


# San Mateo County **VETERANS** Needs Assessment 2014



COUNTY OF SAN MATEO

 **ASR** APPLIED SURVEY RESEARCH



## About the Researcher

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Applied Survey Research (ASR) is a non-profit, social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability and program success are closely tied to assessment of needs, evaluation of community goals and development of appropriate responses.

The San Mateo County Veterans Needs Assessment is a prime example of a comprehensive evaluation of the needs of the community. Its goal is to stimulate dialogue about trends and to encourage informed strategies for shaping future policies and effective actions.

### **The Applied Survey Research team for this report:**

Project Directors: Abigail Stevens, Susan Brutschy

Analysts and Researchers: Samantha Green, Melanie Espino, Lisa Colvig, and Lisa Russell

Graphic Design & Layout: Michelle Luedtke

Central Coast Office  
55 Brennan Street  
Watsonville, CA 95076  
Tel: 831-728-1356 | Fax: 831-728-3374

Bay Area Office  
1871 The Alameda, Ste. 180  
San Jose, CA 95126  
Tel: 408-247-8319 | Fax: 408-260-7749

[www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org)

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### Executive Committee

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Reyna Farrales <i>Deputy County Manager</i>	Michael Callagy <i>Deputy County Manager</i>	Iliana Rodriguez <i>Agency Director, Human Services Agency and Department of Child Support Services</i>	Selina Toy Lee <i>Director of Collaborative Community Outcomes, Human Services Agency</i>
Peggy Jensen <i>Deputy County Manager</i>			

### Steering Committee

---

Ruben Avelar <i>JobTrain</i>	Stacey Hawver <i>Legal Aid Society of San Mateo County</i>	Angelica Naranjo <i>InnVision Shelter Network</i>
Edmund Bridges <i>County of San Mateo Mental Health and Substance Abuse Recovery Commission</i>	Glenn Ibarrientos <i>County of San Mateo Health System</i>	John Nibbelin <i>County of San Mateo County Counsel</i>
Ken Carlisle <i>JobTrain</i>	Richard Jackson <i>County of San Mateo Human Services Agency</i>	Nicole Pollack <i>County of San Mateo Workforce and Economic Development</i>
Al David <i>County of San Mateo Human Services Agency</i>	Richard Johnson <i>Employment Development Department (EDD)</i>	Steve Quijas <i>Veterans Resource Allison Ulrich Ulrich Consulting, LLC</i>
Paul Erickson <i>VA, San Bruno</i>	Ed Kiryczun <i>County of San Mateo Human Services Agency</i>	Katy Reuss <i>InnVision Shelter Network</i>
Kevin Graves <i>California Department of Veterans Affairs</i>	Michael Leon <i>County of San Mateo Probation Department</i>	Martha Ruiz <i>County of San Mateo Department of Housing</i>
James Guglielmoni <i>Disabled American Veterans</i>	Danielle Mason <i>Skyline College</i>	Janet Seldon <i>Legal Aid Society of San Mateo County</i>
Brian Greenberg <i>InnVision Shelter Network</i>	Carlos Morales <i>County of San Mateo Health System</i>	

Leticia Toledo  
*Legal Aid Society of San  
Mateo County, Board  
Member*

Donna Vaillancourt  
*County of San Mateo Human  
Resources Department*

Michael Wentworth  
*County of San Mateo  
Department of Public Works*

Adam Whyte  
*VA, San Bruno*

## Staff Support

---

Heather Ledesma  
*Principal Management Analyst, County Manager's  
Office*

Matthew Chidester  
*Management Analyst, County Manager's Office*

Jessica Silverberg  
*Management Analyst, County Manager's Office*

Tammie Sweetser  
*Administrative Secretary, Human Services Agency*

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## Background

The San Mateo County Veterans Needs Assessment began during the summer of 2014 and was spearheaded by the County of San Mateo's County Manager's Office and the Human Services Agency to help identify and address the needs of approximately 32,000 veterans residing in San Mateo County. In addition to the County Manager's Office and Human Services Agency, many other County departments, as well as veterans working for the County, participated in the process. This work was guided by a Steering Committee composed of over 29 representatives from organizations serving veterans throughout the County. This project was made possible by the Board of Supervisors and their allocation of Measure A sales tax revenue to conduct a needs assessment. This report is intended to assist San Mateo County in understanding the needs of veterans in the community and help determine what programs, supports, and service delivery systems are needed to improve the lives of local veterans.

San Mateo County partnered with Applied Survey Research (ASR) to conduct this needs assessment. The goal of this study was to learn more about the needs of veterans in San Mateo County, the services currently available, and define areas of unmet need. ASR accomplished this by collecting secondary data from more than 25 different sources, including the Department of Veterans Affairs, and primary qualitative data.

Information was collected from key stakeholders through individual interviews. Additional interviews and five focus groups were conducted with veterans of identified subpopulations in San Mateo County. In total, 35 men and women who had served in the military and three veteran dependents participated in this study.<sup>1</sup> Participants' ages ranged broadly, as did their period of military service. Veteran participants represented the Korean War, Vietnam War, Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), Operation New Dawn (OND) and those who served in peacetime. Nine out of the 38 veterans were female, and approximately one-third were persons of color (predominantly African American).<sup>2</sup> (See appendix for a detailed list of focus groups.) Although the opinions and experiences described in interviews and focus groups should not be taken as representative of the experiences of all veterans, these qualitative pieces of research do provide important insight into veterans' beliefs and perceptions. These perceptions are important; whether completely accurate or not, they provide insight into how service users perceive available services and the system of care intended to serve veterans in San Mateo County.

In addition to secondary and primary data collection, a community summit was held on November 5, 2014 to share the collected information and gather input from 107 guests on key findings and suggestions for strategies that could address identified needs.

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<sup>1</sup> Study participants will be described as "veterans" for the purposes of this report.

<sup>2</sup> Focus group and key informant data are not representative of all veterans in San Mateo County, and this information should be used to gain a better understanding of these needs but not to generalize about all veterans.

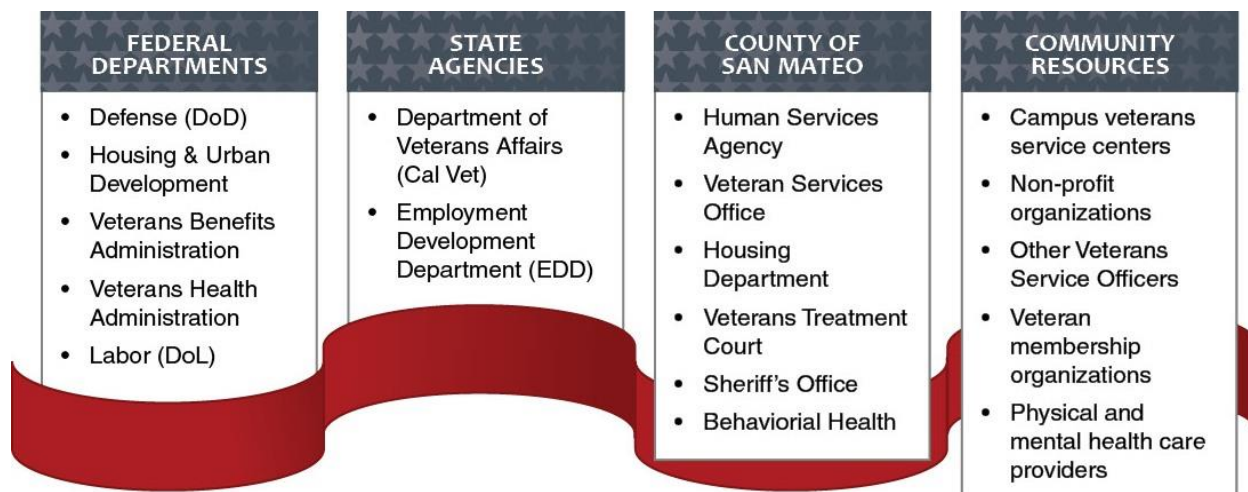
The results of this assessment will be presented to the County of San Mateo Board of Supervisors and the findings of the assessment will be used to determine how to best enhance services to support veterans within the community.

## Overview of Community Resources

While the focus of recent policy has been on services provided or funded by federal agencies, there are also state, county and community-based programs that provide essential services to veterans. Many veterans are seeking support from the civilian sector, where state and community-based programs provide services. Each level of service provision is essential, and each organization has a role to play in meeting the needs of veterans.

## Veteran Resources in San Mateo County

Adequately serving the population of veterans in San Mateo County requires many partners across multiple sectors. Such services often begin with the Department of Defense which provides veterans with information prior to their exit from the military, and extends all the way to the small community-based agencies that provide local services catering to the specific needs of veterans and their families. Federal, state, and county governments, as well as the non-profit sector all play a role in serving and supporting veterans in the community. The diagram below depicts some of the key partners in this service system.



## Veteran Resources Provided by the County of San Mateo

The County of San Mateo has an important role within the system of care for local veterans and in many ways acts as a bridge between larger government agencies and smaller community resources. Within the County of San Mateo, various departments touch the lives of veterans who seek help for a variety of needs. The Human Services Agency (HSA) includes the Veterans Services Office with staff who assist veterans with a variety of needs, and are certified to help veterans apply for Veterans Affairs (VA) benefits. HSA also connects veterans with mainstream support services such as General Assistance, CalFresh, and employment services. The Department of Housing provides all county residents with help accessing affordable housing and administers the HUD-VA Supporting Housing voucher system, a program specific to veterans. Veterans Treatment Court is a collaborative effort that includes the Superior Court, District Attorney's Office, Private Defender Program, Behavioral Health and Recovery Services, Veterans Administration and Probation Department.

<b>HUMAN SERVICES AGENCY</b>	<ul style="list-style-type: none"> <li>• County Veterans Services Office</li> <li>• Homeless services and shelters</li> <li>• Safety net/mainstream support services</li> <li>• PeninsulaWorks employment services</li> <li>• Eligibility determination for Public Assistance programs</li> </ul>
<b>DEPARTMENT OF HOUSING</b>	<ul style="list-style-type: none"> <li>• Housing Authority</li> <li>• Housing and Community Development</li> <li>• Administration of HUD-VASH vouchers, Shelter Plus Care vouchers</li> </ul>
<b>VETERANS TREATMENT COURT</b>	<ul style="list-style-type: none"> <li>• Partnership of the San Mateo County courts, Probation Department, District Attorney, Private Defender Program, Veterans Administration and Mental Health</li> </ul>
<b>BEHAVIORAL HEALTH AND RECOVERY SERVICES</b>	<ul style="list-style-type: none"> <li>• Community-based residential programs</li> <li>• Outpatient treatment programs</li> </ul>





## Executive Summary

The San Mateo County Veterans Needs Assessment began during the summer of 2014 and was spearheaded by the County of San Mateo's County Manager's Office and the Human Services Agency to address the needs of approximately 32,000 veterans residing in San Mateo County. This report focuses on the veterans living in San Mateo County; it includes veterans who currently use VA services as well as those who do not. It looks at needs across a broad range of domains including population demographics, housing, employment and health. It draws on findings from qualitative interviews with veterans, their family members, and service providers, as well as secondary data from federal, state, and local agencies.

Overall data suggest that most veterans residing in San Mateo County are doing well. Many served their country years ago, and have found stable employment, housing and social support networks. Yet, some veterans need additional support. Some are struggling to make ends meet in a County with an extremely high cost of living. Some older veterans are facing the challenges of surviving on fixed incomes. Others have lost jobs and are looking for work. Some are facing physical, mental or behavioral health challenges that were not or have not been adequately addressed.

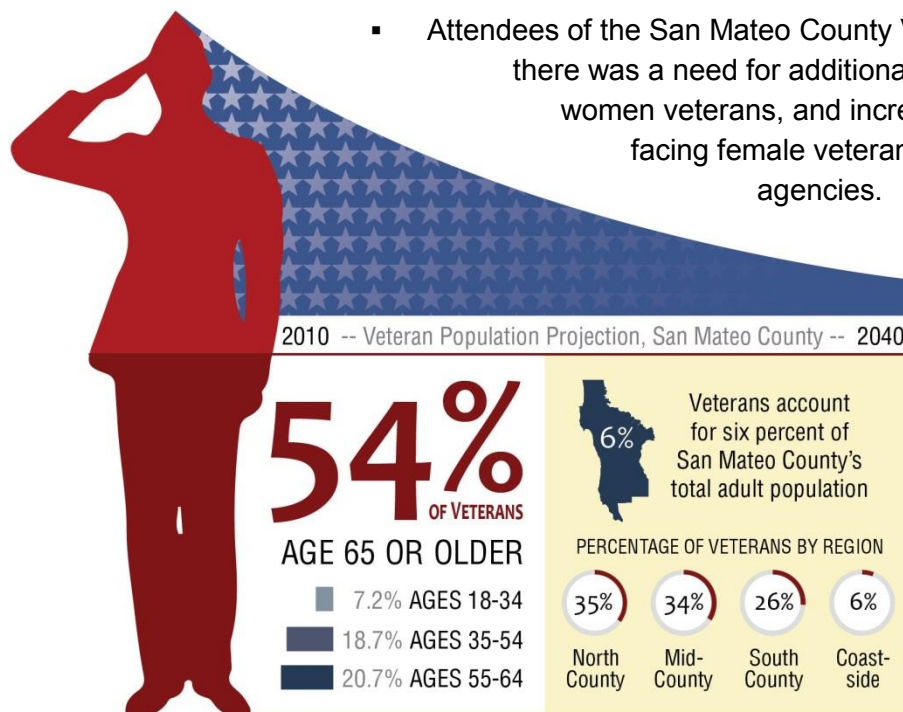
Many of the findings presented focus on veterans with the highest needs, which is due to the prominent role they played in focus groups and is consistent with the experience of service providers in San Mateo County. Many of the services offered to both veterans and civilians are targeted to those with the greatest needs. However, it is important to note that not all veterans share these needs, and many veterans are not looking for support or assistance from private, public or community-based organizations.

The following report brings together what is currently known about the County's veteran population to provide some insight into who they are and how they are currently being served by their community. Population level data look at the entire population of veterans in the community, while program and service level data drill down to look at the needs of those who need additional support. This assessment aims to identify and record the needs of veterans in San Mateo County and areas where the County and community can provide them with additional services.

## Population and Demographics

While the County's overall population continues to grow, the veteran population is declining. It is estimated that San Mateo County is home to approximately 32,000 veterans<sup>3</sup>, based on three-year Census estimates, representing roughly 6% of the County's adult population. The Department of Veterans Affairs estimates that the veteran population of San Mateo County will drop more than 50% by 2025.

- More than half of veterans in San Mateo County are ages 65 years or older (54%) and an additional 21% are between the ages of 55 and 64.
- Vietnam Era veterans represent the largest share of the veteran population (32% of the veterans in San Mateo County).
- Many older focus group participants reported needs typically associated with aging, including loss of income due to retirement, dealing with injuries and chronic diseases (both due to military service and otherwise) and worries about taking care of spouses after their deaths. Specifically, they discussed the need for assistance accessing civilian and veteran benefits.
- The majority of veterans in San Mateo County are male (95%). However, a higher percentage of younger veterans are women; women represent nearly 18% of veterans ages 18-34 and 9% of veterans ages 35-54 in San Mateo County.
- Attendees of the San Mateo County Veterans Summit reported there was a need for additional services targeted to women veterans, and increased awareness of issues facing female veterans by all veteran-serving agencies.



<sup>3</sup> 2010-2012 U.S. Census Bureau 3-year estimated range is between 30,618 and 33,390 veterans, with a margin of error of +/- 1,386.

## Housing and Homelessness

While there is no local data on veteran housing status, principle housing indicators show a relatively stable housing environment in San Mateo County, with 60% of all householders owning their homes and most residents having been in their homes for multiple years.<sup>4</sup> However, San Mateo County is one of the least affordable housing markets in the state of California.<sup>5</sup>

- Housing was one of the most commonly listed needs by veterans who were consulted for this study;<sup>6</sup> they reported that for those with limited incomes there is a need for more affordable housing and landlords willing to accept Section 8 and HUD-VASH housing vouchers.

Homelessness among veterans has become a major focus of national policy, funding and research. The physical condition of a home, the neighborhood in which it is located and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement and economic success of those who live inside.<sup>7</sup>

- Veterans are overrepresented in the homeless population, comprising roughly 12% of the County's homeless population of 1,995 persons, although they comprise only 6% of the overall adult population. The most recent San Mateo County point-in-time count, which provides a snapshot of individuals experiencing homelessness on a single night in January, identified 245 veterans living on the street or in shelters.
- The majority of focus group participants who had experienced homelessness attributed their homelessness to substance abuse issues, and their inability to cope with mental health issues.

Best practice models addressing housing and homelessness among veterans have focused on homeless prevention for those at risk of losing their housing and permanent supportive housing for those with the highest needs. San Mateo County benefits from multiple service providers implementing such programs. However, the needs of those in the County surpass current program capacity.

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<sup>4</sup> U.S. Census Bureau. (2013). DP04: Selected housing characteristics. 2008-2012 American Community Survey 5- Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov)

<sup>5</sup> California Association of Realtors. (2014). First Quarter 2014. Retrieved

<sup>6</sup> Two out of five focus groups with veteran participants were held with homeless veterans specifically and another with veterans on the Housing Authority waiting list for Section 8 Affordable Housing, some of whom were in danger of becoming homeless.

<sup>7</sup> Center for Housing Policy. (2011). *The Impacts of Affordable Housing on Health: A research summary*. Retrieved 2014 from <http://www.nhc.org/>

## Employment and Education

The median household income for veterans was higher than for non-veterans (\$47,290 vs \$37,528) and the majority of San Mateo County veterans are gainfully employed (90%). However, local veterans have a slightly higher unemployment rate than non-veterans (10% and 8%, respectively).

- Participants in every veteran focus group reported employment concerns upon separation from the military and noted the difficulty in transferring military skills to civilian work. Participants talked about challenges of developing civilian resumes and the need for support for veterans seeking employment.

Educational benefits, such as the GI Bill, are perhaps one of the best known benefits to veterans. In the spring of 2014, the Veterans Administration awarded GI benefits to more than 496,000 U.S. beneficiaries.<sup>8</sup>

- Slightly more San Mateo County non-veterans than veterans have a bachelor's degree (44% vs. 41%, respectively).
- Veterans discussed the challenges of having to adapt to academic environments, which are much different than the military, and the negative stereotypes that both distance them from their student peers in college and impact their ability to gain employment.

Best practices in employment and education focus on connecting veterans to existing

### FOCUS GROUP VIGNETTE

## Transitioning Back to Civilian Life

Across all eras, veteran focus group participants said they received little to no information or help with transitioning back to civilian life upon exiting from the military.

For instance, most veterans did not know about the medical benefits they qualify for, and even fewer knew about mental health, housing and education benefits.

Apart from accessing benefits, veterans also struggle with adjusting back to their civilian lives on a socio-emotional level. Veterans discussed the period of “decompression” as they transitioned from a highly regimented military life with clear goals and expectations, to civilian life with less structure and few, if any, goals. This shift resulted in veterans feeling “lost,” especially those that were not returning to a job. Several veterans noted the loss of a veteran friend who took his/her own life because s/he “didn’t know what to do (sic: with themselves).”

Many veterans also stressed the importance of finding camaraderie after exiting the military. Once they are “off orders” (released from military), they said they missed both having a social circle and living in close proximity to their peers, as these peers understand military culture and their experiences in the service. Some suggested that veterans be provided with transitional housing with other veterans, creating a sort of civilian “unit” that is similar to what they experienced while “on orders.”

<sup>8</sup> National Veterans Foundation. (n.d.) Post 9/11 GI Bill. Retrieved 2014 from <http://nvf.org/>



programs and ensuring culturally competent support and services. Veteran inclusion and cultural competency practices have tended to focus on staff sensitivity trainings, and education and outreach, rather than on developing specific programs or curriculum.

## **Veterans Benefits Administration**

The Veterans Benefits Administration (VBA) processes veterans' claims for benefits, including medical benefits, compensation and pension as well as claims by dependents. This study found the following:

- As of December 2013, the average benefit claim wait time for those whose disabilities have already been rated (decided) at the Oakland VBA (which processes claims for San Mateo County veterans) was 486 days while the national average was 320 days.
- The VA compensation and pension expenditures in San Mateo County have shown an overall increase since 2010, while the VA veteran population has been steadily declining from nearly 32,000 in 2010 to just over 27,000 in 2013.
- In the focus groups held for this study, VA benefits were mentioned in every group as one of the most important services for veterans. The experience of accessing benefits varied amongst veterans. While some received excellent face-to-face service from the County Veterans Service Office (CVSO), others who had not heard about the CVSO encountered significant barriers to accessing services and reported the need for information on veterans' benefits, eligibility requirements, assistance filing claims correctly, and shorter wait times for claims to be addressed.

Best practices in connecting veterans to benefits involve streamlining benefit claims and delivery. While different practices have approached this concept in different ways, each model revolves around understanding what each person is currently receiving (including all VA and mainstream benefits), and helping them apply for any benefits they need which they are eligible for but not receiving.

## **Health and Well-being**

San Mateo County falls within the VA's Veterans Integrated Service Network (VISN) 21: Sierra Pacific Network and is serviced by two VA health care service systems, the VA Palo Alto Health Care System (VAPAHCS) and the San Francisco VA Medical Center (SFVAMC). Veterans who qualify for VA medical services can access any VA facility, and may access services in both VAPAHCS and SFVAMC. In 2013, the Department of Veterans Affairs reported 6,123 veterans who live in San Mateo County were using their services and roughly 11,000 were enrolled in the VA medical system. With an estimated 32,000 veterans in the County, data suggest that most veterans are seeking medical care from the civilian sector.

- Since 2009, more than 100 veterans have received alcohol and other drug (AOD) treatment each year from San Mateo County Behavioral Health and Recovery Services.
- Posttraumatic stress disorder (PTSD) is a condition which can occur in people who have experienced a traumatic event. About 11-20% of veterans from recent wars have developed PTSD, as compared to 30% of veterans from the Vietnam War.<sup>9</sup>
- Some focus groups participants attributed many of the issues with alcohol/drug addiction and homelessness among veterans to untreated PTSD. They reported there was stigma associated with seeking services and the need for more information and acceptance of services within the veteran population.

Best practices in health and well-being are intertwined and revolve around identifying veterans and their families and providing services that are informed by veteran experiences, and are patient-centered. As the majority of veterans in San Mateo County are not receiving medical or mental health services from the VA, best practices around identifying veterans and providing culturally competent services in public and private civilian health care settings are well-suited to the community.

#### FOCUS GROUP VIGNETTE

### Self-Identification as Veterans

A common finding across discussions with stakeholders and veterans is that veterans do not know what the definition of “veteran” is, or do not identify with it. According to one veteran, those who did not engage in combat or were “inside the wire,” may exit the military feeling like s/he had not accomplished anything, and are either not knowledgeable about the benefits he or she is due, or feel undeserving.

Some veterans also described events where they went to the VA to apply for benefits and saw other veterans who had major injuries or were amputees and left without applying because they did not want to “take away” from the benefits that other veterans needed more.

Veteran focus group participants reflected on their experiences after they had returned home. Vietnam veterans described being “spit on” and insulted by those who opposed the war, and the long-term impact, including rejecting their service and connection to the military. Conversely, younger veterans talked about being thanked for their service by civilians. One Iraq/Afghanistan veteran said that s/he did not want to be thanked for their service because s/he felt Vietnam veterans had never been properly thanked. Veterans both younger and older expressed their view that Americans now treat younger veterans with respect and show their gratitude for their service.

<sup>9</sup> U.S. Department of Veterans Affairs. (2014). *How Common is PTSD?* Retrieved from <http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>

## Criminal Justice

As compared to the general male population, male veterans are less likely to become incarcerated. However, veterans who do become incarcerated can lose access to their VA medical care, their VA Disability Pension and may have their disability payment reduced significantly.<sup>10</sup> As such, it is important to screen veterans of recent wars for mental health conditions and ensure they become connected with necessary services to reduce the likelihood of contact with the criminal justice system and subsequent loss of benefits.

- San Mateo County veterans benefit from having one of 20 Veterans Treatment Courts (VTCs) in California.<sup>11</sup> Veterans Treatment Courts are collaborative justice courts which combine judicial processes with rehabilitation services.
- In San Mateo County, approximately 33 veterans were served in Veterans' Treatment Court between 2013 and 2014.<sup>12</sup>

Best practices in criminal justice include the Veterans Treatment Court model and targeted legal services for veterans, both of which are already in place in San Mateo County. Other practices include cultural competency and sensitivity training for law enforcement officers and other officials who may identify veterans prior to infraction or incarceration.

## Systems Response

In order to effectively address the needs of veterans it is essential to have a coordinated system of care that integrates both public and private organizations and that provides services effectively and equitably. Systems of care approaches typically include collaboration across and within systems as well as coordination of services at the client level. Many communities are working to provide coordinated systems of care for veterans however this is in its early stages. Other systems of care models include Community Health Partnerships, Homeless Continuums of Care and models which aim to improve health care quality while reducing costs among persons with complex chronic illnesses, such as the Medicare Coordinated Care Demonstration Project and the Guided Care Model.

While there are many organizations and providers serving veterans in the County, those organizations operate relatively independently of one another, addressing the specific needs of those who seek their services. Services are offered by federal, state, County and community agencies and coordination and communication between those agencies is often lacking. The system of care for veterans includes programs which are exclusive to veterans as well as those that serve all County residents. This complex system may help to better serve veterans, but

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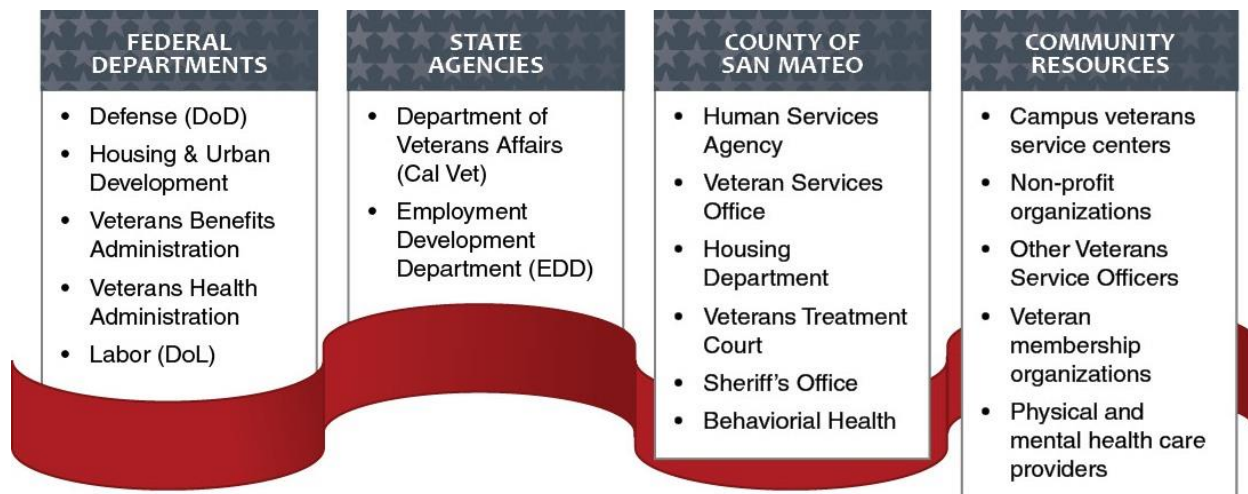
<sup>10</sup> *Military Benefits*. (2014). *Incarcerated Veterans*. Retrieved 2014 from <http://www.military.com/benefits/veteran-benefits/incarcerated-veterans.html>.

<sup>11</sup> *Personal correspondence, CalVet*.

<sup>12</sup> *Ibid*.

presents challenges to coordination and data sharing as well as lacks a clear point of entry for veterans seeking services.

Focus group participants reported that they were often unaware of services and veteran-serving organizations in the County, and many reported obtaining information on programs and services from other veterans rather than service providers. Participants spoke of the difficulty of navigating their way through services because there was no single point of entry. Likewise, there were very few warm hand-offs to help ensure that veterans connected with service providers from other agencies.



Quantifying the population that the system seeks to serve is essential. Programs and service providers must also be able to identify the veterans they serve. At the time of this study some service providers knew that they were serving veterans, however many did not know how many or who those veterans were due to inconsistent data collection and reporting. Consistent screening and reporting will allow service providers to better assess whether the needs of the population are being adequately met with the network of existing services. As many veterans reported, they themselves did not know if they were veterans. Screenings that include questions about veteran status such as those recommended by the VA may help assist programs in their data collection.

### **Veterans Summit and Community Prioritization of Needs**

San Mateo County held the Veterans Summit on November 5, 2014 in Foster City. The purpose of the summit was to convene stakeholders from across the County and collect information from them about veterans' needs. San Mateo County invited known stakeholders from veteran-serving agencies and welcomed the general public. One hundred and seven guests from various sectors participated, including elected officials and their representatives, representatives from County and state government, non-profit leaders, Veterans Affairs staff, and interested veteran community members.



San Mateo County and ASR presented summit participants with data and information about the needs of veterans and the services currently available to assist veterans with their needs. Both secondary data statistics and primary qualitative data specific to San Mateo County were presented. Participants also heard from speakers who addressed veteran homelessness and from a panel of veterans who told their stories about the challenges they faced as veterans, and how they found help. Following all of this data and information, guests participated in discussion groups related to the specific topics of: health and well-being, housing and homelessness, older adults, basic needs and supports, criminal justice, and employment and education.

Following the data presentation, speaker presentations, and discussion groups, summit participants were asked to prioritize the two most pressing needs of veterans in San Mateo County. Those who participated in the prioritization exercise identified access to benefits and services, housing and homelessness and mental/behavioral health as the top needs, as shown in the table below. Employment was identified by 15% of participants, while legal and criminal justice needs, education and women's needs were each prioritized by less than 10% of participants.

RANK	CATEGORY	NUMBER OF VOTES	PERCENT OF VOTES
1	Access to Benefits and Services	43	31%
2	Housing and Homelessness	34	25%
3	Mental/Behavioral Health	24	17%
4	Employment and Training	21	15%
5	Criminal Justice	11	8%
6	Education	3	2%
7	Women's Needs	2	1%
<b>Total</b>		<b>138</b>	<b>100%</b>

## Next Steps

This project was spearheaded by the County Manager's Office which intends to present the results of this study to the community and the County of San Mateo Board of Supervisors. The findings of the assessment will be used to determine how to best enhance services to support veterans within the community.



## Introduction

San Mateo County is home to approximately 32,000 veterans. Data suggests that most veterans residing in the County are faring well. Many served their country years ago, and have found stable employment, housing and social support networks. However, some veterans are not thriving in this way. Some are struggling to make ends meet in a County with an extremely high cost of living. Some older veterans are facing the challenges of surviving on fixed incomes. Others have lost jobs and are looking for work. Some are facing physical, mental or behavioral health challenges that were not or have not been adequately addressed.

The following report brings together what is currently known about the County's veteran population to provide some insight into who they are and how they are currently being served by their community. Population level data look at the entire population of veterans in the community, while program and service level data drill down to look at the needs of those who need additional support. This assessment aims to identify and record the needs of veterans in San Mateo County and areas where the County and community can provide them with additional services.

## Population and Demographics

Basic population and demographic data allow policy makers to estimate current needs and plan for the future, especially in areas such as housing, education, health care and social services. However, it is difficult to accurately assess the number of veterans currently residing in San Mateo County. Population and demographic data rely heavily on the U.S. Census Bureau and, while these data provide a general understanding of San Mateo County, it is important to recognize their limitations. All U.S. Census data are self-reported and secondly, are contingent on the Bureau's ability to reach and survey a sufficient number of local community members. Hence, due to survey sampling, Census data are limited in their representation of smaller regions and targeted populations.

Additionally, the U.S. Census Bureau defines veterans as men and women who have served, but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. Individuals who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty. While this definition is commonly used to represent veterans, it excludes individuals who may qualify for veterans' services, including military widows and dependents.

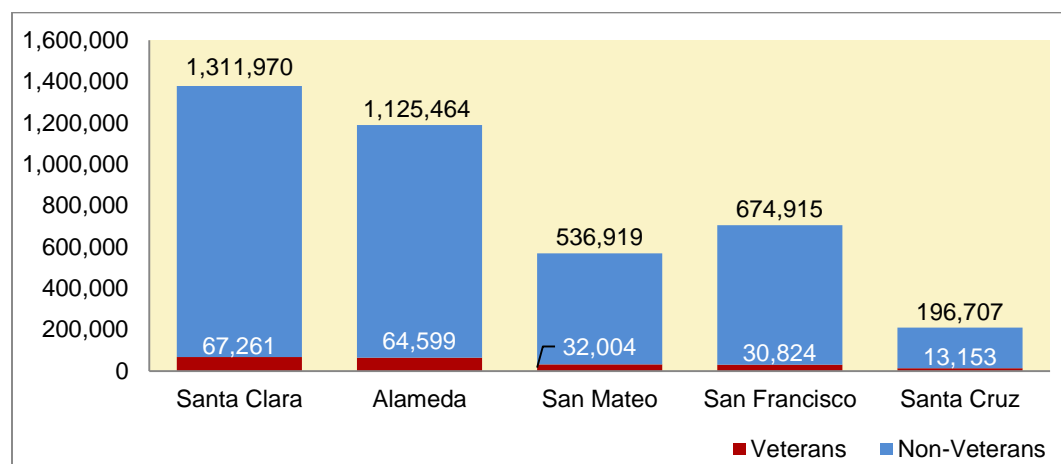
Because of these limitations, this report refers to Census data as estimates and provides additional data that may assist San Mateo County in assessing the needs of local veterans and veteran service providers.

## Population

According to the U.S. Census Bureau 2010-2012 3-year estimates, there were 21,500,559 veterans in the United States. California is home to 1,909,479 of those veterans, where veterans represent roughly 7% of the adult population.

It is estimated that San Mateo County is home to approximately 32,000 veterans, based on three-year Census estimates.<sup>13</sup> Veterans represent roughly 6% of the County's adult population. This is similar to neighboring Bay Area Counties, where 4% - 6% of the population are veterans. As shown in Figure 1, compared with its neighboring counties, San Mateo County has the third highest number of veterans by County (32,004), about half of the veteran population of Santa Clara County (67,261).

Figure 1. **Veteran and Non-Veteran Adult Population Estimates, Bay Area Counties, 2010-2012 3-Year Estimates**



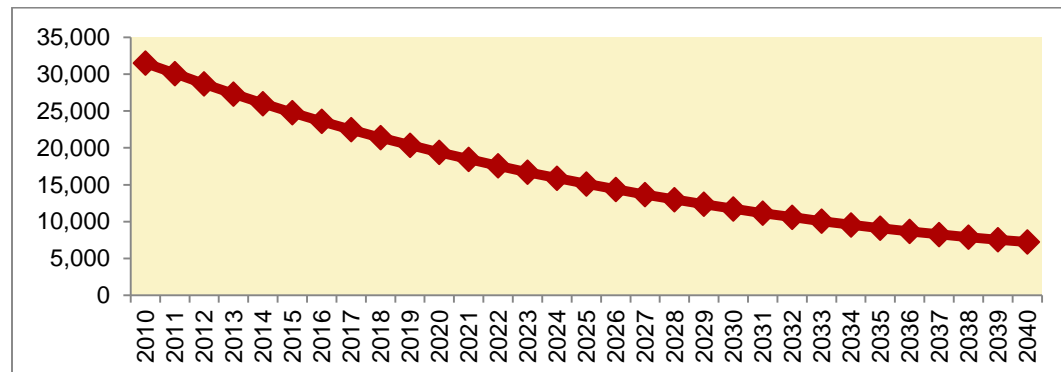
Source: U.S. Census Bureau. (2013). S2101: Veteran Status. 2010-2012 American Community Survey 3-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov).

While the County's overall population continues to grow, the veteran population is declining. The Department of Veterans Affairs (VA) estimates that the veteran population of San Mateo County will drop more than 50% by 2025, similar to nationwide projections. At the national level, the number of military veterans has declined gradually since its surge at the end of World War II. During World War II an estimated 12% of the U.S. population was in the armed forces. Between September 11, 2001 and 2005, the number of enlisted personnel increased by 8% but decreased in later years. As of 2004, less than 1% of the U.S. population was in military service.<sup>14</sup>

<sup>13</sup> 2010-2012 U.S. Census Bureau 3-year estimated range is between 30,618 and 33,390 veterans, with a margin of error of +/- 1,386.

<sup>14</sup> Population Reference Bureau. (2004). *America's Military Population*. Retrieved 2014 from <http://www.prb.org/source/acf1396.pdf>



Figure 2. **Veteran Population Projection, San Mateo County, 2010-2040**

Source: National Center for Veteran Analysis and Statistics. Department of Veteran Affairs. (2014). Veteran Population. Retrieved 2014 from [http://www.va.gov/vetdata/Veteran\\_Population.asp](http://www.va.gov/vetdata/Veteran_Population.asp)

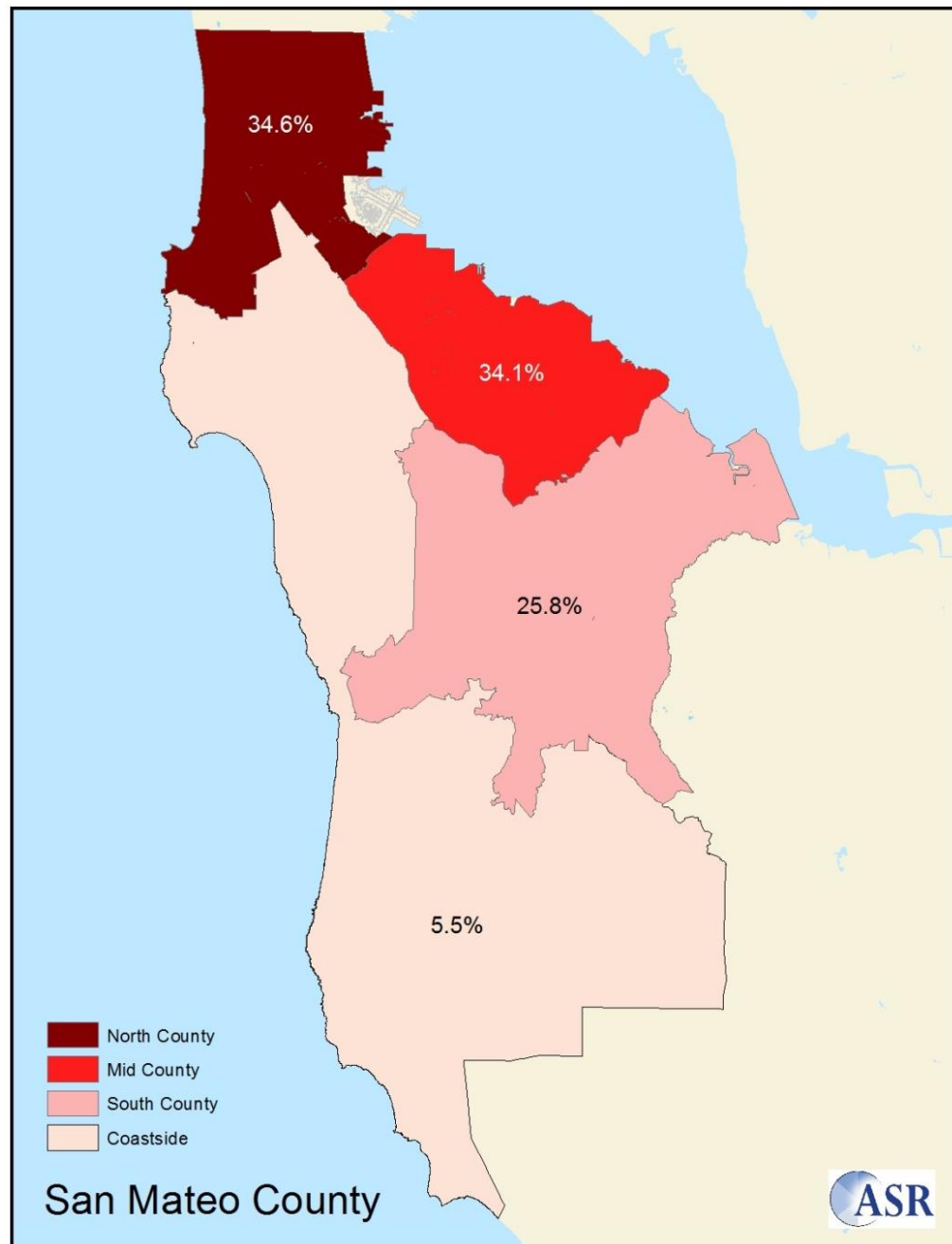
Note: Estimates are based on September 30<sup>th</sup> counts.

The decreasing military and veteran population has broader implications than just the demand for veteran services. It also affects how communities prioritize needs and how individuals relate to and understand one another. For instance, while most Americans have family members who once served or are currently serving in the armed forces, this is less true of younger generations. The Pew Research Center found that more than three-quarters (77%) of adults ages 50 and older reported having an immediate family member – a spouse, parent, sibling or child – who had served in the military, while the percentage dropped to 57% among those 30-49 and down to one-third among those ages 18-29 years old.<sup>15</sup>

<sup>15</sup> Pew Research Center. (2011). *The Military-Civilian Gap: Fewer Family Connections*. Retrieved 2014 from <http://www.pewsocialtrends.org>

## Population by Region

Figure 3. **Distribution of San Mateo County Veteran Population by Region, 2008-2012 5-Year Estimates**

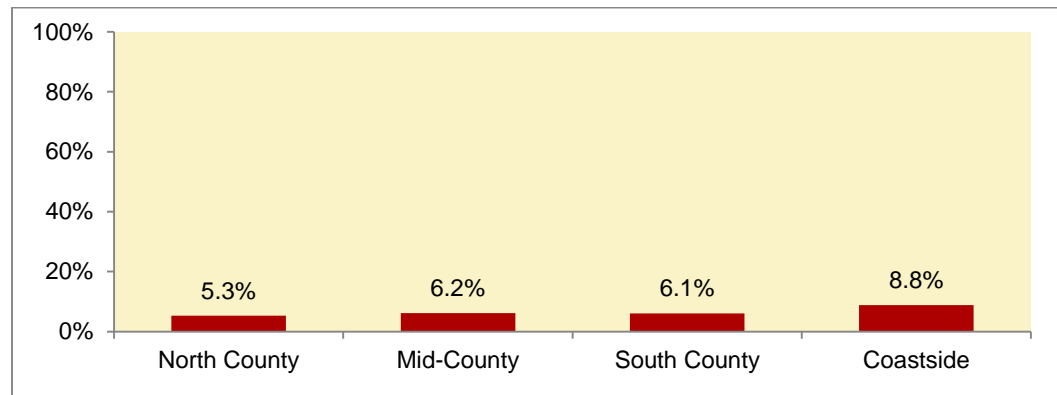


Source: U.S. Census Bureau. (2013). B21001: Sex by Age by Veteran Status for the Civilian Population 18 Years and Over. 2008-2012 American Community Survey 5-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov). Note: Please see Methodology appendix for definition of regions.

San Mateo County's veterans are distributed mostly in the North and Middle regions of the County, with about 34%-35% of the County's veterans in each region. By comparison, South County is home to about one-quarter of the County's veterans, and the Coastsides about 6%.

Between 5% to 9% of the total population of adults in each of San Mateo County's four main geographic regions are veterans. In the Coastsides region, veterans represent 9% of the total population compared to the North County region where veterans represented only 5% of the population.

Figure 4. **Percentage of the Population Identified as Veterans by Region, San Mateo County, 2008-2012 5-Year Estimates**



Source: U.S. Census Bureau. (2013). B21001: Sex by Age by Veteran Status for the Civilian Population 18 Years and Over. 2008-2012 American Community Survey 5-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov).

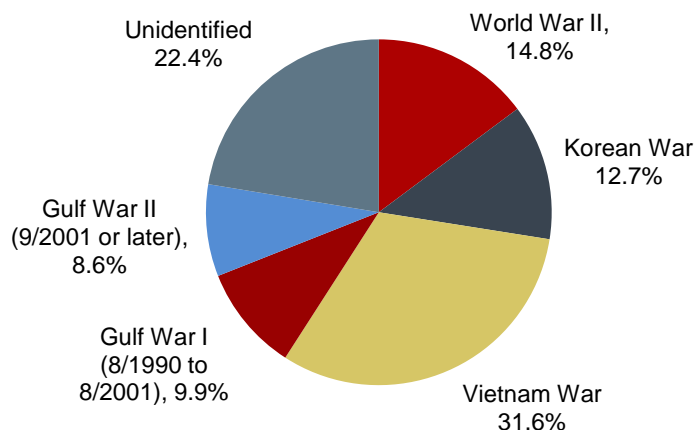
Note: Please see Methodology appendix for definition of regions.

## Period of Military Service

Vietnam-era veterans represent the largest percentage of the veteran population, both at the local and national level. The Department of Veteran Affairs estimates that in the coming years Gulf War veterans will represent the largest veteran population.<sup>16</sup> While service era is unknown for 22% of the San Mateo County veteran population, 32% reported serving in the Vietnam era.

<sup>16</sup> Office of the Actuary. Department of Veterans Affairs. (2013). *Veteran Population Projections: FY2010 to FY2040*. Retrieved 2014 from <http://www.va.gov/>

Figure 5. **Proportion of the Veteran Adult Population by Period of Military Service, San Mateo County, 2010-2012 3-Year Estimates**



Source: U.S. Census Bureau. (2013). S2101: Veteran Status. 2010-2012 American Community Survey 3-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov).

## Age

The veteran population of San Mateo County is aging. According to the 2010-2012 three-year U.S. Census Bureau estimates, more than half of veterans in San Mateo County are 65 years or older (54%) and an additional 21% are between the ages of 55 and 64. In contrast, just 15% of the non-veteran adult population is 65 years or older and 16% are between the ages of 55 and 64.

Figure 6. **Proportion of the Adult Population by Veterans Status and Age Group, San Mateo County, 2010-2012 3-Year Estimates**



Source: U.S. Census Bureau. (2013). S2101: Veteran Status. 2010-2012 American Community Survey 3-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov).

## Gender

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The U.S. population of female veterans has grown in recent years. As of September 2013, there were an estimated 2,271,222 female veterans.<sup>17</sup> Overall, women represent 10% of the overall veteran population and 20% of veterans who served after 9/11.<sup>18</sup> The Department of Veterans Affairs (VA) estimates that women will represent nearly 18% of the national veteran population by 2040.<sup>19</sup>

While female veterans face many of the same benefits and challenges during service and upon exit, there are differences between genders. On average, female veterans are younger, have higher levels of education and are more likely to have been officers than their male counterparts. Fewer female veterans were married at their time of service, but are more likely to marry and divorce than male veterans. Additionally, female veterans are more likely to have a service-connected disability<sup>20</sup> and less likely to access VA medical services.<sup>21</sup> Also, females are more likely to experience military sexual trauma (MST). According to the Department of Defense (DoD) Workplace and Gender Relations Survey of Active Duty Members, the annual prevalence of sexual assault was 6.8% for women and 1.8% for men. Rates were 9.0% and 3.0%, respectively, for sexual coercion (e.g., quid pro quo promises of job benefits or threats of job loss), and 31.0% and 7.0%, respectively, for unwanted sexual attention (e.g., touching, fondling or threatening attempts to initiate a sexual relationship).<sup>22</sup> VA has special services available to help women and men who have experienced MST.

Women veterans, particularly those living in rural areas, tend to have higher unemployment rates than male veterans and non-veteran men and women. In 2010, women veterans in the 20-24 year-old age group had the highest unemployment rate among all age groups. Factors that contribute to this employment gap include the fact that many women do not self-identify as veterans and some employers have misperceptions about the contributions of women veterans<sup>23</sup>.

In San Mateo County, 95% of veterans are male. However, as seen in national trends, a higher percentage of younger veterans are female. Women represent nearly 18% of veterans ages 18-34 in the County.

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<sup>17</sup> Department of Veteran Affairs. (2013). *Fact Sheet: Women Veteran Population*. Retrieved 2014 from <http://www.va.gov/>

<sup>18</sup> United States Department of Labor. *Women Veterans Employment*. Retrieved 2014 from <http://www.dol.gov/vets/womenveterans/women-vets.htm>

<sup>19</sup> Office of the Actuary. Department of Veterans Affairs. (2013). *Veteran Population Projections: FY2010 to FY2040*. Retrieved 2014 from <http://www.va.gov>

<sup>20</sup> *Disability due to injury or illness that was incurred in or aggravated by military service.*

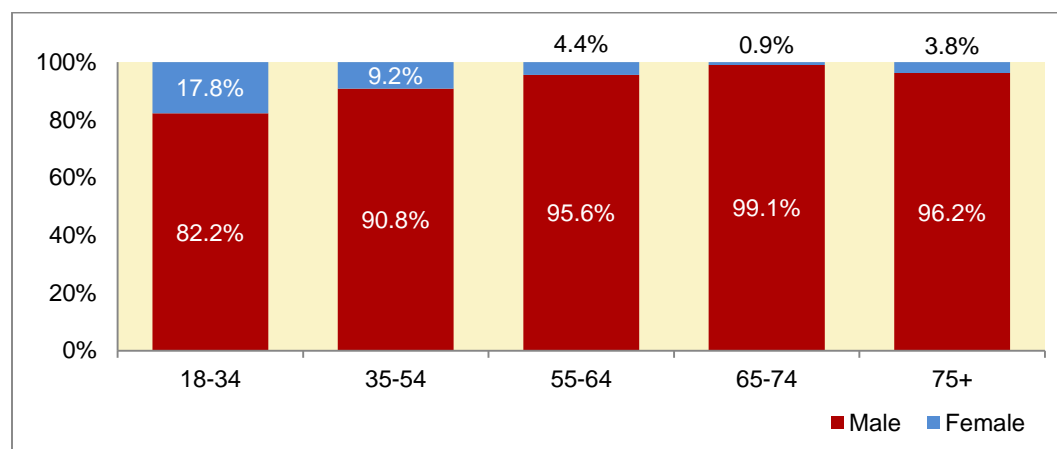
<sup>21</sup> National Center for Veterans Analysis and Statistics. Department of Veteran Affairs. (2013). *Women Veteran Profile*. Retrieved 2014 from <http://www.va.gov>

<sup>22</sup> Jenny K. Hyun, J.K., Pavao, J., & Kimerling, R. (2009). *Military Sexual Trauma. PTSD Research Quarterly*, 20(2).

<sup>23</sup> Renteria Szelwach C, Steinkogler J, Badger ER, Muttukumaru R. (2011) *Transitioning to the civilian workforce: Issues impacting the reentry of rural women veterans*. *Journal of Rural Social Sciences* 26(3):83-112.



Figure 7. **Veteran Population by Age and Gender, San Mateo County, 2010-2012 3-Year Estimates**



Source: U.S. Census Bureau. (2013). B21001: Sex by Age by Veteran Status. 2010-2012 American Community Survey 3-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov).  
 Note: Population estimate excludes children under 18 years.

## Race/Ethnicity

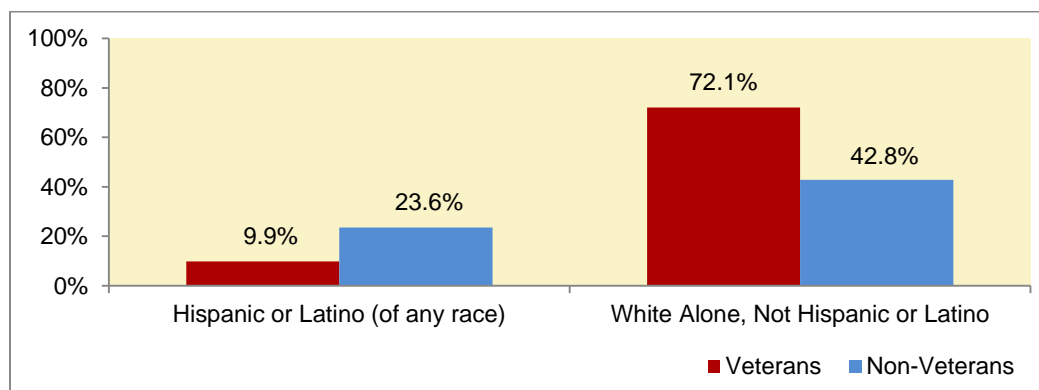
Nationally, the veteran population is largely non-Hispanic White. However, younger veterans reflect increasing diversity in the current military.<sup>24</sup> Blacks/African Americans are overrepresented among U.S. veterans while those who identify as Hispanic or Latino are underrepresented, compared to the general population. The VA estimates the veteran population will continue to diversify over time, with Blacks/African Americans representing more than 16% of the veteran population and Hispanic or Latino veterans representing nearly 12% of the population in 2040.<sup>25</sup>

<sup>24</sup> U.S. Census Bureau. (2012). *Veterans' Racial and Ethnic Composition and Place of Birth*. Retrieved 2014 from <http://www.census.gov>

<sup>25</sup> Office of the Actuary. Department of Veterans Affairs. (2013). *Veteran Population Projections: FY2010 to FY2040*. Retrieved 2014 from [http://www.va.gov/vetdata/Veteran\\_Population.asp](http://www.va.gov/vetdata/Veteran_Population.asp)

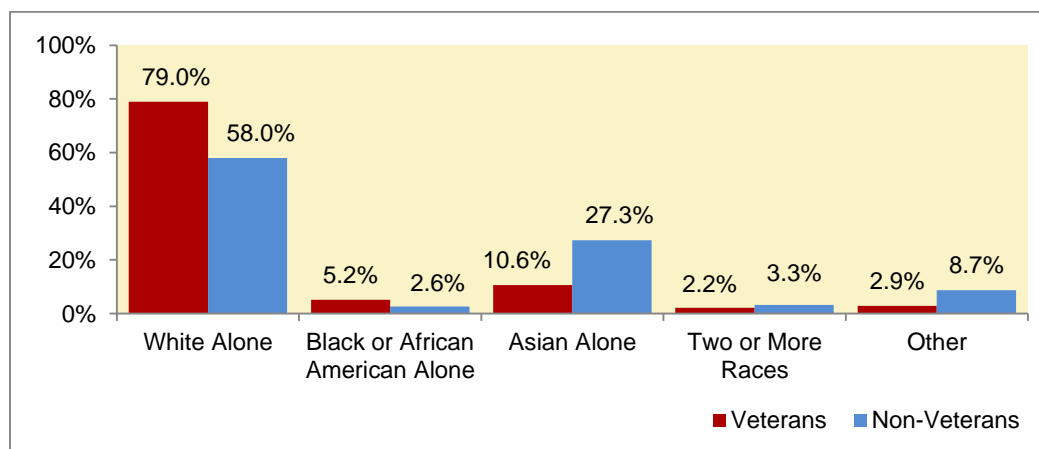
The racial and ethnic diversity of the veteran population of San Mateo County reflects the national veteran population as well as the County overall. Federal guidelines specify the collection of both ethnic status (Hispanic/Latino origin) as well as race status (American Indian or Alaska Native, Asian, Black/African American, Native Hawaiian or Other Pacific Islander, White, two or more races). Based upon these data, 72% of County veterans identify as White alone, not Hispanic or Latino, while 10% identify as Hispanic or Latino. In terms of race, 11% of County veterans identify as Asian, lower than the non-veteran population, and 5% as Black/African American, higher than the non-veteran population. California veterans overall are more likely to be Hispanic (14% of the veteran population) or Black/African American (9%), and less likely to be Asian (5%). California's proportions of white veterans and those of two or more ethnicities are similar to San Mateo County.

Figure 8. **Veteran Population by Ethnicity, San Mateo County, 2010-2012 3-Year Estimates**



Source: U.S. Census Bureau. (2013). S2101: Veteran Status. 2010-2012 American Community Survey 3-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov).

Figure 9. **Veteran Population by Race, San Mateo County, 2010-2012 3-Year Estimates**



Source: U.S. Census Bureau. (2013). S2101: Veteran Status. 2010-2012 American Community Survey 3-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov).

## Housing and Homelessness

Households faced with few affordable housing options are often forced into substandard housing or overcrowded homes and apartments. Overcrowded living arrangements can impact individuals' management of daily stressors and interpersonal relationships. Additionally, individuals struggling to pay their rent or mortgage are often faced with difficult decisions regarding other basic needs like food, utilities and health care. Additionally, the stress of dealing with unsustainable housing costs is also associated with hypertension, heart disease, anxiety and depression, which in turn may be exacerbated by unhealthy coping behaviors related to diet, drugs and alcohol.<sup>26</sup> These challenges may lead to homelessness.

Homelessness among veterans has become a major focus of national policy, funding and research. In an effort to end veteran homelessness by 2015, the VA is working with the U.S. Interagency Council on Homelessness and the Department of Housing and Urban Development and has allocated \$1.6 billion to veteran homelessness.<sup>27</sup>

Veterans living in San Mateo County face the same difficulties with housing as other residents. However, veterans are overrepresented in the population experiencing homelessness in San Mateo County. Not surprisingly, housing and homelessness were one of the most common needs expressed by participants in this study.

### Housing

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The physical condition of a home, the neighborhood in which it is located, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement and economic success of those who live inside.<sup>28</sup>

Principle housing indicators show a relatively stable housing environment in San Mateo County, with 60% of all householders owning their homes and most residents having been in their homes for multiple years.<sup>29</sup> Yet in 2014, San Mateo County was named the least affordable housing market in the state of California.<sup>30</sup> The high cost of housing places pressure on individuals working to obtain or retain housing in the County, especially those with fixed or limited income.

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<sup>26</sup> Cohen, R. (2011). *Insights from Housing Policy Research: The Impacts of Affordable Housing on Health*. Retrieved 2014 from <http://www.nhc.org>

<sup>27</sup> Office of Budget. (n.d.). *Annual Budget Submission*. Department of Veterans Affairs. <http://www.va.gov>

<sup>28</sup> Center for Housing Policy. (2011). *The Impacts of Affordable Housing on Health: A research summary*. Retrieved 2014 from <http://www.nhc.org>

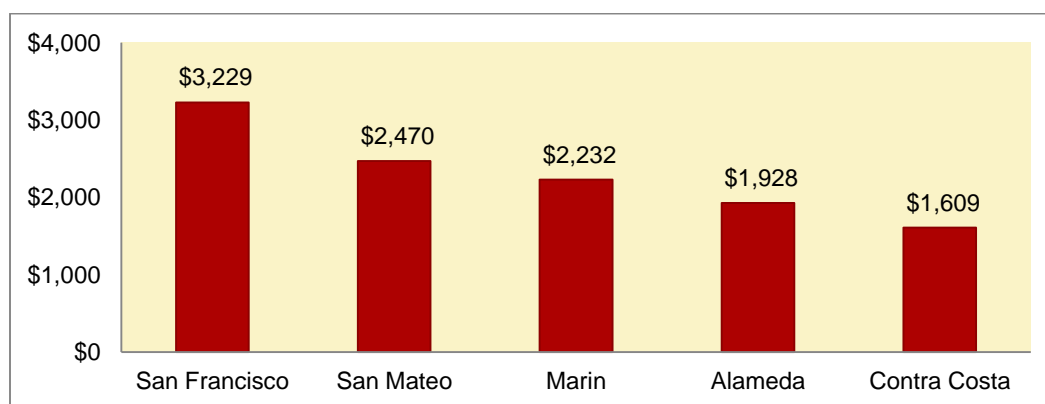
<sup>29</sup> U.S. Census Bureau. (2013). *DP04: Selected housing characteristics. 2008-2012 American Community Survey 5- Year Estimates*. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov)

<sup>30</sup> California Association of Realtors. (2014). *First Quarter 2014*. Retrieved 2014 from <http://www.car.org>

Housing in the Bay Area is at a premium. For example, in San Mateo County less than 5% of housing units are unoccupied.<sup>31</sup> The demand for housing has created high housing costs for both owners and renters. In 2013 the median sales price for a home in the San Francisco-San Mateo Metro Area was \$675,000. In June 2014 the fair market rent for a one bedroom, one bathroom apartment in San Mateo County was more than \$1,600<sup>32</sup>; however this amount tends to be underrepresented and may not take into account current market conditions.

The San Francisco-Oakland-Fremont Metropolitan Statistical Area (MSA) which includes San Mateo County has the second most expensive rents in California, less expensive only compared to the San Jose-Sunnyvale-Santa Clara MSA. San Mateo County rents are ranked second most expensive within the San Francisco-Oakland-Fremont MSA, with an average rent (for apartments of all sizes) of \$2,470, which increased 8% since last year.<sup>33</sup>

Figure 10. **Average Rents, San Francisco-Oakland-Fremont Metropolitan Statistical Area Counties, June 2014**



Source: RealFacts. (Q2 2014). RealFacts Market Overview. Retrieved 2014 by San Mateo County Housing Department from <http://realfactsonline.com>.

Figure 11. **Fair Market Rents by Unit Bedrooms, San Mateo County**

	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	11-15 % CHANGE
0 bedrooms	\$1,191	\$1,238	\$1,093	\$1,191	\$1,256	5.5%
1 bedroom	\$1,465	\$1,522	\$1,423	\$1,551	\$1,635	11.6%
2 bedrooms	\$1,833	\$1,905	\$1,795	\$1,956	\$2,062	12.5%
3 bedrooms	\$2,447	\$2,543	\$2,438	\$2,657	\$2,801	14.5%
4 bedrooms	\$2,586	\$2,688	\$2,948	\$3,212	\$3,386	30.9%

Source: U.S. Department of Housing and Urban Development. (2014). 2011-2015 HUD USER Data Sets from <http://www.huduser.org/portal/datasets/fmr.html>.

<sup>31</sup> California Association of Realtors. (2014). First Quarter 2014. Retrieved 2014 from <http://www.car.org>

<sup>32</sup> RealFactsOnline. (June 2014.) Personal correspondence from San Mateo County Housing Department. Retrieved 10/14/2014.

<sup>33</sup> Ibid.

Housing benefits for veterans include home loans for veterans (regardless of disability status), service members and surviving spouses for purchasing homes without a down payment and refinancing of home mortgages. It also provides loans and grants to those with service-connected disabilities for building adapted homes, purchasing adaptive equipment and making home modifications.<sup>34</sup> This benefit is the same for all eligible veterans, regardless of service era.<sup>35</sup> While the VA does not have a maximum loan amount, it does limit the amount which it guarantees to lenders, creating effective “loan limits” in high cost counties such as San Mateo. The VA revises the guaranty home loan limits every year. In 2014, the revised guaranty home loan limit in San Mateo County was \$1,050,000.<sup>36</sup>

In 2013, the VA guaranteed approximately 630,000 loans to veterans nationwide. Of those, 240,000 were for the purchase of a home. Nearly 400,000 loans were used to refinance an existing home loan. In addition to basic home loans, the VA also provided 1,099 Specially Adapted Housing grants to severely-disabled veterans and service members to construct an adapted dwelling or modify an existing one to meet their special needs.

As discussed further in the section on Veterans Benefits Administration, veterans often wait years to take advantage of their benefits. According to the VA, fewer than 13% of veterans have used housing benefits.

**Figure 12. Median Sale Price, All Home Types by Metropolitan Statistical Area**

	2009	2010	2011	2012	2013	09-13 % CHANGE
San Francisco-San Mateo	\$525,000	\$585,000	\$550,000	\$549,000	\$675,000	28.6%
San Jose-Santa Clara	\$373,000	\$431,000	\$425,000	\$420,000	\$550,000	47.5%
United States	\$176,000	\$175,000	\$165,000	\$162,000	\$183,300	4.1%

Source: National Association of Home Builders. (2013). 2007-2013 NAHB - Wells Fargo Housing Opportunity Index (HOI), 1st Quarter.

The U.S. Department of Housing and Urban Development's (HUD) definition of affordable housing is for a household to pay no more than 30% of its annual income on housing. Individuals who spend more than 30% of their income on housing may have difficulty affording necessities such as food, clothing, transportation and medical care. In San Mateo County about half of both renters and owners with mortgages reported paying more than 30% of their income on their rent or mortgage. This did not include the costs of utilities, insurance or taxes.

<sup>34</sup> Disabilities due to injury or illness that was incurred in or aggravated by military service.

<sup>35</sup> Veterans Benefits Administration. (2014). Lenders Handbook - VA Pamphlet 26-7. Retrieved from <http://www.benefits.va.gov>

<sup>36</sup> Veterans Benefits Administration. (2014). Revised Maximum Guaranty Limits for 2014. Retrieved from <http://www.benefits.va.gov>



Many participants in this study were in need of affordable housing. Indeed, housing was one of the most commonly listed needs by veterans who were consulted for this study.<sup>37</sup> In addition to finding affordable housing itself, veterans in this study who were reestablishing themselves after experiencing homelessness and/or completing residential alcohol and drug treatment programs explained that basic living expenses were a challenge. Specifically, those who are service-connected<sup>38</sup> or seeking employment described difficulty paying the required security deposit, utilities, internet access (which some said is instrumental for job-seeking or VA benefits tracking), and purchasing furniture, cooking equipment and other basics.

Low-income and disabled veterans in San Mateo County may qualify for low-income housing assistance programs that provide rental subsidy (commonly known as Housing Choice Voucher or Section 8 vouchers), allowing eligible families to rent housing in the private market by subsidizing a portion of each family's monthly rent. The Housing Authority of San Mateo County reports that as of September 2, 2014 there were 10,555 people on the waiting list for these programs. (The number of veterans on this list is unknown due to the fact that the Housing Authority does not consistently collect information on veteran status.)

San Mateo County Housing Department has addressed the housing needs of veterans with recent investments approved by the San Mateo County Board of Supervisors:

- April 2013: Allocated approximately \$13.4 million for affordable housing purposes (not restricted to veterans), \$13.1 million of which was awarded as of May 5, 2014.<sup>39</sup>
- February 2014: Committed \$1,750,000 for 60 permanent affordable housing units for veterans to be constructed on the VA Menlo Park campus.<sup>40</sup>
- August 2014: Allocated \$4.5 million for affordable housing purposes which states a preference that 20% of the housing be allocated for veterans.<sup>41</sup>

Veterans receiving the GI Bill also receive a housing allowance if they are taking 6.5 academic units or more (which is considered half-time study). The basic allowance for housing varies by rank and zip code. According to a key informant, these rates are higher in San Mateo County than in other areas. For example, a veteran using the Post 9/11 GI Bill with the lowest E-1 rank (such as a private in the Army or Marines) has a higher basic housing allowance when attending College of San Mateo (CSM) compared with San José State University (SJSU); CSM students receive 16% more. (CSM students receive \$2,505 without dependents or \$3,204 with

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<sup>37</sup> Two out of five focus groups with veteran participants were held with homeless veterans specifically and another with veterans on the San Mateo County Housing Authority waiting list for Section 8 Affordable Housing, some of whom were in danger of becoming homeless.

<sup>38</sup> Disabled due to injury or illness that was incurred in or aggravated by military service.

<sup>39</sup> San Mateo County Department of Housing. Notice of Funding Availability (NOFA): County Affordable Housing Fund (AHF). Retrieved October 2014 from <http://housing.smcgov.org/nofa-county-affordable-housing-fund-ahf>

<sup>40</sup> Personal Correspondence, San Mateo County Department of Housing.

<sup>41</sup> San Mateo County Department of Housing. Notice of Funding Availability (NOFA): HAP Reserve Funds. Retrieved October 2014 from <http://housing.smcgov.org/ha-nofa-hap-reserve-funds>

dependents, and SJSU students receive \$2,166 without dependents and \$2,772 with dependents.)<sup>42</sup>

## Homelessness

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Homelessness places individuals at higher risk for challenges to their physical and emotional health. Individuals experiencing homelessness experience higher rates of preventable illnesses, have longer hospitalization stays, and die much earlier than those with stable housing. It is estimated that those experiencing homelessness stay four days (or 36%) longer per hospital admission than non-homeless patients.<sup>43</sup> A study conducted by the National Health Care for the Homeless Council found that the average life expectancy for a person without permanent housing was between 42 and 52 years, more than 25 years less than the average person in the United States.<sup>44</sup>

Military veterans experience homelessness at much higher rates than the general population, especially Vietnam and post-Vietnam era veterans. In 2010, VA Secretary Eric Shinseki set the goal of ending veteran homelessness by the end of 2015. Since that time, the nation has made advances toward the goal of ending veteran homelessness, with national numbers showing a decrease of more than 18,480 veterans who were homeless over three years. Yet, nearly 58,000 veterans remain homeless nationally.<sup>45</sup>

San Mateo County conducts Point-in-Time counts of homeless individuals and families. The biennial count provides a snapshot of individuals experiencing homelessness on a single night in January. In the most recent count (2013), 245 veterans were identified on the street or in shelters. Veterans are overrepresented in the homeless population, comprising roughly 12% of County's homeless population of 1,995 persons but only 6% of the County's adult population (based on 3-year Census estimates). In addition to the Point-in-Time Count, San Mateo County also conducts a biennial survey among individuals experiencing homelessness. In 2013, 71% of homeless veterans surveyed reported receiving some form of veteran specific services, an increase from 32% in 2011.<sup>46</sup>

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<sup>42</sup> Retrieved 2014 from <http://militarybenefits.info/monthly-housing-allowance-mha-for-post-911-gi-bill>

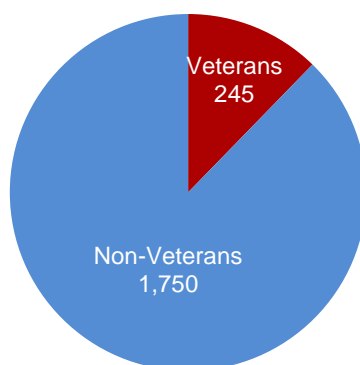
<sup>43</sup> Hwang, S. W., Weaver, J., Aubry, T.D., & Hoch, J.S. (2011). Hospital costs and length of stay among homeless patients admitted to medical, surgical and psychiatric services, *Medical Care*, 49(4):350-54. doi: 10.1097/MLR.0b013e318206c50d.

<sup>44</sup> O'Connell, J.J. (2005). Premature mortality in homeless populations: A review of the literature. *National Health Care for the Homeless Council, Inc.*

<sup>45</sup> National Alliance to End Homelessness. (2013). <http://www.endhomelessness.org/pages/veterans>

<sup>46</sup> Information on the type of veterans services received were not specified in 2013.

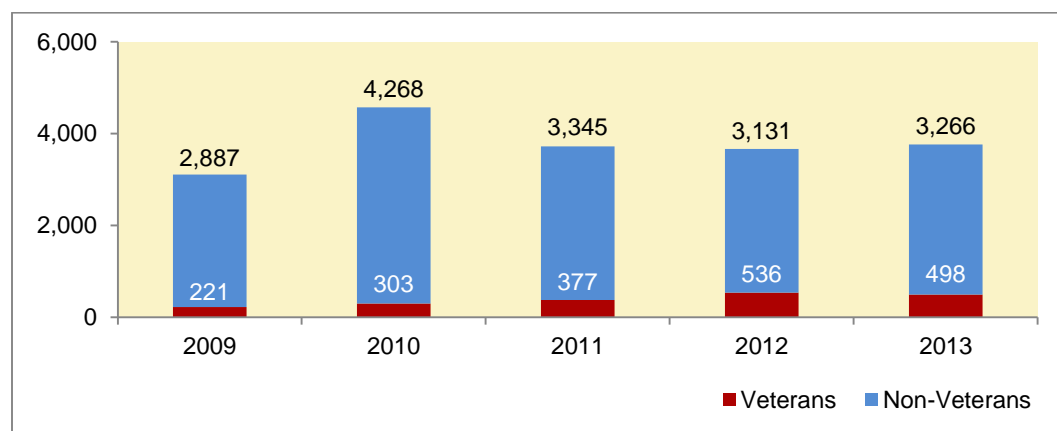
Figure 13. **Number of Persons Experiencing Homelessness by Veteran Status, San Mateo County, 2013**



Source: Department of Housing and Urban Development. (2014). 2007-2013 PIT Count by COC. Retrieved 2014 from <https://www.hudexchange.info/resource/>

Information on veterans receiving homeless assistance services in San Mateo County are gathered through San Mateo County's Homeless Management Information System and is reported as an annual aggregate number served. In 2013, of the more than 3,000 homeless individuals served in San Mateo County, 498 (15%) were veterans. Of the 2,320 households served (family and non-family households), 21% were households with at least one veteran.

Figure 14. **Number of Persons Receiving Homeless Assistance by Veteran Status, San Mateo County**



Source: San Mateo County Homeless Management Information System. (2014). Personal Correspondence. Received 2014.

Note: At the time of this report comprehensive data on 2014 were unavailable. However, between the months of January through September 2014 there were 424 veterans and 2,626 non-veterans who received homeless assistance.

Since 2012, the greatest number of clients in veteran households were served through the Homelessness Prevention and Rapid Re-Housing Program (HPRP). In 2013, 283 clients in veteran households were served by HPRP. HPRP is administered by a number of service providers in San Mateo County, including Goodwill Industries and InnVision Shelter Network. All

HPRP programs provide financial assistance and services to prevent individuals and families from becoming homeless and help those experiencing homelessness to be quickly re-housed and stabilized. The funds can be used for a variety of assistance, including short-term or medium-term rental assistance and housing relocation and stabilization services. These services include mediation, credit counseling, security or utility deposits, utility payments, moving cost assistance and case management. HPRP includes programs targeted to veterans including the Supportive Service for Veteran Families (SSVF) programs.

Traditionally veterans and their families have been served by transitional housing programs, which provide housing for a time-limited duration (typically 3 to 10 months, but may be as many as 24 months). Typically, transitional housing programs provide intensive services such as case management where veterans are assisted with developing a plan to secure permanent housing and increase self-sufficiency. However, in recent years the emphasis has shifted away from these types of programs and moved toward permanent supportive housing solutions, especially for those who are chronically homeless and who face the greatest barriers to housing. For example, case managers and occupational therapists in a supportive housing setting may provide assistance with maintaining an apartment, and training in managing mental health conditions and developing skills for independent living. Data from San Mateo County reflects this shift in service provision. As shown in Figure 15, between 2009 and 2014, the proportion of persons in veteran households who received permanent supportive housing in San Mateo County increased from 7% to 16%.

**Figure 15. Number and Proportion of Persons in Veteran Households Receiving Assistance by Program Type, San Mateo County**

	2009	2010	2011	2012	2013	2014*
Emergency Shelter	11.0%	8.3%	5.6%	3.8%	6.3%	7.6%
Transitional Housing	42.9%	39.8%	31.8%	24.1%	23.0%	19.2%
Homeless Prevention and Rapid Re-housing	3.1%	24.7%	27.4%	38.2%	42.3%	37.0%
Permanent Supportive Housing	6.7%	4.6%	7.7%	10.8%	11.7%	15.9%
Service Only (non-shelter)	33.1%	20.4%	25.5%	22.5%	16.7%	20.1%
Total number of persons in veteran households	254	372	478	692	669	527

Source: San Mateo County Homeless Management Information System. (2014). Personal Correspondence. Received 2014.

\* 2014 data include the months of January through September.

Note: Program type is based on the last recorded visit or date.

Note: Service only includes programs providing day services such as food, case management, or employment services.

As mentioned previously, two out of five focus groups with veteran participants were related to housing and homelessness. One group was held with veterans currently or recently

experiencing homelessness and another group was conducted with veterans on the Housing Authority's waiting list for Section 8 Affordable Housing.

The majority of focus group participants who had experienced homelessness attributed their homelessness to substance abuse issues, and their inability to cope with mental health issues. In fact, many of them first received treatment for their mental health issues only after becoming homeless.<sup>47</sup>

In these focus group discussions, veterans routinely told researchers that they rely on one another for information and support. Veterans across focus groups wished some form of transitional housing existed for veterans exiting the military. They felt that such a program would aid with their integration back into civilian life. They said that being surrounded by veterans and their families would provide them with a supportive and comfortable atmosphere. According to providers, there is also a lack of transitional housing for veterans who are exiting substance abuse recovery programs or are homeless.

The Veterans Affairs Supportive Housing (HUD-VASH) vouchers provide homeless veterans with assistance and priority for affordable housing. The HUD-VASH program combines Housing Choice Voucher (HCV) rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA).

The Housing Choice Voucher program, often referred to as Section 8, is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe and sanitary housing in the private market.

A family or individual that is issued a housing voucher is responsible for finding a suitable housing unit of their choice where the owner agrees to rent under the program. This unit may include the family's present residence if they are currently housed. Rental units must meet minimum standards of health and safety, as determined by the local housing authority. A housing subsidy is paid to the landlord directly by the local housing authority on behalf of the participants, who must pay the difference between the actual rent charged by the landlord and the amount subsidized by the program. In San Mateo County, this difference can be significant.

The HUD-VASH voucher amount varies in order to help veterans afford rental costs. As of October 2014, the average monthly Housing Authority payment to landlords for rent on behalf of veterans with a HUD-VASH voucher is \$898<sup>48</sup>. Veteran participants who are currently homeless or in danger of being homeless explained that Housing Choice Voucher (HCV) rental assistance through HUD-VASH is often not enough to cover the cost of housing in San Mateo County. Both HUD and the VA have acknowledged the difficulty of finding landlords that will accept HUD-

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<sup>47</sup> Focus group and key informant data are not representative of all veterans in San Mateo County, and this information should be used to gain a better understanding of these needs but not to generalize about all veterans.

<sup>48</sup> San Mateo County Housing Department. Personal correspondence. Received 2014.

VASH tenants, specifically in impacted housing markets where units rent for well above fair market values. For those with dependents, it is even more difficult to find residences who will accept them, and to afford the rent in a two-bedroom apartment.

|| *“I am starting over again, just like when I left the military.”*  
– Veteran focus group participant

Currently, the local Housing Authority reports that there are 183 people housed in the County using a HUD-VASH (Veterans Affairs Supportive Housing) voucher. The majority of HUD-VASH recipients are male (78%) and white (53%). Most are single-person families (61%) and 40% are in the 51-61 years age group with another 22% age 62 or older. Eleven percent (21 children) are minors. In 2014, the San Mateo County Housing Department also provided 35 project-based HUD-VASH vouchers, which help affordable housing developers secure funding for the housing projects by ensuring revenues to lenders. These vouchers stay with the project (housing unit) for the purposes of housing homeless veterans.

In this study, key informants who serve veterans with emergency housing services reported that many veterans who exit the military have never lived independently. These veterans, and those veterans who have recently completed residential treatment, need support from the community during the entire process, from applying for housing benefits or HUD-VASH, to finding a rental that will accept the voucher, and finally, to furnishing an apartment or home. As one veteran said, “I am starting over again, just like when I left the military.”

## Identified Best Practices for Housing and Homelessness Needs

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Veteran homelessness has been at the forefront of many national initiatives, and as a result, a huge amount of effort and funding has been made available for organizations addressing the issue. Much of this funding has required programs to be evaluated for effectiveness and this has resulted in a wealth of knowledge and insight.<sup>49</sup>

A starting place for much of this work has come from the federal government’s recognition of the need for coordinated systems of care, common assessments and shared data systems. Communities such as San Mateo County, which receive federal funding for homeless services, are required to have an organizing body known as a Continuum of Care, participate in the Homeless Management Information System (HMIS) and assess their homeless population, including homeless veterans, through the Point-in-Time Count. While communities have implemented and used these tools to varying degrees, they provide a strong infrastructure for communities working to address veteran homelessness.

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<sup>49</sup> National Coalition for Homeless Veterans. (2012) *Best Practices: Profiles of Promising Homeless Veterans Reintegration Program Grantees*. Retrieved from [http://www.nchv.org/images/uploads/HVRP\\_Best\\_Practices\\_Vol-2-WEB.pdf](http://www.nchv.org/images/uploads/HVRP_Best_Practices_Vol-2-WEB.pdf)



## Strategic Plans and Initiatives

- *Opening Doors*<sup>50</sup>. Opening Doors is described as the nation's first comprehensive strategy to prevent and end homelessness by providing a roadmap for 19 member agencies of the United States Interagency Council on Homelessness (USICH) as local and state partners in the public and private sectors. Development of a national strategic plan to end homelessness was mandated by the HEARTH Act, passed by Congress in 2009. The Opening Doors Plan is endeavoring to end veteran and chronic homelessness by 2015 by promoting the following strategies:
  - » Increasing leadership, collaboration, and civic engagement with a focus on providing and promoting collaborative leadership at all levels of government and across all sectors, and strengthening the capacity of public and private organizations by increasing knowledge about collaboration and successful interventions to prevent and end homelessness
  - » Increasing access to stable and affordable housing by providing affordable housing and permanent supportive housing
  - » Increasing economic security by expanding opportunities for meaningful and sustainable employment and improving access to mainstream programs and services to reduce financial vulnerability which leads to homelessness
  - » Improving health and stability by linking health care with homeless assistance programs and housing, advancing stability for youth aging out of systems such as foster care and juvenile justice, and improving discharge planning for people who have frequent contact with hospitals and criminal justice systems
  - » Retooling the homeless response system by transforming homeless services to crisis response systems that prevent homelessness, and rapidly returning people who experience homelessness to stable housing
- *Mayor's Challenge to End Veteran Homeless*<sup>51</sup>. The Obama Administration has highlighted the issue of veteran homelessness and issued a call to action among mayors. As a result, over 70 mayors have made commitments to end veteran homelessness in their communities by the end of 2015. To support the mayors in pursuit of the goal of ending homelessness among veterans, the federal government has provided resources and reforms to strengthen local homeless assistance programs, including:
  - » Increasing early detection and access to preventive services so at-risk veterans and their families remain stably housed

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<sup>50</sup> United States Interagency Council on Homelessness. Retrieved from [http://usich.gov/opening\\_doors](http://usich.gov/opening_doors)

<sup>51</sup> [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/veteran\\_information/mayors\\_challenge](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/veteran_information/mayors_challenge)

- » Using a Housing First approach, which removes barriers to help veterans obtain permanent housing as quickly as possible, without unnecessary prerequisites
- » Prioritizing the most vulnerable veterans, especially those experiencing chronic homelessness, for permanent supportive housing opportunities
- » Coordinating outreach efforts to identify and engage every veteran experiencing homelessness and focus outreach efforts on achieving housing outcomes
- » Targeting rapid rehousing interventions toward veterans and their families who need shorter-term rental subsidies and services in order to be reintegrated back into our communities
- » Leveraging housing and services resources that can help veterans who are ineligible for some of the VA's programs get into stable housing
- » Closely monitoring progress toward the goal, including the success of programs achieving permanent housing outcomes
- *100,000 Homes.*<sup>52</sup> Through federal and local partnerships, the 100,000 Homes Campaign celebrated its successful conclusion in July 2014, having permanently housed over 100,000 chronic and medically vulnerable homeless persons in 186 communities across the United States. Key strategies included:
  - » Identifying every person experiencing homelessness by name
  - » Tracking and measuring local housing rates against clear monthly goals
  - » Improving local systems to make housing simpler, faster and more efficiently targeted

## Prevention Models

- *Homeless Providers Grant and Per Diem (GPD) Program*, administered by the VA to assist veterans with obtaining community-based stable housing, health services, employment and other income supports.
- *Supportive Services for Veteran Families Program (SSVF)*<sup>53</sup>, administered by the VA and San Mateo County. SSVF grants support non-profit, community-based organizations to provide supportive services (e.g., outreach, case management, health, legal, child care, transportation, financial, daily living, benefit and housing access counseling) to very low-income men and women veterans to prevent homelessness and support rapid transition to permanent housing.

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<sup>52</sup> <http://100khomes.org/about>

<sup>53</sup> <http://www.endveteranhomelessness.org/models/supportive-services-veteran-families-ssvf>

## Other Models

- *The Housing First Approach*, a local-federal partnership model adopted by the VA.<sup>54</sup> The model focuses on permanent supportive housing to end homelessness, especially for those who have been homeless for prolonged periods of time and have mental or behavioral health issues. If permanent supportive housing is not appropriate, other housing options are offered based on individual need and preference. This approach provides supportive services as needed. Program participants are served without prerequisites for abstinence, psychiatric stability, or completion of treatment programs. The clinical service component provides community-based clinical case management teams who are available any day or time to provide crisis intervention, community reintegration, financial management, landlord and family mediation, employment, and access to primary health care treatment and treatment for mental health or substance abuse issues.
  - » *HUD-VA Supportive Housing Program (HUD-VASH)*, administered by the VA, HUD and the San Mateo County Housing Department. The HUD-VASH Program is designed to end chronic homelessness for veterans and their families by providing veteran-specific HUD Section 8 housing vouchers linked to comprehensive VA case management and counseling services.
- *The Safe Haven Model*, originally a HUD Permanent Supportive Housing Program, subsequently adopted by the VA.<sup>55</sup> A Safe Haven is a 24-hour/7-days-a-week community-based early recovery model of supportive housing that serves hard-to-reach homeless individuals with severe mental illnesses or substance use disorders. The model provides a flexible, non-intrusive setting designed to re-establish trust and re-engage residents in permanent housing while providing evidence-based treatment services. Safe Havens, consistent with principles of Housing First, do not have prerequisites for sobriety or completion of treatment to participate. Research indicates that low-demand housing programs such as Safe Haven have similar outcomes to traditional programs and are more effective in reducing hospitalizations.
- *Projects for Assistance in Transition from Homelessness (PATH)*. The PATH program is a formula grant administered by Substance Abuse and Mental Health Services Administration (SAMHSA) that focuses on conducting outreach to individuals who are experiencing or are at risk of homelessness and who have serious mental illness and/or co-occurring substance use disorders. San Mateo County Health System Behavioral Health and Recovery Services is a PATH grantee.<sup>56</sup>

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<sup>54</sup> <http://www.endveteranhomelessness.org/sites/default/files/Housing%20First%20Implementation%20brief.pdf>

<sup>55</sup> <http://www.endveteranhomelessness.org/sites/default/files/Safe%20Haven%20Implementation%20Brief.pdf>

<sup>56</sup> <http://pathprogram.samhsa.gov/super/path/grantees.aspx>

- *Stand Down Events.* Stand Down events bring homeless veterans to a single location where they can access information and services. Services include food, clothing, medical services, legal services and job counseling. These events last one to three days and may be organized and/or staffed by the VA, non-profit agencies, veteran service organizations, National Guard or reservist units. As of 2014, there were no Stand Down events in San Mateo County.<sup>57</sup>
- *The Veterans Homeless Prevention Demonstration Program (VHPD)*<sup>58</sup>, supported by a partnership between the VA, HUD and U.S. Department of Labor. The VHPD is a pilot program designed to prevent veterans and their families from becoming homeless and reduce the time of homelessness. VHPD is designed specifically for veterans who served in Iraq and Afghanistan, female veterans, veterans who are single heads of households, and veterans from the National Guard and Reserve. The model provides outreach, housing assistance and supportive services (e.g., job training, employment, benefits access, and reintegration) through a Continuum of Care framework.
- *Community Resource and Referral Centers (CRRC)*, supported by the National Center on Homelessness Among Veterans. CRRCs are being piloted in densely populated sites across the country, including San Francisco. CRRCs are places where veterans can do “one-stop shopping” to get linked rapidly to stable housing and supportive services. According to the National Center on Homelessness Among Veterans, CRRCs are collaborative, multi-agency, multidisciplinary programs that provide access to housing, health care, job development programs, and other VA and non-VA benefits.<sup>59</sup>
- *Homeless Patient Aligned Care Team (H-PACT) Program.*<sup>60</sup> Selected VA sites are implementing the H-PACT program with the goal of providing a coordinated medical home designed for veterans experiencing homelessness. Interdisciplinary teams are engaging veterans in full-range health services as well as VA homelessness prevention services through a “no wrong door” policy.

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<sup>57</sup> <http://www.nchv.org/images/uploads/Stand%20Down%20Guide.pdf>

<sup>58</sup> <http://web.mail.comcast.net/zimbra/mail?app=mail#5>

<sup>59</sup> <http://www.endveteranhomelessness.org/programs/community-resource-referral-centers>

<sup>60</sup> <http://www.endveteranhomelessness.org/programs/homeless-pact>

## Employment and Education

Educational benefits, such as the GI Bill, are one of the best known benefits to veterans and these benefits are often expanded to cover veterans as well as their spouses and dependents. In the spring of 2014, the VA awarded GI benefits to more than 496,000 U.S. beneficiaries. The Post 9/11 GI Bill has spent \$41 billion in benefit payments awarded to students and their educational institutions.<sup>61</sup>

Lesser known benefits are those related to employment. However, a number of national strategies have been used to increase employment among veterans, including education and training benefits, employment assistance programs, dedicated resources and guides such as those distributed by the state Employment Development Department, and tax credits for employers.

Employment and education were among the most important categories of need cited amongst veterans who participated in this study. According to veterans and service providers, many servicemen and servicewomen enter the military for educational opportunities and employment. When they are discharged, they find themselves unemployed and usually with little civilian work history and few credentials that are needed for civilian jobs or higher education.

Once veterans enroll in higher education or find employment, they still have specific needs. For example, veterans in this study described the negative stereotypes they face in both the workplace and on college campuses. They cited the feeling that many civilians think all veterans have Posttraumatic Stress Disorder (PTSD) and may be a danger to others. Other veterans said that their civilian peers may think that they are less intelligent, in favor of war, and make assumptions about their political beliefs. For example, a veteran student described being called a “warmonger” and “baby-killer” by civilians. Veterans who participated in the study said that these stereotypes negatively impact their ability to get jobs, and distance them from their student peers in college.

In addition to the perception of veterans by others, the civilian workplace or college environment itself poses difficulties for veteran participants. In busy workplaces or large college campuses, they said they often feel anxious and vulnerable. For instance, seeing students leave backpacks unattended on top of library tables triggered one veteran and put him on “high alert” because of the possible threat (that it contained an explosive device) which he had been trained to identify. They also described experiencing culture shock with what they perceived as a lack of structure and lack of respect in civilian settings. For example, veterans described becoming frustrated with professors who have little control over their classes, or who allow students to dress in what they see as a disrespectful manner, such as wearing sweatpants to class.

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<sup>61</sup> National Veterans Foundation. (n.d.) Post 9/11 GI Bill. Retrieved 2014 from <http://nvf.org>

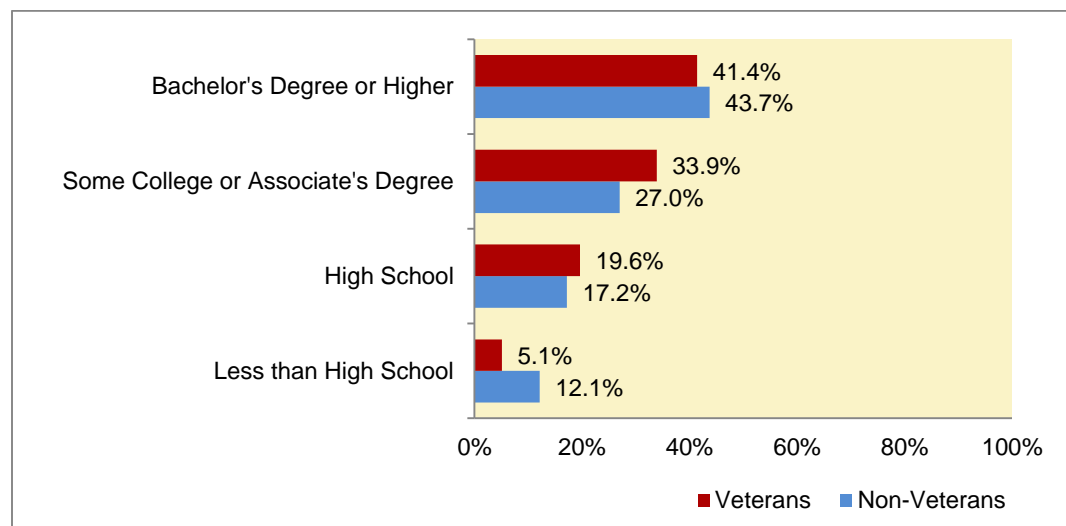
Veterans also discussed the challenge of having to adapt to professional and academic environments which are much different than the military; in the military, their missions were clearly defined, and they were provided with specific direction as to how they should accomplish them. They reported that in the civilian world there is more “gray area” and often feel there is no one there to help them.

## Education

A higher percentage of veterans than non-veterans have completed some college, both nationally and in San Mateo County. Also, the percentage of veterans with an advanced degree is higher than that of non-veterans each year and has continued to increase.<sup>62</sup>

Slightly more San Mateo County non-veterans had a bachelor’s degrees or higher than their veteran counterparts.

**Figure 16. Educational Attainment of San Mateo County Residents by Veteran Status, 2010-2012 3-Year Estimates**



Source: U.S. Census Bureau. (2010-2012). B21003: Veteran Status by Educational Attainment. American Community Survey 3-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov).

Despite high levels of educational attainment, veteran students still face unique challenges. Among focus group participants, some veterans were highly motivated to join the military for the educational opportunities it provided both within the military and through the GI Bill. According to a key informant from the community college system, many veterans with the GI Bill must pay for fees and expenses up front and then file for reimbursement, which is a burden for some. Similar to housing benefits, some veterans described challenges accessing their educational benefits.

<sup>62</sup> National Center for Veterans Analysis and Statistics. Department of Veterans Affairs. (2011). *Educational Attainment of Veterans*. Retrieved 2014 from <http://www.va.gov/VETDATA>



In addition to the lack of understanding about GI Bill benefits, which are different depending on service era, veterans face challenges with completing their education within the time limits. Also, some veteran participants said that they did not know that they qualified for the GI Bill and were unaware of the other supports that were available to help with schooling until they began receiving supports from the County of San Mateo with other needs.

As mentioned above, some veteran students reported having a hard time relating to, and sometimes feeling accepted by, students and faculty. A veteran who now works in a college setting opined that some civilians may perceive veterans as being less intelligent or academically prepared for college than civilian students. In fact, according to a key informant, one of the most important functions of campus veterans' service centers is advocating on behalf of veterans to faculty, who may oppose U.S. involvement in foreign wars and assume that veterans are in favor of war. Additionally, focus group participants reported that some faculty were unaware of the challenges facing veteran students, including missed classes or coursework for those receiving VA treatment or for those who are unable to finish classes when they are called up to active duty during the semester.

## Employment

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The U.S. Military currently employs over 1.18 million active duty personnel in the U.S. and its territories, plus nearly another 700,000 civilians, making it one of the largest employers in the country.<sup>63</sup> Men and women in the military learn job skills and receive intensive training in specific duties. When they separate from the military, their employment is terminated, and they must find new jobs.

According to the U.S. Bureau of Labor Statistics, the 2013 jobless rate for all U.S. veterans is 6.6% (including 6.9% for women and 6.5% for men) which is similar to that of the overall civilian population (6.7% as of December 2013). Among the 722,000 unemployed American veterans in 2013, 60% were ages 45 and over. Thirty-five percent were ages 25 to 44 and 5% were ages 18 to 24. The unemployment rate for Gulf War II-era veterans in the U.S. decreased slightly in 2013 to 9.0%.<sup>64</sup>

Great emphasis has been placed on the employment of U.S. veterans. The Unemployment Compensation for Ex-service members (UCX) program provides benefits for eligible ex-military personnel. The program is administered by each state as agents of the federal government.

When asked what their biggest needs were upon separation from the military, veteran participants in every focus group listed employment as their first priority. Most veteran participants in this study did not have established careers when they entered the military. After

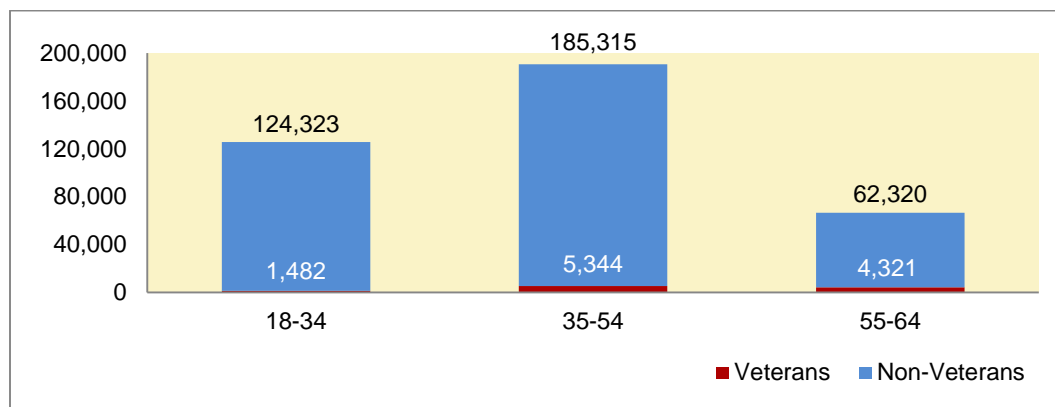
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<sup>63</sup> Source: U.S. Department of Defense. IAD 309 Report P1406 as of June 30, 2014.

<sup>64</sup> Source: U.S. Bureau of Labor Statistics. (2014). News Release USDL-14-0434. Retrieved from <http://www.bls.gov/news.release/pdf/vet.pdf>

being discharged, veterans found themselves unemployed and usually without a plan for finding employment, education or training for a new career.

Figure 17. **Number of Adults in the Labor Force by Veteran Status and Age Group, San Mateo County, 2010-2012 3-Year Estimates**



Source: U.S. Census Bureau. (2010-2012). B21005: Age by Veteran Status by Employment Status for Civilian Population 18 years and over. 2010-2012 American Community Survey 3-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov).

Note: Labor Force Participation Rate represents the proportion of the population that is in the labor force. For example, if there are 100 people in the population 18 years and over, and 64 of them are in the labor force, then the labor force participation rate for the population 18 years and over would be 64%.

Unemployment rates may underestimate the number of people who are without employment. The U.S. Census Bureau, American Community Survey (ACS) defines unemployment as all civilians who (1) were neither “at work” nor “with a job but not at work” during the reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to start a job. Also included as unemployed are civilians who did not work at all during the reference week, were waiting to be called back to a job from which they had been laid off and were available for work except for temporary illness.<sup>65</sup> If an individual has given up looking for a job or has taken a part-time job but prefers full-time work, they are not included in these rates.

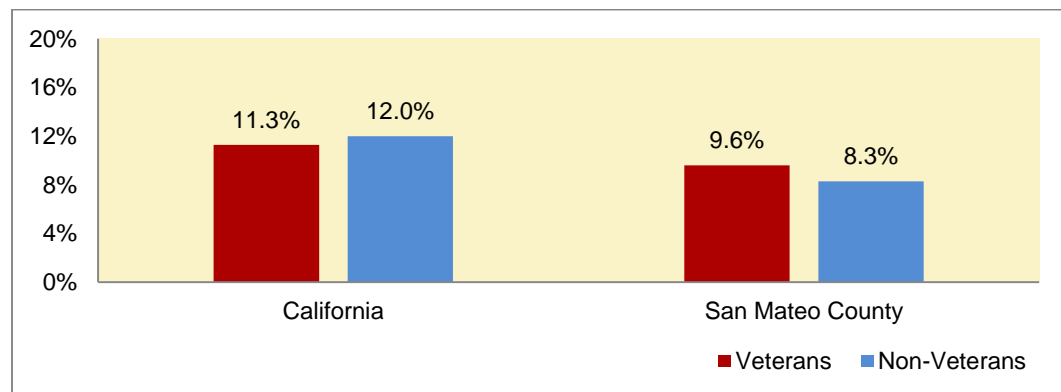
The U.S. Census Bureau finds that 90% of veterans in San Mateo County are employed. However, they do have slightly higher levels of unemployment than the non-veteran population (10% compared to 8%, respectively). Young veterans comprise a small percentage of veterans in San Mateo County. However, among 18-34 year-olds in San Mateo County’s labor force, 8% of veterans are unemployed compared with 11% of non-veterans in this age group. In all other age groups, (35-64 years) there are a higher proportion of unemployed veterans compared with non-veterans.<sup>66</sup>

<sup>65</sup> U.S. Census Bureau, American Community Survey. (n.d.) Labor Force Statistics. Retrieved 2014 from <http://www.census.gov/people/laborforce/about>

<sup>66</sup> U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates. Table B21005.

It should be noted that women veterans, particularly those living in rural areas, tend to have higher unemployment rates than male veterans and non-veteran men and women. In 2010, U.S. women veterans in the 20-24 year-old age group had the highest unemployment rate among all age groups. Factors that contribute to this employment gap include the fact that many women do not self-identify as veterans and some employers have misperceptions about the contributions of women veterans<sup>67</sup>.

**Figure 18. Percentage of Unemployed Adults in the Labor Force by Veteran Status, U.S., California and San Mateo County, 2010-2012 3-Year Estimates**



Source: CA and SMC: U.S. Census Bureau. (2010-2012). B21005: Age by Veteran Status by Employment Status for Civilian Population 18 years and over. 2010-2012 American Community Survey 3-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov).

San Mateo County focus group participants of all ages and genders said that it was difficult to transfer their skills to new jobs, or to communicate their skills on resumes. Veterans said they needed help understanding which careers were a good fit for the skills they learned in the military, and help with communicating those skills. For example, one veteran recalled writing a resume for a civilian security job and listing all of his weapons training, which he now deems inappropriate. Another recounted how a potential employer denied him employment on the basis that he did not have logistics experience, although he served as a unit supply specialist in the Army. In some cases, veterans also said they wished they had learned how to prepare for civilian positions while they were still in the military. For example, while military medics do have an Emergency Medical Technician (EMT) Basic certification, in most states veterans do not automatically qualify to be hired as EMTs. Veterans who served as medics said that they would have benefited from guidance on the required steps for obtaining their state E.M.T. licensure, or how to challenge the California state boards to earn a Certified Nursing Assistant (CNA) license or Licensed Vocational Nurse (LVN) certification.

During this study, professionals who serve veterans acknowledged that veterans with mental health issues sometimes have “bad days” and may express frustration with or resentment of

<sup>67</sup> Renteria Szelwach C, Steinkogler J, Badger ER, Muttukumaru R. (2011) Transitioning to the civilian workforce: Issues impacting the reentry of rural women veterans. *Journal of Rural Social Sciences* 26(3):83-112.

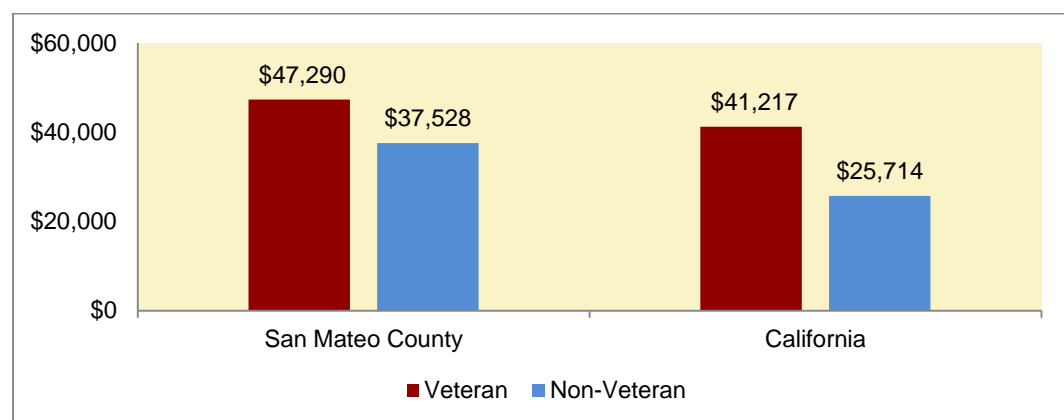
authority more often than non-veterans, but veterans who find a sense of camaraderie within their workplace can become excellent employees if their employers are dedicated to giving veterans a “fair chance.” They suggested that more workplaces be provided with incentives to hire veterans (both monetarily and with promotion of their companies) and that more be done to spread the word among veterans about employers who welcome them. These professionals have seen the positive outcomes that employment brings to veterans’ sense of purpose. For this reason, one professional stressed, governmental agencies should “struggle more” with the choice between approving SSI/Disability to veterans and forcing them to find employment.<sup>68</sup>

*“We should err on the side of putting a dysfunctional person to work over putting a functional person in disability.” – Non-profit veterans’ services provider*

## Income

In San Mateo County, median household income is higher for veterans compared with non-veterans, both for males and females. This may be an artifact of the large proportion of veterans who are older adults compared with the general population (75% of veterans are ages 55 and older compared with 31% of the non-veteran adult population). The average veteran earns \$9,762 (26%) more than non-veterans. Also, according to the U.S. Census, there were a slightly smaller proportion of veterans living below poverty in San Mateo County than the civilian population (6.1% and 7.2% respectively). By these measures, veterans in California and San Mateo County alike earn more than non-veterans. In San Mateo County, veterans’ median income is \$47,290 compared with \$37,528 for non-veterans.

Figure 19. **Median Individual Income by Veteran Status, 2010-2012 3-Year Estimates**



Source: U.S. Census Bureau. (2010-2012). S21004: Median Income in the Past 12 Months. American Community Survey 3-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov).

<sup>68</sup> Note: Focus groups and key informant interviews with veterans and stakeholders were included in the study in order to better understand their perspectives on veterans’ needs, the services and supports available to veterans, and their suggestions on addressing veterans’ needs. These opinions are not representative of all veterans in San Mateo County, and this information should be used to gain a better understanding of these needs but not to generalize about all veterans.

## Identified Best Practices for Employment and Education

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Identified best practices in employment and education share common themes which revolve around culturally competent support and services. Specifically, these practices focus more on staff sensitivity trainings, education and outreach rather than specific programs or curriculum.

### Employment

- *Gender-specific outreach and employment transition programs.*
- *Supported employment.* Supported employment (SE) is a VA-supported evidence-based practice that has demonstrated robust employment outcomes for veterans with serious mental illness, PTSD, homelessness, and spinal cord injuries.<sup>69</sup> Supported employment is paid work with transitional and ongoing supports that may include the following: arranging transportation, placement, training or retraining the supported worker, developing natural supports and assistive technology, if needed, to perform job duties, job coaching, and social integration.
- *Infrastructure for hiring, accommodating, and retaining veteran workers with disabilities.*<sup>70</sup> Despite federal incentives for hiring veterans, few employers have policies in place to support veterans with disabilities during and after the hiring process. Employers often are unaware of the specific needs of veterans with disabilities or where to find resources. Examples include the VetSuccess Program of the VA and the Wounded Warriors program which provide online and printed resources for veterans to share with their employers.
- *Using collaborative and family-strengthening approaches to vocational training.* Employers like Goodwill Industries International (GII) develop key partnerships with national agencies such as the Veterans Advisory Commission on Rehabilitation (VACOR) and local agencies such as homeless shelters/transitional housing providers to meet the multiple needs of the veterans they serve.<sup>71</sup> In addition, GII recognizes the heterogeneity of experiences and complex needs among veterans reentering the workforce and strives to provide individualized services. Currently, the majority of veterans seeking services from GII are Vietnam era veterans, many of whom are homeless.
- *Homeless Veterans Reintegration Program (HVRP),* administered by the U.S. Department of Labor-Veterans' Employment and Training Service. The program is designed to help homeless veterans find and retain employment through job

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<sup>69</sup> Ottomanelli, L., Goetz, L.L., Suris, A., McGeough, C. (2012). *Effectiveness of supported employment for veterans with spinal cord injuries: Results from a randomized multisite study.* Archives of Physical Medicine and Rehabilitation, 93(5): 740-747.

<sup>70</sup> Rudstam, H., Strobel, Gower, W., Cook, L. (2012). *Beyond yellow ribbons: Are employers prepared to hire, accommodate and retain returning veterans with disabilities?* Journal of Vocational Rehabilitation. 36(2):27-35.

<sup>71</sup> Marinaccio J. (2009). *Veterans Employment Services: A Review of Effective Practices.* An unpublished report produced for Goodwill Industries International.

placement services and coordination of local wrap-around supports, housing services, health services and counseling. (Please note: This program is not related to the Homeless Veterans Rehabilitation Program which provides residential treatment and medical rehabilitation to homeless veterans.) Critical components shared across HVRP programs include:

- » Community collaborations to meet the array of needs, including shelter, health care, transportation, counseling, and legal aid
- » Comprehensive assessments of the unique needs and abilities of each veteran to guide successful transition
- » Development of employment opportunities such as subsidized employment, transitional employment and on-the-job training
- *Aligning veteran abilities, education, and business needs*
  - » Resource: “Preparing America’s Best: Twelve Leaders Offer Suggestions for Educating, Training, and Employing Service Members and Veterans” booklet provides the results of interviews with leaders from a variety of sectors who serve veterans in education and employment.<sup>72</sup>
- Best practices and tools for workplace assessment, supervision, and management strategies for veterans
  - » Resource: “Hiring America’s Best: Preparing Your Workplace to Welcome Returning Veterans and Service Members” is sponsored by the National Organization on Disability and provides information to employers about hiring veterans, gives information on appropriate responses to stress injuries incurred by veterans, and suggestions for lowering employee stress and improving productivity for all employees.<sup>73</sup>

## Education

- *Faculty and staff training.* The current GI Bill limits the amount of time students have to complete degree requirements. Such limitations present challenges to veterans who cannot enroll in full-time studies due to families or work obligations. Veterans appear to be enrolling in two-year and online colleges with high frequency to take general education requirements towards their degrees. Two-year and online colleges often have fewer resources with which to train and support faculty and offer specialized direct services to veterans. Campus surveys of faculty have revealed a lack of awareness of student veteran issues and the presence of applicable campus resources such as Veterans Resource Centers. Existing trainings often focus on the

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<sup>72</sup> <http://www.nod.org/assets/downloads/AmericasBestPreparing.pdf>

<sup>73</sup> <http://www.nod.org/assets/downloads/AmericasBestHiring.pdf>



transition from combat to college and, while valuable, do not necessarily address the needs of non-combat veterans.<sup>74</sup>

- » Faculty and staff training in student veteran issues and linkage to campus resources for veterans. Such trainings would present a full-spectrum view of the potential strengths (e.g., military and cross-cultural experiences) and needs (e.g., Posttraumatic Stress Disorder and Traumatic Brain Injury) of student veterans as well as mechanisms to promote connections with other student groups and increase accessibility of course material (e.g., universal design, assistive technology).
- » Veterans may not self-identify to faculty or students. However, faculty could anticipate such disclosures and how to handle them with sensitivity. Additionally, faculty could consider the potential impact of provocative course content on students experiencing chronic trauma symptoms and should avoid volunteering student veterans to share their military experiences unless the students are comfortable doing so.<sup>75</sup>
- » Resources from the National Organization on Disability:<sup>76</sup>
  - “Teaching America’s Best: Preparing Your Classrooms to Welcome Returning Veterans and Service Members”
  - “Learning about America’s Best: Resources on Educating, Training, and Hiring Returning Veterans and Service Members”
- *Retention and graduation.* While data on veteran graduation rates are conflicting, there appears to be agreement that engagement of veterans in colleges, many of whom are first generation college students, could be improved.<sup>77</sup> Needs assessments of student veterans suggest that civilian students receive more peer support than student veterans.<sup>78</sup> Some campuses have established student veteran organizations and veteran resource centers to increase student veteran engagement, peer support, and college success. Other schools have organized student veteran advisory committees to advise campus policy decisions.<sup>79</sup>

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<sup>74</sup> Hart, D.A., & Thompson, R. (2013). *An Ethical Obligation: Promising Practices for Student Veterans in College Writing Classrooms*. Unpublished report on the findings of a 2011 CCCC Research Grant.

<sup>75</sup> Glover-Graf, N.M., Miller, E. & Freeman, S. (2010). *Accommodating veterans with Post-traumatic Stress Disorder symptoms in the academic setting*. *Rehabilitation Education*. 24(1&2): 43-55.

<sup>76</sup> <http://www.nod.org/assets/downloads/AmericasBestTeaching.pdf>

<sup>77</sup> Kirchner, M.J., Coryell, L., & Yelich Bieniecki, S.M. (2014). *Establishing quality engagement for student veterans by building program support at all levels: Promising practices for engaging student veterans*. *Quality Approaches in Higher Education* 5(1):12-18.

<sup>78</sup> Whiteman, SD, Barry, AE, Mroczek, DK, MacDermid Wadsworth S. (2013). *The development and implications of peer emotional support for student service members, veterans, and civilian college students*. *Journal of Counseling Psychology*, 60(2): 265-278.

<sup>79</sup> Osborne, NJ. (2014). *Veteran ally: Practical strategies for closing the military-civilian gap on campus*. *Innovative Higher Education*. 39(3): 247-260.

- *Access and veteran-specific services.* Surveys and face-to-face interviews with student veterans attending California's Community College System revealed the following desired practices:<sup>80</sup>
  - » Faculty training in veteran issues
  - » Orientation for student veterans
  - » Veterans Resource Center (VRC)
  - » Physical access to all facilities
  - » Full access to all learning opportunities
  - » Guidance for each veteran to have a vocationally useful education goal
  - » On campus career services that can assist veterans with transferring military experience and skills to the civilian workplace
  - » Support for student veterans' success, starting with the President of the college
  - » Peer support from other student veterans
  - » Veteran outreach from campus Disability Services Office
  - » A "veterans" link to specialized resources on the main page of the institution's website
- *Placement in appropriate level courses.* Research suggests that student veterans often are placed in courses far below their competency levels where they repeat material already mastered in their military training.<sup>81</sup> As such, it has been recommended that one benchmark for military-friendly institutions would be to include opportunities for assessment of military learning and obtaining corresponding course credit.
- *Vocational rehabilitation (VR) services.* Multiple VR programs are available through the VA. Veterans with disabilities, with or without college training, are more likely to gain employment if they have had assistance from vocational rehabilitation programs (e.g., assessment, treatment, rehabilitative technology, job search and placement). Many veterans are unaware of the programs or do not seek out their services.<sup>82</sup> The cross sector Think Tank for Serving Veterans with Disabilities hosted by the University of Washington contributed the following recommendations

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<sup>80</sup> Miller, W. (2014). *Essential Practices for Serving Student Veterans in the California Community College System*. Unpublished report. South Jordan, Utah.

<sup>81</sup> Brown, P.A., Gross, C. (2011). *Serving those who have served – managing veteran and military student best practices*. *The Journal of Continuing Higher Education*. 59(1):45-49.

<sup>82</sup> Boutin, D. (2011). *Effective vocational rehabilitative services for military veterans*. *Journal of Applied Rehabilitation Counseling* 42(2):24-32.

to improve veterans' access (disabled or not) to post-deployment training, education, and careers:<sup>83</sup>

- » Address cultural issues (Latino and Native American populations were specifically discussed) and establish partnerships with these groups
- » Understand the differences between the military, higher education, and the corporate world (e.g., translate resumes into language that works in the corporate world, use strengths-based assessments of skills, address differences in supervision and hierarchy)
- » Address the knowledge gap that many veterans and veterans' service providers face regarding the use of assistive technology
- » Connect veterans to services, especially once they are off base, and help them deal with feelings of stigma and isolation
- » Provide hands-on learning concurrent with academic educational opportunities
- » Find ways to connect with homebound veterans and their caregivers/families
- » Engage spouses and families in the college and career support process
- » Address the cost-of-living problems returning veterans with disabilities are facing that may impact their ability to attend school
- » Educate schools, outreach agencies, and veterans about psychological issues that many veterans experience after exposure to traumatic events
- » Address specific issues experienced by female veterans
- » Develop an online community of practice where service providers and veterans could collaborate to offer the following:
  - Mentoring programs specifically for veterans, their families, and service providers
  - Regional Capacity-Building Institutes to identify strategies to support transition from active duty to education and careers
  - Improved campus connections and student groups
  - Communication about the new GI Bill
  - Faculty training at a college that can be replicated and shared with other colleges
  - Publications, videos, and websites that support educators, service providers, employers, veterans with disabilities, families, and other stakeholders

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<sup>83</sup> <http://www.washington.edu/doit/cbi/veterans/proceedings.html>

## Exemplary Regional Programs

- *Swords to Plowshares (Swords)*<sup>84</sup>. Swords is a community-based, non-profit veterans organization that provides services and advocacy for veterans in the San Francisco area. Swords uses a “vets helping vets” model to provide employment services for homeless, low-income, at-risk, and re-entry veterans. The program has been recognized nationally for its innovation and success with veterans struggling with homelessness and poverty. Swords works with partners including EDD to provide a “one-stop center” approach. Employment and training services include:
  - » Job readiness assessments
  - » Vocational counseling
  - » Pre-employment services
  - » Classroom certification training
  - » Job placement
  - » Job retention support
  - » Employment workshops designed for women veterans
  - » Women veteran professional network

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<sup>84</sup> <http://www.swords-to-plowshares.org/>

## Basic Needs and Social Supports

The support of public assistance helps veteran and civilian households alike to meet their basic needs, particularly during periods of unemployment, illness, or reduced income. While the VA has traditionally been seen as the primary provider of assistance to veterans, in recent years emphasis has been placed on mainstream support services to help stabilize veteran households and to help prevent them from experiencing homelessness and housing instability. Mainstream support services can provide additional assistance to veteran households receiving VA services or can be used as a safety net for veterans who are not eligible for VA benefits. To be eligible for federal and state supports, a household has to be earning an extremely low income. The Affordable Care Act (ACA) gave states like California the ability to extend Medicaid to all persons living under 133% of the Federal Poverty Level and expand services that can be funded by Medicaid. California expanded Medicaid coverage to low-income adults beginning in June 2013. Additionally, ACA can help pay for supportive services for those in supportive housing settings.<sup>85</sup> Other mainstream support programs like CalFresh, which provides nutritional assistance, can provide basic needs and help to relieve economic stress on households.

### Public Assistance

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While many mainstream public assistance programs are federal, these programs are coordinated and administrated at the County level. In San Mateo County, data on individuals receiving mainstream support services are housed in the CalWIN system. While the system gathers data on enrollees' veteran status, this variable is not a required data element, and thus individuals receiving services may choose not to report their veteran status. The system only maintains records on those receiving assistance. Data on the number of people seeking services was not available. It also does not record whether or not these individuals are receiving additional services such as those administrated by the VA or other outside agencies. In 2013, the CalWIN system showed that 113,792 individuals in San Mateo County were receiving some form of mainstream support. Of those, only 238 had been identified as veterans. Due to these limitations, there is no comprehensive information on the mainstream support programs accessed by veterans in San Mateo County.

However, San Mateo County offers many mainstream social support services that are available to veteran and civilian populations alike. These benefits include but are not limited to: CalWORKS, CalFresh, General Assistance and Medi-Cal.

CalWORKS provides cash assistance and employment services for individuals in need and can also assist individuals with health insurance. CalFresh, formerly known as the Food Stamp

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<sup>85</sup> Department of Housing and Urban Development. (2014). *SNAPS Weekly Focus: Leveraging Mainstream Services Funding*. Retrieved 2014 from <https://www.hudexchange.info>

Program, helps individuals access and purchase nutritious food with an Electronic Benefit Transfer card. General Assistance provides short-term cash assistance to low-income individuals who are residents of San Mateo County.

Those who were identified as veterans by CalWIN were primarily receiving Medi-Cal and CalFresh benefits. A lower percentage of those identified as veterans were receiving Medi-Cal than non-veterans. This may in part be due to efforts to transition VA-eligible veterans from Medi-Cal to VA medical benefits, a practice done in many states and recommended by the California State Legislative Analyst's Office to reduce state spending and improve recipient services.<sup>86</sup>

Veterans who participated in this study mentioned that they struggle to afford enough food due to the amount of income they need to spend on housing and utilities. Those who described themselves as being in danger of homelessness in the near future do rely on social supports for food, but CalFresh was not mentioned specifically.

### Identified Best Practices for Accessing Mainstream Support Services

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- SSI/SSDI Outreach, Access, and Recovery (SOAR) for People who are Homeless: Connecting Veterans to Social Security Disability Benefits, a Key Component in Ending Veteran Homelessness.<sup>87</sup> The SOAR model may be implemented by federal organizations such as the VA or local government agencies which administer Social Security benefits. The program assists veterans at risk for or experiencing homelessness with accessing Social Security Administration (SSA) disability benefits, whether or not they qualify for VA health care. Also, veterans who may be eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) are connected with these resources.

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<sup>86</sup> Taylor, M. (2013). *Rethinking PARIS Data Match: Connecting Veterans on Medi-Cal to Federal Benefits*. Legislative Analyst's Office. Retrieved 2014 from <http://www.lao.ca.gov>

<sup>87</sup> <http://soarworks.prainc.com/states/california;>  
[http://www.nchv.org/images/uploads/Connecting%20Veterans%20Issue%20Brief%20092014%20\(2\).pdf](http://www.nchv.org/images/uploads/Connecting%20Veterans%20Issue%20Brief%20092014%20(2).pdf)



## Veterans Benefits Administration

Accessing benefits and services was the most common overarching theme discussed in focus groups and interviews with stakeholders and San Mateo County veterans. Specifically, connecting with the VA for benefits is essential for veterans struggling with a health or mental health problem.

The Veterans Benefits Administration (VBA) processes veterans' claims for benefits, including medical, compensation and pension, as well as claims by dependents. Veterans' eligibility for benefits is dependent upon many things, including duration of active military service and status. Veterans with less than honorable discharge may have difficulty accessing veterans' benefits, especially those with dishonorable discharge status. Veterans may request a review of discharge and each branch of the military services maintains a discharge review board with authority to change, correct or modify discharges or dismissals not issued by a sentence of a general court-martial.

The table below details basic eligibility based upon discharge characteristics. However, there are circumstances beyond discharge character that may prevent a veteran from obtaining benefits or entitle the veteran to specific types of benefits. For example, discharges awarded as a result of a continuous period of unauthorized absence in excess of 180 days make persons ineligible for VA benefits regardless of action taken by discharge review boards, unless the VA determines there were compelling circumstances for the absence. Veterans with disabilities incurred or aggravated during active duty may qualify for medical or related benefits regardless of separation and characterization of service.

Figure 20. **Eligibility for VA Benefits Based on Discharge**

BENEFITS	HONORABLE	GENERAL	OTHER THAN HONORABLE	BAD CONDUCT DISCHARGE	DISHONORABLE DISCHARGE
VA Medical and Dental	X	X	TBD	TBD	NE
Hospitalization and Domiciliary Care	X	X	TBD	TBD	NE
GI Bill	X	NE	NE	NE	NE
Home Loans	X	X	TBD	TBD	NE
Disability Compensation and Pension	X	X	TBD	TBD	NE

X = Eligible; NE = Not Eligible, TBD = To Be Determined (decided on a case-by-case basis)

Source: US Department of Veteran Affairs. (n.d.). Applying for Benefits and Your Character of Discharge. Retrieved 2014 from <http://www.benefits.va.gov/>

All veterans' benefits claims are filed through the VBA. The VA's Office of Inspector General regularly conducts audits to assess the VBA's processing of non-rating claims. Non-rating

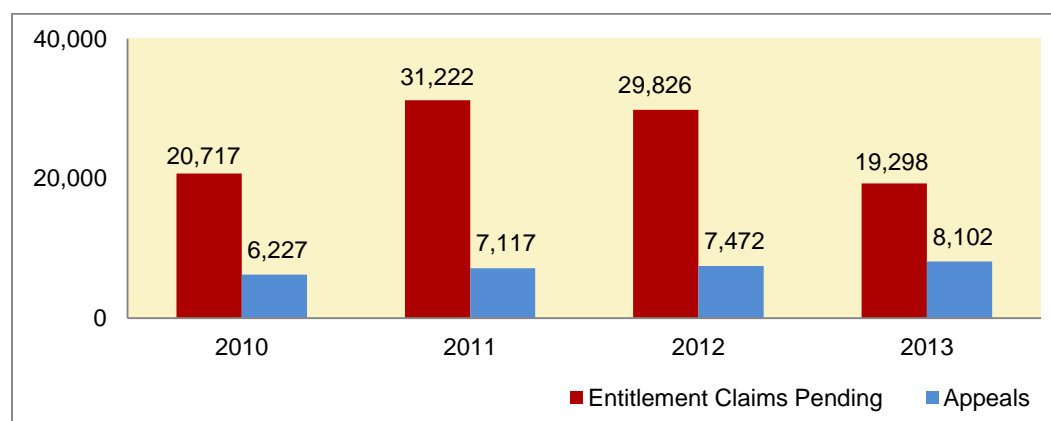
claims are those that involve both compensation and pension benefits, and in general can be processed by a Veterans Service Representative (VSR) without a rating decision. Examples of non-rating claims are dependency changes, claims for veteran burial benefits and initial death pension claims for widows/widowers. Delayed processing of non-rating claims can result in overdue retroactive payments and overpayments, both of which can have a negative financial impact on veterans and their dependents (beneficiaries). The objective of the audit is to determine if Veterans Service Center (VSC) staff at VA Regional Offices (VAROs) are promptly processing non-rating claims.<sup>88</sup>

## Veteran Benefit Claims

San Mateo County residents primarily have their claims processed through the Oakland VBA, the closest VBA office. While San Mateo County was unable to access specific data on the claims of County veterans, publicly-available data show the wait time of non-rating claims. In December 2013, the average wait time for non-rating claims at the Oakland VBA was 486 days, while the national average was 320 days.

The VA reports provide a weekly snapshot of pending claims. The data presented below are from the first week of December in each year. In December 2013, the number of pending entitlement claims at the Oakland VBA decreased from 31,222 in 2011 to 19,298.

Figure 21. **Number of Pending Benefit Claims, Veterans Benefits Administration Oakland, First Week of December Counts**



Source: National Center for Veterans Analysis and Statistics. (n.d.) Compensation and Pension by County Department of Veterans Affairs. Retrieved 2014 from <http://www.va.gov>

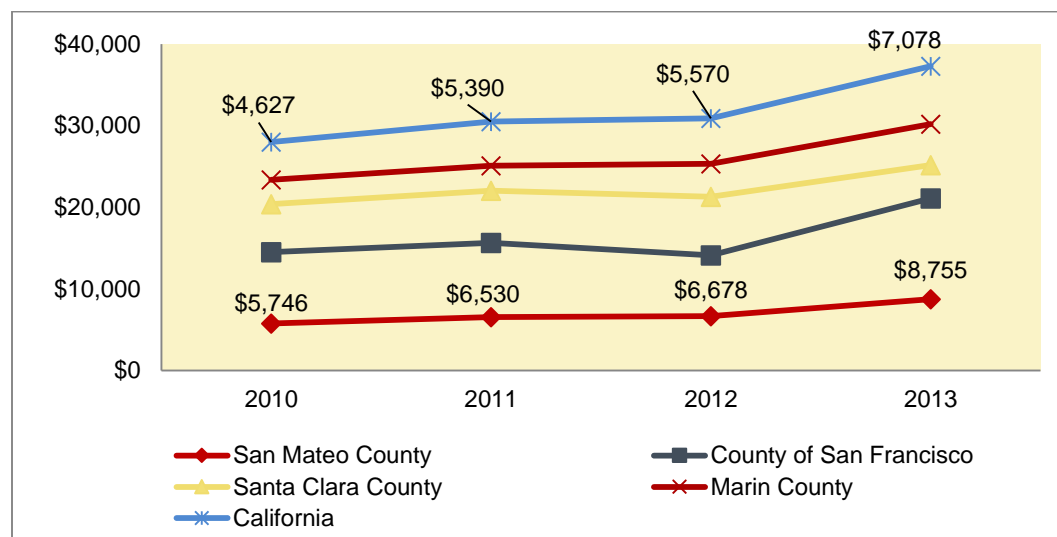
Note: Data presented are from the first week of December each year.

<sup>88</sup> The Department of Veterans Affairs Office of Inspector General. (n.d.) Audit of Benefits Administration Non-Rating Claims Processing. Retrieved 2014 from [www.va.gov](http://www.va.gov)

## Veteran Benefit Expenditures

The Veterans Benefits Administration reports the estimated number of veterans per county as well as their annual expenditures. The VA population estimates mirror the overall decline in the population of veterans estimated by the U.S. Census Bureau. However, while the veteran population is declining, the total per capita expenditures on veterans in San Mateo County by the VA has increased from \$5,746 in 2010 to \$8,755 in 2013. This includes, but is not limited to, compensation and pension, medical expenses, death benefits, educational benefits, capital equipment, and infrastructure costs. Compared to other counties, the per capita expenditures of the VA in San Mateo County are low. However, San Mateo County has a smaller number of veterans (32,000) than many surrounding counties including Santa Clara County, which has roughly 67,250 veterans. Additionally, San Mateo County does not house any of the larger medical facilities, the costs of which are high and included in the expenditures of surrounding counties such as Santa Clara and San Francisco.

Figure 22. **Total VA Expenditures per Veteran, by County**



Source: National Center for Veterans Analysis and Statistics. (n.d.) Compensation and Pension by County Department of Veterans Affairs. Retrieved 2014 from <http://www.va.gov/>

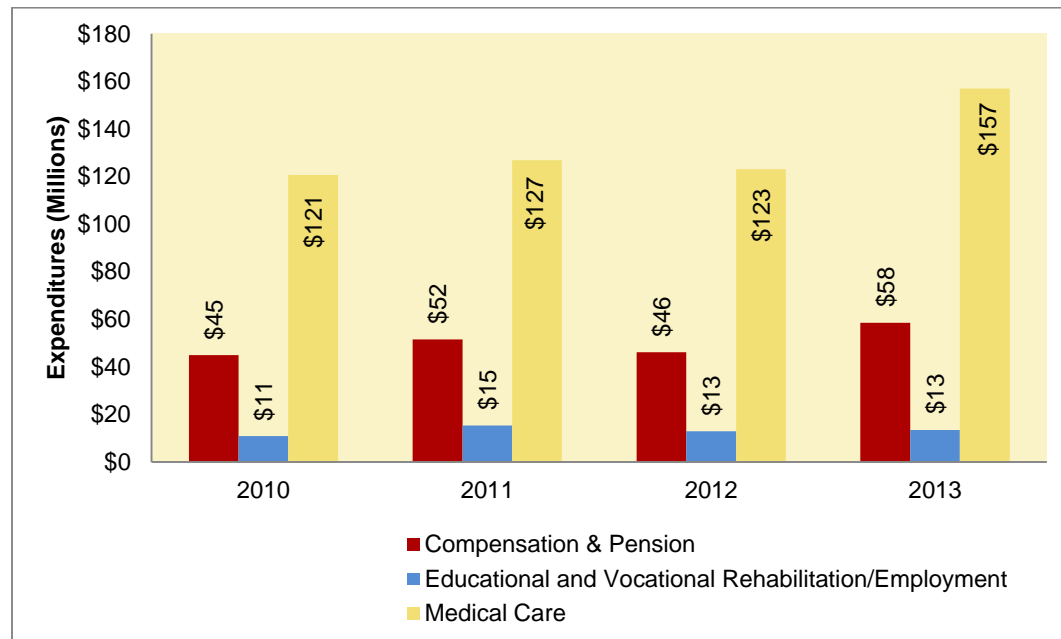
By in large the greatest expense incurred by the VA are medical expenditures. In 2013, nearly 157 million dollars were spent by the VA in San Mateo County. However, the VA also provides educational and cash benefits to veterans.

The VA administers and delivers two major types of cash benefits to qualifying veterans and at times, to their surviving spouses, children and dependent parents. Compensation is paid to veterans on the basis of disabilities that were caused or aggravated by events that occurred during their military service. Pension is paid to eligible veterans with limited income and resources who are aged and/or disabled from conditions that are not service-related. An individual may be eligible for both compensation and pension payments but they cannot receive both types of benefits at the same time. The VA compensation and pension expenditures in San

San Mateo County have shown an overall increase since 2010. In 2013, residents of San Mateo County were receiving \$58,492,000.

In addition to medical, pension and compensation benefits, veterans in San Mateo County also receive educational, vocational rehabilitation and employment benefits. These expenditures include benefits like the GI Bill, as well as vocational rehabilitation services which help veterans, particularly disabled veterans, identify skills, talents and interests to find viable employment and develop independent living skills. In 2013, the VA expended more than 13 million dollars in such benefits in San Mateo County.

Figure 23. **VA Expenditures by Benefit, San Mateo County**



Source: National Center for Veterans Analysis and Statistics. (n.d.) Compensation and Pension by County Department of Veterans Affairs. Retrieved 2014 from <http://www.va.gov/>

In the focus groups held for this study, veterans were asked about their most important needs and VA benefits were mentioned in every group. Although focus groups are not representative of all veterans in San Mateo County, the feedback was consistent among all groups, and can be used to gain a better understanding of these needs.

The experiences that veterans had with accessing benefits varied, but overall there were significant barriers to accessing their benefits:

- Knowledge about how to qualify for veterans benefits and when they are available
- Difficulty with filing accurate claims, and lack of help from VA staff
- Wait times for claims to be addressed

Upon exit from the military, veterans who participated in this study from both the Vietnam War and more recent wars in Iraq and Afghanistan described the lack of knowledge and information about the medical and mental health benefits available to them. One of the most fundamental pieces of knowledge that veterans lacked is the definition of a veteran. At least one veteran in every focus group said that they simply did not know that they were veterans.

The VA definition of a “veteran” is a person who served in the active military, naval or air service and who was discharged under conditions other than dishonorable. While this definition is commonly used to represent veterans, it excludes individuals who may qualify for veterans’ services, including military widows and dependents.

However, some veterans believed that one had to have been deployed overseas to be a veteran, or that one had to have been injured in a war to be considered a veteran. The consequence of this lack of information is that many did not identify themselves as veterans, and they presumed that they did qualify for veterans’ benefits offered by the VA.

*A participant who exited in 1994 said, “I did not know I was a veteran. I thought a veteran was someone who got hurt and fought in the war. I was in there in the Persian Gulf when it first started...I also went to Korea. But, I did not know that I was a veteran. No one told me.”*

In recent years, the military has provided the TAP program (Transition Assistance Program) which includes VA briefings about filing disability claims and some other benefits. However, not all veterans who were discharged in the last two years participated in this program. For instance, one veteran who was discharged under “Other Than Honorable” conditions because of an expressed alcohol abuse problem was not allowed to participate in this program but was discharged one month after he completed alcohol dependence treatment. Veterans who participated in TAP stated that they would like to have received more information, such as information on mental health services and information on benefits for their families.

Given that most veterans did not receive useful information on how to access the benefits and services that they needed, one of the important questions asked of veterans was how they did in fact access these services. Almost unanimously, veterans said that they learned about veterans’ benefits and programs through other veterans (i.e., word of mouth).

*“You get all this guidance when they are getting you in there. Everything is on a silver platter. You don’t have to worry about anything; it’s right there for you. When you are getting ready to get out... you just get a physical. They kick you out and there is no guidance. They don’t tell you ‘OK, go and apply for this, go and apply for that because you qualify for it.’ They don’t tell you these things. You have to research on your own...I’ve been out of the service since 1978. I got service-connected in 2005. I didn’t know anything about being service-connected for PTSD or my injuries or anything until another veteran told me.” – Disabled veteran*

For those who did apply for VA benefits, there was often at least one person in each focus group who described going to the VA in person, and asking for help with applying, but receiving none. As one veteran said,

*“I’d ask for help because I didn’t know how to do it, but the person who is supposed to help you just gives you this paperwork... I want them to do it because I don’t know how to do it.” – Veteran focus group participant*

Some veterans received help with applying for VA benefits at the San Mateo County Veterans Services Office (CVSO) in Belmont. Most of these veterans heard about this help through other veterans, although one veteran was referred by a VA staff member. In general, focus group participants who had interacted with the CVSO said that the assistance they received was very helpful. CVSO provides the face-to-face assistance that veterans expressed a need for. In fact, veterans and Veteran Services Officers (VSOs) described receiving help with more than just applying for VA benefits. For example, one veteran who had struggled with unemployment received guidance and encouragement from a VSO about how to interview for a job at a high-tech corporation. That VSO continued to follow up with the candidate and maintained a relationship in order to keep him connected with the CVSO so that they could continue to provide him with the best information and referrals available. Given that many veterans first access veterans’ services when seeking help with benefits, linkages such as these may be their first and only opportunity to connect with other systems and services.

While data on the number of veterans served annually by CVSO was not available at the time of this report, several veterans did say that it could take several months to reach staff by phone, which indicates a high demand for service. In fact, key informants and VSOs alike expressed directly that there is not enough staffing at the CVSO to help all veterans who are applying for benefits. (It should be noted that veterans who had trouble reaching staff by phone had better success when they came in person and received the one-on-one help they needed; CSVO serves several clients per day on a drop-in basis.) In FY 14-15 the CVSO increased staff from two to four positions in order to increase the program’s capacity to serve veterans in the County. (See appendix for more information about services provided by the CVSO.)

Locally, it was not uncommon for San Mateo County veterans who participated in this study to describe waiting three or four years for their claims (ranging from PTSD to back injuries incurred while on active duty) to be processed by the VA. Some of these veterans waited years to file claims; their reasons included a lack of information about service-connected disabilities<sup>89</sup>, having sufficient insurance through a private employer, and also feeling less deserving than other veterans (such as those who had suffered loss of limbs). Some of these aging veterans are now applying for benefits for the first time, for mental health treatment or old injuries, and are finding themselves waiting years to receive compensation and medical care for their injuries.

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<sup>89</sup> Disabilities due to injury or illness that was incurred in or aggravated by military service.



## Identified Best Practices for Connecting Veterans with VA Benefits

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- *California Veterans Benefit Enhancement Project.*<sup>90</sup> This Department of Health Care Services (DHCS) project helps veterans who are receiving Medi-Cal services obtain veteran benefits they are entitled to, which may be more generous than Medi-Cal. Similar to the award-winning Washington State Veterans Benefit Enhancement Project, California's Project uses PARIS-V, an information-sharing data match system operated by the U.S. Department of Health and Human Services' Administration for Children and Families (ACF) which allows state and federal agencies to compare beneficiary information across the Medicaid and VA programs. Use of PARIS-V allows states to identify Medi-Cal beneficiaries with veteran status and evaluate them for potential eligibility for VA health benefits. DHCS refers veterans and their families to their County Veteran Service Office (CVSO) who will help them establish which benefits they are entitled to, such as pensions or compensation, medical coverage, prescription drugs, medical devices and family benefits.
- *CalVet*<sup>91</sup>: California Department of Veterans Affairs (CalVet) website is a portal to a variety of veteran's advocacy and services, such as:
  - » Education and Employment
  - » Health
  - » VA Claims
  - » Housing (such as home loans)
  - » Stand Down grants
  - » Advisory Council
  - » Specific resources and links for incarcerated, minority, LGBT, and women veterans
- *Legal services related to obtaining benefits:*
  - » National Veterans Legal Services Program (NVLSP)
  - » Lawyers Serving Warriors: free legal services to U.S. military personnel and veterans for disability eligibility, discharge characterization, and traumatic injury insurance claims

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<sup>90</sup> <http://www.dhcs.ca.gov/services/medi-cal/Pages/VBE.aspx>

<sup>91</sup> [https://www.calvet.ca.gov/VetServices/Documents/Veteran\\_%20Resource\\_%20book\\_2014.pdf](https://www.calvet.ca.gov/VetServices/Documents/Veteran_%20Resource_%20book_2014.pdf)

## Health and Well-being

A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA health care benefits. Veterans' access to timely medical care has become an increasing concern over the past years, due to the increase in demand brought on by the Iraq and Afghanistan wars, and by the decrease in supply stemming from fewer Veteran Affairs Medical Center facilities and other impacts of budget cuts. In an attempt to reduce wait times, the U.S. Department of Veterans Affairs implemented electronic wait-time tracking in 2012, and added a 14 day access measure as part of individual employee performance plans.<sup>92</sup>

However, without an increase in supply that was commensurate with the level of demand, these efforts to reduce wait times backfired, as evidenced in a scandal that surfaced in 2012 from the Phoenix Veterans Administration Health Care System (PVAHCS). In response to allegations made by whistleblowers from inside the system, staff investigators found widespread discrepancies between patient wait times reported electronically and those reported on paper. Actual wait times to see a primary care physician could be as long as six weeks, an employee analyst complained in 2013.<sup>93</sup>

The scandal in Phoenix sparked a broader review of access issues across the entire VA system, and ultimately served as a catalyst to bring about much-needed reforms to the VA health care system. For instance, between May and June 2014, approximately 200,000 new VA appointments nationwide were scheduled for veterans. By August 2014, 266,000 veterans had been reached to get them off wait lists and into clinics, resulting in a 57% reduction in the number of veterans on the Electronic Wait List (EWL). Additionally, to boost the supply of care for veterans, primary care was added to the services available through VA's Patient-Centered Community Care (PC3) contracts, a key part of its non-VA medical care program. In Phoenix alone, since May 2014, VA has scheduled 2,300 appointments at the Phoenix VA Health Care System and made 2,713 referrals for appointments to community providers for non-VA care. To help promote ongoing continuous improvement across the country, beginning fall 2014, every VA medical center will undergo an independent review of its scheduling and access practices, and channels for more systematic, ongoing patient feedback are being put into place through mechanisms such as surveys and town hall forums.<sup>94</sup>

In June 2014, Palo Alto VA held a meeting with local elected officials to have a dialogue about the concerns raised in the VA Phoenix controversy. U.S. Rep. Anna Eshoo, D-Palo Alto acknowledged the "longstanding and widespread" failure within the VA but said the Palo Alto VA

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<sup>92</sup> USA Today. (2014). *Timeline: The story behind the VA scandal*. Retrieved 2014 from <http://www.usatoday.com/story/news/politics/2014/05/21/veterans-healthcare-scandal-shinseki-timeline/9373227/>

<sup>93</sup> Ibid.

<sup>94</sup> U.S. Department of Veterans Affairs. (2014). *VA Outlines Actions to Improve Access to Care, Implement Recommendations from the Office of Inspector General*. Retrieved 2014 from <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2612>

provides an exemplary model of service and access. According to the VA, as of April 2014 the Palo Alto VA's average wait time for new patients seeking primary care is 18 days, just shy of the 14-day benchmark. For mental health patients, the average wait at the VA Palo Alto is one week.<sup>95</sup>

## Veterans Health Administration

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San Mateo County falls within the VA's VISN 21: Sierra Pacific Network and is serviced by two VA health care service systems, the VA Palo Alto Health Care System and the San Francisco VA Medical Center. Veterans in San Mateo County reported accessing both systems based upon their location and the services needed. The two health care systems provide some of the best care for veterans in the United States.

Most of San Mateo County lies within the Veterans Affairs Palo Alto Health Care System (VAPAHCS) except the city of San Bruno and north towards San Francisco. VAPAHCS consists of three inpatient facilities located at Palo Alto, Menlo Park, and Livermore, plus seven outpatient clinics in San Jose, Fremont, Capitola, Monterey, Stockton, Modesto, and Sonoma. These facilities provide medical and mental health care as well as classes, support groups, wellness services, hospice care and resource libraries.

Veterans Affairs San Francisco Medical Center (VASFMC) has 104 operating beds and a 120-bed Community Living Center. Primary and mental health care is provided at outpatient clinics in Clearlake, Santa Rosa, Eureka, Ukiah, and San Bruno. VASFMC primarily serves the area from the Oregon border on the north, south through San Bruno and the inland counties of Napa and Lake.<sup>96</sup> There is a specialized homeless veteran's clinic in downtown San Francisco. They offer classes, support groups, wellness services, hospice care, resource libraries and a variety of other services.

VAPAHCS serves an average of 3,582 San Mateo County veterans per year, about 42% more than the 2,523 served at the San Francisco VA Medical Center. (See Figure 25.)

The veterans who participated in this study who had connected with the VA primarily did so for physical health needs. Although most veterans said they did not have enough information about the health care services they qualified for, those who did described going to the VA for medical care soon after discharge. The veterans who received medical care at the VA Palo Alto were satisfied with their care, and often compared it favorably to the care they received at other facilities. However, the biggest barrier to receiving care was the process of applying for VA benefits, described previously in this report.

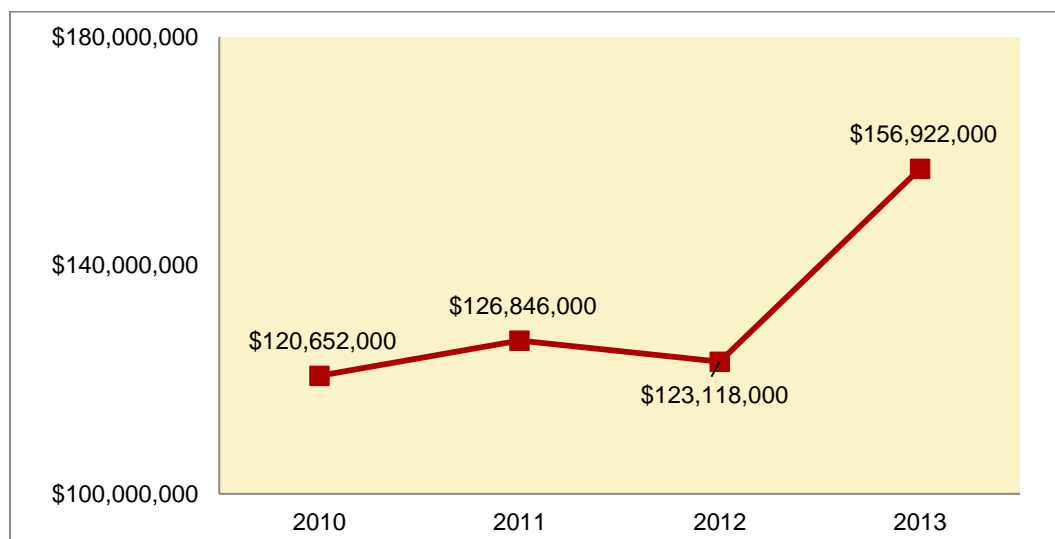
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<sup>95</sup> Kadwany, E. (June 4, 2014.) *Palo Alto VA positions itself within national scandal*. Palo Alto Online. Retrieved from <http://www.paloaltoonline.com/news/2014/06/04/palo-alto-va-positions-itself-within-national-scandal>.

<sup>96</sup> VA Sierra Pacific Network (VISN 21) Map. Retrieved October 2014 from [http://www.visn21.va.gov/images/VISN21\\_Counties.pdf](http://www.visn21.va.gov/images/VISN21_Counties.pdf)

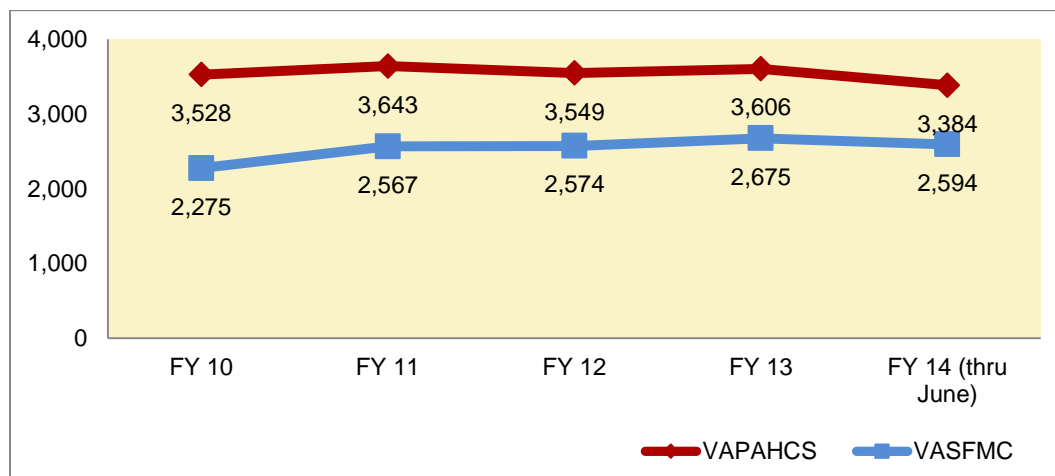
In 2013, the Department of Veterans Affairs served 6,281 medical patients in San Mateo County. Overall, the cost of care in 2013 was \$156,922,000 or approximately \$23,000 per veteran. While the number of veterans served in San Mateo County has remained stable since 2010, medical expenditures in San Mateo County have increased.

Figure 24. **VA Medical Expenditures, San Mateo County**



Source: National Center for Veterans Analysis and Statistics. (n.d.) Compensation and Pension by County Department of Veterans Affairs. Retrieved 2014 from <http://www.va.gov>

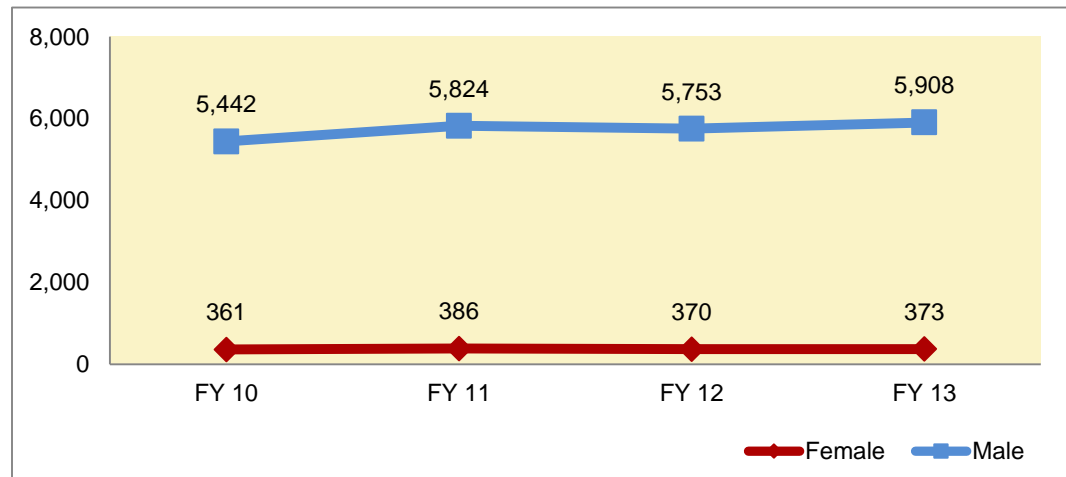
Figure 25. **Number of San Mateo Resident Veterans Served by VA Hospital System, FY08 – FY14 (June)**



Source: Veterans Administration. (2014). Personal response to Freedom of Information Act request, September 2014.

As shown in the figure below, the number of veterans served by both the VA Palo Alto Health Care System and the VA San Francisco Medical Center has increased slightly since 2010 which includes an increase in both males and females served. In 2013, 5,908 male veterans and 373 female veterans were served, for a ratio of 16 males to 1 female.

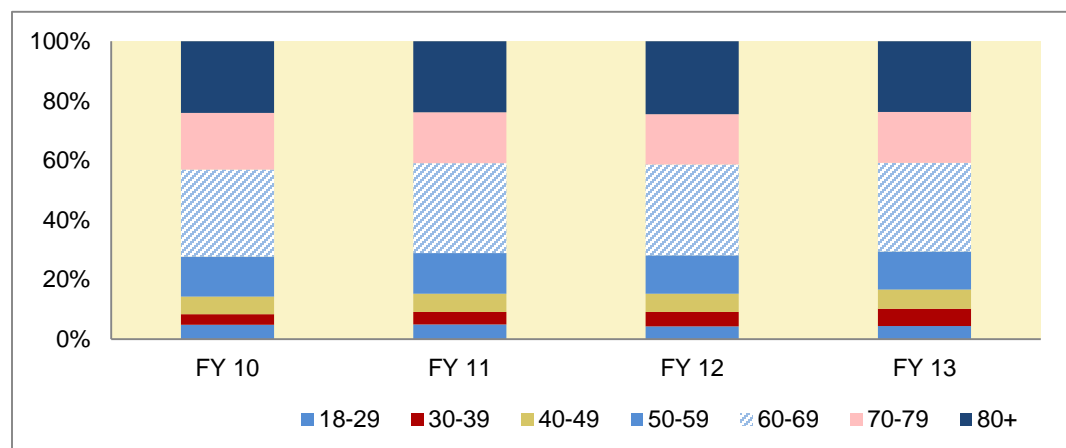
Figure 26. **Number of San Mateo Resident Veterans Served by VAPAHCS and VASFMC, by Gender, FY10–FY14 (June)**



Source: Veterans Administration. (2014). Personal response to Freedom of Information Act request, September 2014.

Older adults have consistently been the largest age population served by the VA since at least FY 2010; adults ages 60-69 comprise 30% of all adults served since FY2010.

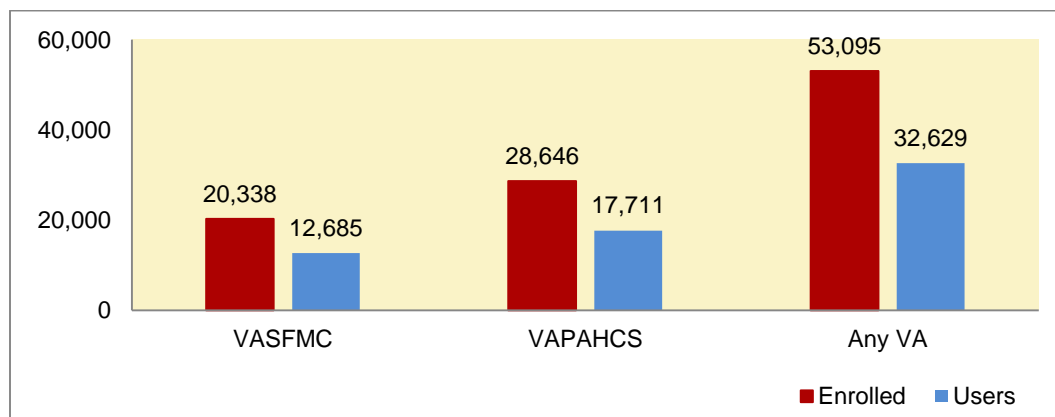
Figure 27. **Percent of San Mateo Veteran Residents Served by VAPAHCS and VASFMC, by Age, FY10 – FY14 (June)**



Source: Veterans Administration. (2014). Personal response to Freedom of Information Act request, September 2014.

About 61%-62% of all enrollees in both VAPAHCS and VASFCM health systems are classified as “users”, meaning that they are actively receiving services.

**Figure 28. Number of San Mateo Residents by VA Enrollment and User Status, by VA Health System, October 2010 – June 2014**



Source: Veterans Administration. (2014). Personal response to Freedom of Information Act request, September 2014.

Note: Numbers of enrollees and users are aggregated between Oct 2010 – June 2014, not unduplicated.

The ten most common inpatient services accounted for 81% of all inpatient services provided, with the most frequent service being general medicine services (37%) followed by high intensity general psychology inpatient services with 322 instances of services (9%).

**Figure 29. Top 10 Inpatient Services Provided to San Mateo Residents at VASFCM and VAPAHCS, FY08-FY14 (August)**

RANK	INPATIENT SERVICES PROVIDED	NUMBER OF SERVICES	% OF INPATIENT SERVICES
1	General (Acute Medicine)	1,268	37%
2	High Intensity Gen Psych Inpatient	322	9%
3	Respite Care (NHCU)	206	6%
4	Medical Observation	197	6%
5	Hospice (NHCU)	188	6%
6	Surgical Observation	150	4%
7	Orthopedic	127	4%
8	General Surgery	123	4%
9	Medical Step Down	122	4%
10	Short Stay Rehabilitation (NHCU)	71	2%
<b>Total of Top 10</b>		<b>2,774</b>	<b>81%</b>

Source: Veterans Administration. (2014). Personal response to Freedom of Information Act request, September 2014.

Note: NHCU stands for hospital-based nursing home care unit.

The ten most common outpatient services provided accounted for just half of all outpatient services, with the most frequent service being laboratory services (15%) and primary care (13%). The third most frequent outpatient service was individual mental health clinical services, with 12,276 instances of service.

Figure 30. **Top 10 Outpatient Services Provided to San Mateo County Residents at VA South San Francisco and VA Menlo Park, October 2008-August 2014**

RANK	OUTPATIENT SERVICES PROVIDED	NUMBER OF SERVICES	% OF ALL OUTPATIENT SERVICES
1	Laboratory	43,104	15%
2	Primary Care/Medicine	37,804	13%
3	Mental Health Clinic - Individual	12,276	4%
4	X-Ray	9,160	3%
5	Physical Therapy	8,915	3%
6	Social Work Service	7,279	3%
7	Recreation Therapy Service	6,869	2%
8	Admitting/Screening	6,179	2%
9	Occupational Therapy	5,742	2%
10	Clinical Pharmacy	5,631	2%
<b>Total of Top 10</b>		<b>142,959</b>	<b>50%</b>

Source: Veterans Administration. (2014). Personal response to Freedom of Information Act request, September 2014.

There were 319 deaths of San Mateo County VA health care patients reported by the VA between 2008 and August 2014. Five of the six most common reasons for death among VA healthcare patients mirror the major causes of death in California in 2009: cancer (malignant neoplasms), pulmonary or chronic airway conditions, heart diseases, and Alzheimer's disease/dementia.<sup>97</sup> However, the VA reported 22 deaths due to mental disorders such as bipolar disorder and schizophrenia, the fourth most common reason for death.<sup>98</sup>

While the VA is key to providing medical services for veterans, they do not provide every veteran with each of the medical, behavioral or mental health services they need. This can be seen by the fact that San Mateo County is home to roughly 32,000 veterans, yet the VA had fewer than 11,000 San Mateo County residents enrolled in 2013, and even fewer active users. While not every veteran is accessing medical care, it is clear that many veterans are seeking medical services from the civilian sector, where state and community-based programs provide support. Unfortunately, little is known about how or why veterans are accessing civilian services.

<sup>97</sup> California Department of Public Health. (2009). *Death Statistics Table 5-13*.

<sup>98</sup> Veterans Administration (2014). Personal response to Freedom of Information Act request, September 2014.



## Disability Status

In August 2013, it was estimated that 15% of all U.S. veterans had a service-connected disability (a disability due to injury or illness that was incurred in or aggravated by military service). However, in 2014 that percentage increased to 29% among Gulf War-era II veterans.<sup>99</sup> The Department of Veterans Affairs makes a determination about the severity of an individual's disability based on the evidence submitted during the claims process or through data that the VA obtains from military records, and this determination affects the amount of basic benefit paid. The disability compensation benefit amount ranges from \$127 to over \$3,100 per month, depending on the level of disability and number of dependents.<sup>100</sup>

VA rates disability from 0% to 100%, using 10% increments (e.g., 10%, 20%, 30%). For instance, individuals with a 0% ranking have a service-connected condition that was determined not to prevent them from daily activities. It is estimated that of the roughly 32,000 veterans in San Mateo County, 3,730 have an identified service-connected disability, and 21% of them have a disability that ranks 70% or higher.

Figure 31. **Veterans with Service-Connected Disability by Percent, San Mateo County, 2008-2012 5-Year Estimates**

DISABILITY STATUS	NUMBER	PERCENT
Zero percent	396	10.6%
10-20%	1320	35.4%
30-40%	445	11.9%
50-60%	434	11.6%
70% or higher	766	20.5%
Percent not reported	369	9.9%
<b>Total</b>	<b>3,730</b>	<b>100%</b>

Source: U.S. Census Bureau. (2013). B21100: Service-connected disability status. 2008-2012 American Community Survey 5-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov).

Note: Totals may not add up to 100% due to rounding.

## Substance Use Disorders

Serving in the U.S. military can be a challenging experience, often involving exposure to direct combat, physical injury, psychological trauma, and being deployed multiple times. Some veterans turn to substance use as a way to cope with these experiences.<sup>101</sup>

<sup>99</sup> Bureau of Labor and Statistics. (2014). *Employment Situation of Veterans Summary*. Retrieved 2014 from [www.bls.gov](http://www.bls.gov).

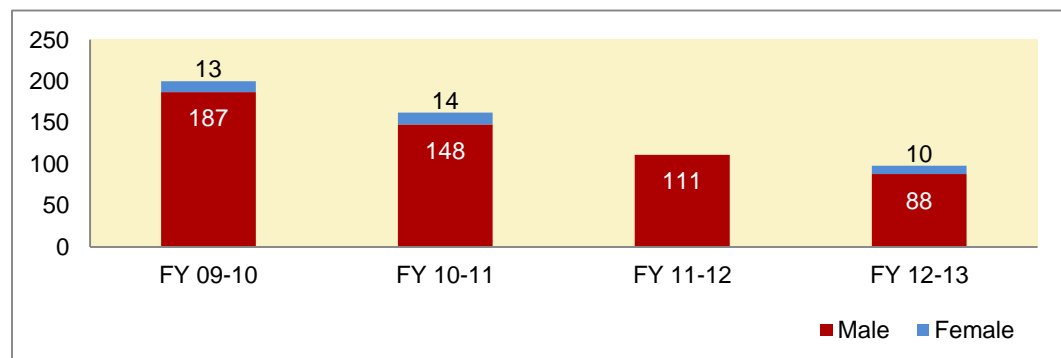
<sup>100</sup> Military Advantage. Retrieved October 2014 from <http://www.military.com/benefits/veteran-benefits/veteran-disability-compensation.html>

<sup>101</sup> Center for Behavioral Health Statistics and Quality. (2014). *Half of Substance Abuse Treatment Admissions among Veterans Aged 21 to 39 Involve Alcohol as the Primary Substance of Abuse*. Retrieved 2014 from <http://www.samhsa.gov/data/spotlight/Spot106VeteransAlcoholAbuse2012.pdf>

According to data regarding admissions to publicly-funded treatment facilities in 2010, veterans were more likely than non-veterans to self-report alcohol as their primary substance of abuse (51% vs. 34%), and less likely to report use of other drugs, though it must be noted that this data is self-reported; self-reported data on substance use tends to be underreported. The health implication is that substance-related policies and treatment programs for veterans should have a primary focus on alcohol over other potential substances.<sup>102</sup>

While limited data are available on substance use among veterans in San Mateo County, San Mateo County Behavioral Health and Recovery Services reported that since 2009, more than 100 veterans have sought alcohol and other drug (AOD) treatment through County programs each year.

**Figure 32. Veterans Receiving County AOD Services, By Gender, San Mateo County**



Source: San Mateo County Behavioral Health and Recovery Services. (2014). Personal correspondence. Received 2014.

## Trauma and Posttraumatic Stress Disorder (PTSD)

Experiences during military service can be traumatizing for veterans. In addition to the trauma which may be experienced while in combat, and the loss of comrades, veterans may experience other traumatic events while on active duty. For example, the prevalence of sexual assault for those on active military duty alone is 6.8% for women and 1.8% for men, and even higher proportions experience sexual coercion and unwanted sexual attention such as fondling and threatening attempts to initiate a sexual relationship. Military Sexual Trauma (MST) includes all of these categories and affects both men and women. While women are more likely to be victims of MST, the number of male and female victims of MST are very close due to the higher proportion of men in the military. For example, between 2008 and 2009 the number of male

<sup>102</sup> Center for Behavioral Health Statistics and Quality. (2014). *Half of Substance Abuse Treatment Admissions among Veterans Aged 21 to 39 Involve Alcohol as the Primary Substance of Abuse*. Retrieved 2014 from <http://www.samhsa.gov/data/spotlight/Spot106VeteransAlcoholAbuse2012.pdf>

patients who reported MST during a screening by the Veterans Health Administration (VHA) was 43,673, compared with 48,106 women.<sup>103</sup>

Posttraumatic stress disorder (PTSD) is a condition which can occur in people who have experienced a traumatic event such as a natural disaster, serious accident, sudden death of a loved one, war, violent personal assault, MST, or other life-threatening events. About half of the general population will experience trauma at some point in their lives, and most will recover from this trauma, but about 7% of the population will develop PTSD, and they may not develop it until later in their lives.<sup>104</sup> PTSD typically takes three forms: distressing recollections of the event, emotional numbness and avoidance, and increased arousal and irritability.<sup>105</sup>

About 11-20% of veterans from recent wars have developed PTSD, as compared to 30% of veterans from the Vietnam War.<sup>106</sup> Older veterans are thought to be more at risk for later onset of PTSD for a number of reasons, including but not limited to:<sup>107</sup>

- Retired veterans have more time to reflect on their prior experiences
- Older veterans may have developed medical problems and feel less equipped to deal with them
- Media coverage of current wars and conflict bring up past traumatic memories

Data on the number of veterans experiencing PTSD in San Mateo County is not readily available. However, using estimates of PTSD based on the era served can provide some information on the number of veterans affected by PTSD in San Mateo County. Based on the number of Gulf War and Vietnam War veterans, we can estimate that there are nearly 3,500 veterans affected by PTSD in San Mateo County.

**Figure 33. Estimated Occurrence of PTSD for San Mateo County Veterans**

VETERAN GROUP	ESTIMATED NUMBER OF VETERANS	ESTIMATED PTSD ISSUES	POTENTIALLY AFFECTED IN SAN MATEO COUNTY
Gulf War I and II	5,392	10%	539
Vietnam War	9,841	30%	2,952

Source: U.S. Census Bureau. (2014). B21002: Period of Military Service for Civilian Veterans 18 Years and Over. 2010-2012 American Community Survey 3-Year Estimates. Retrieved 2014 from [www.factfinder2.census.gov](http://www.factfinder2.census.gov). U.S. Department of Veterans Affairs. (2014). How Common is PTSD. Retrieved from <http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>

<sup>103</sup> Jenny K. Hyun, J.K., Pavao, J., & Kimerling, R. (2009). Military Sexual Trauma. *PTSD Research Quarterly*, 20(2).

<sup>104</sup> U.S. Department of Veterans Affairs. (2014). How Common is PTSD? Retrieved from <http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>

<sup>105</sup> Anxiety and Depression Association of America. (2014). *Understanding the Facts/Posttraumatic Stress Disorder/Symptoms*. Retrieved 2014 from <http://www.adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd/symptoms>

<sup>106</sup> U.S. Department of Veterans Affairs. (2014). How Common is PTSD? Retrieved from <http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>

<sup>107</sup> U.S. Department of Veterans Affairs. (2014). *Aging Veterans and Posttraumatic Stress Symptoms*. Retrieved from <http://www.ptsd.va.gov/public/types/war/ptsd-older-vets.asp>

San Mateo County veterans who participated in focus groups and interviews about their service needs attributed alcohol/drug addiction and homelessness to untreated PTSD. Many of them said that they did not recognize their own symptoms of PTSD, or denied their symptoms because they feared being labeled as “broken.” Some veterans avoided being identified as having mental health issues such as PTSD because they feared it could jeopardize their future military career options. In addition, veterans described suffering through problems such as PTSD without treatment (or “white-knuckling it”) as something of a way of life in the military, and said that there is a stigma associated with having PTSD.

Focus group participants reported that as time went on, they found themselves less able to cope with life’s stressors. Therefore, most sought treatment for the first time many years or decades after their exit from the military. Without exception, these veterans sought help upon the advice of a fellow veteran who recognized their signs of PTSD and encouraged them to seek help at the VA. Veterans also indicated that expressing interest in mental health assessments or services would compromise the job prospects for those who wished to continue serving in the military and many waited until they were confident they did not want to return to military service.

## Depression and Suicide

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Veterans who participated in this study described difficulties transitioning to civilian life. Many veterans experience depression. In fact, counseling was one of the top needs listed by veterans, although many said that at the time of their exit they did not recognize their own symptoms of PTSD nor other mental health issues.

According to the VA’s 2004 report, 22 veterans commit suicide every day in the U.S.<sup>108</sup> However, this figure represents data from 21 states and may underrepresent the phenomena. A more recent study that included individual state health and vital records departments data from 48 states, concluded that the veteran suicide rate is twice as high as that of civilians and nearly one in five U.S. suicides is committed by a veteran. The study also found that in California the veteran suicide rate was 34 per 100,000, and growing, compared to the civilian rate of 12 per 100,000. In California, 47% of veteran suicides (2,275) were committed by those ages 65 and over, while those ages 18-44 represent 14% of all veteran suicides.<sup>109</sup>

These data are concerning given the age of San Mateo County veterans and what is known about local suicides. In San Mateo County the overall suicide rate between 1990 and 2009 was 8.8 per 100,000. The age-adjusted suicide rate shows clear disparities; the older adult suicide rate was much higher: 12.9 for those ages 65-74, 21.1 for 75-84 year-olds, and 22.1 for those ages 85 and older<sup>110</sup> which is consistent with national trends during the same period. However,

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<sup>108</sup> Kemp, J. & Bossarte, R. (2012.) *Department of Veterans Affairs Suicide Data Report, 2012.* Department of Veterans Affairs. Note: Based on 21 states (or 40% of the population) reporting.

<sup>109</sup> News21. (2005-2011). Retrieved October 2014 from <http://backhome.news21.com/article/suicide>

<sup>110</sup> San Mateo County Department of Public Health. (2009). Personal correspondence.

according to The American Foundation for Suicide Prevention (AFSP), in 2008-2012, the U.S. trend changed; the highest suicide rate was among people 45 to 59 years old (19.9 per 100,000), and the second highest rate (17.0) occurred in those 75 years and older. Younger groups have had consistently lower suicide rates than middle-aged and older adults in both San Mateo County and nationally.<sup>111</sup> Local suicide data for veterans is not available, but given the elevated risk of suicide among older adults who are veterans (54% of San Mateo County's veterans)<sup>112</sup> there is cause for concern.

## Identified Best Practices for Health and Well-being Needs

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Identified best practices in health and well-being are intertwined and revolve around identifying veterans and their families and providing services that are informed by veteran experiences, and are patient-centered.

- *Screening for previous military service.*<sup>113</sup> Veteran status (or parent veteran status) is not commonly included in traditional health screenings, and veterans and their families may not self-identify as such to clinicians. Screening for military service is critical to those who serve veterans for the following reasons:
  - » Enables staff to assist veterans with obtaining benefits and accessing the network of healthcare and support services for which he or she may be eligible.
  - » Informs treatment planning (e.g., screening for disabilities such as hearing loss and tinnitus; exposure to Agent Orange, depleted uranium, military sexual trauma; PTSD and other mental conditions, substance use disorder; traumatic brain injury).
  - » Increases awareness of the extraordinary strengths that veterans and their families often possess and unique challenges that they may face.
- *Service model.* The best models are patient-centered, family oriented, wellness-health promotion oriented, and use primary care provider teams to provide comprehensive assessments. They integrate and coordinate assessment-based primary care and make behavioral health and social service support referrals across the lifespan (e.g., Patient Aligned Care Teams at the Veterans Health Administration [VHA]).
- *Co-management plan.*<sup>114</sup> Many veterans receive medical care from both VHA and non-VHA physicians (i.e., a dual system blending non-VHA and VHA services, such

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<sup>111</sup> Center for Disease Control. *Suicide Rates by Age, 2000-2012*. Cited by The American Foundation for Suicide Prevention (AFSP). Retrieved October, 2014 from <https://www.afsp.org/understanding-suicide/facts-and-figures>

<sup>112</sup> U.S. Census Bureau. (2013). S2101: Veterans Status. 2010-2012 American Community Survey 3-Year Estimates.

<sup>113</sup> <http://www.mentalhealth.va.gov/communityproviders/screening.asp#sthash.mIKMlaOf.dpbs>

<sup>114</sup> Nayar, P., Nguyen, A.T., Ojha, D., Apendteng, B., Woodbridge, P., & Schmid, K.K. (2013). *Transitions in dual care for veterans: Non-federal physician perspectives*. *Journal of Community Health* 38(2):225-237.

as those covered by Medicare and VHA benefits). Overall care quality has been related to the degree of care coordination between the two systems. Surveyed non-VHA physicians have reported problems with sharing medical records, coordinating patient referrals, transfers, prescriptions, and emergency care with VHA physicians. Use of a dual system can be improved through use of a provider-patient developed written co-management plan in which terms of services and communication are detailed and agreed upon.

- *Veterans in rural or remote areas.* TRICARE insurance members may access online mental health and Telemental Health programs.
- *Clinical Staff Training.* Provide skills training for staff in clinical environments on benefits eligibility, clinical screening and assessment, models of care, health risk factors associated with service, clinical best practices, cross-systems collaboration with VA, TriCare and other military health programs, suicide prevention, caregiver needs and supports, self-care practices, best practices for TBI, PTSD, gender-responsive and trauma informed-care (e.g., screening for exposure to interpersonal violence such as military sexual trauma, implementing policies and procedures to avoid re-traumatization during care).
- *Partnerships.* Health providers establish a partnership with the County Veteran Services Office to assist with assessment of benefits eligibility, and learning communities with other local providers that serve veterans (e.g., physical and behavioral health, employment and housing.)
- *Call lines.* Veterans Crisis Line and Veteran Combat Call Center provide confidential support over the phone via toll-free phone numbers to veterans experiencing crises.

## Criminal Justice

Overall, male veterans are less likely than the general male population to become incarcerated and veterans of recent wars (OEF, OIF, and OND) are less likely than those from previous wars to become incarcerated, even after adjusting for the age of veterans.<sup>115</sup> Consequently, the percentage of prisoners who are veterans has been steadily dropping, from 20% in 1981 to 10% in 2004.<sup>116</sup>

However, the profile of veterans who are incarcerated draws out important health implications. While incarcerated veterans are equally likely to report “ever” having mental health problems as non-veterans, they are more likely to report more “recent” mental health problems than non-veterans (30% compared to 24%, respectively).<sup>117</sup> Indeed, incarcerated veterans of recent wars are more likely to suffer from PTSD than veterans of other service eras<sup>118</sup> while in the general population, Vietnam-era veterans are much more likely to have PTSD.<sup>119</sup> Further, amongst those incarcerated, veterans are more likely than non-veterans to be first time offenders, have committed a violent offense, and have longer prison sentences. Veterans who are incarcerated may also face the loss of various VA benefits during this time.<sup>120</sup>

### San Mateo County Veterans Treatment Court

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San Mateo County veterans benefit from having one of twenty Veterans Treatment Courts (VTCs) in California.<sup>121</sup> VTCs are collaborative justice courts which combine judicial processes with rehabilitation services. The courts serve veterans struggling with addiction, serious mental illness and/or co-occurring disorders. In San Mateo County, approximately 33 veterans were served in its VTC between 2013 and 2014.<sup>122</sup> In its program, volunteer veteran mentors support San Mateo County veteran participants.

Participation in VTC is optional for veterans, and they must apply formally to be accepted by the program. The VTC model offers veterans an alternative to regular court proceedings which offers better understanding of the challenges that veterans face, such as Traumatic Brain Injury, PTSD, military sexual trauma and substance abuse. VTC judges are also familiar with the

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<sup>115</sup> Unpublished raw data. (September 24, 2014). Received from CalVet November 2014.

<sup>116</sup> Bureau of Justice Statistics Special Report. (2004). *Veterans in State and Federal Prison, 2004*. Retrieved 2014 from <http://www.bjs.gov/content/pub/pdf/vsfp04.pdf>

<sup>117</sup> Ibid.

<sup>118</sup> Justice for Vets. (2014). *Risk of Incarceration and Other Characteristics of Iraq and Afghanistan Era Veterans in State and Federal Prisons*. Retrieved 2014 from <http://www.justiceforvets.org>

<sup>119</sup> U.S. Department of Veterans Affairs. (2014). *How Common is PTSD*. Retrieved from <http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>

<sup>120</sup> Military Benefits. (2014). *Incarcerated Veterans*. Retrieved 2014 from <http://www.military.com/benefits/veteran-benefits/incarcerated-veterans.html>.

<sup>121</sup> Personal correspondence, CalVet.

<sup>122</sup> Ibid.



military and VA systems.<sup>123</sup> San Mateo Superior Court Judge Grandsaert who presides over VTC in San Mateo County is himself a veteran.

The VTC model requires a far more structured model which is successful with those who have served in the military. Veterans attend court bi-weekly at minimum in the early phases of the program, are required to attend alcohol or drug treatment, and are subject to random testing for substances (including alcohol).<sup>124</sup> Veteran Treatment Court participation results in reduced recidivism among participants.<sup>125</sup>

A veteran who is currently on probation through VTC participated in this study. After a series of what was described as “bad decisions fueled by substance abuse”, PTSD and an ugly divorce, this veteran found him/herself in legal trouble with drugs and alcohol. According to this veteran, the biggest barriers to recovery were admitting that help was needed, and lacking information about mental health benefits available to him/her. For example, in response to the question on whether receiving support could have helped him/her and prevented some of the behaviors which led to his/her incarceration, the VTC participant said,

*“If I had known over half of the resources available to me that I know about now, I think things could have been different. I wouldn’t have escalated things so much as far as overdoing myself so much with work and school. I needed the resources. If I knew there was somehow information...on how I could get those resources, it would have been helpful.”*

Becoming incarcerated was the impetus to getting the help that was needed. Now, s/he is getting help for PTSD for the first time through the VA Menlo Park, a part of the VAPAHCS. Upon completion of probation, this veteran expects to have the felony charge expunged from her/his record so that s/he can find employment and continue to advance in his/her career goals.

Interviews with veterans are included in the study in order to better understand their perspectives on veterans’ needs, the services and supports available to veterans, and their suggestions on addressing veterans’ needs. These opinions are not representative of all veterans in San Mateo County, and this information should be used to gain a better understanding of these needs but not to generalize about all veterans.

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<sup>123</sup> National Association of Drug Court Professionals. Justice for Vets division website. Retrieved October 2014 from <http://justiceforvets.org/what-is-a-veterans-treatment-court>

<sup>124</sup> Ibid.

<sup>125</sup> CalVet. Veterans Treatment Court. <https://www.calvet.ca.gov/VetServices/Pages/Veterans-Treatment-Court.aspx>

## Identified Best Practices for Criminal Justice Needs

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- *Veteran Treatment Courts.*<sup>126</sup> (Described above.) Veterans Treatment Courts such as the one in San Mateo County are treatment-based collaborative justice courts that offer behavioral health treatment alternatives to traditional court procedures for criminal activity.
- *Health Care for Re-Entry Veterans Program (HCRV).*<sup>127</sup> HCRV is a VA program that conducts outreach and pre-release assessment services for veterans in prison to address their community reentry needs through referrals and linkages to medical, psychiatric, employment and social services as well as short-term case management. See also CalVet Guidebook for California Incarcerated Veterans.<sup>128</sup>
- *Law Enforcement Training.* Provide training to city and county law enforcement personnel in recognizing potential behavioral health issues among community members and effective non-violent approaches to such persons with appropriate alternatives to incarceration.<sup>129,130</sup>
- CalVet<sup>131</sup>: California's Online Clearinghouse for Information on Veteran's Services. CalVet is a portal to a variety of veteran's advocacy and services, such as:
  - » National Veterans Legal Services Program (NVLSP)
  - » Lawyers Serving Warriors: free legal services to U.S. military personnel and veterans for disability eligibility, discharge characterization, and traumatic injury insurance claims

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<sup>126</sup> California Courts, Veterans Courts. <http://www.courts.ca.gov/11181.htm>

<sup>127</sup> CalVet. <https://www.calvet.ca.gov/VetServices/Pages/Incarcerated-Veterans.aspx>

<sup>128</sup> Department of Veterans Affairs. [http://www1.va.gov/HOMELESS/docs/Reentry/09\\_ca.pdf](http://www1.va.gov/HOMELESS/docs/Reentry/09_ca.pdf)

<sup>129</sup> <http://csgjusticecenter.org/wp-content/uploads/2012/12/le-research.pdf>

<sup>130</sup> [http://nccpsafety.org/assets/files/library/Improving\\_Responses\\_to\\_Mental\\_Illnesses\\_-\\_LE\\_Tailoring\\_\(CSG\).pdf](http://nccpsafety.org/assets/files/library/Improving_Responses_to_Mental_Illnesses_-_LE_Tailoring_(CSG).pdf)

<sup>131</sup> CalVet. [https://www.calvet.ca.gov/VetServices/Documents/Veteran\\_%20Resource\\_%20book\\_2014.pdf](https://www.calvet.ca.gov/VetServices/Documents/Veteran_%20Resource_%20book_2014.pdf)

## Systems Response

Through the process of this needs assessment, it became clear that both service providers and focus group participants were aware of the disjointed nature of services offered to veterans in San Mateo County. Focus group participants reported that they were often unaware of services and veteran-serving organizations in the County and many reported obtaining information on existing programs and supports from other veterans rather than service providers. Participants spoke of the difficulty of navigating their way through services because there was no single point of entry or connection between programs. Also, while service providers knew that they were serving veterans, many did not know how many or who those veterans were, due to inconsistent data collection and reporting.

Coordinated systems of care that aim to serve the needs of the target population will operate at two levels, the system level which will provide coordination and the program level which will interact directly with veteran clients. The system would integrate both public and private organizations and provide services effectively and with equity. Such coordination requires a common goal of serving the identified population and leadership to guide the process. Coordinated systems often rely upon an organizing body that represents service providers as well as those it seeks to serve. Through the efforts of this needs assessment, the County of San Mateo has established their role within the emerging system, developing a new group of community stakeholders and building leadership. Furthermore, support from state and county agencies, elected, and local advocacy organizations provide the group with authority and legitimacy needed for systems change.

This leadership is needed to help facilitate the process of integrating independent programs into one service network. Such leadership helps to build partnerships and assist organization in learning about services and systems and builds relationships with professionals in the broader community. Developing a strong partnership with the VA, the primary service providers for veterans in the nation, is essential. The VA has a significant role to play but by their own statutes do not service everyone who identifies as a veteran. Coordination among local service providers will help connect the system of care for veterans to mainstream support systems and help mainstream support service providers assist veterans with connecting to veteran specific benefits where available. This will increase the overall capacity of the system, and perhaps help to alleviate the strain on mainstream benefit systems with budgets that are continuing to be cut.

A coordinated system requires that the services provided are targeted to the needs of the community. The system must have the potential to assess whether or not those needs are met through the services provided and determine if those needs are changing over time. Through the process of this Veterans Needs Assessment, it became clear that many services and organizations providing services to veterans did not have a consistent or effective way for tracking the number of veterans they served and many were unable to assess the number of

clients who identify as veterans. Departments within the County, such as Health, Behavioral Health and Recovery Services, Human Services Agency, and Superior Court were among the organizations that had limited data on the veterans in their care. State agencies like the California Department of Veterans Affairs were unable to obtain information on the number of services members exiting the military and entering the County. While the VA is developing their system of care and increasing transparency, gathering local data on VA benefits was still difficult.

It is essential that the community have regular access to these data on the whole veteran population in order to be able to regularly monitor the system of care and the strategies used to increase well-being. Common measures are also essential for countywide understanding and to help bring meaning to the data. This meaningful, timely data is essential to addressing needs with the nuances necessary to effectively help individuals while providing services in a systematic and cost effective way.

Relationships between systems such as the County of San Mateo Human Services Agency, San Mateo County Health System, the VA, and CalVet are key to developing these common measures and developing data that is not dependent on any one system such as the VA.

Lastly, a comprehensive system of care that addresses the needs of veterans requires that all programs serving veterans are culturally competent and trauma informed. Ensuring that all programs are providing veterans with quality services is essential.

## Characteristics of Quality Veteran Programs<sup>132</sup>

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Research on best practices that address veterans' needs share these characteristics:

- Well-versed in local veterans' issues and benefits and competent to serve veterans
- Inclusive and active outreach
- Endorsed by veterans
- Culturally competent and trauma-informed
- Oriented towards wellness and self-determination
- Includes veterans on staff and in agency governance
- Strategic, well-planned, and built on existing community strengths
  - » Veterans involved in strategic planning and quality assurance/evaluation efforts
- Collaborative within and across sectors, so as not to be duplicative with other non-profit, business, and government programs, resources are used wisely to fill service gaps
- Offer assessment-based coordinated services for veterans and their families, including case management
  - » For example, use of the evidence-informed Vulnerability Index and Service Prioritization and Decision Assistance Tool or VI-SPDAT Prescreen<sup>133</sup> or the full SPDAT to highlight and prioritize service needs
- Ongoing data collection, management, and utilization for program monitoring and improvement
  - » For example, use of a coordinated community system of care Homeless Management Information System (HMIS)<sup>134</sup> to identify needs and gaps in services within a community, tailor services to fill gaps, and monitor client outcomes
- Evaluated to validate effective outcomes

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<sup>132</sup> New York Community Trust. (2014). *A call to Action*. Retrieved 2014 from <http://www.cnas.org/americas-veterans-a-sound-investment#.VGZVMxstB9B>  
<http://www.nycommunitytrust.org/Portals/0/Uploads/Documents/The%20New%20York%20City%20Veterans%20Fund%20-%20A%20Call%20to%20Action%20How%20Philanthropy%20can%20Support%20Veterans%20Returning%20from%20Iraq%20and%20Afghanistan.pdf>

[http://www.cnas.org/files/documents/publications/CNAS\\_WellAfterService\\_BerglassHarrell.pdf](http://www.cnas.org/files/documents/publications/CNAS_WellAfterService_BerglassHarrell.pdf)

<sup>133</sup> Community Solutions. *Evidence Brief*. Retrieved 2014 from <http://100khomes.org/resources/spdat-and-vi-spdat-evidence-brief>

<sup>134</sup> Department of Housing and Urban Development. (2014). Retrieved from <https://www.hudexchange.info/hmis/>  
<https://www.hudexchange.info/resources/documents/system-performance-measures-in-context.pdf>

## Best Practices for Community Partnerships Focused on Implementing Coordinated Systems of Care

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Quality systems of care are tailored to each individual community, the populations they serve, and the resources available to support them. In addition, systems of care approaches typically include collaboration across and within systems as well as coordination of services at the client level. While many communities are working to provide coordinated systems of care for veterans, this is in its early stages. There is much to be learned from other coordinated systems including Community Health Partnerships and Homeless Continuums of Care which have been working to serve heterogeneous populations through coordination and collaboration. Furthermore, recent demonstration projects of coordinated care models that aim to improve health and health care quality while reducing costs among persons with complex chronic illnesses, such as the Medicare Coordinated Care Demonstration Project and the Guided Care Model also are worth reviewing for their relevance to aging veterans and veterans with disabilities.

*Community Health Partnerships.* Community Health Partnerships (CHP) are cross-sector collaborations of different scale aimed at addressing the social determinants of health and improving individuals' health status. For example, the National Community Care Network Demonstration Program is a national CHP which brought together public and private partnerships selected from different communities across the United States to address problems of lack of insurance, limited access to health care and the health status of their most disadvantaged residents. Findings from a study on this program showed the project's sustainability required and provided outcomes-based advocacy, vision-focus balance, systems orientation, infrastructure development, and community linkages.<sup>135</sup>

*Homeless Continuum of Care Model.* As mentioned previously, the homeless services system has been moving toward an integrated continuum of care model and national funding mandates such integrated systems of care. San Mateo County is one such county which is implementing this model. While communities across the country work to implement these systems and are at different places in the process, the general framework is laid out in the HEARTH act. Communities furthest along the spectrum have a coordinated approach to services including coordinated assessment across programs which helps them to prioritize those most in need and use limited resources in strategic ways, creating the greatest impact. (More information on coordinated outreach, assessment and prioritization see Best Practices in Housing and Homelessness).<sup>136</sup>

*Coordinated Care Models.* For the chronically ill, the health care system typically is experienced as fragmented, discontinuous, difficult to access, inefficient, unsafe, and very expensive.<sup>137,138</sup>

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<sup>135</sup> Sustainability of Collaborative Capacity in Community Health Partnerships *Med Care Res Rev* December 2003 60: 130S-160S,

<sup>136</sup> National Alliance to End Homelessness. Retrieved 2014 from <http://www.endhomelessness.org/>

<sup>137</sup> Boulton, C., Karm, L., Groves, C. (2008). Improving chronic care: the "Guided Care" Model. *The Permanente Journal* 12(1): 50-54.

<sup>138</sup> Health2 Resources. (2012). Commission for Case Manager Certification Issue Brief 3(3):1-8.

Furthermore, multiple studies have documented that the bulk of Medicare spending goes toward covering a relatively small percent of Medicare beneficiaries with multiple chronic conditions, largely due to inadequate care, poor communication, and low adherence by patients.<sup>139,140</sup> Care coordination interventions have been developed to address these issues in various community populations with complex chronic illnesses, including the California Coordinated Care Initiative for MediCal and Medicare dually eligible beneficiaries for which San Mateo County is a participating site. The National Coalition on Care Coordination defines care coordination as “a person-centered, assessment-based, interdisciplinary approach to integrating health care and social support services that are tailored to individuals’ needs and goals” whose services “are managed and monitored by a trained care coordinator or interdisciplinary team according to established standards of care.” Some coordinated care models, such as the Guided Care Model and ProvenHealth Navigator<sup>1</sup>, explicitly include the following components: education and support for caregivers, embedding case managers in the medical practices, integrating the medical neighborhood, creating partnerships between payers and providers, and focusing on overall medication management as well as medication reconciliation post-discharge.

The Centers for Medicare and Medicaid Services have evaluated numerous Medicare coordinated care demonstration projects, with mixed results. Some would argue that failure to achieve targeted outcomes for promising care coordination models has been due to a lack of attention to implementation details. Indeed, there are programs apart from the Medicare demonstration projects that have had measurable success with improvements in care and costs, such as the Guided Care Model (improved quality of care; reduced hospitalizations, lengths of stay and ER visits), the Care Transitions Program (reduced hospitalizations), and Transitional Care (fewer rehospitalizations and fewer days when rehospitalized).<sup>4</sup> A review of high-quality studies of models of comprehensive health care for older persons with chronic conditions revealed that 15 models improved at least one outcome in quality, efficiency, or health-related outcomes of care.<sup>141</sup> In general, greater continuity of care has been associated with lower utilization of hospitals and emergency departments and lower health care costs.<sup>142</sup> Coordinated care models continue to be studied to gain greater clarity on how to identify the optimal target population and level of enrollment (i.e., episodic vs. continuous), best methods for providing transitional care, strategies for improving efficiencies in coordinated care, and how to optimize staffing of the care coordinator for patients with needs spanning across various health and social service systems.

- Medicare Coordinated Care Demonstration (MCCD): Like other coordinated care models, the MCCD was designed to improve outcomes among patients with complex chronic conditions without increasing program costs. Effectiveness studies of selected

<sup>139</sup> Kronick, R.G., Bella, M., Gilmer, T.P. (2009). *The Faces of Medicaid III: Refining the Portrait of People with Multiple Chronic Conditions*. Hamilton, NJ: Center for Health Care Strategies. As cited in Michalopoulos et al. 2014.

<sup>140</sup> Boulton, C., et al. (2009). *Promising Models of Care Coordination for Adults with Multiple Chronic Conditions: Getting Closer to the Holy Grail?* [http://www.nhpf.org/library/forum-sessions/FS\\_04-03-09\\_ChronicCareII.pdf](http://www.nhpf.org/library/forum-sessions/FS_04-03-09_ChronicCareII.pdf)

<sup>141</sup> Boulton, C. et al. (2009). *Successful models of comprehensive care for older adults with chronic conditions: Evidence for the Institute of Medicine’s “Retooling for an Aging America” report*. *Journal of the American Geriatrics Society* 57(2):2328-2337

<sup>142</sup> Hsiao, C. and Boulton, C. (2008). *Effects of quality on outcomes in primary care: A review of the literature*. *American Journal of Medical Quality* 23:302-310.



MCCD sites demonstrated that coordinated care models reduced the rate of participants' hospitalizations (including rehospitalizations)<sup>143</sup> but only in 3 of 15 programs in the first four years of operation. The most effective MCCD programs differed from less effective programs by providing the following key components:

1. Targeting patients with significant risk of hospitalization in the coming year but not necessarily at risk for rehospitalization
  2. Substantial amounts of in-person contacts with patients: nearly one per month, in addition to telephone contacts, during the patient's first year in the program
  3. Provider access to timely information on hospital and emergency room admissions in order to provide critical patient education on self-care and adherence
  4. Close interaction between care coordinators and primary care physicians, including in-person interactions and continuity of care coordinators for a given primary care physician
  5. A focus on assessing, care planning, educating, monitoring, and coaching patients on self-management, particularly proper medication management and including social supports (e.g., transportation, assistance with daily living activities, companionship)
  6. Care coordinators tended to be registered nurses with assistance from social workers to assess eligibility and organize needed social services
- NY Chronic Illness Demonstration Project (CIDP):<sup>144</sup> The six CIDP projects were designed to serve fee-for-service Medicaid recipients with a high probability of being hospitalized due to chronic illnesses. The goal of CIDP was to encourage use of primary and preventive care rather than emergency room and inpatient hospital services to control Medicaid costs. The CIDP model shares characteristics of health homes established by the Affordable Care Act and includes use of care managers to assess clients' health care and social service needs, develop care plans, provide health education, refer and coordinate care across providers (e.g., primary care, social services, peer support, behavioral health), facilitate access to appropriate levels of care, and support for keeping medical appointments. Specifically, CIDP projects utilized multidisciplinary care teams to provide care coordination, developed integrated networks of services, and trained providers in Motivational Interviewing<sup>145</sup>. CIDP project models incorporated aspects of existing chronic care models such as the Stepped Care Approach<sup>146</sup>, Wagner's Chronic Care Model<sup>147</sup> and the Rethinking Care Program developed by the Center for Health Care Strategies.

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<sup>143</sup> Brown, R. (2009). *The Promise of Care Coordination: Models that Decrease Hospitalizations and Improve Outcomes for Medicare Beneficiaries with Chronic Conditions*. <http://www.nyam.org/social-work-leadership-institute/docs/publications/N3C-Promise-of-Care-Coordination.pdf>

<sup>144</sup> Michalopoulos, C., et al. (2014). *The New York Chronic Illness Demonstration Project: Final Report on an Evaluation of Six Pilot Coordinated Care Projects for High-Needs Medicaid Recipients*. MDRC.

<sup>145</sup> Rollnick, S., Miller, W.R., & Butler, C.C. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York: The Guilford Press.

<sup>146</sup> Von Korff, M. & Tiemens, B. (2000). *Individualized stepped care of chronic illness*. *Western Journal of Medicine* 172:133-137.

About 60% of persons eligible for CIPD had been diagnosed with substance use disorder, 50% with mental health problems, 40% with cardiovascular disease, and a substantial number had multiple chronic conditions. As expected, the average CIPD-eligible individual had a history of high health care use in the year before becoming eligible for CIPD.

In the short-term of two years, CIPD had little impact on Medicaid costs or emergency room and inpatient hospital utilization or use of prescription medications among enrollees. Rather, CIPD enrollees had slightly higher Medicaid costs due to the inclusion of coordinated care managers and higher utilization of services at all levels of care, including hospitalizations. The study did not measure whether there were improvements in the quality of care received, use of social services, or patient satisfaction with care. The projects faced several implementation challenges, including the following:

1. Need for more time and resources to develop effective working relationships across providers and community partners, especially across a large catchment area
2. Lack of timely information on hospitalization and emergency department visits
3. Low enrollment and follow-up related in part to:
  - a. Inaccurate or missing contact information
  - b. Residential instability or homelessness of clients
  - c. Mismatch in readability of consent form with average literacy level of eligible clients
4. High caseload variation
5. High variation in face-to-face contact frequency, not necessarily correlated with caseload level
6. Resistance from clients to change medical homes and use services within the CIPD network resulting in the need for care coordinators to coordinate services across a larger number of medical homes and providers
7. Difficulty balancing enrollment and care management responsibilities within care teams

Distinguishing characteristics of more effective programs, such as those within the MCCD, include:

1. Frequent in-person contact with clients
  2. Focus on transition between hospital and home
  3. Close interaction between care managers and primary care providers
- Guided Care and ProvenHealth Navigator Models. Additional lessons learned from studies of these models:
    1. Skill sets necessary for effective disease management (e.g., diabetes) are distinct from those needed for case management of the most complex chronic disease cases

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<sup>147</sup> Wagner, E.H. (1998). *Chronic disease management: What will it take to improve care for chronic illness? Effective Clinical Practice* 1(1):2-4.

which comprise about 15 to 20 percent of the Medicare population and 5 percent of the commercial payer population

2. Implementing a coordinated care model requires a transformation of the primary care delivery model (not simply adding a nurse case manager to an existing practice) which requires a level of readiness and is optimized by incentives that are aligned with implementing the model
3. Providing a continuum of services (i.e., from health promotion to complex disease management) to address members' health care needs across the lifespan may reduce progression towards complex chronic disease morbidity.

## Identified Needs

Based on the secondary quantitative data and primary qualitative data collected, including feedback from participants in the 2014 Veterans Summit, the County of San Mateo has identified the list of needs found below. A discussion of best practices to address these needs are included in the topic sections found previously in this report. These needs are presented in alphabetical order. Please see the section on Summit Discussion Results for a list of top needs prioritized by Veterans Summit attendees.

### Access to Benefits & Services (VA & community-based)

- Outreach and information about services and benefits
- VA claims assistance
- Timely VA medical and mental health appointments

### Criminal Justice

- Criminal record expungement (such as through Veterans Treatment Court)
- Law enforcement interactions

### Education

- GI Bill access/utilization
- Support for veteran students

### Employment & Training

- Transferring military skills and experience into civilian careers
- Reintegration into work settings
- Employment for those with physical/mental disabilities/ AOD issues

### Housing (transitional, supportive and independent)

- Outreach & information about services and benefits
- Assistance for veterans with housing vouchers looking for homes
- Increase affordable housing stock
- Supportive group housing environments for veterans

### Mental/Behavioral Health

- Specific information about VA mental/behavioral health services and benefits

- Reintegration into civilian life
- PTSD treatment
- Alcohol and drug treatment
- Depression and suicide

### Women's Needs

- Outreach specific to women
- Services tailored to women's needs, including Military Sexual Trauma (MST)

# Veterans Summit

## Summit Purpose and Attendees

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San Mateo County held the Veterans Summit on November 5, 2014 in Foster City. The purpose of the summit was to convene stakeholders from across the County and collect information from them about veterans' needs. San Mateo County invited known stakeholders from veteran-serving agencies and also welcomed the general public. One hundred and seven guests from various sectors participated, including elected officials and their representatives, representatives from County and state government, non-profit leaders, Veterans Affairs staff and interested community members.

## Summit Agenda

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The summit began with a welcome from emcee John Nibbelin, County of San Mateo's Chief Deputy County Counsel and Lieutenant Colonel from the United States Army Reserve. County Supervisor and veteran Warren Slocum made opening remarks and shared his concern for and commitment to the veterans of San Mateo County. Programming began with an overview by Iliana Rodriguez, Director of San Mateo County Human Services Agency (HSA). Ms. Rodriguez explained the purpose, scope and process for conducting the ongoing Veterans Needs Assessment. Ms. Rodriguez also informed participants about the system of services that are currently in place to address veterans' needs, including federal and state programs such as those offered by the VA, local County services such as the Veterans Services Office, and acknowledged various community resources (such as community college veterans' services, legal services and others).

Following this information, speakers from the U.S. Department of Housing and Urban Development (HUD) and County of San Mateo Department of Housing addressed veteran housing and homelessness. Mr. Ed Cabrera from HUD updated the audience on national and state statistics, and shared promising information about the reduction in veteran homelessness as a result, in part, of the HUD Mayors' Challenge. Ms. Martha Ruiz of the Department of Housing informed participants about local County efforts to increase the availability of affordable housing to veterans, including the new Willow Housing project located on the Menlo Park VA campus which is scheduled to break ground in late 2014.

Applied Survey Research (ASR) presented the preliminary findings of the Veterans Needs Assessment, including both secondary data statistics and primary qualitative data findings. The presentation concluded with a list of identified needs and also a list of best practices for serving veterans that were identified through a search of academic literature.

During the lunch hour, guests were presented with a panel of four veterans who had faced a range of challenges, from military sexual trauma, alcohol or drug addiction, incarceration,

homelessness and unemployment. These veterans described these difficulties, elucidating the complexities of identifying their own needs and accessing services.

Following lunch, guests participated in a facilitated discussion group around a focus area which they chose: health and well-being, housing and homelessness, older adults, basic needs and supports, criminal justice, or employment, training and education. The discussions were based on the following core questions:

- Reflecting on all data and information presented, what was most surprising or interesting?
- Are there certain groups doing better or worse than others?
- What is the story behind the data around this focus area? (What is the back story about this indicator that isn't being shown by the data? It can either support the data point or contradict the data point.)
- What works and doesn't work for veterans accessing services in this focus area?
- How can we improve services for veterans?

Volunteer scribes took electronic notes on the individual discussions. Following the discussions, each table discussion leader gave a brief summary about the group's key takeaways and suggestions for improvements. This report-back was recorded by ASR.

ASR then asked participants to prioritize the needs of veterans over the next few years, either through funding, leveraging of existing resources or collaboration. See below for more details and the results of the exercise.

Ms. Rodriguez closed the summit program by reflecting on the information presented and discussed in groups, and informed the audience that the results would be summarized in this public report and presented to the San Mateo County Board of Supervisors at an upcoming public board meeting.

## Summit Discussion Results

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Participants were asked to consider the top two most pressing needs that should be addressed in the next few years. ASR reminded participants that there are multiple partners who play a part in addressing these needs, including but not limited to the County of San Mateo. Instructions were given to write these two needs on separate index cards and turn them into their discussion leaders for tallying.

Overall, those who participated in the prioritization exercise chose access to benefits and services as the most important need to address (31%), followed by housing and homelessness (25%), and mental/behavioral health (17%), comprising about three-fourths of the votes.



Employment was the fourth most prioritized need with 15%, followed by legal and criminal justice needs, education and women's needs which each represented less than 10% of votes.

RANK	CATEGORY	NUMBER OF VOTES	PERCENT OF VOTES
1	Access to Benefits and Services	43	31%
2	Housing and Homelessness	34	25%
3	Mental/Behavioral Health	24	17%
4	Employment and Training	21	15%
5	Criminal Justice	11	8%
6	Education	3	2%
7	Women's Needs	2	1%
Total		138	100%

Some participants offered specific strategies in their feedback. Examples include:

- In the “**Access to Benefits and Services**” category, outreach was the most commonly identified strategy. One participant wrote, “The County should spend money on marketing the services in the community to make veterans more aware of the resources and services available.”
- In the “**Housing and Homelessness**” category, participants almost equally prioritized permanent independent housing, supportive housing, and transitional housing. One participant wrote, “Use government owned land to create ‘tiny house’ communities for homeless vets.”
- In the “**Mental/Behavioral Health**” category, depression and suicide, reintegration into civilian life and outreach and information were specifically prioritized. For example, one card read, “Collaboration of different services focused around reintegration into civilian life.”

Please see the Appendix titled “Veterans Summit Prioritization Exercise Results” for the full list of responses collected during the prioritization exercise.



# Appendices

## Methodology

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### Primary Data

San Mateo County convened a steering committee of stakeholders to plan the study and Veterans Summit. The Steering Committee met twice to list and prioritize key stakeholders and veterans populations to include in the primary data collection. With the help of the Executive Committee, Between August and September 2014 ASR conducted six sessions (5 focus groups and 1 interview) with veterans in the community, and interviewed nine key informants, who are either providers whose agencies serve veterans and their families, or veteran advocates. ASR recorded these interviews and focus groups and analyzed them using qualitative analysis software.

Focus groups and key informant interviews with veterans and stakeholders were included in the study in order to better understand their perspectives on veterans' needs, the services and supports available to veterans, and their suggestions on addressing veterans' needs. These opinions are not representative of all veterans in San Mateo County, and this information should be used to gain a better understanding of these needs but not to generalize about all veterans.

### Stakeholder Key Informants

Key informants were identified based on their broad perspective on veterans needs with a focus on the systems-level issues that impact access to services. The research questions that guided these interviews were:

1. In your opinion, what are the biggest issues facing veterans that you see in your work?
2. What are the biggest or most important gaps in the services available to veterans that you see in San Mateo County?
3. What are barriers to veterans accessing your services? What would it take to eliminate those barriers?
4. Are there any groups that you notice or worry are not taking advantages of services?
5. We know that navigating the system of services can be difficult for those trying to get help. What do you think are the biggest issues that need to be addressed at the systems level?
6. Have you seen good examples/models in other places that address veterans services that you feel would work in San Mateo County?

### Stakeholders:

- Mona Ching, Veterans Resource & Opportunity Center Coordinator, College of San Mateo
- Megan Finau, Veterans Claims Representative, San Mateo County Human Services Agency Veterans Services Office
- Martin Fox, parent veterans advocate
- Hon. John L. Grandsaert, California Superior Court Judge, Veterans Treatment Court
- Dr. Brian Greenberg, Vice President of Programs, InnVision Shelter Network
- Jim Guglielmoni, Transition Service Officer, Disabled American Veterans
- Richard Jackson, Veterans Services Officer, San Mateo County Human Services Agency Veterans Services Office
- Dr. Sarah Metz, Clinical Psychologist, Homeless Veterans Rehabilitation Program at the VA Menlo Park
- Nicole Pollack, Director, County of San Mateo Workforce & Economic Development

### Community Members: Veterans and Dependents

Five focus groups and one interview were conducted with community veterans and their family members. Participants included veterans from the Korean War, Vietnam War, Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) as well as those who served in peacetime. As such, the age range of participants was broad. Nine out of the thirty-six veterans who participated were female, and about four in ten were people of color (mostly African American).

Veterans and their dependents engaged in a discussion that centered around veterans' needs, services, and access to services. The guiding research questions were:

1. What types of supports are most important for veterans at discharge/separation from the military? Over time, how did these needs change?
2. What was your experience like with finding the services and help you needed? What was the most challenging part about getting the help you needed?
3. How many of you are unable to find services in the area where you live, or where you would prefer to live? What area is that?
4. How helpful were the services you did receive? How could the services have been improved?

5. What types of supports are lacking or missing for veterans?
6. Do you think that most veterans know about available services, or could we do a better job of getting the word out?

POPULATION	LOCATION	DATE
Homeless shelter residents/ service participants	InnVision Shelter Network	8/15/2014
Veterans on the Housing Authority waiting list	San Mateo County Human Services Agency	8/20/2014
Homeless Veterans Rehabilitation Program participants	VA Menlo Park	8/25/2014
County Veterans Services Office clients	County Veterans Services Office	9/9/2014
National Guardsman	U.S. Army National Guard, 297th Area Support Medical Company	9/10/2014
Veterans Treatment Court participant	N/A (one-on-one phone interview)	9/12/2014

### Other Sources:

Applied Survey Research attended two public meetings focused on the needs of veterans and their families:

- Department of Veteran Affairs Palo Alto Health Care System Mental Health Summit, September 11, 2014
- CAL Humanities Panel Discussion, *War Comes Home*,<sup>148</sup> San José State University, September 16, 2014

### Secondary Data

#### Population and Demographic Data

The San Mateo County Veterans Needs Assessment uses U.S. Census and American Community Survey (ACS) data as the primary sources of data on population and basic demographics. Census and ACS data are often presented at the County level. While Census and ACS data are available at smaller regional breakdowns, data on the veteran population at this geographic size have a high margin of error.

Regional breakdowns presented in the demographics section of the report were calculated using the U.S. Census Bureau's ZIP Code Tabulation Areas (ZCTAs). U.S. Census and ACS data are available by ZCTA for both Census 2000 and 2010. In 2011, the U.S. Census Bureau began to provide all ACS data by ZCTA.

<sup>148</sup> CAL Humanities "War Comes Home" initiative: <http://www.calhum.org/initiatives/war-comes-home>

### Regional Definitions by Zip Code

NORTH COUNTY	MID-COUNTY	SOUTH COUNTY	COASTSIDE
94005	94002	94025	94018
94014	94010	94027	94019
94015	94065	94028	94020
94030	94070	94061	94021
94044	94401	94062	94037
94066	94402	94063	94038
94080	94403	94303	94060
	94404		94074

### Veterans Health and Benefit Data

Veteran health and benefit data were gathered from the VA using a Freedom of Information Act request (FOIA). The FOIA provides that any person has a right of access to federal agency records, except to the extent that such records are protected from release by a FOIA exemption or a special law enforcement record exclusion. It is VA's policy to release information to the fullest extent under the law. The VA has a decentralized system for handling FOIA requests. Therefore, the FOIA requests were addressed directly to the VA medical and benefits offices serving San Mateo County.

### Additional Secondary Data

Secondary data were also collected from various departments within San Mateo County and from local service providers. Each of these data were requested and obtained through personal correspondence.

## Glossary of Acronyms and Terms

ACRONYM/TERM	DEFINITION
<b>CalVet</b>	California Department of Veterans Affairs
<b>Discharge</b>	Military discharge is given when a member of the armed forces is released from his or her obligation to serve. This is also called being “off orders.” A discharge completely alleviates the veteran of any unfulfilled military service obligation, whereas a separation (which may be voluntary or involuntary) may leave an additional unfulfilled military service obligation (MSO) that they may carry out in the Individual Ready Reserve (IRR). Discharge or separation should not be confused with retirement; career U.S. military members who retire are not separated or discharged; rather, they enter the <i>retired reserve</i> and may be subject to recall to active duty.
<b>HUD</b>	U.S. Department of Housing and Urban Development
<b>HUD-VASH</b>	The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program combines Housing Choice Voucher (HCV) rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating veterans at VA medical centers (VAMCs) and community-based outreach clinics.
<b>OEF</b>	Operation Enduring Freedom
<b>OIF</b>	Operation Iraqi Freedom
<b>OND</b>	Operation New Dawn
<b>PTSD</b>	Posttraumatic Stress Disorder
<b>Separation</b>	See Discharge
<b>Service-connected</b>	Disabled due to injury or illness that was incurred in or aggravated by military service. Non-service-connected means that the veteran is disabled due to injury or illness not related to military service.
<b>TAP</b>	The Department of Defense Transition Assistance Program provided to Component Service members (including AGR, AR and FTS). <sup>149</sup>
<b>VA</b>	U.S. Department of Veterans Affairs
<b>VAPAHCS</b>	Veterans Affairs Palo Alto Health Care System
<b>VASFMC</b>	Veterans Affairs San Francisco Medical Center

## Data Limitations

### Population

The U.S. Census Bureau is the primary source of data on veteran populations in the United States. Indeed, the VA also relies on these data. However, detailed information on the population are limited to age, gender, service era, employment, income and disability status. Information on household status, make up, sexual identity and other basic demographics are not available from the US Census for this subpopulations. Due to the small population of veterans in San Mateo County, data smaller than the County level have a significant margin

<sup>149</sup> Department of Defense Transition to Veterans Program Office website: <http://prhome.defense.gov/RFM/TVPO>



error, often larger than the data estimates. Therefore these data are not reliable for service planning.

Additionally, data from the U.S. Census Bureau does not provide insight into the households of veterans or family members. These individuals are often eligible and seek veteran services and should be accounted for in service planning.

At the time of this report, the County of San Mateo and CalVet (California Department of Veterans Affairs) did not have access to the number of veterans exiting the military and reentering the County as veterans. Basic information on residency is reported on those leaving the military is maintained by the Department of Defense. While these data have their limitations, in that the place of discharge may not correspond to where each veteran will ultimately reside, having consistent data on the number of new veterans in the County can help to better define the population and support local outreach and prevention efforts.

### Benefits

Information on both County and VA benefits are limited. While the VA was able to provide information on the health of County veterans, the request for information on residents' VA claims was unfulfilled at the time of this report. Additional information on the number of residents' receiving assistance, by type, and the demographics of those with benefits may help to address some of the kinds of assistance the County and community organizations can or should provide. Additionally, data on pending claims may help those working locally to understand the challenges veterans face in seeking those services and help them to outreach to those who are not currently receiving assistance from the VA.

Information on veterans receiving mainstream support services do not currently exist. This lack of data makes it difficult to assess whether or not the needs of the community are being addressed and what proportion of the population is already connected to County services.

### Mental Health

The Behavioral Health and Recovery Services (BHRS) which provides mental health services within the San Mateo County Health System does not currently have a consistent or comprehensive way of identifying veterans in their care. Some programs are gathering data on veterans and those data are presented in this report. Due to the queries generated for this report, BHRS is exploring ways of gathering more consistent and comprehensive ways of collecting these data. A coordinated data system or intake across county programs would improve the County's ability to better understand and address the mental health needs of veterans seeking services.

### Health

San Mateo County Public Health Department does not currently have a consistent or comprehensive way of identifying veterans in their data system. The County epidemiologist was

approached during the process of this report and was interested in looking for solutions to accessing data on veterans. Again, a coordinated data system or data requirements for local health reporting would improve the quality of data available on County veterans.

### Legal Support and Criminal Justice

Data from the County jail and state prisons were not available at the time of this report. Additionally, information from the Probation Department and Department of Children & Family Services are not collected for veterans. Therefore, levels of local legal and criminal justice involvement are unknown.

### Assessment and Prioritization of Services and Needs

Participants in this process have recognized the need to quantify the number of veterans in the community by the type and scale of needs. In addition to this, they seek to know what benefits or assets these individuals have. Based on the available data, such estimates are unknown.

### Snapshot of Community Resources

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The following list includes the nearest local governmental agencies and facilities in San Mateo County and community resources found in San Mateo County which specifically address the needs of veterans and their families through specialized programs or expertise.

### Employment & Training

Veterans Affairs' Employment Programs:

- **Compensated Work Therapy (CWT) Program** provides vocational rehabilitation and support services to veterans with a wide range of psychosocial concerns, including mental illness, homelessness, physical impairments and any combination thereof. The five main components of CWT include Transitional Work Experience, Transitional Residence Program, Supported Employment, Homeless Veterans Supported Employment Program and Incentive Therapy.

Other Programs:

- **California Employment Development Department (EDD)**, in coordination with the California Workforce Investment Board, funds organizations to offer services targeted to meet the veterans' unique needs and occupational goals with an emphasis on those who recently returned to civilian life. Agencies are tasked to prepare veterans for careers in a variety of fields in high demand. Offices in Menlo Park, Fremont, Hayward, Oakland, Sunnyvale and San Francisco.
- **Job Train**, a non-profit organization in Menlo Park, provides free veteran services that include: career counseling, career planning, career development, Job

Readiness and Life Skills workshops, vocational training, and job development. Each veteran receives one-on-one support from a counselor who helps them navigate their individual challenges and identify career goals. Their America's Job Center is collocated with an EDD office.

- **Next Step Center of Menlo Park** is a Veterans Resource Centers of America site located on the VA grounds in Menlo Park and is a Supportive Services for Veteran Families grantee agency. The Next Step Center provides transitional housing with comprehensive vocational, employment and occupational training services to men and women veterans in the Bay Area who have multiple barriers to employment.
- **PeninsulaWorks** performs veteran employment outreach and provides engineering training for veterans through the Veterans' Employment-Related Assistance Program (VEAP) in Belmont. Also is an EDD Job Center (formerly known as One-Stop Career Centers).
- **Veterans Memorial Senior Center** serves older adults by providing programs in Redwood City which help them maintain active healthy lifestyles and preserve quality of life. The Center offers a variety of programs and information about services and agencies which may offer assistance in the areas of employment, and Social Security benefits.
- **Warriors to Work Program** is provided by the Wounded Warrior Project, a national non-profit organization which provides career guidance and support services to veterans who participate in the Wounded Warriors Project or Family Support programs by matching veterans' skills and experience to the needs of hiring managers.

## Education

Veterans' resource centers at colleges and universities in San Mateo County and surrounding areas provide veterans with support and assistance with applying, matriculating and maximizing their educational benefits. Some centers also provide enrollment certification to the VA on behalf of students as well as help with applying for other VA benefits.

- Foothill College Veterans Resource Centers
- Cañada College Veterans Services
- College of San Mateo Veterans Services
- Skyline College Veterans Resource Center
- San Francisco Community College Veterans Resource Center
- San Francisco State University Vet Center
- San José State University Military and Veterans Service Office

## Housing & Homeless Programs

### Veterans Affairs' Homeless Programs:

- **Supportive Services for Veterans Families (SSVF)** provides short-term assistance with a focus on making connections to mainstream assistance to prevent homelessness for at-risk veterans and rapidly re-house veterans experiencing homelessness.
- **Healthcare for Homeless Veterans (HCHV)** offers short-term, emergency housing and case management services in partnership with local non-profit service providers to veterans. The **Grant & Per Diem (GPD) Program** offers longer-term transitional housing and case management services in the community through GPD grantees for up to 24 months. Both HCHV and GPD work with the veteran on the goal of securing permanent housing.
- **HUD-VA Supportive Housing (HUD-VASH)** provides a permanent rental subsidy and long-term case management for chronically homeless veterans—veterans with disabilities who have been homeless continuously for the last year or have had four or more homeless episodes in the last three years. VA and HUD are working with each of their medical centers (VAMCs) and public housing agencies (PHAs) to implement HUD-VASH based on Housing First principles. Housing First is an evidence-based best practice for assisting people experiencing chronic homelessness focused on getting clients into permanent housing as quickly as possible.
- **Homeless Veterans Rehabilitation Program (HVRP)** and **First Step** are a part of the VA Palo Alto Health Care System's Menlo Park Division. HVRP is an approximately 180-day residential treatment program, while First Step is a 90-day residential treatment program, both with the goal of returning Veterans to optimal independent living. (Please note: This program is not related to the Homeless Veterans Reintegration Program administered by the U.S. Department of Labor which provides employment services to homeless veterans.)

### Other Programs:

- **The Center on Homelessness** (San Mateo County Human Services Agency) coordinates homeless services throughout San Mateo County. The center assists individuals experiencing homelessness to connect to services, organizations and agencies that provide mainstream and homeless services. The center also assesses homelessness in the community, oversees the countywide strategic plan to end homelessness and connects donors to those in need through the San Mateo County Homeless Fund.

- **InnVision Shelter Network** includes six shelters throughout Silicon Valley and the Peninsula, providing shelter to homeless individuals and families and wraparound services including mental health services for veterans.
- **San Mateo County Department of Housing** includes two divisions within the department which provide rental and housing assistance to income-qualified residents, and provides financing and technical assistance to partner organizations in the public, private and non-profit sectors to pursue housing, community and economic development activities that improve the quality of life in the community: Housing & Community Development (HCD) and Housing Authority of the County of San Mateo (HACSM).

### Basic Needs and Safety Net Services

- **San Mateo County Human Services Agency Children and Family Services** offers a variety of counseling, education and prevention programs and services that support the emotional well-being of communities.
- **Veterans Memorial Senior Center** serves older adults by providing programs in Redwood City which help them maintain active healthy lifestyles and preserve quality of life. The Center provides programs and information about services such as food, home-delivered meals, household repairs, housing, Medi-Cal and Medicare insurance counseling, recreation, and transportation.

### Veterans Benefits

- **Disabled American Veterans (DAV)** is a non-profit association of veterans who suffered some degree of disability while serving in time of war or armed conflict. The program strives to empower veterans to lead high-quality lives with respect and dignity. The program provides services such as professional assistance in obtaining benefits; outreach to the community specifically disabled veterans and their families, and volunteer programs so disabled veterans can express their compassion for fellow veterans. DAV has a National Service Office located in Oakland and there are chapters in Redwood City (Edmund Parrott Chapter 16) and South San Francisco (William Randolph Hearst Chapter 144).
- **San Mateo County Human Services Agency Veterans Services Office (CSVO)** helps veterans access state and federal benefits that help veterans and their family members. For example, the CSVO helps with disability compensation and pension claims (service-connected or otherwise), California State veterans benefits, Veterans Affairs (VA) life insurance, VA burial benefits, VA home loans and college fee tuition waivers for dependents. The office also provides information and referrals to community-based services for needs such as basic needs, alcohol or drug treatment, mental health treatment and in-home services for those with disabilities.

- **Peninsula Vet Center** is a Veterans Affairs' operated center in Redwood provides a broad range of free services to combat veterans and their families. Vet Centers guide veterans and their families through many of the major adjustments in lifestyle that often occur after a veteran returns from combat. Services for a veteran may include individual and group counseling in areas such as Post-Traumatic Stress Disorder (PTSD), alcohol and drug assessment, and suicide prevention referrals.
- **Veterans Resource Center** is a community-based veterans service agency in Menlo Park which provides employment training, case management, behavioral health treatment, transitional housing and other help with preventing homelessness, and nutrition services.

## Health

- **Veterans Affairs Palo Alto Health Care System (VAPAHCS)** includes three inpatient facilities located in Palo Alto, Menlo Park, and Livermore. VAPAHCS is a teaching hospital associated with the Stanford School of Medicine, providing not only comprehensive patient care but state-of-the-art technology and research. Comprehensive health care is provided in areas of medicine, surgery, psychiatry, rehabilitation, neurology, oncology, dentistry, geriatrics and extended care. VAPAHCS operates nearly 900 beds, including three nursing homes and a 100-bed homeless domiciliary. These facilities serve veterans in and around San Mateo County. VAPAHCS is also home to a variety of regional treatment centers, including a Polytrauma Rehabilitation Center, Spinal Cord Injury Center, a Comprehensive Rehabilitation Center, a Traumatic Brain Injury Center, the Western Blind Rehabilitation Center, a Geriatric Research Educational and Clinical Center, a Homeless Veterans Rehabilitation Program and the National Center for Posttraumatic Stress Disorder.
- **Veterans Affairs San Francisco Health Care System (SFVAMC)** has 104 operating beds and a 120-bed Community Living Center. Primary and mental health care is provided at outpatient clinics in San Bruno. There is also a specialized homeless veterans clinic in downtown San Francisco, located outside of San Mateo County but serving local veterans. SFVAMC has several National Centers of Excellence in the areas of Epilepsy Treatment; Cardiac Surgery; Posttraumatic Stress Disorder; HIV; and Renal Dialysis. It has many other nationally recognized programs including: the Parkinson's Disease Research, Education, and Clinical Center; the Hepatitis C Research and Education Center; the Mental Illness Research & Education Clinical Center; and the Western Pacemaker and AICD Surveillance Program. The Medical Center was selected to head the Southwest Regional Epilepsy Center of Excellence. It has recently been designated as one of only five VA Centers of Excellence in Primary Care Education and selected as a Community Resource and Referral Center (CRRC), one of only 12 locations designed to serve homeless and at-risk for homeless veterans and their families.

The Medical Center has the largest funded research program in the Veterans Health Administration with \$83 million in research expenditures.

## Behavioral & Mental Health

### Veterans Affairs' Facilities and Programs:

- Palo Alto Health Care System (VAPAHCS)
  - » **Mental Health Center** provides a continuum of mental health services, from inpatient to outpatient, with an additional research component. The 90,000 square-foot facility houses four units, each with 20 inpatient acute psychiatric beds. The mental health center also includes a mental health research division.
  - » **First Step Program**, a residential rehabilitation program, is a therapeutic community that provides ongoing assessment, recovery planning, psycho education, and support within a social setting that values personal responsibility, problem-solving, practice, personal relationships and play.
  - » **Homeless Veterans Rehabilitation Program (HVRP)**. See Housing & Homelessness Resources.
  - » **Peninsula Vet Center** in Redwood City provides readjustment counseling and other services.
- San Francisco Health Care System (VASFMC):
  - » **San Bruno Outpatient Clinic** offers a wide range of preventive and primary care, including outpatient mental health services. The Clinic is committed to serving veterans in the San Mateo County community.
  - » **San Francisco Vet Center** on Polk Street in San Francisco provides readjustment counseling and other services.

### Other Programs:

- **Mental Health Association of San Mateo County** is a non-profit organization which often works with veterans with HUD-VASH vouchers to restore dignity, provide support and opportunities for socialization.
- **National Alliance on Mental Illness (NAMI) Veterans and Military Resource Center** provides resources, support, and partnerships dedicated to mental health policy, education initiatives and advocacy priorities that impact active duty military personnel, veterans with mental illness and the family members of these individuals. The Veterans and Military Resource Center is supported by the NAMI Veterans and Military Council.



- **Rape Trauma Center** provides community-based trauma-informed sexual assault services to women veterans living in San Mateo County as part of their overall comprehensive sexual assault services for survivors and their loved ones.

## Legal & Justice

- **Service League of San Mateo County** is a non-profit agency that develops, coordinates and delivers in-custody programs, services and other activities within all San Mateo County jails. The agency delivers after-release programs and services at five program sites in the community.
- **Veterans Memorial Senior Center** serves older adults by providing information and referral to programs in San Mateo County which preserve quality of life, such as consumer affairs and legal aid.

## Veterans Summit Prioritization Exercise Results

CATEGORY	NUMBER
<b>Access to Benefits &amp; Services</b>	<b>43</b>
<ul style="list-style-type: none"> <li>▪ <b>Outreach and information about services and benefits</b> <ul style="list-style-type: none"> <li>» All veterans, no matter their type of discharge, should find out what benefits they can have/access</li> <li>» Stronger outreach efforts/strategies- there are challenges related to computer/tech literacy and reincorporating old-fashioned PR (e.g., flyers, literature, handouts, etc.) would be helpful</li> <li>» More coordination in the way in which information is disseminated to people</li> <li>» Outreach that focuses on gateway behaviors and legal offenses that indicate behavioral health intervention is appropriate and might be effective</li> <li>» Need more VSOs serving the County and north, south and coastal areas in the country</li> <li>» Need more VSOs in the County who emphasize the treatment of depression and have crisis intervention</li> <li>» Start a countywide tracking database to locate veterans identified as at risk or in need of mental health services, housing, or wrap around services</li> <li>» Streamline vs. duplication of services</li> <li>» Comprehensive L&amp;R</li> </ul> </li> </ul>	<b>29</b>
▪ <b>VA claims assistance</b>	<b>8</b>
▪ <b>Timely VA medical and mental health appointments</b>	<b>4</b>
▪ <b>Transportation to services</b>	<b>2</b>
▪ <b>Other: VA Claims should be processed and completed in a shorter period of time</b>	<b>1</b>

<b>Housing &amp; Homelessness</b>	<b>34</b>
<ul style="list-style-type: none"> <li>▪ <b>Permanent, independent housing</b> <ul style="list-style-type: none"> <li>» More project-based housing units for low income vets</li> <li>» Assisting fixed income vets when their rents increase</li> <li>» Buy homes and rent rooms at a low cost</li> <li>» Permanent, independent housing for HUD-VASH recipients</li> </ul> </li> </ul>	<b>12</b>
<ul style="list-style-type: none"> <li>▪ <b>Supportive Housing</b> <ul style="list-style-type: none"> <li>» Use government owned land to create “tiny house” communities for homeless vets</li> <li>» Obtain more vouchers for vets relative to cost of living in the bay area</li> <li>» Robust coordination in use/targeting of SSVF funds by grantee agencies and the COC/community</li> <li>» Affordable housing developments with focus on ELI population and veterans on fixed incomes</li> <li>» Group home styled housing sites that accommodate the needs of veterans with physical disabilities</li> </ul> </li> </ul>	<b>9</b>
<ul style="list-style-type: none"> <li>▪ <b>Transitional Housing</b> <ul style="list-style-type: none"> <li>» Counties and cities work together to create transitional housing with wraparound services</li> <li>» Housing and outreach (in person) for folks on the streets</li> <li>» Harm reduction shelters</li> </ul> </li> </ul>	<b>8</b>
<ul style="list-style-type: none"> <li>▪ <b>Other</b> <ul style="list-style-type: none"> <li>» Use government land to build affordable housing instead of selling it to developers</li> <li>» Require housing developments to set aside affordable housing units</li> <li>» Streamline the housing availability for homeless vets</li> <li>» Add veteran household question on governmental forms</li> <li>» Enforce the BMV instead of letting developers pay a fee to evade it</li> </ul> </li> </ul>	<b>5</b>
<b>Mental/Behavioral Health</b>	<b>24</b>
<ul style="list-style-type: none"> <li>▪ <b>Reintegration into civilian life</b> <ul style="list-style-type: none"> <li>» Mentorship and guidance upon transition/reintegration to not only guide the young vet, but also to monitor and give support to the vet along the journey. This ensures that support is available throughout the transition process and 5/10/15/20 years after- nobody gets left behind</li> <li>» Support and networking</li> </ul> </li> </ul>	<b>7</b>
<ul style="list-style-type: none"> <li>▪ <b>Coordination of services focused around reintegration into civilian life</b></li> </ul>	<b>2</b>
<ul style="list-style-type: none"> <li>▪ <b>Outreach and information about services and benefits</b> <ul style="list-style-type: none"> <li>» Individual assistance receiving, applying, and entering rehabilitation or recovery programs- some vets may be compromised by chemical dependency and have a low tolerance for frustration</li> <li>» More visibility and outreach around gender-specific programs for women</li> <li>» More messaging, online communications, fliers, etc.</li> </ul> </li> </ul>	<b>6</b>
<ul style="list-style-type: none"> <li>▪ <b>Depression and suicide</b> <ul style="list-style-type: none"> <li>» Combat stigma associated with accessing mental health treatment</li> <li>» Prevention- reach veterans before it gets to the suicide/crisis level</li> </ul> </li> </ul>	<b>6</b>
<ul style="list-style-type: none"> <li>▪ <b>Alcohol and drug treatment</b> <ul style="list-style-type: none"> <li>» MH and AOD assessments should have a series of questions related to veteran's experience</li> </ul> </li> </ul>	<b>5</b>
<ul style="list-style-type: none"> <li>▪ <b>PTSD Treatment</b> <ul style="list-style-type: none"> <li>» Need to identify EBPs for veterans in relation to treating PTSD, depression, and substance use problems</li> </ul> </li> </ul>	<b>3</b>

» Including Military Sexual Trauma	
<b>Mental/Behavioral Health</b>	<b>24</b>
<ul style="list-style-type: none"> <li>▪ <b>Other</b> <ul style="list-style-type: none"> <li>» Trust-Secure Environment- Frustrations with individuals working through processes/systems in regard to education, family life, and understanding life skills</li> <li>» Addressing special needs of Military Sexual Trauma survivors</li> <li>» Mental health issues are lost when put in the category of health and wellness. There is a critical need for the County to provide crisis intervention services to avoid mentally ill veterans being shot by the police</li> <li>» Assisted outpatient treatment (Laura's Law)</li> </ul> </li> </ul>	<b>4</b>
<b>Employment &amp; Training</b>	<b>21</b>
<ul style="list-style-type: none"> <li>▪ <b>Transferring of skills- 11</b> <ul style="list-style-type: none"> <li>» Better employment opportunities need to be provided</li> <li>» Targeted training for teaching vets how to communicate their transferable job skills to a civilian employer in their resumes and interview</li> <li>» Assistance with finding a new mission/cause after leaving the military</li> <li>» Communication and conflict resolution skills</li> <li>» Sector driven workforce development with a veteran focus</li> </ul> </li> </ul>	<b>11</b>
▪ <b>Reintegration into work setting incl. mediation services</b>	<b>6</b>
<ul style="list-style-type: none"> <li>▪ <b>Employment for those with physical/mental disabilities/AOD issues</b> <ul style="list-style-type: none"> <li>» County should open/file jobs for veterans with barriers to employment</li> <li>» OJT/Internships and direct hire assistance</li> </ul> </li> </ul>	<b>3</b>
<ul style="list-style-type: none"> <li>▪ <b>Other</b> <ul style="list-style-type: none"> <li>» Pro-vet employers should provide job info requirements to proactively provide training/internships from early on, before soldier is soon to be hon. discharged</li> </ul> </li> </ul>	<b>1</b>
<b>Criminal Justice and Legal</b>	<b>11</b>
▪ <b>Law enforcement</b>	<b>2</b>
▪ <b>Criminal record expungement (such as through veterans court)</b>	<b>1</b>
▪ <b>Access to no cost legal counsel and no cost for criminal history record</b>	<b>1</b>
▪ <b>Benefit claims appeals and discharge status appeals</b>	<b>7</b>
<b>Education: Veteran student support</b>	<b>3</b>
<b>Services for Women (Write-In)</b>	<b>2</b>