiliated Council (VAC)

Veterans of Foreign Wars (VFW)

Veterans Serving Veterans

VetFund Foundation

Vietnam Veterans of America

Yountville Chamber of Commerce

Appendix

SPECIAL THANKS

The authors extend their heartfelt gratitude to the many CalVet staff members who played a vital role in developing the Master Plan 2025. Their dedication, expertise, and unwavering commitment to this project exemplify the very best of public service.

Dr. Robert Albanese	Jena Kaeppli	Beth Muszynski
Alyssa Albright	Robert Jenkins	Brian Nanoo
Lisa Allen	Jaime Jones	Thai Nguyen
Julie Angeloni	Jeremy Kirk	Adekanbi Ogunade
Isa Baca	Josh Kiser	Larry Pangilian
Tracy Barbosa	Jessica Koppes	Lisa Peake
LaQuanta Battle	Lisa Krejci	Courtney Persinger
Kyle Blake	Edina Lemus	Teri Resh
Keith Boylan	Tatiana Leone	Katie-Mae Sarber
Carrie Brown	Maggie Limon	Ray Sena
Gianna Colavin-Bridges	Jason Lowe	Julie Sessions
Carlos Chavez	Elizabeth Luper	Jelaine Smith
James Causey	Thomas Martin	Jonathan Spremich
Lisa Dage	Thuy Mascorro	Chester Sunde
Rochelle Dann-Castro	Tyvisha Mason	Kelly Swain
Dr. Dwayne Depry	Laura McMinimee	Ronald Thoreson
Daniel Desilva	Montgomery Menezes	Pangcha Vang
Tidiane Diallo	Ian Merrill	Caroline Vigil
Joseph Di Benedetto	Kristine Mietzner	Dr. Paul Wagner
Melizza Esperanza	Megan Minnich	Mark Walbert
John Fitzpatrick	Seema Misra	Stephanie Weaver
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Jessica Graupmann	Sergio Mondragon-Lopez	DeVon Young
Kristyn Gritney	Andrea Mora	Anthony Yu
Charesa Harper	Laura Moraco	Dr. Tara Yuan
Lawrence Imperial	Marina Mosson	

Veterans are highlighted in blue

On behalf of the California Department of Veterans Affairs, thank you for honoring our veterans.