



SERVING THOSE WHO HAVE SERVED



SANTA BARBARA COUNTY
VETERANS NEEDS ASSESSMENT



COMPLETE REPORT



*Photos courtesy of Nora Wallace and
Santa Barbara County Veterans Stand Down*



November 9, 2017

Dear Friends,

The Santa Barbara Foundation has a proud history of supporting veterans and veterans' issues. Past funding support includes a World War II veterans' historical project, Santa Barbara County Veterans Treatment Court, and the Santa Barbara County Veterans' Stand Down effort. More recently, we have partnered with Highland Santa Barbara Foundation, Inc. to fund veterans' resource centers at Allan Hancock College, Santa Barbara City College, and the University of California at Santa Barbara.

BOARD OF TRUSTEES

James Morouse
Chair

Diane Adam
Vice Chair

Stephen Hicks
Treasurer

Susan T. Richards
Secretary

Phil Alvarado

Laurie Ashton

Hugh M. Boss

Neil Dipaola

Pamela Gann

Angel R. Martinez

Gretchen H. Milligan

Jennifer Murray

Robert C. Nakasone

Cathy Pepe

Nicolasa I. Sandoval, Ph.D.

Robert L. Skinner

Chris Slaughter

Luis Villegas

Michael D. Young, Ph.D.

In our work we saw a need to obtain data that would lead to creating evidence-based strategies that could ultimately result in healthier, better integrated and more civically engaged veterans. We believe this needs assessment is necessary, given the tightening of the Santa Barbara County budgets coupled with the Veterans Administration's (VA) ongoing review of their partnerships and operations. The goals of the project were as follows:

- To identify stakeholders providing services for the veteran population in Santa Barbara County
- To gain a comprehensive understanding of specific demographics of veterans living here and to identify gaps in service or inefficiencies
- Through research, identify the needs and assets of the veteran population that may have yet to be realized, and
- To build a communal effort that will work to the development of tools and recommendations to better support Santa Barbara County veterans.

In March 2017, 85 stakeholders gathered to learn about the assessment and its goals. Following this initial meeting, focus groups and one on one interviews were conducted by consultants Nancy Berglass and Phillip Carter. All background research was performed with information from the Department of Defense, VA, Department of Labor, and the Bureau of Labor Statistics as well as other relevant, peer-reviewed work on the subject.

This Executive Summary is an overview of the complete report which may be found at SBFoundation.org/SBCVeterans. We welcome your thoughts and feedback, as it is our sincere desire that this data will allow all of us to focus on veterans' issues more efficiently. We believe this work will ultimately strengthen the continuum of care, cross-sector collaboration and provide the opportunity for strategic philanthropic partnerships that will benefit the entire community.

The Santa Barbara Foundation wishes to express our sincere gratitude to our partners, who provided financial and in kind support, and to the many participants for their honesty and passion for the veterans in our county. We remain committed to working with nonprofits, donors, and public and private organizations to improve the well-being of our veterans.

SANTA BARBARA FOUNDATION

South County Headquarters
1111 Chapala Street, Suite 200
Santa Barbara, CA 93101-3100
Phone: (805) 963-1873
Fax: (805) 966-2345

North County Headquarters
2625 S. Miller Street, Suite 101
Santa Maria, CA 93455-1777
Phone: (805) 346-6123
Fax: (805) 346-6125

sbfoundation.org

Facebook @sbfoundation
Twitter @sbfoundation

Ronald V. Gallo, Ed.D.
President & CEO

Jim Morouse
Chair, Board of Trustees

Kathy Simas
North County Director

Report on the Santa Barbara County Veterans Assessment Project

Nancy Berglass and Phillip Carter, Consultants

October, 2017

I. Introduction

The Santa Barbara Foundation (“SBF” or the “Foundation”) is a foundation established nearly 90 years ago, with a mission to “every day use every tool at our disposal to facilitate the building of philanthropy, strengthen the nonprofit sector, and identify and strategically address important community opportunities and needs.”¹ As part of its efforts to serve veterans in Santa Barbara County, the Foundation commissioned this white paper as part of a larger effort to assess the county’s veteran population, describe the landscape of services available to veterans in Santa Barbara County, and identify issues within this sector to be pursued by the Foundation and other stakeholders through future efforts.

In broad brush strokes, Santa Barbara County’s veterans reflect the national veteran population, with slight variations based on the demographic, economic, and social composition of the Southern California region and the Central Coast in particular. Both the secular and veteran-specific trends affecting the national population – such as the long-term decline in the size of the veteran population, and its proportion of the overall population – are also playing out in Santa Barbara. Generally speaking, Santa Barbara’s veteran population faces many of the same challenges and opportunities as the rest of America’s middle class (from which most veterans are drawn, and to which most return): trends in employment, economic opportunity, education, home ownership, timely access to quality health care, and so forth, appear in Santa Barbara County much as they do across the country. Veterans everywhere also face unique challenges related to their service, such as timely access to quality health care for service-connected conditions such as combat stress or environmental exposures, or support during the transition from active service to civilian work. This reality is likewise reflected by veterans in Santa Barbara County.

This said, the profile of veterans in Santa Barbara County indicates a few notable exceptions to the trends. Relative to overall economic trends, for example, most veterans in Santa Barbara do relatively well; a small but still significant number struggle. The racial and age demographics of Santa Barbara County’s veterans indicate some particular realities that are discussed here as well. What distinguishes Santa Barbara County’s veteran population most, however, is not the veterans themselves, but rather the infrastructure for support and services, by which their needs are addressed. Later in this report, we discuss the attendant observations.

¹ About the Santa Barbara Foundation, <https://www.sbfoundation.org/page.aspx?pid=464>.

This assessment presents a comprehensive review of the pertinent demographic and landscape data, for important context, and provides observations about qualitative findings that may inform improvements to policies, systems and organizations, in service to addressing the needs of those who have served.

Where possible, this paper distinguishes between issues facing veterans that are service-connected, and issues that affect veterans which may have little or no relation to service.

A. Scope of Project

This assessment focuses on the veteran population of Santa Barbara County, within the parameters of the Foundation's location and geographic focus. We use a broad definition of "veteran," including both those defined as such by federal statute ("a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable"),² as well as others who may be excluded from the statutory definition because they were reservists, or veterans discharged other-than-honorably, or having "bad paper."³ This assessment includes study of Santa Barbara's veterans from all generations and eras of service, from World War II to the present day. Likewise, the assessment aims to gather data from all corners of Santa Barbara County's unique geography, utilizing both quantitative and qualitative data where possible, to reflect the demographics and needs of, and resources for, veterans from north to south, and east to west.

Where appropriate, data, observations and recommendations pertain to active or reserve service members, military families, and/or veterans' families, however the focus of this assessment is specifically on veterans, not those currently serving or the family members of service members or veterans.

B. Methodology

The research process for this project utilized a mixed-methods approach that has proven efficacious for a number of similar assessments across the country.⁴ The research effort included extensive review of national, state and local literature relating to veterans;

² 38 U.S.C. § 101.

³ For more background on the population of veterans with "bad paper," see Phillip Carter, "The Vets We Forget and Ignore," N.Y. Times, Nov. 10, 2013, <http://www.nytimes.com/2013/11/11/opinion/the-vets-we-reject-and-ignore.html>; see also Swords to Plowshares, "Underserved: How the VA Wrongfully Excludes Veterans with Bad Paper," March 2016, <https://www.swords-to-plowshares.org/2016/03/30/Underserved>.

⁴ See Phillip Carter and Katherine Kidder, "Needs Assessment: Veterans in the Western U.S.," CNAS, December 2013; Philip Carter and Katherine Kidder, "Needs Assessment: Veterans in Southwest Pennsylvania," CNAS, November 2015; and Katherine Kidder, Amy Schafer, and Phillip Carter, "Needs Assessment: Veterans in the Dallas-Fort Worth Region," CNAS, March 2016; see also Carl A. Castro, Sara Kintzle, and Anthony Hassan, "The State of the American Veteran: The Orange County Veterans Study," USC, Center for Innovation and Research on Veterans and Military Families, February 2015; Carrie Farmer, Terri Tanielian, et al., "Supporting Those Who Served in Massachusetts," RAND Corporation, 2017.

compilation and review of government data from the Defense Department, Department of Veterans Affairs (VA), Census and other sources; and compilation and review of nonprofit data. We further undertook qualitative research on issues and trends affecting the region's veterans by reviewing the existing literature describing the national veteran population, California-specific studies, and local reports and stories from Santa Barbara-based public agencies and media.

The researchers used a number of different means to identify and connect with current service providers and organizations working with veterans, as well as other stakeholders in veterans' wellness. The Santa Barbara Foundation played a lead role in providing names, affiliations and contact information for recognized stakeholders; the researchers leveraged that resource by following up with several additional contacts provided by participants in this study. In June 2017, we convened two working groups with more than 80 individuals in Santa Barbara County, one in the north and one in the south, to ensure representation of the geographies and demographics that define the collective community of interest. Between June and August, we conducted interviews with scores of additional stakeholders. Included in the interviews and working groups were a wide range of elected, staff, and volunteer leaders representing: several governmental agencies including the VA and the County of Santa Barbara; social service providers; veteran-serving nonprofits; congressionally-chartered Veterans Service Organizations; philanthropy; physical and mental health care providers large and small; employers; and many others with equities in veterans' wellness.

Working group participants and interviewees alike were interviewed in a not-for-attribution setting, in order that they provide background and candid perspective on the challenges veterans and veteran service providers face in the region. Interviewees and working group participants were asked to provide background on their organization and position, and describe how their organization serves veterans. While several of the interview conversations were tailored to draw from the informants' expertise in particular areas of service, in general, all interviewees were engaged in conversation about their understanding of and/or experience with the challenges facing veterans in Santa Barbara County. Participants were further asked to articulate their understanding of mechanisms for collaboration, coordination and information sharing among veteran-serving actors and, if such mechanisms exist, how well they work. Lastly, interviewees were given the opportunity to bring up any issues the interviewers may have overlooked and/or that did not come up over the course of the interview.

Given the co-authors' collective experience conducting and participating in similar assessments in communities across the country, this work also benefits from and builds on earlier research on veteran wellness conducted by them, as well as that of other scholars concerned with the health and wellness of veterans.

C. Report Design

This paper is presented in several sections, which are collectively integral to the whole. Overall, the information can be understood as being organized in terms of its two broadest categories: quantitative and qualitative data.

First, this paper summarizes the issues facing veterans in the U.S. and California for context, and then focuses on Santa Barbara County. We offer a comprehensive demographic profile, followed by data describing issues facing the veterans' community, as categorized by the three over-arching concerns of health and wellness, economic issues, and crisis support. These sections are comprised in largest part of quantitative data. Detail is provided within each section; where appropriate, contextual observations are made therein.

Next, we offer qualitative observations about the veterans-support landscape, the body of government, nonprofit, institutional, philanthropic, and volunteer-based entities that collectively comprise the community of presumed stakeholders in veterans' wellness. The observations made are drawn from working groups and stakeholder interviews, and so reflect the community's own perspective on its strength in support of veterans. Finally, this paper concludes with a presentation of observations and conclusions drawn from the information theretofore presented.



Santa Barbara Veterans Memorial Building

II. Overview of Veterans in the U.S. and California

The U.S. veteran population is an enormously diverse group that includes approximately 21.6 million men and women, from veterans of World War II to veterans of Iraq, Afghanistan, and other recent theaters of war, and all of the peacetime periods in between. There are a number of important macro-level trends underway in the veteran population that are relevant for understanding the context of veterans in Santa Barbara County:

- Age. Across the country, the veteran population is a segment that is significantly older than the national population as a whole. The median veteran age is currently 65, meaning that 11 million of the nation's 22 million veterans are at or above retirement age. At the same time, older veterans are not being replaced as quickly or in as large of numbers by younger veterans, because of the size of today's military and its use of a recruitment model (in which service is voluntary) instead of a model based on conscription (also known as a draft). Over time, this will result in a smaller, but also younger veteran population.
- Race. The military formally desegregated in 1948; over the decades that followed, racial minorities came to increasingly see the military as a path to economic mobility, where opportunity equaled or exceeded the civilian economy. Consequently, the older veteran population is whiter than the national average, while the younger segments of the veteran community are more diverse. As the "All Volunteer Force" cohort replaces the conscription-era cohorts of Vietnam, Korea, World War II and the Cold War, the overall veteran population will come to more closely mirror America's racial diversity too.
- Gender. Women constitute the fastest growing demographic segment within the veteran community. They currently make up approximately 7 percent of the veteran population. However, as women now constitute approximately 15 percent of the military, with their numbers growing across all services, this number will continue to rise. Consensus among statisticians and other scholars who research veterans is that by 2040, women will constitute approximately 20 percent of the veteran population.
- Income. On average, veterans' incomes exceed the national average by a considerable amount. Within the national veteran population, this reflects the demographic tilt of that population towards older, white men, who tend to do better economically than the national average. For some time, there was a dislocation effect seen in veteran incomes after service, where their incomes typically took time to catch up to civilian incomes for a period of years after service. However, more recent data suggests that veterans of all eras now exceed the national average for income, even when controlled for demographics.
- Employment. Since 2009, veteran unemployment has risen and fallen with the fortunes of the nation, as the economy worsened and then got considerably better. Unemployment for all veterans is typically less than the national average, reflecting

the fact that the veteran population as a whole skews towards older white men, who typically do better than average in the labor market (as in terms of wealth). This said, unemployment for younger veterans, including those recently transitioned from active duty, has been worse than the national average for several years. However, current data suggests that even new veterans perform well in the labor market, particularly when measured against their peers by age and education level.

- VA utilization. In recent years, the VA has been hit by a twin tidal wave of demand from older and younger veterans. Older veterans, who make up the majority of the veteran population, typically put the most strain on the VA's health care and benefits systems, as they begin to rely on VA programs for support in their older years. The average Vietnam veteran in his/her mid-60s, and this cohort will remain a major part of the VA's patient/beneficiary population for at least another 15 years. At the same time, veterans from the post-9/11 cohort are utilizing VA health care and benefits programs at record levels. These twin VA utilization trends are stretching and straining VA resources nationally, even as the overall veterans' population is declining.

As discussed in this report, this trend toward a decline in the size of the veteran population, coupled with increased demand from veterans for health and benefits services, is playing out on a smaller scale in Santa Barbara County. However, because the county lacks significant VA infrastructure, the veterans seeking support and services from the VA struggle to gain access.

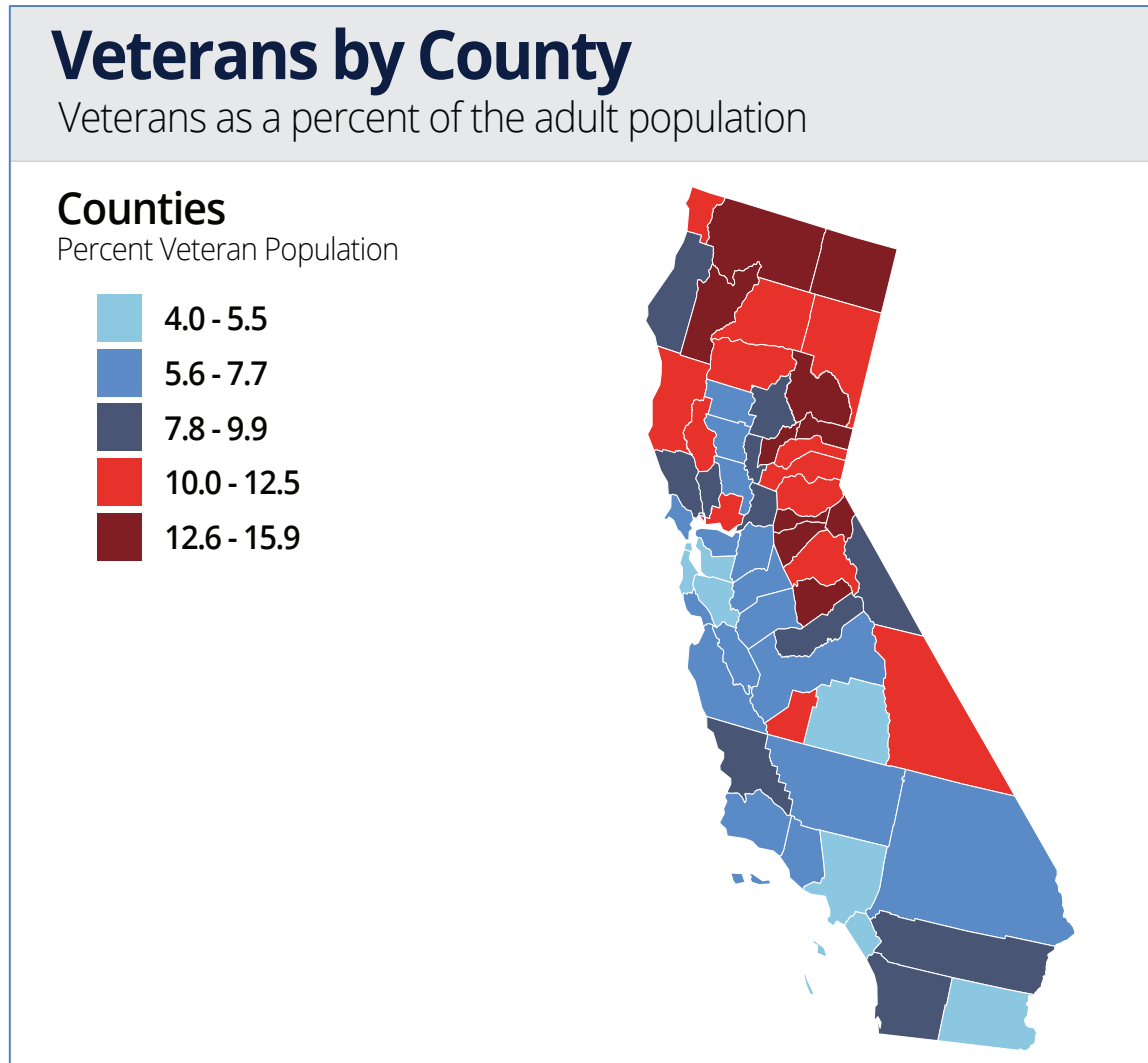
California is home to the largest veteran population in the country by size, commensurate with the size of the state's overall population. However, California lags the nation in veteran density, a trend that will likely continue because California sends proportionately fewer recruits into the service today.⁵ Much of this reflects historic decisions to close major military installations in California, and the long-term effect of those closures on the willingness and likelihood of Californian youth to join the military.⁶ Accordingly, the statewide veterans' population in California mirrors the national veterans' population: on average, it is older, less racially diverse, mostly male, and more wealthy than California's population as a whole. The majority of California's veterans live within its major cities (greater Los Angeles, San Francisco, and San Diego), however significant veteran populations exist in nearly every part of the state. The densest Californian veteran communities sit in the rural northern and central parts of the state, led by Sierra County which has just 400 veterans, but whose veterans constitute 15.9 percent of the county's population. However, like the national veterans' population, California's veteran population is in decline, as older veterans pass away and are not replaced by young veterans because of the relatively small size of today's military. Although California contributes the most

⁵ See CNA, Population Representation in the U.S. Armed Forces, 2015, available at <https://www.cna.org/pop-rep/2015/contents/contents.html>.

⁶ See Amy Schafer, "Generations of War: The Rise of the Warrior Caste and the All-Volunteer Force," Center for a New American Security, May 2017, <https://www.cnas.org/publications/reports/generations-of-war>.

recruits to the military by virtue of its size, it contributes disproportionately fewer recruits than its share of the 18-24-year-old population.⁷

Map 1: California Veterans by County⁸



Defense Department projections, as indicated in the table below, show a relatively small number of veterans likely to return to Santa Barbara County after their tours of duty are over, suggesting that the aggregate size of the Santa Barbara veteran population will continue to decline.

⁷ See CNA, Population Representation in the Services, FY2015, <https://www.cna.org/pop-rep/2015/download/download.html>; see also Amy Schafer, "Generations of War: The Rise of the Warrior Caste and the All-Volunteer Force," CNAS Report, May 2017.

⁸ Data visualization created by veteransdata.info, based on VA and Census data.

**Table 1: Enlisted Estimated Separations from Service Between 12/01/2016 and 5/31/2018
by Most Current Home Mailing Address on Record⁹**

County	Army	USMC	Navy	USAF	Active	Guard	Reserve	Total
Los Angeles	1,294	368	273	628	1,679	99	785	2,563
San Luis Obispo	121	7	8	17	68	29	56	153
Santa Barbara	78	18	22	628	651	22	73	746
Ventura	145	62	865	102	921	32	221	1,174
California	8,111	18,325	16,372	6,503	41,966	878	6,467	49,311

The national veteran population is undergoing enormous demographic change, as the conscription-era veteran population of the 20th Century gives way to the All-Volunteer Force-era veteran population of the 21st Century. The future veteran population will be smaller (in absolute and relative terms), more diverse (in racial and gender terms, among others), and of a different character than previous generations, based on the self-selection dynamics of the current military. Santa Barbara County's veteran population is a microcosm of this national shift; over time, the number of veterans in Santa Barbara will continue to decline in both absolute terms and relative terms, until approximately 2040, when the size of the national veteran population stabilizes.¹⁰

These national and state trends are so powerful that they affect the characteristics of veterans at the community level in nearly every part of the country. Where large active duty bases exist, such as San Diego or San Antonio, the veteran population tilts younger, or more diverse, because of the large number of current and recent veterans in those communities. Although Santa Barbara County does contain a significant Air Force base, and sits adjacent to Navy bases in Ventura County, these active duty installations have a modest effect on the Santa Barbara veteran population because of their relative size and, partnerships with local chambers of commerce notwithstanding, lack of connective tissue to local community organizations that serve those no longer in uniform (particularly when compared to active installations like those in a community like San Diego). Most importantly, these state and national trends shape building, programmatic and resourcing decisions by the federal and state government – and those regarding the placement and staffing of VA facilities such as the outpatient health clinics in Santa Maria and Santa Barbara.

⁹ Data taken from Army One Source website, last accessed August 6, 2017, based on queries of Defense Manpower Data Center (DMDC) databases of service member home-of-record addresses and estimated separation dates. The high numbers of Marine Corps and Navy personnel captured by this data suggests that these fields are skewed based on service members using their current addresses (rather than historical home of record, or planned future homes), given those services' large presences in Southern California.

¹⁰ This projection assumes that the national population will continue to grow in accordance with Census projections, and that the U.S. military will remain approximately the same size and force structure. Small or medium-sized conflicts, such as Iraq and Afghanistan, which do not change the aggregate size of the military or cause the use of conscription, are unlikely to change these demographic projections. Only a medium to large-sized conflict, which results in a significantly larger military and/or use of conscription, such as Vietnam or World War II, will alter these demographic trends.

III. Profile of and Issues Facing Veterans in Santa Barbara County

While reflective in many ways of trends seen in other regions and communities across the country, the veteran population of Santa Barbara County looks similar to and different from both the national veterans and general civilian populations, in important ways. In the context of the national veteran population, the Santa Barbara veteran population is small by comparison (and shrinking), and also doing relatively well. This broad demographic reality, coupled with the relative need of Santa Barbara's veterans, partly explains investment and delivery decisions made by the federal and state government with respect to the county.

This section describes the demographic profile of Santa Barbara's veterans, and the major issues facing them. Reflecting how veterans' services are generally provided, we've divided the issues into three large categories: health care, economic opportunity, and crisis support. Each sub-section presents national and statewide data alongside local data for context, and then provides analysis of this data based on other research conducted for this project.

Information from interviews and working groups is woven into this section to provide



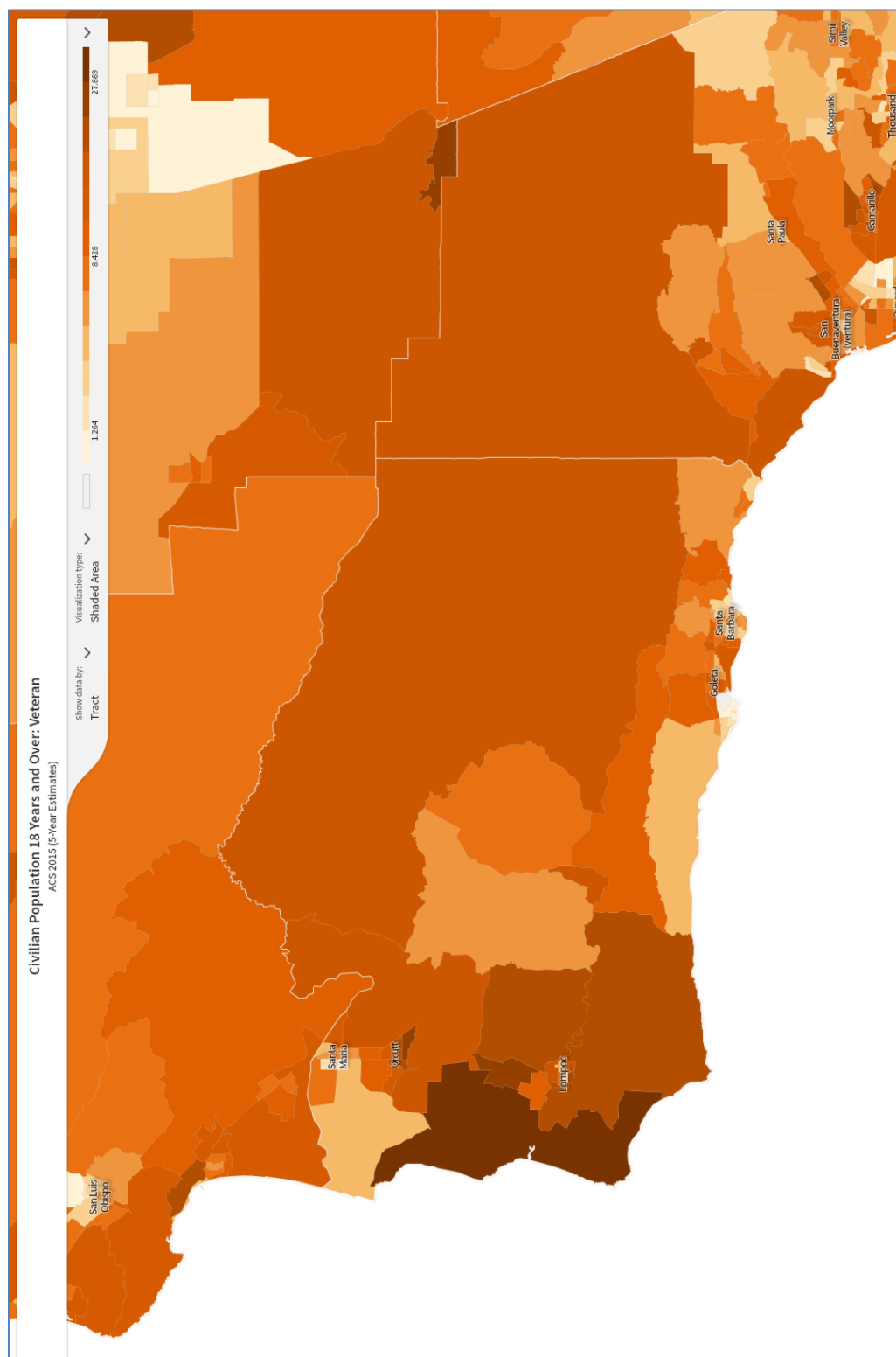
additional context where appropriate. Broad observations and recommendations are made later in the report.

In general, leaders within and alongside the Santa Barbara veteran community identify access to housing, and access to quality health care, as the two dominant issues facing veterans in Santa Barbara. The region's high cost of living and limited availability of housing, of course, shape the housing landscape of *all* persons in

Santa Barbara, including veterans. In this sense, housing needs do not distinguish Santa Barbara's veterans from other county residents. With respect to health care however, while Santa Barbara County's reported shortage of high-level mental healthcare professionals represents a problem for many of its residents, veterans have distinct behavioral health issues, and so struggle to gain access even to veteran-informed health care in this realm. These access challenges are driven, in large part, by the design of the VA's regional health care system serving Santa Barbara. This system, which is managed from Los Angeles, includes local clinics with very limited primary, specialty and mental health care capacity, concentrating specialty care and more comprehensive mental health care in facilities two hours south in Los Angeles.

Alongside these housing and health concerns, our research identified the lack of infrastructure and sustainable collaboration among stakeholders on the veterans services landscape as an additional major concern in Santa Barbara County. This lack of infrastructure and sustained collaboration, in turn, impedes the ability of public, private and nonprofit sector organizations to work collectively and effectively in service to serve veterans. The Observations and Conclusions section at the end of this report is an integral part of the overall presentation, and discusses some of these issues in greatest detail.

Map 2: Veterans in Santa Barbara (Per Capita Density)¹¹



¹¹ Data visualization based on U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.

A. Demographic Profile of Veterans in Santa Barbara County

On average, the veterans of Santa Barbara County comprise an older, less diverse, and relatively wealthier population than do the national veterans' and general civilian populations. Santa Barbara veterans also rely less on VA support and services than do veterans in other areas, in large part because of their demographics, but also probably because there is no major VA facility in Santa Barbara. The maps, tables and data visualizations below describe the salient demographic characteristics of the Santa Barbara veterans' community.

1. Geography

Geographically, the Santa Barbara veterans' population is distributed unevenly across the county (see map 2, above). The largest numbers (in absolute terms) exist in South Santa Barbara County, but the densest veterans' populations exist in Western Santa Barbara County near Vandenberg Air Force Base and in North Santa Barbara County in less populated parts of the county. The geography, topography, and road networks of the county create challenges for veterans seeking to access services, and also for organizations seeking to deliver services across the vast expanse of Santa Barbara County. It is impractical for some veterans seeking services, particularly those that are sick, disabled, or without their own means of transportation, to travel the width or length of the county to seek them, just as it can be challenging and may require extra staffing for organizations or individuals in one part of the county to serve veterans in all parts of the county, given the time and distance associated with travel from one part of Santa Barbara County to another.

2. Population

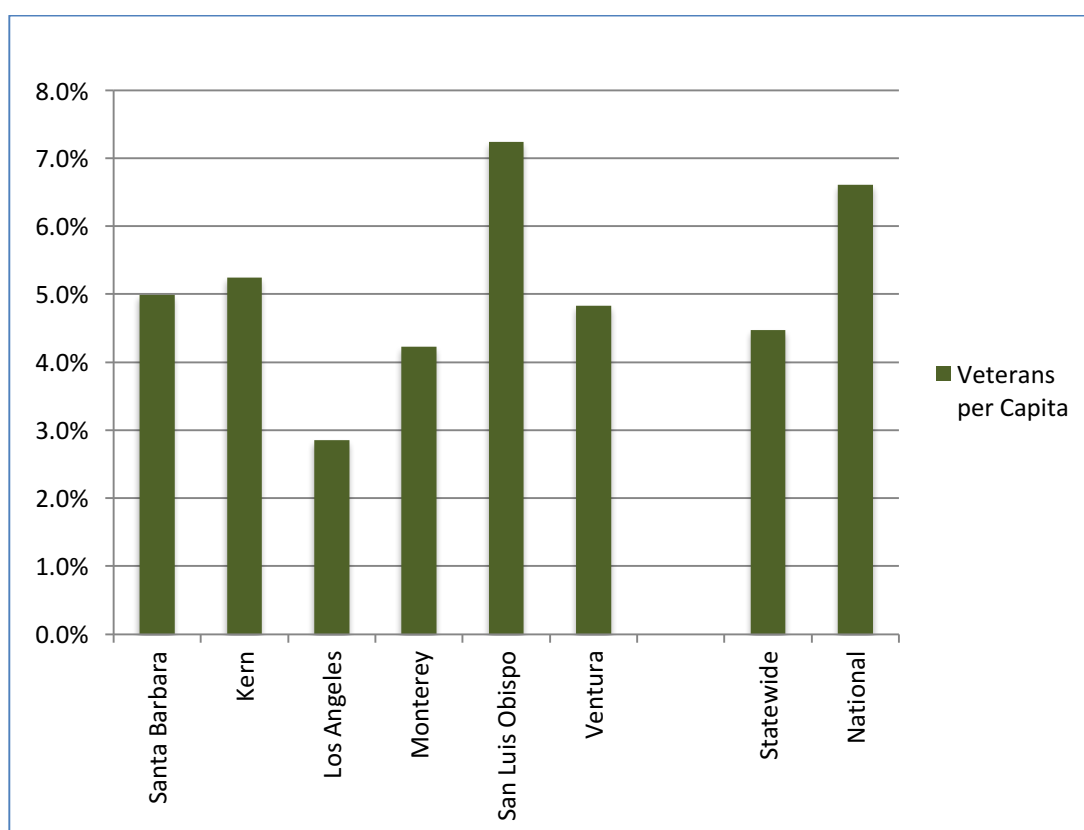
The veteran population¹² of Santa Barbara County currently numbers approximately 22,270, making it one of the smaller such populations in California, particularly in comparison to larger counties like Los Angeles. Notably, Santa Barbara ranks below the national average in its veteran density; 5.0 percent of Santa Barbara County residents are veterans, compared to a national average of 6.6 percent. However, Santa Barbara's veteran density looks similar to Monterey and Ventura Counties, nearby coastal communities which are also host to small or medium-sized military installations like Santa Barbara.

¹² The veteran-specific information presented is drawn from Department of Veterans Affairs, Veterans Population Projections ("VetPop"), Sept. 30, 2016 projections. For this research, we examined this data set alongside U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016 and U.S. Census Bureau, American Community Survey (ACS), 2011-2015 5-year Estimates. They differ slightly in both methodology and outcomes; for instance, ACS counts 24,098 veterans in Santa Barbara, more than the VA, a difference partly explainable by differences in methodology and reporting period. For this report, we've selected VA data to report specific veteran figures, because the data is both more current, and tends to be more precise in its accounting of population statistics. The overall population at-large figures are drawn from the Census Bureau's data sets.

Table 2: Veteran Population¹³

County	Total Population	Veterans	Male Veterans	Female Veterans	Density of Veterans
Santa Barbara	446,170	22,270	19,834	2,436	5.0%
Kern	884,788	46,391	41,681	4,710	5.2%
Los Angeles	10,137,915	289,609	264,255	25,354	2.9%
Monterey	435,232	18,399	16,332	2,067	4.2%
San Luis Obispo	282,887	20,474	18,818	1,656	7.2%
Ventura	849,738	40,999	37,340	3,659	4.8%
Statewide	39,250,017	1,755,680	1,592,348	163,332	4.5%
National	323,127,513	21,368,156	19,316,672	2,051,484	6.6%

Chart 1: Veteran Density as Percentage of County Populations¹⁴



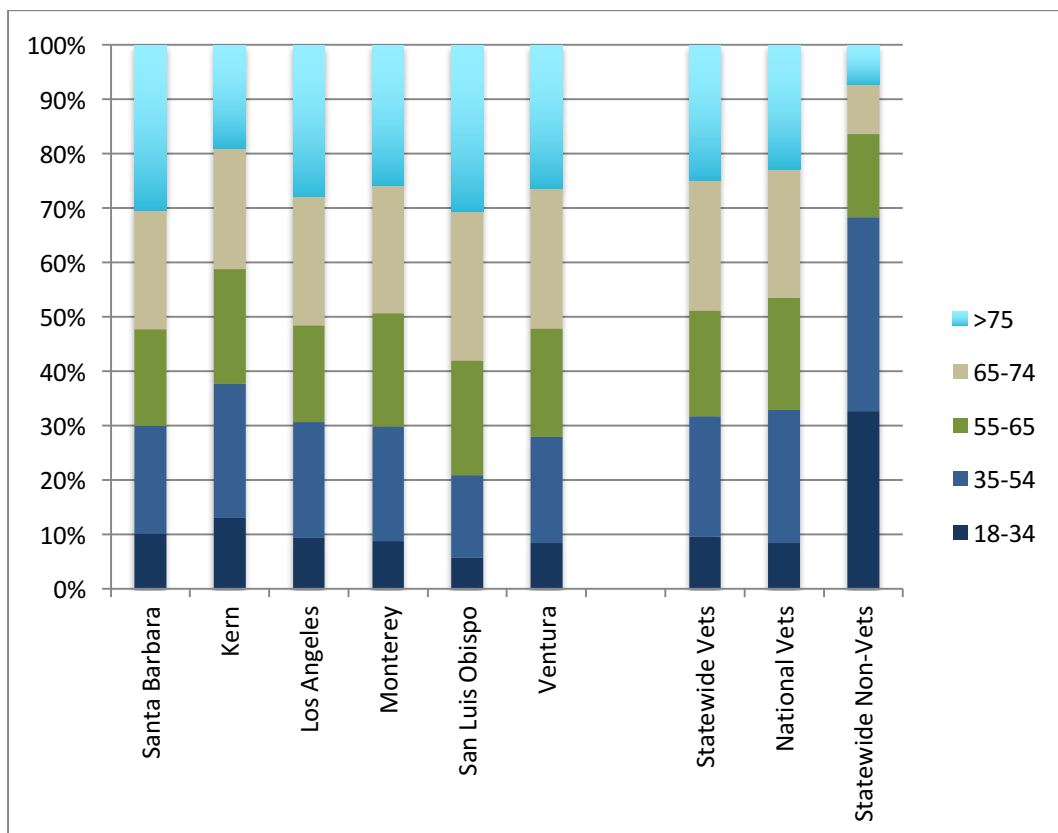
¹³ Population data drawn from VA VetPop, 2016 projection, and U.S. Census Bureau, 2016 estimate.

¹⁴ Data visualization based on U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.

3. Age and Period of Service

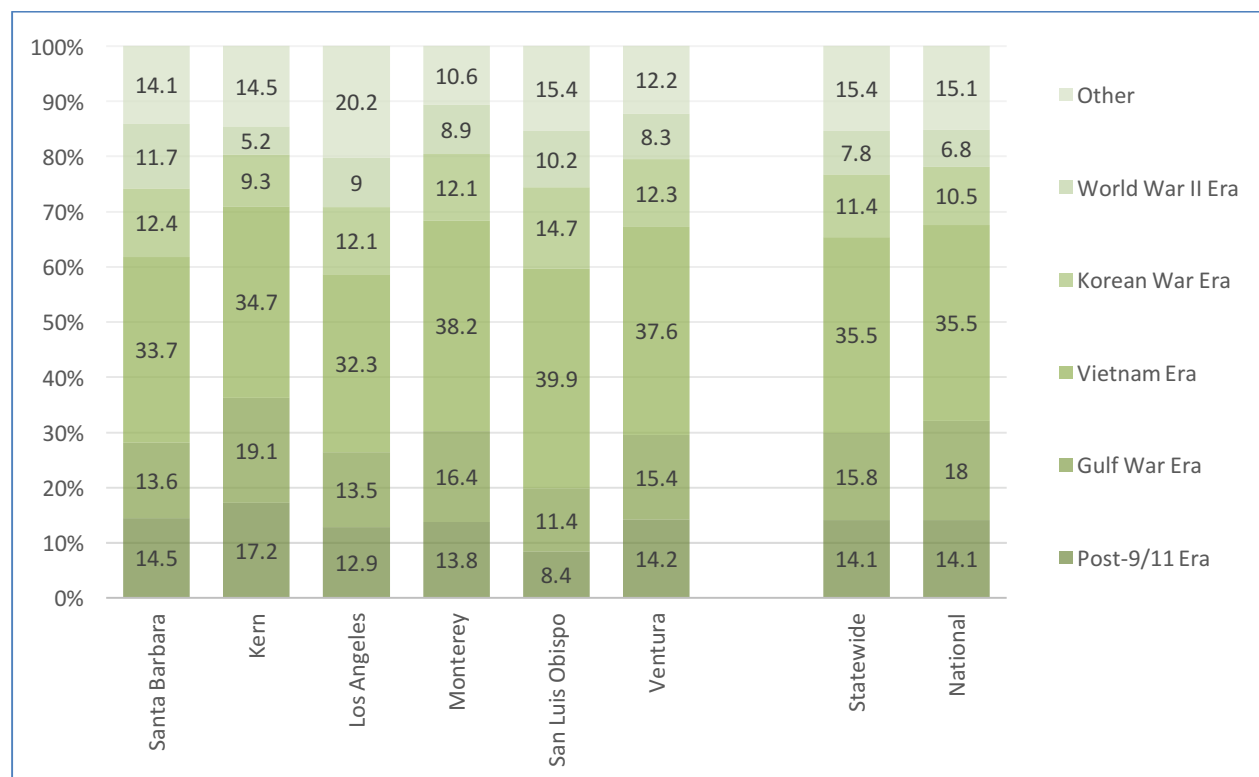
Age matters more than almost any other demographic variable for assessing veterans populations, because of the relationship between age and support services required. Young and old veterans require entirely different types of health, economic and crisis support, and put very different kinds of strain on support agencies and organizations. The general veterans' population is, as discussed above, significantly older than the population as a whole; this is true of Santa Barbara County's veterans' population too. The largest block of Santa Barbara's veterans' population – 30.4 percent – is 75 or older, from the Korean War, Cold War, and World War II cohorts. Another 21.9 percent are between 65 and 74, largely representing the Cold War and Vietnam cohorts. Together, these two blocks make up the majority of Santa Barbara's veterans; the fact that they constitute more than 50 percent of Santa Barbara's veterans mean that the Santa Barbara veterans population is slightly older, on average, than the national and statewide veterans population. Just 10.2 percent of Santa Barbara's veterans (or approximately 2,270 veterans) fall in the 18-34 age range, a relatively small cohort of young veterans even for a small county like Santa Barbara.

Chart 2: Veterans by Age (Shown as Percentage of Population)¹⁵



¹⁵ Data visualization based on U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.

Chart 3: Veterans by Period of Service (Shown as Percentage of Population)¹⁶

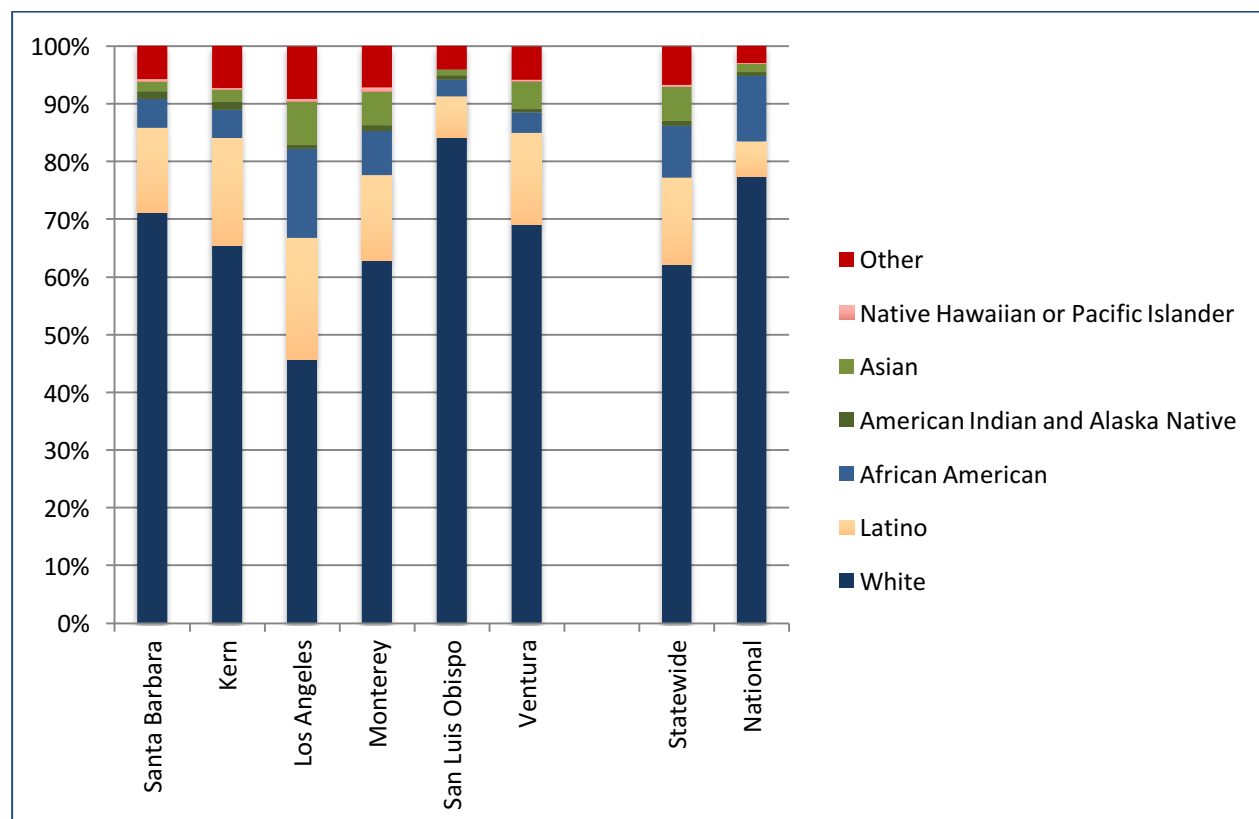


4. Race/Ethnicity

As discussed earlier, the national veteran population is slowly diversifying as the military becomes increasingly diverse, and today's veterans replace those of an earlier era when the military was not as representative of society. This change is coming slowly though, because of the relative size of the older veteran population. In Santa Barbara County, the veteran population is significantly less diverse than the population at large, and even less diverse than the veterans' population of larger counties like Los Angeles (where less than 50% of veterans are white). 71.2 percent of Santa Barbara's veterans, by contrast, are white; 14.7 percent are Latino; and 4.9 percent are African-American.

¹⁶ Data visualization based on U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.

Chart 4: Veterans by Ethnicity (Shown as Percentage of Population)¹⁷



In many places, it has been noted that racial and ethnic identification can affect social, political and economic dynamics within the veteran community, such as the propensity of individuals to join or seek help from veterans' organizations. Additionally, to the extent that certain racial groups face greater challenges in the employment and economic spheres that have nothing to do with their past military service, we may see evidence of different experiences between veterans from racial or ethnic minorities, and their white counterparts. There may also be health equity issues associated with demographic differences, such as differential access to health care resources, or demographic divides in the propensity to utilize health care resources.¹⁸ This assessment however, did not reveal any such concern to significantly affect the veterans' community in Santa Barbara County such that it merits special consideration at this time.

¹⁷ Data visualization based on U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.

¹⁸ See generally, Office of Disease Prevention and Health Promotion, Department of Health and Human Services, "Disparities," last checked July 31, 2017, <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>; see also Department of Health and Human Services, Office of Minority Health. National Partnership for Action to End Health Disparities. The National Plan for Action Draft as of February 17, 2010, <http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?&lvl=2&lvlid=34>.

B. Health and Wellness

1. Physical Health

Most generally, veterans' physical (not mental) health issues break down into a few primary categories. The first category includes those acutely or severely wounded, ill, or injured as the result of their military service. This category includes severe combat casualties (such as amputees), as well as those injured in training accidents or in other non-combat situations. Since 9/11, approximately 53,000 service members have been reported by the Defense Department as "wounded in action."¹⁹ The actual numbers of non-combat casualties are difficult to estimate, however approximately 10,000 service members per year are severely wounded, ill or injured enough to be medically retired from the service. This first category constitutes an important and visible group of veterans, but a relatively small minority²⁰ of the overall veterans' population.

A second, larger group of veterans facing physical health issues relating to service are those who suffer injuries that are more broadly caused by service, but which may in many cases be latent until after service. This is a much larger group than the first, and includes veterans who suffer acute and easily observable injuries or illnesses relating to a specific incident, as



well as those with more chronic injuries or illnesses result from their service, many of which can be characterized as the normal "wear and tear" of military service. Of the approximately 61 percent of all separated post-9/11 veterans who are reported to have used the VA health care system, the most prevalent diagnoses are: musculoskeletal ailments (735,582 or 61.8 percent); symptoms,

signs, and ill-defined conditions (conditions that do not have an immediately obvious cause or isolated laboratory test abnormalities) (690,869 or 58.1 percent); and mental disorders

¹⁹ <http://www.defense.gov/casualty.pdf>

²⁰ However, this small minority may grow significantly over time, as injuries or illnesses worsen, and as latent illnesses or injuries become more evident. The paradigmatic example is Agent Orange exposure among the Vietnam War cohort.

(685,540 or 57.6 percent).²¹ All of these concerns are representative of health issues caused by service. There are not reliable data available that track these conditions in older generations of veterans. However, the known diagnoses found in younger veterans, plus the expected and known impact of aging – particularly on an ill or injured body – suggest that many of Santa Barbara’s older veterans²² likely face health care concerns that fit this pattern too.

And so, a third and largest category of veterans facing physical health issues exists and overlaps significantly with the other two. This group of veterans faces physical health issues that do not necessarily result from service, but result primarily from other, non-service-connected events in their life (such as aging). *Veterans are people too*; they age and develop illnesses and injuries like the rest of Americans. Some of these concerns may be severe, such as cardiac disease or cancer; others may be more mild.²³ However, in all cases, these veterans will require medical treatment. A sizable minority of these veterans will turn to the VA to provide care for these injuries or illnesses, even though they do not necessarily result from service, because of the quality and economic advantages of VA care and other factors. The majority however, will go instead to their private health care providers, and likely seek reimbursement from private health care insurers or Medicare, to the extent it’s available.

Although these issues do not necessarily directly relate to military service, there may be indirect relationships to service, or complications resulting from the presence of service-connected health issues. As such, many veterans prefer to see health care providers who have knowledge of and cultural competency in military and veterans’ issues. Likewise, many prefer the economic advantages of using DoD or VA care (to the extent it is available). Consequently, although the veterans in this third category do not necessarily have health issues resulting from their service, they should still be considered as part of the broader

²¹ See Department of Veterans Affairs, Health Care Utilization by Recent Veterans, October 1, 2001 to March 31, 2015, available online at <http://www.publichealth.va.gov/epidemiology/reports/oefoifond/health-care-utilization/index.asp#sthash.ZCg9Cou9.dpuf>.

²² There may also be a generational shift in attitudes towards health and health care that is playing a role here. Post-9/11 veterans are reporting service-connected disabilities, and seeking VA health care, at rates that far exceed earlier cohorts. World War II and Korean War veterans typically filed VA claims at a rate of 15 to 20 percent, seeking compensation for an average of 2 injuries or illnesses. Vietnam veterans filed at slightly higher rates, and sought compensation for 4 injuries or illnesses. Approximately 21 percent of Gulf War I veterans filed claims. In the 16 years of war since 9/11, more than 45 percent of post-9/11 deployment veterans have filed claims, reporting, on average, 11 to 14 contentions per claim. And more than half of all post-9/11 veterans have sought VA health care too, in addition to these requests for disability compensation, double the historic rate of VA health care utilization. This generational shift in reporting and utilization is putting a great deal of stress on the VA, as well as on private and nonprofit sector resources serving veterans, that were built based on assumptions built around the experiences of previous generations of veterans. For more see Phillip Carter, “Upholding the Promise,” CNAS, November 2012, <https://www.cnas.org/publications/reports/upholding-the-promise-supporting-veterans-and-military-personnel-in-the-next-four-years>.

²³ Within this category are undoubtedly veterans who suffer from medical issues that are indirectly related to their service. Those struggling with long term orthopedic issues are the clearest example;

veteran population facing health issues, particularly to the extent they may rely on veterans' resources to address these issues.

Table 3: Department of Veterans Affairs, Health Expenditures and Utilization, Fiscal Year 2016²⁴

County	FY16 Total VA Spend Per Veteran	FY16 Health Spend Per Veteran	FY16 Health Spend Per Vet Patient	Unique Veteran Patients	Veterans Rec'g VA Disability Comp.	% of Vets Rec'g VA Disability Comp.
Santa Barbara	\$6,451	\$1,790	\$7,467	5,338	4,734	21.26%
Kern	\$6,643	\$1,712	\$8,714	9,116	9,577	20.64%
Los Angeles	\$9,422	\$4,224	\$16,340	74,863	52,406	18.10%
Monterey	\$10,841	\$4,056	\$11,153	6,692	4,752	25.83%
San Luis Obispo	\$5,152	\$1,489	\$6,784	4,495	3,453	16.87%
Ventura	\$6,943	\$1,875	\$8,700	8,834	8,313	20.28%
Statewide	\$8,868	\$3,380	\$12,716	466,638	370,385	20.55%
National	\$8,166	\$2,984	\$10,551	6,015,944	4,339,283	20.01%

The table above provides a snapshot of veterans' health in Santa Barbara County through the lens of VA spending, VA health care utilization, and VA disability ratings. In 2016, the VA spent \$39.9 million to serve 5,338 unique veteran patients residing in Santa Barbara County.²⁵ This indicates a VA health care utilization rate of 23.97 percent. The red blocks indicate where VA expenditures or utilization fall significantly below the national average. Notably, both the VA health expenditure per veteran, and per veteran patient, in Santa Barbara County were substantially below the national average (as indicated by the red shading). At the same time, VA data shows that 4,734 (or 21.26 percent) of the county's veterans draw VA disability compensation, slightly above the national average. Together, these statistics (and the county's demographics) suggest that local area veterans may be underutilizing the VA for health care, particularly given their age and disability status. This may relate in some way to difficulties accessing VA health care in Santa Barbara, as well as the lack of specialty and mental health care services available from the two basic VA clinics in the county, necessitating a cumbersome-for-many trip to Los Angeles for advanced care.

²⁴ Data drawn from VA Geographic Distribution of Expenditures (GDX) data, FY 2016, and VA Compensation and Pension data, FY2016.

²⁵ VA expenditure data is reported based on the county of residence for the veteran receiving that benefit or service. For monetary benefits like disability compensation, this primarily includes the benefit itself plus a small allocation of VA overhead for the Veterans Benefits Administration. For health care, this includes the VA's calculation of health care cost allocable to that particular veteran patient, including Veterans Health Administration overhead. Because this data is allocated to veterans based on their actual use of VA health facilities, there is an important (and sizable) difference between per-veteran and per-patient VA health spending.

Timely access to health care is and has long been a challenge for veterans in all three categories nationwide, whether they seek care from the VA or from private providers. The oft-cited Phoenix VA scandal of 2014, for example, resulted from a mismatch between growing veteran demand for health care services, and insufficient supply of VA health care services, with an inadequate appointments system discovered to have been manipulated by VA officials to camouflage the situation until the scandal erupted.²⁶ Since then, the VA has used a mixture of hiring health care providers, contracting with health care companies, and efficiency initiatives, to provide more and faster health care to its constituents. Congress has assisted by legislating a new program for the VA to purchase care in the community, under the VA Choice Act passed in late 2014 and reauthorized in 2017 with additional funding added to meet continued demand for veterans.²⁷



One significant (and unforeseen) effect of the Phoenix scandal, and these additional care programs, has been to *increase* demand from veterans for VA health care. In the past 12 months, the VA has scheduled 2 million more appointments nationally than during the same period the previous year. Wait times for VA appointments (including primary, specialty and mental health care, alike) have actually grown longer in many places because the VA has been

unable to keep up with this rapid increase in demand from veterans, despite the addition of significant health care capacity through multi-billion dollar contracts with the private sector.²⁸ Health care demand from veterans continues to surge nationally, driven primarily by increasing need from an aging veteran population, including the Vietnam-era and Cold War cohorts who are in their 60s, 70s, and 80s – peak years for health care demand. This reality represents special challenges for veterans in communities like Santa Barbara County,

²⁶ See Richard Oppel and Michael Shear, “Severe Report Finds V.A. Hid Waiting Lists at Hospitals,” N.Y. Times, May 28, 2014; David Philipps and Michael Shear, “Progress Is Slow at V.A. Hospitals in Wake of Crisis,” N.Y. Times, March 13, 2015; see also Phillip Carter, “How to Fix the VA,” Slate, May 30, 2014, http://www.slate.com/articles/news_and_politics/politics/2014/05/shinseki_resigns_here_s_how_to_fix_the_va.html.

²⁷ See Department of Veterans Affairs, Choice Act Summary, <http://www.va.gov/opa/choiceact/documents/Choice-Act-Summary.pdf>; see also VA, Choice Act resource webpage, <http://www.va.gov/opa/choiceact/>.

²⁸ See Richard Oppel, “Wait Lists Grow as Many More Veterans Seek Care and Funding Falls Far Short,” N.Y. Times, June 20, 2015, http://www.nytimes.com/2015/06/21/us/wait-lists-grow-as-many-more-veterans-seek-care-and-funding-falls-far-short.html?_r=0.

from which the day-long commute to and from VA health campuses can be made even longer, thanks to crowded conditions and long waits at VA clinics and hospitals.

Table 4: Primary Care – Average Number of Days Waiting for Appointment²⁹

Clinic or Medical Center	7/1/15	1/1/16	7/1/16	1/1/17	7/1/17
Santa Barbara	10.43	7.18	4.69	2.42	1.5
Santa Maria	10.85	24.3	25.99	11.08	6.16
San Luis Obispo	7.06	24.53	19	13.12	12.41
Oxnard	17.69	34.63	55.66	11.95	5.51
Antelope Valley	0.93	1.52	19.59	4.82	6.58
Bakersfield	3.26	4.36	4.06	1.73	3.38
Downtown L.A.	23.15	18.08	3.37	2.45	4.1
West Los Angeles MC	5.3	7.67	8.91	9.36	7.11
Sepulveda VA MC	7.46	8.95	13.42	6.85	4.8
National Average	7.77	8.06	6.91	5.73	4.91

The data table above shows the wait time trends for primary care appointments in Santa Barbara County and surrounding areas, as measured and publicly reported by the VA. Importantly, all of these VA health care facilities fall under the auspices of the VA's Los Angeles Health Care System; most of the facilities listed above are outpatient clinics; two (West Los Angeles and Sepulveda) are full-fledged VA Medical Centers. While the overall trend appears to improve over time for the Santa Barbara and Santa Maria clinics, the average wait time for these clinics still exceeds the national average. Importantly, in working group discussions conducted for this assessment in both southern and northern Santa Barbara County, participants expressed considerable doubt regarding the veracity of these wait time metrics. That doubt suggests there may be an issue with how VA is measuring and reporting its wait times, or that a significant population of veterans obtains appointments quickly on their own and without the support of the sorts of community-based, governmental and other advocates and service providers who participated in working groups for this assessment.

Notwithstanding these *access* concerns, community members interviewed and participating in working groups expressed satisfaction with the *quality* of VA health care. However, the distribution of VA health care resources in the region presented a problem for veterans in Santa Barbara County. The Santa Barbara and Santa Maria clinics provide primary care to veterans, with some limited mental health care capacity or specialty care capacity provided through visiting clinical staff or other means. For more serious mental health care, and nearly all specialty care however, veterans must travel more than 100 miles south to Los Angeles County, to obtain such care at either the VA's Sepulveda or West Los Angeles

²⁹ Department of Veterans Affairs, Patient Access Data, <https://www.va.gov/health/access-audit.asp>.

medical centers. With the exception of the VA Choice program,³⁰ the VA functions as a single-payer health care system, not as a health insurance system. To obtain care within the VA system, veterans must go to a VA facility; they cannot present themselves at a local facility like Dignity Health or Cottage Hospital for care, and then have the VA provide reimbursement, as with Medicare or other health insurance systems. Consequently, veterans must trek across California to get care when their needs exceed the capability of the Santa Barbara or Santa Maria clinics. This geographic and bureaucratic reality presents problems for working and indigent veterans alike – with the former unable to afford a day off work for an appointment, and many being reliant on a volunteer-led van shuttle system that involves the long drive to and from Los Angeles.

This said, it is important to acknowledge that a number of community health care resources also play a role in providing health care to veterans. Although exact data regarding utilization of local non-VA resources were not made available to the researchers, several interviewees noted that private hospitals provide a great deal of care to veterans in Santa Barbara. This care is generally paid for by Medicaid, sometimes because these hospitals lack contractual relationships with the VA to reimburse care, and often because Medicaid reimbursement is more efficient (and often more cost-advantageous) for the hospitals to pursue, as opposed to the VA or DoD. Among the community-based health care organizations that provide care to veterans in Santa Barbara County, are Santa Barbara Neighborhood Clinics, Santa Barbara Street Medicine (also known as “Doctors Without Walls”), Lompoc Valley Medical Center, Cottage Hospital and Marian Regional Medical Center, as well as others. While there does not appear to be any formal coordinated entry, case management or collaborative network among these players specifically for the purpose of serving and tracking veterans, representatives from each acknowledge a fair level of informal cooperation in getting the county’s veterans the care they need. Some collect data on the demographic and diagnostic profiles of the veterans they serve, while others do not ask military or veteran status of their patients at all; the data that do exist were not made available for review here.

In interviews and working groups, community stakeholders expressed frustration over difficulties understanding and navigating the fragmented contractual and reimbursement schemes operated by DoD and VA for the benefit of military retirees and veterans respectively. There was, even among prominent health leaders, inconsistent and/or suboptimal understanding of the VA Choice program and the contractual mechanisms

³⁰ Note that it may be possible for local health providers to provide VA-reimbursed care under the auspices of the VA Choice program. To do so, these providers must become subcontractors to the large managed care contractors engaged by the VA to run this program. This contractor is Tri-West for the Western U.S., including Santa Barbara. Once part of this network, local veterans can make appointment with these providers through the VA, and have their care paid for by the VA. However, there are bureaucratic and financial impediments for providers and veterans alike. Providers must negotiate rates with the prime contractor, and agree to accept reimbursement levels that may not be comparable to the private sector, or acceptable to them. Veterans must still access these providers through the VA appointments system, an arduous process. Consequently, the addition of health care capacity through the VA Choice program may be a long, complicated process that does not prove to be a panacea for Santa Barbara County veterans.

necessary to obtain payment from the VA for health services, let alone awareness of the requirements for TRICARE eligibility that limit its payments to cover health services for DoD retirees (versus all veterans). This difficulty obtaining DoD and VA approvals and reimbursement deprives the community of resources that might be available to provide health care to veterans in Santa Barbara County. Worse, this difficulty in accessing federal grant funding or contracting dollars contributes to a sentiment among some community providers that veterans drain community resources. Because some community organizations either cannot easily access the federal funds that exist to support veterans or are simply unaware of them, they use community funds from private or philanthropic sources instead, using dollars that could have gone to support individuals in the community for whom there are not federal dollars (like there are for supporting veterans).

2. Behavioral and Mental Health

Behavioral and mental health issues affect a significant part of the veteran population, including both those who have deployed to war and those who have not. Veterans of all generations may face mental health issues including post-traumatic stress, diagnosed post-traumatic stress disorder, traumatic brain injuries, sleep disorders, depression and suicide, in some cases due the challenges of transition out of uniform and into civilian society, in addition to or even rather than the conditions of service.

As of mid-2015, 640,537 (or nearly one-fourth) of all 2.8 million veterans who have deployed post-9/11 have been diagnosed by VA clinicians with some type of mental health issue.³¹ Precise current data regarding veterans from the Vietnam-era cohort and earlier is unavailable. However, major epidemiological studies of the Vietnam War cohort (including more recent reexaminations of the data) suggest that “a large majority of Vietnam Veterans struggled with chronic PTSD symptoms, with four out of five reporting recent symptoms when interviewed 20-25 years after Vietnam.”³²

With a VA utilization rate of just over one-quarter for all veterans, and just over half for more recent veterans, it may be safe to assume the actual number of veterans with mental health concerns exceeds the numbers suggested by evidence to date; the sample is smaller than what anecdotal evidence suggests might be more representative. This is true both for post-9/11 veterans and Vietnam-era veterans. Community members interviewed for this study (including clinical staff working directly with veterans) agreed, saying they frequently

³¹ Department of Veterans Affairs, “Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1st Qtr FY 2002 through 2nd Qtr FY 2015” (October 1, 2001–March 31, 2015), (September 2015), 11, <http://www.publichealth.va.gov/docs/epidemiology/healthcare-utilization-report-fy2015-qtr2.pdf>.

³² Jennifer Price, Ph.D., “Findings from the National Vietnam Veterans’ Readjustment Study,” Department of Veterans Affairs, <https://www.ptsd.va.gov/professional/research-bio/research/vietnam-vets-study.asp>, citing Kulka, R. A., Schlenger, W. E., Fairbank, J. A., Hough, R. L., Jordan, B. K., Marmar, C. R., Weiss, D. S. (1988). Contractual Report of Findings from the National Vietnam Veterans' Readjustment Study: Volumes 1-4. North Carolina: Research Triangle Institute.

encounter veterans with undiagnosed or untreated PTSD that manifests itself in substance abuse, criminal justice system involvement, family difficulty or work difficulty.

The most recent data from the VA on post-9/11 veterans seeking mental health treatment indicates a sizable population in the broader region around Santa Barbara County. Unfortunately, this data reports only through December 31, 2014, and is only broken down to the level of the VA regional health care system (i.e. Central California or Greater Los Angeles). Nonetheless, this data provides an important window onto the magnitude of need within the region:

Table 5: VA Mental Health Patients by Health Care System or Facility³³

VISN-Facility	Inpatient PTSD Patients	Outpt. PTSD Patients	Vet Centers - PTSD Patients	Vet Centers - Outreach Visits	Vet Centers - Other Visits	Total # of Veterans Seeking PTSD Care³⁴
21 - Central Calif. HCS	122	1,951	449	1,714	363	2,395
21 - Honolulu	51	2,540	731	2,904	3,823	3,251
21 - Manila	-	458	-	-	-	507
21 - NCHC Martinez	104	5,125	1,497	2,428	1,286	6,826
21 - Palo Alto	257	4,931	1,069	5,567	2,062	6,042
21 - San Francisco	70	2,209	414	538	642	2,636
21 - Sierra Nevada HCS	65	1,473	257	1,573	190	1,774
22 - Greater Los Angeles HCS	212	7,102	1,593	4,353	3,093	8,888
22 - Loma Linda	243	5,873	1,583	10,193	1,470	7,795
22 - Long Beach HCS	174	5,463	866	467	1,336	6,546
22 - San Diego HCS	171	8,868	1,722	8,932	4,882	11,025
22 - Southern Nevada HCS	139	3,026	521	113	944	3,631

This subset of the post-9/11 deployment cohort of those with PTSD may continue to need mental health support in years to come. Unfortunately, because there has been no longitudinal study comparable to the National Vietnam Veterans' Readjustment Study for

³³ Department of Veterans Affairs, "Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1st Qtr FY 2002 through 2nd Qtr FY 2015" (October 1, 2001–March 31, 2015), (September 2015), 11, <http://www.publichealth.va.gov/docs/epidemiology/healthcare-utilization-report-fy2015-qtr2.pdf>. Data shown by VISN-Facility, which refers to the VA Integrated System Network code, and the major facility. Santa Barbara and its VA clinics fall within VISN 22, and the Greater Los Angeles Health Care System (HCS), which is highlighted.

³⁴ This column is not equal to the sum of the different types of visits because veterans may utilize multiple types of facilities; the summary column excludes duplicates based on a data match of unique veteran identifiers by the VA.

post-9/11 veterans, we lack detailed information about how these veterans will fare over the course of their lives, their geographic and demographic distribution, and to what extent these issues are grounded in larger societal challenges with mental health. More granular data about this population would greatly help to better understand their needs and likely future trajectories. Consequently, a number of research organizations and advocacy organizations have pushed for long-term study of the post-9/11 cohort in order to better understand their needs over time.

Related to mental health concerns are the rates of suicide among service members and veterans. Veteran suicide is a complex issue, affecting veterans of all generations. The VA recently released updated data estimating that 20 veterans (of all eras) commit suicide each day across the country.³⁵ Recent studies suggest that suicide rates are higher in the veteran community than the national average.³⁶ More reliable data for current active and reserve service members, as well as for recently discharged post-9/11 veterans, indicates that in the first three quarters of 2014, there were 200 suicides of active-duty service members, and 118 suicides by Guard and reserve personnel.³⁷ A recent study found that the suicide rate among post-9/11 veterans is approximately 50 percent higher than comparable civilian populations.³⁸ Female veterans die by suicide at six times the rate of the female non-veteran population; for women aged 18–29, the veteran suicide rate is 12 times that of female non-veterans.³⁹ Other at-risk populations for suicide include veterans who entered the service with mental illness, and veterans discharged with “bad paper.”⁴⁰ Among post-9/11 veterans, the suicide rate is higher even for veterans who had never deployed, indicating that the problem is not attributable solely to combat trauma.⁴¹

³⁵ “VA Conducts Nation’s Largest Analysis of Veteran Suicide,” July 7, 2016, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2801>.

³⁶ See Janet E. Kemp, RN, PhD, Department of Veterans Affairs, “Suicide rates in VHA patients through 2011 with comparisons with other Americans and other veterans through 2010,” January 2014, http://www.mentalhealth.va.gov/docs/Suicide_Data_Report_Update_January_2014.pdf.

³⁷ U.S. Department of Defense, Defense Suicide Prevention Office, “Department of Defense Quarterly Suicide Report for Calendar Year 2014, 3rd Quarter,” Department of Defense, 2.

³⁸ See Han K. Kang, Tim A. Bullman, Derek J. Smolenski, Nancy A. Skopp, Gregory A. Gahm, and Mark A. Reger, “Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars,” *Annals of Epidemiology* (2014); Alan Zarembo, “Detailed study confirms high suicide rate among veterans,” *LATimes.com*, January 15, 2015, <http://www.latimes.com/nation/la-na-veteran-suicide-20150115-story.html>.

³⁹ Alan Zarembo, “Suicide rate of female military veterans is called ‘staggering,’” *LATimes.com*, June 8, 2015, <http://www.latimes.com/nation/la-na-female-veteran-suicide-20150608-story.html>.

⁴⁰ “Bad paper” is a euphemism among veterans for a discharge from service that is something other than “honorable.” Most veterans leave service with an “honorable” discharge signifying satisfactory performance, and entitling them to the vast array of government benefits. However, approximately 15 to 20 percent of service members depart the military with something else. “Bad paper” discharges occur along a spectrum, from general or “other than honorable” discharges to “bad conduct” or “dishonorable” discharges that accompany a court-martial conviction. For more on this taxonomy, and the effects of “bad paper” on veterans, see Phillip Carter, “The Vets We Forget and Ignore,” *N.Y. Times*, Nov. 10, 2013, <http://www.nytimes.com/2013/11/11/opinion/the-vets-we-reject-and-ignore.html>; see also Swords to Plowshares, “Underserved: How the VA Wrongfully Excludes Veterans with Bad Paper,” March 2016, <https://www.swords-to-plowshares.org/2016/03/30/Underserved>.

⁴¹ *Ibid.*; Kang et al., “Suicide risk among 1.3 million veterans”; Zarembo, “Detailed study confirms high suicide rate among veterans.”

The VA is the largest provider of mental health care and research in the nation, as well as the most significant investor in mental health research, spending more than the rest of the government (including DoD) combined. The VA has budgeted approximately \$7.8 billion for mental health care in FY 2018, roughly one-eighth of its entire health care budget for that year. Additionally, in 2016 the VA spent approximately \$250 million on treatment and research on traumatic brain injury (TBI) for all veterans, of which an estimated \$54 million focused on post-9/11 veterans. These amounts are orders of magnitude greater than private and non-profit expenditures on veteran mental health support. This creates a conundrum for local providers and veterans: there is a vast reservoir of resources available from the VA for mental health care, but it is difficult to access these resources, whether directly from the VA or as reimbursed care through a VA contractor.

Even so, the VA has struggled to meet veterans' need for mental health care.⁴² Veterans utilizing the VA system have experienced significant problems obtaining timely care.⁴³ To address these issues, since 2013, the VA has implemented several initiatives to hire mental health care providers, build new healthcare facilities, and establish new contracts for veterans to obtain mental health care outside of the VA system. In response to the 2014 Phoenix VA scandal, Congress created the Veterans Choice program, which allows veterans to seek care from non-VA providers if their wait times or distances from VA facilities exceed 30 days or 40 miles respectively. The Choice program has been implemented through contracts with large VA contractors to provide care to veterans; Triwest holds the contract for the Western U.S., including Santa Barbara County. However, VA appointments data shows that these contracting efforts have not kept pace with demand from veterans for primary, specialty, or mental health care, likely because demand has increased during this same period, and because of inefficiencies that linger in the VA health care system.⁴⁴ Facility construction delays, continued shortages of competent mental health providers, and other continuing concerns indicate that these efforts have not solved the problems of access to VA health and mental health care. Santa Barbara County community members reported an acute lack of mental health care resources throughout the county, with the VA clinics playing a small but inadequate role in serving county veterans.

In addition to access concerns, quality questions regarding contracted care have been raised by veterans and advocacy organizations. According to one GAO study, "just 13 percent of the mental health providers surveyed met the study's readiness criteria for both cultural

⁴² See Phillip Carter, "Expanding the Net," CNAS, November 2013, <http://www.cnas.org/expanding-the-net>.

⁴³ Katie Zezima, "Everything you need to know about the VA – and the scandals engulfing it," *The Washington Post*, May 30, 2014, <https://www.washingtonpost.com/news/the-fix/wp/2014/05/21/a-guide-to-the-va-and-the-scandals-engulfing-it/>.

⁴⁴ See Quil Lawrence et al, "Despite \$10B 'Fix,' Veterans Are Waiting Even Longer To See Doctors," NPR, May 16, 2016, <http://www.npr.org/sections/health-shots/2016/05/16/477814218/attempted-fix-for-va-health-delays-creates-new-bureaucracy>; Donovan Slack, "Inaccurate VA wait times preclude thousands of vets from getting outside care, probe finds," *USA Today*, March 3, 2017, <https://www.usatoday.com/story/news/politics/2017/03/03/veterans-affairs-inspector-general-widespread-inaccuracies-wait-times/98693856/>.

competency and delivering evidence-based care. Providers who worked in community settings were less prepared than providers who are (directly) affiliated with the VA or military health system.”⁴⁵ Furthermore, as noted above, community health organizations and veterans’ advocates reported great difficulties in affiliating with this contractor care network, as well as in seeking reimbursement from VA contractors for services provided to veterans. Consequently, community health organizations reported using Medicaid, philanthropic support, or other funding sources to provide care to veterans, because it was simply too difficult to leverage VA funds for this purpose.

Table 6: VA Mental Health Care - Average Number of Days Waiting For Appointment⁴⁶

Clinic	7/1/15	1/1/16	7/1/16	1/1/17	7/1/17
Santa Barbara	5.75	4.62	1.58	2.01	3.17
Santa Maria	7.71	6.18	17.4	16.15	8.89
San Luis Obispo	2.72	10.4	16.73	13.33	12.25
Oxnard	6.9	5.49	10.18	9.17	9.13
Bakersfield	2.61	2.47	2.62	3.15	3.11
Downtown L.A.	2.71	19.26	4.23	5.31	4.23
West Los Angeles MC	4.99	5.13	6.47	8.54	6.13
Sepulveda VA MC	8.19	6.2	5.71	3.59	4.17
National Average	5.2	5.53	4.63	4.46	4.32

As with primary care, mental health waiting times vary widely in Santa Barbara County and across the region. At the Santa Barbara clinic, the reported average wait time to see a VA mental health clinician is reported to be 5.75 days, which aligns closely with the national average. By contrast, at the Santa Maria clinic, the wait time has consistently and considerably exceeded the national average. Importantly, the clinics in Santa Barbara, Santa Maria, Oxnard and San Luis Obispo have limited capability in the areas of mental health care and specialty care, providing only limited outpatient care to veterans. Consequently, veterans with more advanced needs are referred for appointments at the Sepulveda VA Medical Center or West Los Angeles VA Medical Center, requiring a day-long commute to obtain care. In addition, as with primary care, community members expressed skepticism at the average wait times reported by VA for mental health care.

⁴⁵ See Government Accountability Office (GAO), “VA Construction Additional Actions Needed to Decrease Delays and Lower Costs of Major Medical-Facility Projects,” GAO-13-556T (May 7, 2013), <http://www.gao.gov/assets/660/653585.pdf>; Terri Tanielian, Coreen Farris, Caroline Epley, Carrie M. Farmer, Eric Robinson, Charles C. Engel, Michael Robbins, and Lisa H. Jaycox, “Ready to Serve: Community-Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families” (RAND Corporation, 2014), http://www.rand.org/pubs/research_reports/RR806; GAO, “VA Health Care: Improvements Needed in Monitoring Antidepressant Use for Major Depressive Disorder and in Increasing Accuracy of Suicide Data,” GAO-15-55 (November 12, 2014), <http://www.gao.gov/products/GAO-15-55>.

⁴⁶ Department of Veterans Affairs, Patient Access Data, <https://www.va.gov/health/access-audit.asp>.

Mental health is a significant issue facing veterans in Santa Barbara County. There was near unanimity among stakeholders in our interviews and working groups that one of the most fundamental issues for many (if not most) of the community's struggling veterans was mental health and access to care from qualified mental health professionals. Community leaders said repeatedly that a plurality of the county's veterans who were chronically involved with the criminal justice system, or homeless, struggled with a mental health issue. For many of these veterans, the community leaders who participated in this study said the mental health issues appeared to be undiagnosed, misdiagnosed, untreated or poorly treated because of difficulty with timely access to VA care or eligibility issues. Along similar lines, Santa Barbara County leaders cite a "crisis" of mental health care providers more generally, noting there are few community resources to provide free or discounted mental health care, much less retail care, to anyone -- veteran or otherwise -- such that access challenges for the VA could not be made up for by the community. One community organization is developing a telehealth program that could, potentially, serve more of the veteran population, however it is unclear that telehealth solutions can effectively address the most serious of mental health needs among Santa Barbara's veterans.

C. Economic Issues

On average, veterans in the United States do well economically, relative to the general population. This results from the demographic characteristics of the population, which continues to tilt towards older, white, men, who tend to do well in the American economy.

Increasingly, the economic success of veterans also results from the selection bias of the All-Volunteer Force, which by design recruits those enlisted personnel and officers who exceed the national average for fitness, educational attainment, educational aptitude, criminal justice system involvement, and other factors. This success also results, in part, from



a cornucopia of economic efforts supporting veterans – including the post-9/11 GI Bill, VA home loan program, and myriad private sector and nonprofit programs too.⁴⁷ Consequently,

⁴⁷ See generally, Department of Veterans Affairs, "Veterans Economic Communities Initiative (VECI) Pilot: 2016 Program Report and Highlights," <http://www.benefits.va.gov/benefits/docs/veci/report2016.PDF>.

both the veteran population as a whole and the post-9/11 cohort do better than their comparable non-veteran peers on nearly every measure of wealth.⁴⁸ However, this success masks some economic struggle within the veteran community. Younger veterans – particularly those fresh from active duty, or those without higher education – tend to fare worse than their non-veteran peers in the job market. Female veterans and minority veterans outperform their non-veteran peers in the workforce, although they lag male and white veterans somewhat. And, despite the success of most veterans, some do struggle with poverty and homelessness, and with cost-of-living issues in high-cost areas such as Santa Barbara County. The sections below discuss these issues as they pertain to the national veterans' population and the community of veterans in Santa Barbara County.

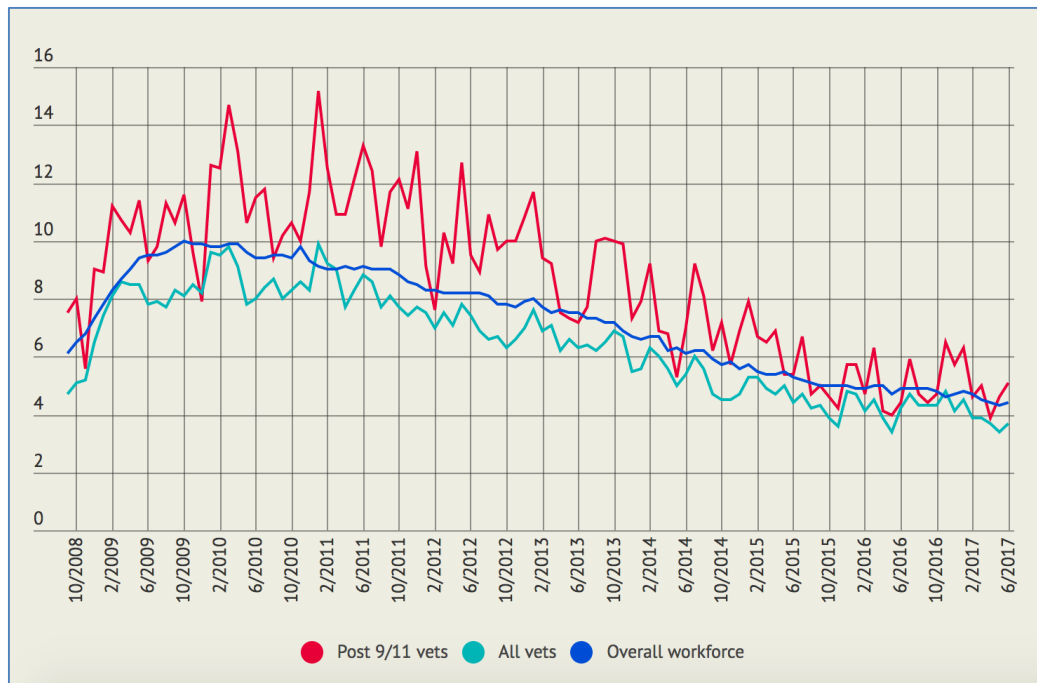


1. Veteran Employment

Despite what many advocates decry as an unemployment crisis among our nation's veterans, historically, veteran employment has paralleled the non-veteran unemployment rate, with veterans often faring better than the national average. On average, the overall veterans' population is older, whiter, and more male than the national average; older white males tend to do better in the U.S. workforce than the average, and generally speaking, this trend is reflected among veterans. Consequently, in any given month's employment statistics, the overall veteran unemployment rate will normally be significantly better than that of non-veterans. The following graphic shows the historical employment rates for veterans, non-veterans, and post-9/11 veterans since 2009. Taken together, these trends show a sharp increase in unemployment for all Americans during the economic downturn, then a gradual improvement over time, with veterans' fortunes (and employment) rising alongside those of other Americans.

⁴⁸ See Leo Shane III, "Report: Young vets are more successful than their civilian peers," Military Times, July 29, 2017, <https://www.militarytimes.com/veterans/2017/07/29/report-young-vets-are-more-successful-than-their-civilian-peers/>, citing Lawrence Cappello, Ph.D., "Working Paper: How are 9/11-Era Veterans Faring in the Modern Economy? A Quantitative Study by Sex, Race, and Ethnicity 2005-2015," City University of New York, <http://clacis.gc.cuny.edu/files/2017/07/Cappello-Veterans-Report-FINAL.pdf>.

**Chart 5: National and Veteran Unemployment Rates
(Shown as Unemployed Percentage of Labor Force), 2009 to 2017⁴⁹**



The unemployment rate in June 2017 was 3.7 percent for all U.S. veterans, significantly better than the rate (4.3 percent) for the population as a whole.⁵⁰ Male veterans enjoyed substantially lower unemployment at 3.4 percent, versus 6.1 percent unemployment for female veterans. The rate of unemployment for post-9/11 veterans in June 2017 was 5.1 percent, also better than the national average, but up slightly from previous months in 2017. The unemployment rate for male post-9/11 veterans was 4.5 percent, and nearly twice that rate at 8.5 percent for female post-9/11 veterans.⁵¹

Local employment data can be difficult to obtain outside major metropolitan areas because the Department of Labor's monthly national surveys do not collect a large enough sample to enable micro-analysis of specific demographic segments at the local level.⁵² However, there is reasonably good data available regarding the general unemployment situation for

⁴⁹ Department of Labor (DOL), Bureau of Labor Statistics (BLS), monthly unemployment data available at: <https://www.bls.gov/news.release/empsit.t05.htm>.

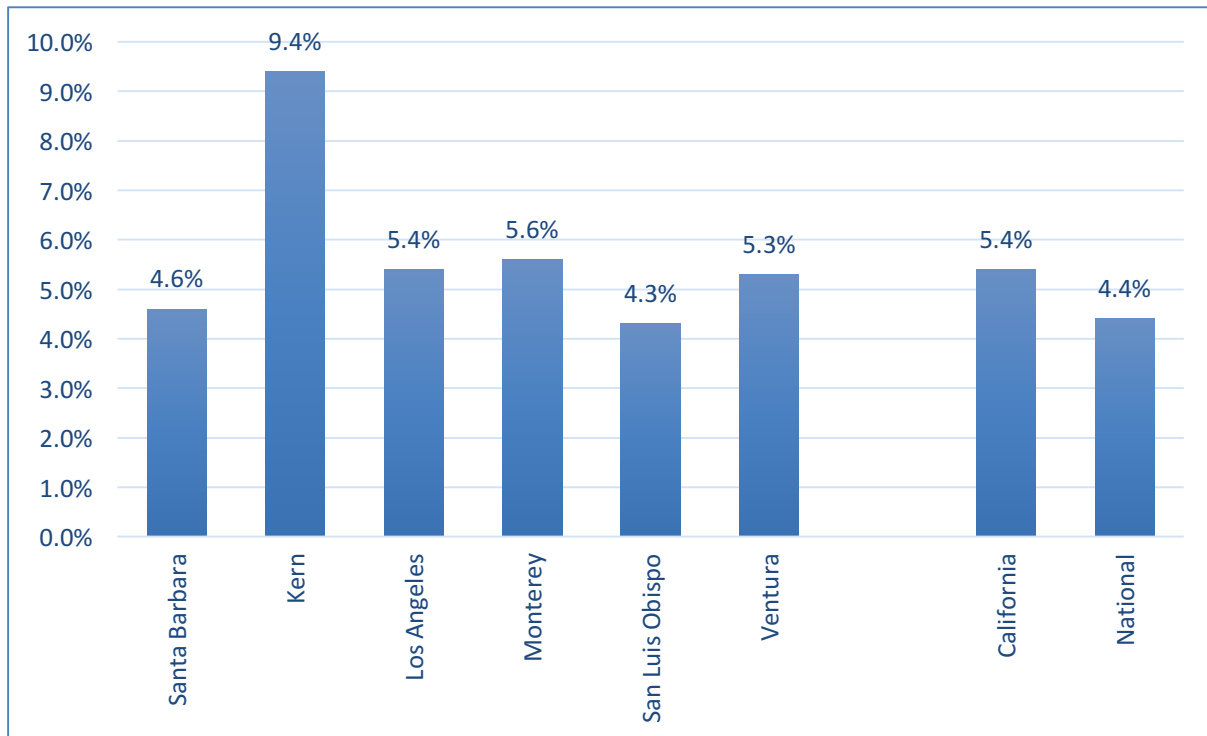
⁵⁰ Natalie Gross, "Veteran unemployment rises again in June," Military Times, July 7, 2017, <https://www.militarytimes.com/education-transition/2017/07/07/veteran-unemployment-rises-again-in-june/>.

⁵¹ DOL BLS data, <https://www.bls.gov/news.release/empsit.t05.htm>.

⁵² DOL's BLS statistics are based on a monthly survey conducted by the Census Bureau called the Current Population Survey (CPS), which surveys approximately 56,000 households monthly. It provides a national veteran unemployment rate, and some segmentation at the national level, but these numbers can be volatile due to sample issues. The American Community Survey, also managed by the U.S. Census Bureau, does include a veteran employment rate,⁵² but it's a 5-year rolling average and considered unreliable for measuring veteran unemployment.

California and Santa Barbara specifically, published each month by the federal Department of Labor and California Employment Development Department.

Chart 6: Current Unemployment Rates, by County
(Shown as Unemployed Percentage of Total Workforce), August 2017⁵³

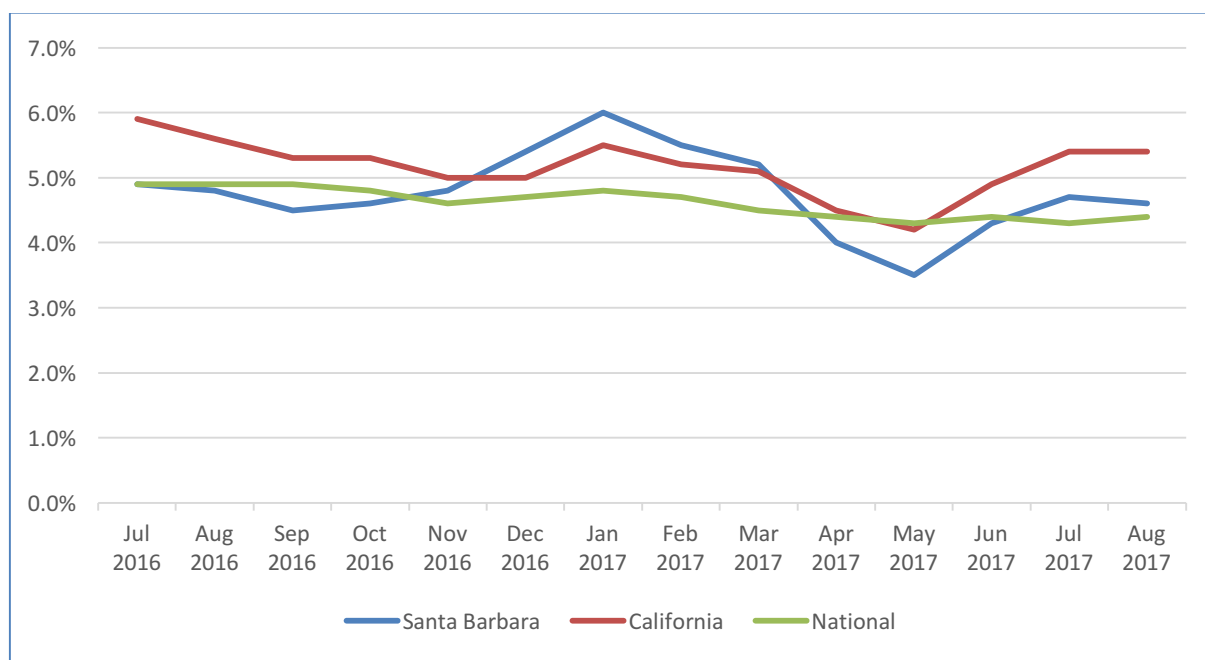


This data, shown in the charts directly above and below, depicting the current unemployment rate and unemployment rates over the past year, show a relatively healthy workforce and economy for Santa Barbara, as compared to the statewide and national average. Santa Barbara's unemployment rate of 4.6 percent slightly exceeds the national average (4.4 percent), but is significantly below the California unemployment rate (5.4 percent).⁵⁴ Over time, Santa Barbara's unemployment rate shows a strong seasonal effect, rising in the winter and dropping in the spring and summer to reflect the height of the tourist season. Unemployment claims reflect this trend as well – even as claims are rising in other counties, like Los Angeles, Santa Barbara's number of unemployed persons seeking unemployment insurance has declined sharply in the first seven months of 2017.

⁵³ Current unemployment rate data taken from California Employment Development Department, <http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html>.

⁵⁴ State of California, Monthly Labor Force Data for California, Counties and Metropolitan Areas, August 2017, Reported on Sept. 15, 2017, <http://www.labormarketinfo.edd.ca.gov/file/lfmonth/1708pmsa.pdf>.

**Chart 7: Unemployment Rates – Santa Barbara, California, National
(Shown as Unemployed Percentage of Workforce), July 2016 to August 2017⁵⁵**



Importantly, the benefits of the relatively good employment rate in Santa Barbara County may be mitigated by concerns of cost of living, seasonal employment, and the absorptive capacity of the region's economy for new veterans. Although median incomes are high in Santa Barbara, working group participants and interviewees agreed that average incomes fall significantly short of what is necessary to support a family in Santa Barbara County. Even dual-income families making an average of \$40,000 to \$45,000 each would likely face difficulty due to the high cost of living in the region. Tourism, education, construction, and agriculture provide significant components of the labor market in the region, however these sectors are subject to regional swings that can affect long term employment and economic success for veterans, as for all people. Last, as is the case in many parts of the country, there appears to be a long-term shift in the absorptive capacity of the regional economy to employ people without specific technological skills -- including in many cases, veterans -- as the workforce transitions from an industrial economy to an information economy transformed largely by automation. Opportunity still exists, but is closely tied to educational attainment and currency in technology; young veterans, particularly those with access to the post-9/11 GI Bill, likely compete better in this economic environment than older veterans.

A few observations emerge from current data and research on veteran employment. The first is that there is not so much a veteran employment crisis as there is a veteran transition crisis (and the term crisis itself may be an overstatement). Higher rates of unemployment

⁵⁵ Historical unemployment rate information taken from California Employment Development Department, <http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html>, and Department of Labor, <http://data.bls.gov/timeseries/LNS14000000>.

among young veterans, particularly young veterans without a college degree, suggest that unemployment problems may be concentrated among younger veterans during the first years after service. However, economic data produced by the VA in January 2015 found that the earnings and economic success of post-9/11 veterans have risen over time,⁵⁶ suggesting that veterans' economic performance improves after a few years in the workforce. This accords with recent findings regarding a high rate of transitional flux in the first years after service, with the majority of veterans changing jobs within their first year out of the military.⁵⁷ Relative stability typically follows this transition period, as veterans find their fit within the civilian workforce, and acquire better civilian soft skills and job search skills.⁵⁸ This accords with what community members reported about Santa Barbara veterans: that new veterans generally don't come to the county unless they have employment, or move to Santa Barbara for higher education. Consequently, because Santa Barbara does not have a large population of veterans recently transitioned from service, it does not face the same veterans' unemployment issues as a community like Los Angeles. By contrast, to the extent Santa Barbara's veterans face unemployment, they tend to do so later in life, often for reasons having little to do with military service *per se* but rather with economic circumstances, life events, or other reasons.

The second observation is that, rather than an *unemployment* problem, the issue may be one



of veterans' *underemployment*. Underemployment can be defined as veterans taking jobs for which they are overqualified by education or experience, if not also underpaid, given what they might otherwise be capable of earning. Underemployment may primarily result from the need for many veterans to find immediate employment after service, regardless of how well

that employment may fit, due to family or other considerations that put temporal and financial pressure on the veteran. The underemployment phenomenon may also be

⁵⁶ VA, Economic Opportunity Report, January 2015.

⁵⁷ Leo Shane III, "Survey: 65% of vets likely to leave 1st civilian job within 2 years," Military Times, October 2, 2014, <https://www.militarytimes.com/2014/10/02/survey-65-of-vets-likely-to-leave-1st-civilian-job-within-2-years/>, citing Syracuse University, Institute for Veterans and Military Families (IVMF), Veteran Job Retention Survey, summary available at: <https://ivmf.syracuse.edu/wp-content/uploads/2016/10/VetAdvisor-ReportFINAL-Single-pages.pdf>.

⁵⁸ Phillip Carter, Katherine Kidder, et al, "Onward and Upward: Veteran Employment, Retention and Performance," CNAS report, November 2016, <https://www.cnas.org/publications/reports/onward-and-upward>.

reinforced by public and private sector employment programs that seek to rapidly translate veterans' skills and experiences to the private sector, placing veterans in jobs that resemble what they did in the military. The "skills translation" approach may contribute to underemployment because it undervalues skills and experiences not common in the civilian workforce, such as the intangible maturity and experience gained by a junior non-commissioned officer who has led troops in combat. However, this issue may not be as prevalent for Santa Barbara-area veterans as it is nationally, because of the observation noted above. New veterans generally come to Santa Barbara after service because they have a job or they want to pursue higher education; they stay because they find success. Underemployment appears to be less of a concern for Santa Barbara veterans than in other areas of the country.

Most of the opportunities for investment in the employment space focus on better tools or approaches to helping veterans transition into the civilian workforce, such as through skills translation or connections with employers. A shrinking minority focus on resume building or credentialing transfer. These are important, but secondary to the broader process of learning how to navigate the employment marketplace, a learning process similar to what new college graduates go through. The most successful programs in this space tend to be longer-term apprenticeship and training programs, such as "Onward to Opportunity,"⁵⁹ a joint DoD-private sector venture that provides such support before discharge, and the programs run by large employers⁶⁰ that provide employment opportunities as well as networking, mentoring, training, and educational support to veterans.

Our research did not reveal a level of private sector involvement with the Santa Barbara County veteran community consistent with what is more commonly the case in similar communities across the country. Typically, employment is the most common area in which the private sector connects with veterans, followed closely by other forms of business activity such as preferential discounts for veterans, or charitable donations and employee matching programs from businesses supportive of veterans' causes. In Santa Barbara County, however, there does not appear to be any large-scale or otherwise significant private sector effort to engage with veterans or veterans' causes, whether in the realm of hiring initiatives or corporate social responsibility programs that leverage company resources in service to meeting the needs of local veterans.

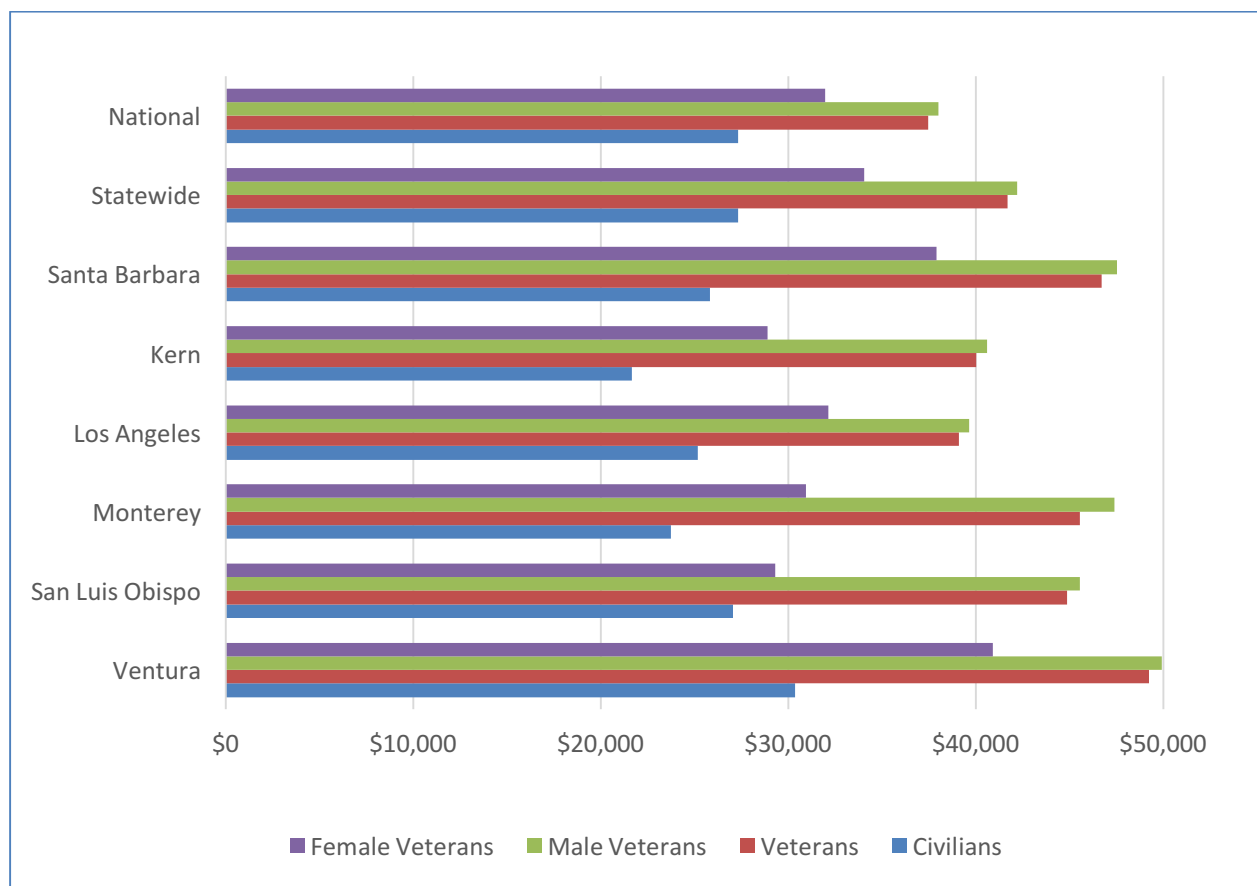
2. Income and Wealth

The graph below depicts the median income for non-veterans and veterans in Santa Barbara and surrounding counties, with veterans broken out further by gender.

⁵⁹ <http://onward2opportunity.com/>

⁶⁰ For a list of the most active employers in this space, see <https://www.veteranjobsmission.com/>

Chart 8: Median Income (Veterans and Civilians)⁶¹



Across the country, veterans' median income tends to exceed that of non-veterans by an average of approximately \$10,000 per year. This difference owes a great deal to the overall demographic makeup of the veteran population, which tilts towards being older, white and male. Male veteran income exceeds female veteran income nearly uniformly across the country, in some cases by as much as 25 percent or more, reflecting broader disparity between male and female earnings in America. California's veterans earn slightly more than the national and statewide average, with California's male and female veterans earning more than their national peers as well.

Santa Barbara's veterans stand out as one of the wealthier veteran populations – on average – in comparison to national, state and regional averages. The median veteran income in Santa Barbara in 2015 was \$46,708; male veterans in Santa Barbara County earned an

⁶¹ Income data pulled from ACS, 5-year rolling average. Importantly, the accuracy of the ACS data derives from the sample size; ACS data is most accurate for large populations such as the overall population of Los Angeles County, and least accurate for small populations such as the veteran population of Santa Barbara County. Consequently, the income data presented for Santa Barbara County has a margin of error of +/- \$2,803 for male veterans, and +/- \$11,417 for female veterans, in Santa Barbara County.

average of \$47,542, and female veterans earned an average of \$37,891.⁶² Within the region, the Santa Barbara County income statistics look similar to those of Monterey County, and slightly less than those in Ventura County to the south. However, there are significant margins of error for these figures on the relatively small sample sizes collected by the American Community Survey in Santa Barbara.

However, the distribution of veterans within these median income statistics is unclear, as is the relationship between these income levels and the cost of living in Santa Barbara County. The average household income figure for Santa Barbara County is \$63,985; working group participants suggested that the amount required to support a family of four in Santa Barbara County was considerably higher than this. Although veterans may fare well compared to the average incomes for the region, their incomes may not enable them to live well within the area. In addition, these average income statistics may mask a significant percentage of veterans living in poverty, whose presence is offset by high-performing veterans at the other end of the statistical distribution. For example, Census data indicate that Santa Barbara County currently has a 15.6 percent poverty rate overall, which is higher than both the national and statewide poverty rates.⁶³ Among veterans, the Census Bureau's latest data indicates a 6 percent poverty rate, meaning that roughly 1,336 of Santa Barbara's 22,270 veterans currently fall below the poverty threshold.⁶⁴ Working group participants suggested that many veterans requiring assistance likely fall into this category, based on job dislocation or housing struggles or other issues. Many advocates and stakeholders with whom the authors spoke likewise suggest there may be hundreds of other veterans in Santa Barbara County whose poverty or risk thereof go uncounted, due to the "invisibility" of temporary work and residence.

3. Education

U.S. veterans are more well-educated than the national average. 78 percent of service members and 70 percent of veterans have a high school degree or some college; 19 percent of service members and 27 percent of veterans have a college degree or higher.⁶⁵ Santa Barbara's veterans compare favorably to the national averages for educational attainment. 79 percent of Santa Barbara veterans have some college; 36.8 percent have a bachelor's degree or higher. Just 5.4 percent of Santa Barbara County veterans have less than a high school diploma.⁶⁶ This high degree of educational attainment is consistent with the non-veterans population in Santa Barbara County.

Between 2009 and 2016, more than 1.5 million beneficiaries (including veterans and family members) used more than \$40 billion in VA education benefits to pursue higher education. This reflects a utilization rate of approximately 40 percent among potential beneficiaries of

⁶² Id.

⁶³ Poverty rates taken from U.S. Census Bureau data, <https://www.census.gov/topics/income-poverty/poverty/data/tables.html>.

⁶⁴ U.S. Census Bureau, ACS 2010-14 Five-Year National Estimates Veterans Select Demographic Data.

⁶⁵ U.S. Census Bureau, 2013 American Community Survey.

⁶⁶ ACS 2010-14 Five-Year National Estimates Veterans Select Demographic Data.

Table 7: VA GI Bill Utilization Data⁶⁷

School	City	Type	# of GI Bill Users	# of Post-9/11 GI Bill Users
Pacifica Graduate institute	Carpinteria	For Profit	23	12
Int'l Sports Sciences Association	Carpinteria	For Profit	248	226
Southern California Institute of Law	Santa Barbara	For Profit	1	1
Santa Barbara Business College	Santa Barbara	For Profit	3	4
Santa Barbara College of Law	Santa Barbara	Private	4	4
Antioch University - SB	Santa Barbara	Private	6	4
Santa Barbara Body Therapy Institute	Santa Barbara	For Profit	5	3
Fielding Graduate University	Santa Barbara	Private	42	33
University of California, Santa Barbara (UCSB)	Santa Barbara	Public	241	182
Westmont College	Santa Barbara	Private	11	8
Santa Barbara City College	Santa Barbara	Public	262	188
FAA Santa Barbara Tower	Goleta	OJT		
FAA Santa Barbara System Support Center	Santa Barbara	OJT		
Santa Barbara County Sheriff's Department	Santa Barbara	OJT		
Santa Barbara County Pipe Trades	Buellton	OJT		
US Immigration & Customs Enforcement - Lompoc	Lompoc	OJT		
Federal Correctional Institution - Lompoc	Lompoc	OJT		
University of La Verne - Vandenberg AFB	Vandenberg AFB	Private	47	41
Santa Maria Police Department	Santa Maria	OJT		
Social Security Administration - Santa Maria	Santa Maria	OJT		
Allan Hancock College	Santa Maria	Public	260	201
Santa Barbara Business College - Santa Maria	Santa Maria	For Profit	18	20
Laurus College - Santa Maria	Santa Maria	For Profit	40	40
Santa Maria Area Electrical JAC	Santa Maria	OJT		
Brandman University - Santa Maria	Santa Maria	Private	23	24
Santa Barbara Electrical JAC	Santa Maria	OJT		
YRC Freight - Santa Maria	Santa Maria	OJT		
CET-Santa Maria	Santa Maria	Private	7	4

the post-9/11 GI Bill.⁶⁸ The VA also provides vocational and rehabilitation support to veterans with service-connected disabilities, and provides educational support to veterans

⁶⁷ Department of Veterans Affairs, GI Bill Comparison Tool data, downloaded Aug. 2, 2017, https://www.benefits.va.gov/gibill/comparison_tool.asp. GI Bill users include "Veterans, Servicemembers and family members utilizing their GI Bill benefits attending this institution the previous calendar year."

⁶⁸ Department of Veterans Affairs, Veterans Benefits Administration, Annual Benefits Reports, FY2016, available at: https://www.benefits.va.gov/REPORTS/annual_benefits_report.asp.

under other programs such as the Montgomery GI Bill. In parallel, the Defense Department (including the reserves and state National Guard bureaus) provides educational support to many still in uniform. Most of these student veterans blend into their campus populations and succeed with no additional assistance, but some have specific needs related to post-service transition that may impede utilization of education benefits, or require additional support during pursuit of higher education.

Within Santa Barbara and the Central California region, there are hundreds of veterans and family members currently pursuing higher education, many with VA support (see table above.) In 2016, the VA spent \$12.9 million on education and training for 1,241 veterans to pursue higher education in Santa Barbara County -- \$578 per veteran, and \$10,395 per veteran student. Those figures are significant, but still small compared to the statewide total of \$1.86 billion on education for California veterans, as well as the California and national averages of \$1,060 and \$651 per veteran on education and training. These figures appear to correlate with the demographic data for Santa Barbara County, indicating the county and the region have a relatively low number of young veterans, and therefore not a veteran population that generally utilizes VA benefits for education and training.

Certain other trends emerge from available student veteran data. First, there are a large number of private, for-profit and “on-the-job training” options available to veterans in Santa Barbara who choose to use their GI Bill at those institutions – although a large majority of student veterans enroll in the county’s three public colleges. Second, those three public



institutions (UC Santa Barbara, Santa Barbara City College (SBCC), and Allan Hancock College) provide additional support from their institutions for their veteran students that goes above and beyond merely accepting tuition. Each institution now has a veterans’ student center, maintained by a staff member responsible for student support, assistance with benefits navigation, and other functions relating to student veterans. These veterans’ resource centers are

important, both for direct assistance to student veterans, and also for support to members of the faculty and administration in better working with student veterans through the development of cultural competency. UCSB also has active ROTC detachments providing options for student veterans who want to rejoin the military as an officer after graduation, and providing some number of active duty personnel on campus to support student veterans with navigation and transition. SBCC also has a senior faculty member who participates on the county-wide Veterans’ Services Advisory Committee.

D. Crisis Support

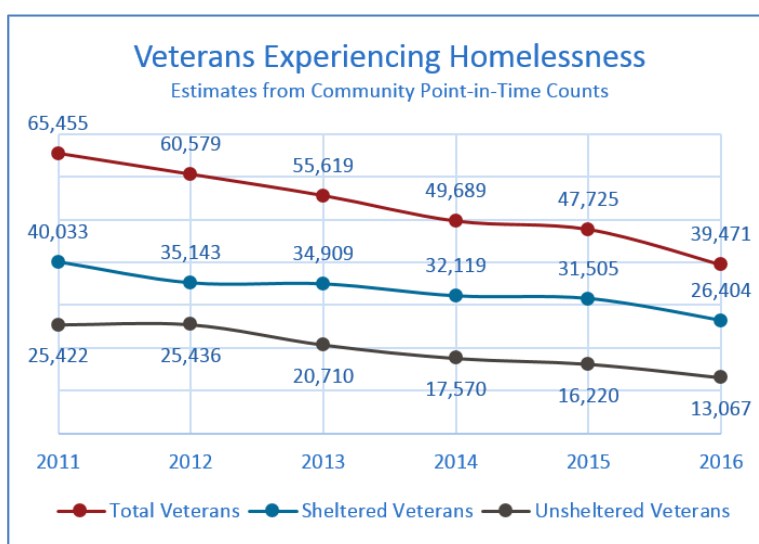
A third (and somewhat catch-all) category for veterans’ issues includes all of those concerns which create crises for veterans and their families in their daily lives. This category includes poverty and homelessness, legal issues of varying types, and unique issues relating to

identity or discharge status, which tend to correlate with veterans being “at risk” for other issues.

1. Homelessness and Housing Inadequacy

In 2010, the VA and White House announced plans for the “Ending Veteran Homelessness” initiative, with the goal of ending veteran homelessness by 2015.⁶⁹ This multi-faceted effort sought to address the components of self-sufficiency: health care, job training, and other services such as mental health counseling and employment support. Between 2010 and 2014, data from HUD’s annual point-in-time (PIT) counts indicated that veteran homelessness nationwide declined by 33 percent.⁷⁰ Reporting from January 2014 counted 578,424 homeless individuals nationwide (399,113 in residential programs and 179,311 in unsheltered locations). Of this total, 49,933 were veterans, an 11 percent decrease since 2013. Across the United States, 4,722 homeless veterans in 2014 were female.⁷¹

Chart 9: U.S. Veteran Homelessness (2011-2016)⁷²



More recently, the federal government (including the VA and the Department of Housing and Urban Development) and other community leaders have adopted a new goal: “functional zero.” This movement begins from the premise that an “absolute zero” goal is unattainable and potentially counterproductive, and that such a goal would not account for

⁶⁹ Department of Veteran Affairs, “Homeless Incidence and Risk Factors for Becoming Homeless in Veterans,” May 2012, i; Department of Veterans Affairs, “Homeless Veterans: About the Initiative,” http://www.va.gov/homeless/about_the_initiative.asp.

⁷⁰ The Department of Housing and Urban Development (HUD) uses “point in time” (PIT) counts to assess the number of homeless persons in specific communities at specific intervals. For more on HUD’s methodology, see <https://www.hudexchange.info/resource/4036/point-in-time-count-methodology-guide/>.

⁷¹ Department of Housing and Urban Development, “The 2014 Annual Housing Assessment Report to Congress,” October 2014.

⁷² Department of Housing and Urban Development, 2017 Homelessness Report.

the highly dynamic veteran population, which turns over each year with new veterans leaving the service, older veterans passing away, and veterans experiencing economic and geographic mobility. Instead of focusing on absolute zero, the “functional zero” goal sets forth a formula: “At any point in time, the number of veterans experiencing sheltered and unsheltered homelessness will be no greater than the current monthly housing placement rate for Veterans experiencing homelessness.”⁷³ This change to a functional goal is meant to help focus public, private, and non-profit sector attention on the many parts of the community system of housing, and to enable more efficient and effective housing solutions. A number of communities around the nation have embraced “functional zero” as their goal, and are actively tracking their progress with publicly available data dashboards.⁷⁴ In June 2017, VA Secretary David Shulkin affirmed that the VA would continue to aim for “functional zero” as its goal, recognizing that homelessness will likely never be fully eradicated, and that functional zero is a more useful goal to strive for.⁷⁵

Table 8: Homelessness in California, Santa Barbara and Los Angeles, 2010-2016⁷⁶

Geography	Persons(s) / Categories	2010	2011	2012	2013	2014	2015	2016
California	Total Homeless	123,480	125,128	120,098	118,552	113,952	115,738	118,142
	Homeless Vets	17,604	16,783	14,611	12,895	12,096	11,311	9,612
Santa Maria/ Santa Barbara County CoC	Total Homeless	4,121	1,698	1,546	1,882	1,832	1,729	1,813
	Homeless Vets	Unk	158	173	124	134	128	122
Los Angeles City & County CoC	Total Homeless	33,243	34,622	31,553	35,524	34,393	41,174	43,854
	Homeless Vets	Unk	6,281	4,521	4,007	3,739	4,016	2,728

Over the past eight years, these efforts (alongside an improving economy) have resulted in a significant reduction in the national homeless population, including the population of homeless veterans. California’s homeless veteran population has dropped by nearly half, accounting for a significant part of the overall reduction in the state’s homeless population.

⁷³ Community Solutions, Final Zero 2016 Metrics, Fact Sheet, http://cmtysolutions.org/sites/default/files/final_zero_2016_metrics.pdf.

⁷⁴ See data dashboards showing community progress towards “functional zero” veteran homelessness in Washington DC, Los Angeles, Denver, Phoenix, New Orleans and other communities at: <http://zero2016.weebly.com/>.

⁷⁵ Leo Shane III, “VA drops goal of zero homeless veterans,” Military Times, June 2, 2017, <http://www.militarytimes.com/articles/va-zero-homeless-veterans-goal-changes>.

⁷⁶ Department of Housing and Urban Development (HUD), CoC Homeless Populations and Subpopulations Reports, <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>.

In Los Angeles County, the number of homeless veterans has also dropped significantly, although the size and geographic dispersion of the population make counting less accurate there.

Santa Barbara County's overall homeless population has also been reduced significantly during this period, with improvements among homeless veterans too. Since 2013, the homeless veterans' population within the Santa Barbara continuum of care appears to have stabilized somewhat, remaining in the 120s or 130s, according to annual "point-in-time" counts performed within the community. This mirrors a general stability among homeless persons in Santa Barbara County that was described in the community's 2017 point-in-time report, although there have been increased numbers of homeless persons observed in the communities of Lompoc, Goleta, and Isla Vista.⁷⁷

During our research, stakeholders and community leaders (including those directly engaged with homelessness and others such as local law enforcement) described an overlapping set of factors responsible for this persistent homeless veteran population in Santa Barbara County. The region's high cost of living, coupled with a shortage of available housing, contributes to both chronic homelessness and temporary homelessness, the latter often including moving between friends' homes or sleeping in vehicles. The cost of living in Santa Barbara County, and shortage of available housing, also affects the quantity of housing available to those using government vouchers (such as those offered by HUD and the VA) to pay for apartments. There is also a scarcity of supportive housing in Santa Barbara County, compounded by the fact that most shelters and supportive housing facilities available are "dry" facilities that do not allow residents currently struggling with alcohol or substance abuse to shelter. "Wet" or "harm reduction" approaches, by contrast, allow people with alcohol or substance use disorders to shelter on site and, in some cases, provide treatment counseling that help residents work toward sobriety while enjoying shelter. Such an approach may be effective in housing veterans, who are more at risk for substance abuse (and particularly alcohol abuse) than non-veterans.⁷⁸

Across the Santa Maria/Santa Barbara County continuum of care, there were a total of 231 veteran-specific beds reported available in 2016, including 209 permanent housing beds and 22 emergency or transitioning housing beds. (These compare to a total inventory of 1,653 within the continuum of care, split between 882 permanent and 771 emergency/transitional beds.)⁷⁹ The vast majority (185) of the veteran-specific beds belong to the Housing Authority of the city of Santa Barbara, and fall under its HUD-VASH

⁷⁷ Central Coast Collaborative on Homelessness, Homelessness in Santa Barbara County, 2017 report.

⁷⁸ Although this is a controversial point, it is one supported by considerable amounts of public health research, including research funded by the VA and Substance Abuse and Mental Health Services Administration (SAMHSA). See SAMHSA, Publications and Resources on Veterans and Military Families, <https://www.samhsa.gov/veterans-military-families/publications-resources>.

⁷⁹ HUD 2016 Continuum of Care Homeless Assistance Programs, Housing Inventory Count Report, CoC 603, https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_CoC_CA-603-2015_CA_2016.pdf.

program.⁸⁰ Another 14 beds allocated to veterans are run by the Good Samaritan Shelter, including 4 of these 14 beds in the Santa Maria residential detox facility. The Salvation Army and New Beginnings hold 2 and 22 beds respectively for veterans in their rapid-rehousing for families programs, supported by VA Supportive Services for Veterans' Families (SSVF) grants.⁸¹ In the time since data for this report were collected, "Camp Flores", a residential home for veterans, funded by both private donor support and government assistance, was opened in Santa Maria. Other projects, both public and private, are reportedly in development.

Although the number of available beds appears to compare favorably to the overall size of the homeless veterans population in Santa Barbara, our interviewees and working group participants said that demand for shelter still outpaced supply in Santa Barbara County. One issue is the eligibility of homeless veterans who were discharged with "bad paper," for VA-subsidized housing. Because they cannot use VA subsidies, these veterans end up relying on non-VA subsidized resources, and are also sometimes not counted as veterans because of their discharge characterization. Relatedly, the overhead and bureaucratic difficulty associated with applications for VA funds discourages some nonprofits from applying for those funds, limiting the number of veteran-specific beds. And, as noted above, many of the facilities in Santa Barbara County do not provide adequate supportive services – whether mental health care or substance abuse care – for veterans, particularly in the case of "dry" facilities that do not accept veterans struggling with substance abuse at all.

2. Criminal Justice and Legal

Legal issues feature prominently on the landscape of need for the sub-population of veterans in Santa Barbara County that is most at-risk. For those veterans passing through homeless shelters, free health clinics, or the supportive arms of nonprofit organizations, many community leaders said they encountered a high proportion of veterans facing some type of legal challenge. These included, but were not limited to, criminal justice system involvement, legal issues relating to their military discharge or veterans' benefits, landlord/tenant issues, or family law issues. In each of these cases, legal issues exerted multiple impacts on veterans' outcomes, often causing acute challenges and also hindering access to employment, public benefits, or housing.

The most pressing set of legal issues facing veterans in Santa Barbara County relate to criminal justice system involvement. Our working groups included healthy representation from all major local law enforcement agencies in Santa Barbara County; these representatives talked candidly and directly about the involvement of veterans with their respective agencies. A few patterns emerged from these discussions. First, there is a persistent population of veterans coming into contact with law enforcement in Santa Barbara County who can be generalized as "older" male veterans in the 40s, 50s and 60s,

⁸⁰ HUD-VASH is the collaborative program operated by the federal Department of Housing and Urban Development (HUD) and the VA to provide a combination of housing vouchers and supportive services to homeless veterans and their families. For more information, see: <https://www.va.gov/homeless/hud-vash.asp>.

⁸¹ Id.

often struggling with substance abuse or mental health issues. This population overlaps significantly with the persistent homeless veterans' population of Santa Barbara County. These veterans come into the criminal justice system because their behavior breaks a local ordinance, such as public intoxication or petty theft, causing a complaint to be filed.

A veterans' treatment court has existed in Santa Barbara County since 2011, when Judge Rogelio Flores established the first one in Santa Maria; Judge George Eskin established the Santa Barbara Veterans' Treatment Court in 2012. There



are now veteran treatment court programs operating in Santa Barbara, Santa Maria and Lompoc. This court is a diversionary program for misdemeanor charges, modeled on other types of diversionary courts that exist for minor drug offenses or juvenile offenses. Misdemeanor and felony cases – except serious or violent felony cases, strikes and sexual abuse cases – may be considered on a case-by-case basis for admission to the veterans' treatment court, with the decision made by the judge overseeing the court. Veterans admitted to this court participate in a supervised, structured 12-18 month program in exchange for having their charges held in abeyance, and ultimately dismissed upon completion.⁸² Small cohorts of veterans have matriculated through this program since its founding. Its capacity has been limited both by the nature of offenses and individuals it is open to, and by the capacity of the relevant local agencies to supervise the program. In interviews and discussions, it became clear that this program was of tremendous value for those veterans who went through it, and got a second chance by virtue of their participation. However, veterans' treatment court programs do not fully serve all of the veterans in Santa Barbara county who are involved with the criminal justice system, either because their offenses do not fit the aperture of the program, or because they have other issues (such as persistent substance abuse) that make them poor candidates for the program.

In addition to criminal justice system involvement, community members described other legal issues as prominent problems for veterans in Santa Barbara County. These included problems accessing federal benefits – including discharge upgrades through DoD, benefits applications with VA, and disability applications to the Social Security Administration;

⁸² See Lara Cooper, "Veterans Treatment Court in Santa Barbara Graduates First Class," Noozhawk, Nov. 8, 2013.

family law issues; and landlord/tenant issues that obviously bore a close relationship to housing. A recent needs assessment conducted by the Pepperdine Law School faculty identified similar issues for veterans in Ventura County, along with a robust network of organizations working to meet these needs in that county to the south. However, that assessment was unable to collect sufficient information to gauge the extent of need among veterans in Santa Barbara County, nor assess the legal infrastructure for veterans in Santa Barbara County.⁸³

⁸³ See Jeffrey R. Baker, Thomas Bundy and Ashley Carroll, "Assessment of Veterans' Legal Needs and Access to Justice in Ventura County and Santa Barbara County," Pepperdine Law School, December 1, 2014, on file with consultants.

IV. The Veterans' Services Landscape: Observations about Government, Nonprofit, Philanthropic, and Volunteer Efforts

Within Santa Barbara County, there exists widespread sentiment in support for veterans. In most every sector of community life -- government, law enforcement, nonprofit and social welfare, higher education, and philanthropy, as well as among individual volunteers across a number of sectors -- people play important roles in supporting veterans. Each has strengths, and each faces challenges, both individually and in relation to each other.

- **Government:** From the County's Veteran Service Officers to highly engaged staff at the congressional and county supervisory levels, and from staffing at the Santa Barbara Veterans Memorial Building to the provision of health and human services via various agencies and departments including and especially the VA, government is a constant -- albeit not consistently coordinated -- presence in the lives of Santa Barbara County's veterans. Government representatives who work on veterans' issues are known to other stakeholders, and often looked to as among the most knowledgeable and culturally competent of players on the veterans' landscape.
- **Law Enforcement:** More so than in some other communities across the country, Santa Barbara County's local law enforcement entities (including the Veterans Treatment Courts) are widely seen by stakeholders as among the most culturally competent, sensitive and effective providers of service to veterans.

While judges and first responders are credited by many stakeholders for their equally knowledgeable, sensible and compassionate responses to veterans in need, their efficacy can be inhibited by a lack of housing, shelter beds, drug treatment options and mental health support services to which they can refer the veterans they encounter. One issue of concern is that law enforcement reports a relatively high rate of alcohol abuse among veterans in the system; inadequate access to swift treatment options however, coupled with the dearth of shelter and housing options for people not yet sober, sometimes leave first responders with few appropriate options and inevitably, those in their charge return to the streets.

- **Higher Education:** As described above, the county's three large public colleges (UC Santa Barbara, Santa Barbara City College, and Allan Hancock) provide a great deal of educational support and service to veterans enrolled on their campuses. Each of these schools has a dedicated veterans' support center, supported in large part by philanthropic funding. These schools play a central role in the lives of their students, as well as in the lives of the veterans they employ as faculty and staff. However, in our research we did not uncover a great deal of external activity by these schools to support veterans off their campuses. Such activity might include outreach efforts to active service members on bases in the area, public service projects for veterans or their families in Santa Barbara, or charitable works for the community at large. For the most part, the veterans attending college or university in Santa Barbara County

appear to be mostly inward-facing, as do their schools, without a great deal of connective tissue to the broader community and its veteran population. It is noted that this dynamic likely hold true for non-veteran students as well.

- The Non-Profit Community, including Veteran-Serving, General Non-Profit, and Social Welfare Organizations: A number of veteran-specific organizations have emerged in Santa Barbara County. Chief among these, perhaps ironically, is not technically an organization but rather, a place. The Veterans Memorial Building in Santa Barbara emerges as an important place of reference for both veterans and those who serve them, a place at which people might gather and when all else fails, somebody – most likely a volunteer but always a culturally competent one – will be there to help solve a problem. At present, there are a small number of volunteers who keep hours there as representatives of the Veterans Service Organizations (VSO),⁸⁴ and a paid staff person whose job is to manage the building but who serves as more of an advocate and case manager; collectively, this team is a critical resource for Santa Barbara’s veterans and as close as the county has to a “core” for the veterans community. Lack of adequate funding and staffing however, as well as widespread confusion and disagreement about the governance authority, rules, and protocols of the place, as well as a history of discord among some of the stakeholders, create concerns about the extent to which this model can be sustained over time, particularly if political leadership or local staffing changes in Santa Barbara.



Smaller, veteran-centric organizations like Fellowship of Brothers in south county and Band of Brothers in the north, among others, are emerging as quiet but important players in connecting veterans – albeit largely informally and often with neither budgets nor systematized connectivity to

other players on the civic landscape -- with each other and with resources. Importantly, these organizations are among the most effective in helping veterans find purpose, belonging and camaraderie. They are not consistently known to stakeholders and representatives of larger, more mainstream entities, however, although they are known amongst veterans themselves as a stable and reliable

⁸⁴ This term is used to specifically describe those Congressionally-charted veterans organizations that are organized under Sec. 501(c)(19) of the tax code and have a specific legal mandate to be veterans membership organizations focused on veterans service. This includes the American Legion, Veterans of Foreign Wars, Disabled American Veterans, Vietnam Veterans of America, and American GI Forum, among others. Important, this term excludes newer veterans organizations such as Iraq & Afghanistan Veterans of America or the Team RWB, which are nonprofit organizations organized under Sec. 501(c)(3) of the IRS Code, and typically not membership organizations *per se*.

presence. They are trusted because they are founded and run by veterans, they always seem to be there when needed, and are considered by those who know them to be among the more culturally competent players on the landscape.

Local chapters of national VSOs including, for example, Order of the Purple Heart, Disabled American Veterans, Veterans of Foreign Wars, and the American Legion are appreciated in particular for their ability to help out with both funds and social support in times of crisis, and provide important support and camaraderie for older cohorts of veterans in particular; many help veterans of all generations navigate the complicated VA bureaucracy, including the filing for enrollment and benefits. Certain chapters or posts play a more active role than others, often because of charismatic leaders at the helm of these local organizations, but these are the exception, not the norm. Post-9/11 veterans groups and local veterans groups play an active role too, but their scope and scale are limited by resources and capacity.

Several non-veteran-specific organizations – general social service, housing and homelessness, drug treatment and health providers chief among them -- serve veterans locally, and are acknowledged by all stakeholders as fundamentally important actors on the veterans' landscape. The Salvation Army, Santa Barbara Neighborhood Clinics, Good Samaritan Shelter Services, New Beginnings Counseling Services, United Way, PATH, and Doctors Without Walls are but a few examples among several whose representatives participated in this study and whose contributions were noted by others interviewed as critical to the overall veterans' safety net in Santa Barbara County.

- Philanthropy: Organized philanthropic support of veterans in Santa Barbara County (as opposed to that of VSO's, fraternal organizations and individuals) is negatively disproportionate to the popular narrative that the community is committed to the successful reintegration of former service members. Those who do contribute do so in important ways, but outside the confines of traditional Veterans Service Organizations, few philanthropic resources are dedicated to veterans.

The Santa Barbara Foundation (SBF) serves as a critical convener and primary grantmaker across a number of areas of interest countywide, and is noted as the only "generalist" foundation to have dedicated an effort in support of veterans (SBF commissioned this assessment). SBF's Core Support for Basic Needs grant program, the Wood-Claeysens Foundation's Public Safety funding area, and programs of some other funders in the county, sometimes touch the lives of veterans; it is unknown whether these are informed by veteran-specific strategies. The Pierre Claeysens Veterans Foundation – the only known philanthropic entity outside of Veteran Service Organizations to focus solely on active military and veterans-related activity throughout the region – is a funder of ceremonies, celebrations and other activities that honor the military, is developing a museum of military history based on the private collection of its namesake, and funds some programs focused on veterans'

education activities and activities for active duty service members and their families; recently they have begun to expand their program focus.

This assessment project however, revealed no major organized philanthropic entity anywhere in the county, with a responsive grants program focused specifically on meeting the direct and actual health and human service needs of Santa Barbara County's veterans.

Outside of peer support offered by the Los Angeles-based Southern California Grantmakers (of which SBF is a member), there is likewise no known effort by which local and regional grantmakers (or employers who might consider initiatives such as hiring programs) are educated about veterans' needs.

- Volunteers and Community Goodwill: There also exists in Santa Barbara a rich but informal network of volunteers who contribute a tremendous amount of time, energy and resources to serve veterans. In some cases, these are individuals who are employed by the aforementioned agencies and organizations, but whose work on behalf of veterans far exceeds the hours for which they are being compensated, and the job descriptions to which they are accountable. From older veterans who walk younger ones through the burdensome VA enrollment process or drive them to appointments, to individuals who provide healthy meals to homeless veterans, and from organizations like Visiting Nurse and Hospice that voluntarily convenes stakeholders under the VetNet banner to advocates countywide who -- often unknown to their peers -- avail themselves 24 hours a day to take calls and intervene personally when veterans are in crisis, it is worthy of mention that among the strongest of resources for Santa Barbara's veterans are, most simply put, good and generous people. They are not however, organized in any consistent, sustainable way and, noted several informants to this study, tend toward poor cooperation and collaboration. "People competing for the same small pool of resources makes for a nasty landscape", noted one informant; "Between the veterans' groups and the volunteers", noted another, "the veterans community is nothing but a string of warring fiefdoms".
- Special Events, Networks and New Initiatives: Separate but often related to the many efforts and organizations heretofore described, are a small handful of events and programs that stand out as different from the others, but likewise have their respective strengths and areas for improvement:

Stand Down: The initiative that appears to meet with the greatest level of community-wide respect and cooperation in support of veterans is the annual Santa Barbara County Stand Down. Inspired by the tradition started in San Diego in 1988, Santa Barbara's event is held every October in Santa Maria, and amasses scores of providers and community stakeholders to provide everything from food, meals and haircuts to VA benefits enrollment support for nearly 600 veterans. This annual one-stop-shop event is the only known effort in Santa Barbara County at which the

majority of stakeholders in veterans' wellness are in the same place at the same time, alongside both individual volunteers and veterans. The goodwill generated is invoked by many informants as a "glue" or "thread" for this community, yet there is no activity for sustaining it, no formal tracking mechanism by which those veterans served and identified as at risk are case managed and kept healthy throughout the rest of the year, and no network that leverages the goodwill and collective efforts of those involved toward the development of strategy that might benefit veterans throughout the year.



Santa Barbara Veterans Stand Down, 2015 . "Penni Turner gives Steven Prophet a haircut at Saturday's Santa Barbara County Veteran Stand Down. Turner, herself a disabled veteran, was among the many stylists volunteering their services at the Santa Maria Fairpark event." (Janene Scully / Noozhawk photo). Noozhawk October 17, 2015

VetNet: Based in Santa Barbara, VetNet was born of Visiting Nurse and Hospice Care's (VNHC) partnership with the VA's "We Honor Veterans" program, as part of an effort to demonstrate their commitment to veteran-informed, culturally competent care. With VetNet, VNHC seeks to leverage its commitment to veterans by creating a framework by which other veteran-services providers might strengthen their knowledge of each other's work and thus, their collective capacity to track and serve veterans in the most integrated way possible. At present, VetNet exists as an informal gathering that takes place every other month, co-hosted by the Pierre Claeysens Veterans Foundation, attended by some (but not all, and not a consistent group of) stakeholders and community leaders from across the community of practice serving Santa Barbara's veterans. VetNet relies on individual participation,

and informal coordination or collaboration; it has no permanent infrastructure, nor funding or staff of its own to pursue collective initiatives.

While many stakeholders embrace the idea of VetNet, only some have made a regular commitment to attend its events. Some, particularly those in north county, suggest the commute inhibits their regular involvement; others cite a lack of clarity as to VetNet's purpose and value proposition. While many express appreciation for VNHC stepping up "as a great start" where leadership and coordination are needed, they likewise express a preference for using the platform for informal case management to coordinate services to veterans in need, as much as or more than they are willing to participate for the purpose of professional networking, currently understood by many to be VetNet's primary focus.

Multiple interviews conducted for this assessment reveal some interpersonal conflicts that inhibit greatest efficacy by the VetNet effort, echoing the concern expressed by some that "fiefdoms" on the veterans' landscape make for suboptimal collaboration. Nevertheless, VetNet remains the only known year-round effort meant to link leadership level stakeholders in veterans' services in Santa Barbara County, outside of the advisory commission.

It is noted that after data collection for this report had already been completed, VetNet meetings were moved from the VNHC location to the Santa Barbara Veterans Memorial Building, a site more universally understood to fit its purpose, and thus potentially, attracting more participants.

Veterans Memorial Building: As mentioned elsewhere in this report, the Veterans Memorial Building in Santa Barbara is perceived by many to be the "heart and soul" of the veterans community. Several Veteran Service Organizations hold regular hours there, at which veterans can walk-in to receive help filing claims, enrolling for benefits and, importantly, enjoy camaraderie and companionship from fellow veterans and compassionate others. While the building's only staff person is actually an operations- / facilities-oriented person, she is widely viewed as "the godmother" of the veterans' community, and depended on regularly to connect veterans with the resources they need to stay clean and healthy.

This said, with neither a budget for programming nor a staff person dedicated to actual community engagement beyond rental of the facility, the opportunity to strengthen and build infrastructure for veterans at this site is mostly forfeited. At best, the services provided here are sustainable only insofar as the volunteerism and good will of those who work here are viable.

Mission United: A program of United Way, Mission United aims to "enable military veterans and their families to successfully acclimate back to civilian life". Under the aegis of United Way of Northern Santa Barbara County, Santa Barbara County's version of this program is too new to have undergone assessment for this

project; as of this writing, the program has only recently launched, with first efforts focused on the deployment of AmeriCorps volunteers to provide transportation for veterans in need.

Several community members however, expressed concern about the level of military cultural competence at United Way. At the same time, it is likewise noted that absent any other convener / facilitator, particularly in north county, this program has a leadership opportunity to attract, convene and coordinate the many countywide organizations, services and volunteers who do good work on behalf of veterans but who may be unaware of each other's work or who otherwise do not work effectively with each other.

Ceremonies, Parades, and Celebrations: Throughout the year, there is a small variety of ceremonies and events that honor veterans and/or the military. These tend to be relatively well-attended; they have meaning to both veterans themselves and other community members. They are not, however, universally embraced. Many people interviewed for this study expressed a concern that many of the events tend to be "political" in nature, "emphasizing patriotism over the actual needs of those who have served". These opinions were expressed confidentially, with several informants referring to the strongly and widely-held perception that more resources are being directed to celebratory events rather than the services needed to ensure veterans' basic needs are being met.

V. Observations, Conclusions and Opportunities for Impact

A. Observations

In assessing Santa Barbara County's veteran population, and considering this population in the context of both national trends and the findings of assessments within other communities, a number of observations emerge. As stated throughout this report, there are powerful national trends affecting the entire population of veterans, such as the aging of the population and its overall decline in size. Many of these overall trends are neatly observed among the veterans of Santa Barbara County. However, there are some notable conditions that, while not necessarily unique, are particular to the local veteran community, and are worthy of articulating and emphasizing. This section describes all of these, as well as their implications for the public, private and nonprofit sector organizations serving veterans in Santa Barbara.

1. Santa Barbara's Veteran Population is Aging and Shrinking

The veteran population of Santa Barbara County is growing older, and also growing smaller with each passing year. This reflects national trends that are unlikely to be reversed, particularly in a relatively small county like Santa Barbara, where despite any local measures to strengthen or add more local programs that serve veterans, the cost of living is and is likely to remain prohibitively high for many. Assuming the size of the military remains relatively constant, the Santa Barbara County veteran population will continue to shrink over the next 25 years, until it's estimated to be roughly 10,500 in 2042, less than half its current size.

This profound demographic reality shapes decisions made by the federal government about where to locate VA facilities and focus VA resources. Against this population trend, it is highly unlikely the VA will build any more facilities in or near Santa Barbara County. Over time, the VA is likely to invest more in community-based care solutions such as contracted care, or health care options like telehealth. However, the basic problem of geography will continue to exist for Santa Barbara's veterans, who will remain approximately 100 miles away from the closest VA medical centers offering specialty care and advanced mental health capabilities. Similarly, for the private sector and non-profit sectors, this long-term population decline will likely shape the landscape too. Private sector employers and organizations will likely not turn to Santa Barbara as a place to recruit or hire veterans, particularly when they can find more veterans nearby in Ventura County or Los Angeles County. Nonprofit organizations may struggle to achieve critical mass insofar as specialized services to veterans go – both in funding and in utilization – because of the declining size of the Santa Barbara veteran population.

2. Housing and Health Care Access Stand Out as Top Issues Facing Veterans in Santa Barbara County

In both the quantitative data we reviewed, and the qualitative data collected through interviews and working groups, it is clear that not unlike the general population, housing and health care are the top two issues of concern facing veterans in Santa Barbara County.

Housing challenges occur along a spectrum for veterans in Santa Barbara, from finding safe, affordable housing while employed, to finding safe emergency shelter or supportive housing to alleviate homelessness on the other end of the spectrum. The housing problems affecting Santa Barbara's veterans are not unique to this population; there is a general housing shortage in the county, compounded by the high cost of living (of which scarce housing is a significant component). However, the county has a persistent, chronic homeless veteran population, despite considerable effort and resources put forth by local, state and federal organizations. Current investments of time, energy and funding toward completion of the County's Continuum of Care (CoC) project may ultimately yield greater efficacies in service



to the homeless population at large, but our study revealed skepticism by some stakeholders, that adequate consideration – much less competent understanding – of veterans' needs, would inform CoC outcomes such that they would dramatically impact veterans' homelessness specifically. Regardless, it is apparent that the county is likely to neither eradicate veteran homelessness, nor provide better housing options for veterans who are not homeless, without significantly more investment and effort.

Health care access stands out as the other dominant issue affecting veterans in Santa Barbara County. The VA's decision to operate two small outpatient clinics in Santa Barbara and Santa Maria respectively, each capable of providing some primary care and mental health care but not much more, is the root cause of this issue. Those clinics are functioning at or near capacity, and they cannot deliver more care without radical increases in their clinical resources. The VA's decision to centralize care in Los Angeles, requiring Santa Barbara County veterans to travel there for specialty care or more advanced primary and mental health care, exacerbates this problem. So too does the VA's bureaucratic decision to centralize scheduling, appointments, referrals and case management in its Los Angeles facilities, making it difficult for Santa Barbara's veterans (and their advocates) to coordinate care. Community organizations do what they can to provide health care to veterans who cannot get timely care within this VA system – however these community care resources are limited, and stretched, because of local capacity and funding. Community health care

providers, whether in the private sector or nonprofit sector, struggle to access VA funds, whether on a case-by-case reimbursement basis or as a subcontractor under the TRICARE or VA Choice programs, for the reasons set forth above and below.

Importantly, community health care providers interviewed for this study, all of whom see veterans regularly, note consistent hurdles in dealing with the VA. Problems with authorizations and reimbursements, inability to get through on phone lines in a timely fashion and, VA staffers who are unable to answer questions when they do get through, are reportedly common and prohibitive to the extent that increasingly, non-VA health providers often serve and treat veteran patients completely outside of the context of their veterans' status. As one study informant noted, "At this point it's easier for most veterans to just identify as regular civilians. They know we'll treat them faster and better, but what they don't know is that it's costing us the \$30-45 we lose for every one of those visits"; comments like this were corroborated in several conversations. This likely relates back to the concerns described above with accessing federal funds – either from DoD or VA – to treat veterans locally. Contracting, certification, and other bureaucratic barriers frustrate local providers, contributing to the sentiment that it's easier to treat veterans without regard to the veteran status, so as to leverage more easily obtained sources of money that don't pass through the difficult DoD or VA-funded bureaucracies.

3. Community Leverage of Federal Programs and Dollars is Limited

The federal government spends massive amounts of money each year to support veterans, including military retirees. For those who earn a retirement pension with 20 years of service or more, or who retire earlier for medical reasons, DoD pays a defined-benefit pension for life, and also provides heavily subsidized health insurance through the TRICARE health insurance program.⁸⁵ There are approximately 2 million DoD retirees across the nation, but just 3,709 DoD retirees spread across Santa Barbara and San Luis Obispo counties.⁸⁶ However, most veterans do not earn these benefits because they do not serve 20 years or retire with a DoD disability. For this vast majority of veterans, the federal government provides support through the VA, including health care, disability compensation, GI Bill benefits, home loan guarantees, and other programs.

Within these vast federal programs, the government provides funding to private and nonprofit sector organizations through a variety of grant and contract mechanisms to serve DoD retirees and veterans in the communities where they reside, which are often distant from DoD bases or VA facilities. DoD primarily delivers health care to DoD retirees via the TRICARE health insurance program, which is similar to a health maintenance organization

⁸⁵ For more on the structure of the military's retirement system and related benefits, see Phillip Carter and Katherine Kidder, "Military Compensation and Retirement Reform: A Primer," CNAS Report, January 2015, <https://www.cnas.org/publications/reports/military-compensation-and-retirement-modernization-a-primer>.

⁸⁶ DoD, Retiree Data by Congressional District, FY2016, available at: <http://actuary.defense.gov/Military-Retirement/Congressional-District-Reports/>. DoD breaks its data down by Congressional district, and also by 3-digit zip code. The former is more helpful for analyzing Santa Barbara because the 24th Congressional District is roughly congruent with Santa Barbara and San Luis Obispo counties.

(HMO) in the private sector. Currently, DoD relies on two large DoD contractors (Humana and Health Net) to provide health care under this program; Health Net is the contractor responsible for California, including Santa Barbara.⁸⁷ These two contractors rely on large networks of subcontracted health care providers to deliver health care within their regions. Therein lies the potential to pay for health care at the community level, by adding private sector and nonprofit health care providers to the Health Net network as subcontractors. However, these funds are limited to the provision of health care for DoD retirees, not the overall veterans population, and thus, not the majority of Santa Barbara County's veterans.

The VA also delivers health care via community providers, under a variety of contract and grant mechanisms. The most prominent of these mechanisms is the VA Choice Act program, administered in the field by two large VA contractors: Tri-West in the Western U.S., and Health Net Federal Services in the Eastern U.S.⁸⁸ Unlike the TRICARE program, which is limited to DoD retirees, the VA's health care programs are open to *all veterans* who are eligible for VA health care and enrolled in the VA health care system. The VA Choice Act program was devised to extend VA capacity to veterans more than 40 miles away from a VA facility, or who have to wait more than 30 days for an appointment. But in practice, the VA has increasingly relied on VA Choice Act providers to deliver health appointments to veterans even when they live closer to a VA facility, or can get an appointment more quickly. There exists an opportunity for health care providers in Santa Barbara County, particularly those serving indigent veterans who cannot pay for care, to tap into this program in order to subsidize the care they are providing, by becoming subcontractors to Tri-West and providing their health care under the auspices of the VA Choice Act program.

Each of these programs offers enormous potential resources to community health providers in Santa Barbara County. However, each carries with it significant limitations in terms of eligibility, process and paperwork. In our discussions with community leaders, and research on veterans, it became evident that there was little understanding of these programs, or how to access them from the community side, among private and nonprofit sector organizations in Santa Barbara County; ironically, perhaps, our study revealed that leaders from some of the county's smaller, community-based social- and health services providers, were more aware of or appeared to have a better grasp of these opportunities, than do their counterparts in government and institutional services. There may be opportunity here to build capacity among private and nonprofit sector organizations to better leverage these federal funds, and in turn, more sustainably support veterans in Santa Barbara.

Other federal programs follow similar templates – and carry similar burdens in terms of qualification, process and paperwork. The joint program run by HUD and VA for providing vouchers is well used in Santa Barbara, however there may be opportunities to apply for more grants or supportive housing vouchers in order to leverage more of these funds. Our interviews learned of an effort to apply for federal SAMHSA grant funds to support Santa Barbara County's veterans' treatment court; that is a positive effort that should be sustained

⁸⁷ For more on TRICARE and its structure, see: <https://www.tricare.mil/About/Partners>.

⁸⁸ For more on the VA Choice program and its structure, see: https://www.va.gov/opa/choiceact/for_providers.asp.

by local government. There may be other federal funds available for other types of work, including funds to support veterans employment and transition (particularly among veterans departing service at Vandenberg AFB, or for local reservists).

4. The Business Community Is Seen as Pro-Veteran, but is Less Formally Engaged with Veterans than in Other Communities with Similar Profiles

In general, Santa Barbara's business community appears veteran friendly. Local chambers of commerce regularly refer members to representatives of the state's Employment Development Department, when there are questions about recruiting or hiring veterans. Local businesses are known to sponsor or otherwise participate in parades, ceremonies, and events like Stand Down, when the veterans-advocacy community presents specific opportunities to support veterans. Where outreach is made personally between an advocate and employer who has job openings, it is reported that most employers respond favorably when presented with the opportunity to meet and interview a candidate who is a veteran.

This assessment however, did not reveal that Santa Barbara's business community is engaged in veterans' affairs in any larger-scale, organized, proactive way, as a whole. This research did not discover the sorts of organized initiatives, such as employee matching gift programs, paid volunteer hours, grants programs, or other mechanisms by which businesses engage in sustained, strategic activities to support veterans, that are more commonly practiced among businesses in many other communities across the country. This does not mean such efforts do not exist; it does likely indicate that the broader community of those identified as stakeholders in veteran wellness are not aware of, linked to, or invited to help inform and leverage such efforts.

There are exceptions insofar as some players are identified as prominent employers of veterans, but it is observed that none is member of the commercial business sector. Cottage Hospital for example, is among the county's largest employers; Cottage was identified both by its own representatives and external stakeholders as among the larger employers of veterans, but it is noted that Cottage is technically a member of the nonprofit sector, rather than a commercial business. When asked, some informants likewise pointed to the Federal Correctional Institution in Lompoc and Vandenberg Air Force Base north of there in terms of employment for veterans (anecdotally; data regarding the numbers of veterans employed were not available), but both are government entities, not businesses. Our own research identified that in the south county in particular, defense contractors like Raytheon and "big box" companies like Lowe's do hire veterans, but their efforts do not appear to be organized such that they invite the partnership or leverage the resources of the broader veteran-serving community in a sustained manner.

Some informants noted that there a number of successful business people in Santa Barbara who are themselves veterans. Other than attendance at celebrations and ceremonies however, with few exceptions, neither these individuals nor their business are understood

by stakeholders to be involved in any consistent way with efforts in support of local veterans.

Several informants to this study noted a sense that many employers might look favorably upon veteran hiring initiatives or other opportunities to make their support of veterans known, were they educated about the scope of needs facing and opportunities presented by veterans.

5. Stakeholders are Gathering but Not Sharing Information Effectively

Several informants to this research revealed that their organizations collect data on veterans. Some are government agencies and healthcare providers that note the number of patients that identify as veterans and/or claim VA benefits; in some cases, data is collected about their diagnoses, co-morbidities, and other factors. Other data are reported to exist within the records of other health and human services providers, governmental and nonprofit alike.

Concerns for privacy notwithstanding, with the exception of some Stand Down data however, and the aggregate “Point In Time” data collected by the Central Coast Collaborative on Homelessness (C3H), none was shared with the researchers here. Of greater concern however, is the appearance that the data does not appear to be shared with policymakers, organizational leaders, or advocates who represent the interests of veterans in Santa Barbara County, and whose efforts on behalf of veterans might be made better informed and more effective, were they able to base systems, programs and policies on actual local information.

Furthermore, information about who-does-what on behalf of veterans throughout the county is inconsistently shared and socialized. This assessment revealed a surprising trend, given the size of Santa Barbara County, of many veterans’ advocates being unaware of programs and services available for veterans beyond the confines of their own smaller networks, especially across the north-south divide, and despite the presence of countywide VA staff, veteran-facing advocates and other governmental agencies, advisory committees, professional networks, and other bodies that keep mailing lists and social media that can (but do not effectively) facilitate the sharing of knowledge and building of relationships critical to collective impact.

6. Sentiment in Support of Veterans in Santa Barbara County is Strong, but Systems and Institutional Support are Fragmented and Uncoordinated. The Veterans’ Community Lacks a “Center of Gravity”

Despite the abundant and robust activity of scores of stakeholders, there appears to be no single entity or person looked to by the community as a leader for support to veterans; there is no “center of gravity” for veterans in the county, no central point of leadership, coordination or accountability. There is no countywide goal, objective or guiding principle

that is articulated and agreed to by the collective body of those with equities on the veterans' landscape.

Santa Barbara County's government has a veterans' advisory committee,⁸⁹ but it does not appear to play a high-touch leadership role in coordinating community activity. The county's Veterans Services Officers (VSOs, as they are referred to by many stakeholders, but as distinct from Congressionally-chartered Veterans Services Organizations which are also known as VSOs) who are visible and have the broadest geographic reach among the players, help veterans navigate federal and state benefits processes, and sometimes perform an informal case management and referral role too, but there are more individual veterans and veteran families who need their help than they have time and resources to serve. In this way, some of the work performed on behalf of veterans by county VSO's is neither



institutionalized nor sustainable. Likewise, some elected officials avail their staffs and budgets generously in service to the needs of veterans. No single public entity straddles the vast geography of the county however, *and* commands the attention and participation of entities and leaders across the region, in service to veterans. On the private and nonprofit sector sides, too, no single organization or person is agreed upon by the community at large as either the current leader or potential leader, to unite community organizations for collective impact. Importantly, interviews for this study revealed a small but vocal cadre of stakeholders on the landscape who describe themselves as “doing the most important” work, or perceive themselves to be the “real leaders” of the veterans' community, but there is no such consensus.

Against this backdrop, a small number of coordinating councils, groups that convene semi-regularly around health and human service issues, and informal networks exist. VetNet in south Santa Barbara County is the only widely-known group among them that is exclusively focused on veterans, but it is neither consistently attended nor embraced by all players, and its purpose is not universally understood. Importantly, several of the convenings in the county that are widely viewed as having equities in veterans' wellness are not veteran specific, but rather, focus on the housing and homelessness and/or healthcare needs of the population at large; veterans are identified as among the populations whose needs are discussed by groups like the C3H, for example, the Santa Barbara Care Coordination Coalition, and the Housing Authority's Coordinated Entry program. However, working groups and interviews with community members held for this study, indicated that while appreciated for their contributions in general, these efforts do not enable significant

⁸⁹ Santa Barbara County's Veterans Advisory Committee: <http://www.countyofsb.org/ttcpapg/vets/advcom.aspx>.

collaboration or coordination among all of the public, private and nonprofit entities that combined, might represent a more holistic if not strategic approach to serving veterans in need. To the extent that case management or referrals occur, they typically occur on a point-to-point basis, relying heavily upon informal relationships between community members, and the volunteer service of advocates and others, rather than through networks established for the expressed purpose of tracking and overseeing the coordination of services to specific veterans.

Similarly, there are place-based and technology-enabled resources available, but it appears unlikely that either could work to connect veterans in Santa Barbara County and better link together organizations to serve them, without a defined leadership presence that is informed by actual information, committed to a strategic framework, and respected as neutral enough to unite various players.

Santa Barbara's Veterans Memorial Building plays a significant role as the hub of support to veterans in downtown and the rest of south county, and as mentioned elsewhere in this report, several stakeholders would advocate that this county building be the starting point and foundation for countywide coordination on behalf of veterans. However, what currently happens at this building is largely based on the charisma, energy and volunteerism of a small group of individuals and nonprofits, as well as forbearance by county leadership, which allows for a range of activities that support veterans here, in the absence of more strategic plans and allocation of resources. Both under-staffed and under-utilized (at least insofar as its intent is for use by veterans is concerned) a combination of volunteerism, occasional philanthropy and support from other veteran-serving organizations make possible small scale efforts to serve dozens of veterans in need at a time; it is unclear whether services at the Santa Barbara Veterans Memorial Building can scale up or serve as a platform for supporting veterans in other parts of the vast county, without a substantive infusion of resources, and a bona fide strategic plan agreed to by all stakeholders. Elsewhere in the county, venues such as Dignity Health's former Valley Community Hospital facility now known as Marian West, or the Lompoc Veterans Memorial Building (while not invoked by informants to this study), might feasibly serve similarly as an "under one roof" geographic hub for veterans, but the absence of central leadership in the north county veterans' community including – importantly – financial resources, suggests that the use of these spaces as platforms for integrated services is not likely to be realized soon.

Likewise, a technology-based solution could (but may not) offer promise as a platform for better linking veterans with the resources they need. From informal "list-serve" type mechanisms that connect stakeholders by email or newsletter, to sophisticated and expensive platforms such as the "UniteUs" technology deployed by the collaborative "AmericaServes" network of by Syracuse University's Institute for Veterans and Military Families, or even any Coordinated Entry System platform that may emerge from county Continuum of Care efforts currently underway, one way to both create greater veterans-service efficacy and bridge the county's formidable geographic divide, might be to use

technology to track and case-manage veterans, and better link providers to each other.⁹⁰ However, it is unclear that a critical enough mass of veterans exists in Santa Barbara to justify – much less utilize – a sophisticated, costly and inevitably complicated technology. Perhaps more importantly, while some stakeholders interviewed felt technological connectivity of some sort is imperative to any effort to best serve veterans in the 21st century, larger numbers expressed skepticism about whether any platform – beyond its potential utility for appointments or interfacing with telehealth – would sustain usage.

7. Three Central Conflicts Emerge as Fundamentally Divisive, and Yet Offer a Framework for Strategic Planning and Opportunity

Of final note regarding the lack of central leadership on the veterans' landscape, would be what might best be referred to as three philosophical differences or "conflicts", that are at once divisive and promising, in terms of the opportunities they represent. Two of them pertain to differing approaches to the allocation of resources. With so many groups competing for access to such a limited pool of financial resources, as well as for the inevitable "turf" ownership or "ego" that inevitably plays out at the intersection of leadership and community issues, there is concern among those most vested in veterans' wellness that these three concerns alone play an out-sized role in the lack of efficacy:

- Serve versus Celebrate

Most stakeholders agree that both direct services that address the actual survival and wellness needs of veterans, and the ceremonies and celebrations that honor their military service, are important. With the number of veterans in crisis in Santa Barbara County relatively small however, and yet with the possibility that those numbers could well increase due to economic factors, the majority of informants to this study strongly favor a philanthropic approach that emphasizes direct services, first. The problems, they note, are scalable; if Santa Barbara County could fund direct services *and* build a sustainable infrastructure for seeing those needs met in the longer term, there would be more compelling argument for supporting ceremonies, if not a more unifying cause for community celebration. There is a quiet but palatable rift in the community between those who favor attention to direct services and crisis support as priorities in the veterans' community, and those who advocate for the equal importance of ceremonies and celebrations; these divisions in approach have likewise created division in relationships and thus inhibit collaboration.

- Place-Based versus Mobile

An overwhelming majority of informants to this assessment suggested the need for a place-based strategy to unite the veteran-serving community and create better access to needed support and services, for veterans in need. Those who work at the street level, with transient and homeless veterans in particular, emphasize the importance of this. Several point to a "one-stop-shop" approach wherein case

⁹⁰ For more on the AmericaServes model, and other community models of collaboration, see Phillip Carter and Katherine Kidder, "A Continuum of Collaboration: The Landscape of Community Efforts to Serve Veterans," CNAS Report, April 2017, <https://www.cnas.org/publications/reports/a-continuum-of-collaboration>.

managers, VSOs or others who either understand the landscape at large or offer specialized services, might staff regular clinics, so that veterans can come in at specified times and get the help they need in an efficient and targeted way.

Consistently in our interviews for this assessment, the once-a-year Stand Down was invoked as a model or, more practically, a platform upon which smaller-scale but more-regular services could be coordinated via a place-based strategy. Indeed, Stand Down is the one signature event each year at which most all of the stakeholders on the Santa Barbara County veterans' landscape – including vendors who do not identify as veteran specific but who in this case, are expressing their support for veterans -- come together, pitch in, and serve those in need. This suggests there are more players with equities in veteran wellness and that could be include as place-based providers in Santa Barbara County, than are currently included in day-to-day efforts to support veterans.

Compelling as some of the arguments for the place-based approach are, the prospect is also a complicated by four concerns: 1) it is unknown how this approach would be funded; 2) lack of consensus regarding leadership and authority on the veterans' landscape would need to be addressed first; 3) questions about what scope of services would be, much less who is authorized to make those determinations, remain; and 4) the structural integrity of spaces identified as desirable is in question.

This said, there is universal agreement by those who support the one-stop-shop idea that in the south county, the Veterans Memorial Building should serve as the hub for veterans' affairs, as it is already designated as a veterans' space, and to some extent, is currently used in this way, especially by transient veterans with complex needs.

In the north, there is no such consensus, although several stakeholders mention the Marian West facility owned by Dignity Health (formerly the Valley Community Hospital) as ideally located and of sufficient size, to implement a similar approach by which veterans could stop-in during designated hours, to meet with case managers, VSO's or other representatives who can direct them toward the services needed. Noteworthy is that none of the informants mentioned the Veterans Memorial Building in Lompoc, the Santa Maria Veterans Memorial Building, or the Solvang Veterans Hall as potential hubs for a place-based strategy for veterans' services in north county.

- North versus South

Certainly, the north vs. south dichotomy that plays out on a number of issues facing Santa Barbara County, is far less philosophical than it is economic, cultural, and geographic. In absolute terms, there are more veterans in the south, but these veterans make up a smaller percentage of the population. Conversely, veterans represent a larger proportion of the north county population, but have access to fewer services, or perceive that they do. There is a significant geographic divide between these parts of the county that is a function of the area's geography and

topography. It can take more than an hour to drive between the two parts of the county, and public transit does a poor job of linking the two halves of the county. There are more employers and jobs in the south, for example; there is a communitywide sense that the north is more “neighborly”. Veterans’ organizations and community leaders in the north and south tend to see themselves as somewhat insular, and focused on their veterans.

Observed in the research for this assessment however is that the very economic reality of Santa Barbara County suggests veterans who live north seek work and services further south, so any efforts to address veterans’ needs countywide, should take into account the reality that veterans’ needs will not always be met where they live.

B. Conclusions and Opportunities for Impact

Overall, there is enormously strong sentiment in support of veterans throughout Santa Barbara County. Scores of agencies, departments, organizations, clubs and volunteers -- ranging from those with veterans in their missions to those who serve simply because they care -- exist in all kinds of shapes, sizes, and configurations and for the most part, oversee that Santa Barbara County’s veterans are doing relatively well, compared to veterans in other parts of the country. Their aging issues notwithstanding, Santa Barbara County’s veterans enjoy better-than most employment, education and income levels, as they do the support of the robust, vibrant, active community of organizations and entities that exists to honor and serve them.

There are however, veterans who struggle, many with co-morbid conditions such as alcohol dependence and mental illness, but overall, *the numbers of needy veterans are small enough that smart and well-resourced people and agencies working together toward defined goals for veterans’ wellness, should be able to identify scalable strategies that help these men and women live healthy and productive lives.*

Many of the issues veterans face in Santa Barbara County are not wholly differentiated from the concerns of other county residents; the stronger the safety net is for all, the better life will be for its veterans. This said, because veterans do have unique challenges, stakeholders in the Santa Barbara County must contend with the fact that the infrastructure for veterans’ support specifically is inefficient and fragmented, and as such, forfeits the opportunity to make a measurable difference in the lives of an otherwise deserving – and scalable – population. Further, the availability of federal resources for veterans makes them a unique population that communities can serve with external resources, if only communities can access and deploy these resources effectively.

This said, the authors conclude that there are a number of opportunities for Santa Barbara County’s leaders to make a decisive impact on promoting greater levels of overall wellness for the veterans in the county, by: leveraging knowledge and resources that strengthen the capacity of existing players to serve veterans more efficiently, reallocating resources meant

for veterans service such that they are deployed in greatest service to actual needs; using data to inform strategy; and making more meaningful, durable and sustainable connections to and between each other. Some of these opportunities focus on strengthening existing resources and infrastructure; some will call for additional funding and the identification of key stakeholders or leaders. All however, will require a more strategic, bona fide commitment to evidence-based practices and veteran-informed strategies.

Opportunities for impact include, but may not be limited to:

1. Develop a “Veterans Leadership Council,” or Other Mechanism for Cooperation and Coordination in Veterans Services

A perceived-as-neutral party, perhaps a generalist grantmaking foundation or a government office, might be best suited to convene the stakeholders for a strategic planning effort that yields a cooperative agreement for how players will work together most efficiently and effectively in service to veterans. Key issues to consider include but will not necessarily be limited to those listed in this report.

Models for collaboration on the veterans’ landscape have been studied and charted; there are best practices of which to be mindful across the board, but the most effective models for veteran reintegration incorporate and leverage local resources and values. Resources for learning about such “collaborative” or “community reintegration models” elsewhere in the country are suggested in the addenda to this report.⁹¹

2. Identify Leaders and Stakeholders; Facilitate Cooperation, Collaboration and Communication via Technology

This assessment project yielded a list of stakeholders countywide, many of whom had not met or been aware of each other’s work previous to this study. The attendant list then, may be the county’s first-known roster of leaders on the veterans’ landscape. Combined with resources such as the vendors list for Stand Down and other such resources, Santa Barbara County does indeed have a robust foundation upon which to build a countywide roster of leading stakeholders in veterans’ wellness. At issue is who will coordinate and manage it, and what technology might be used to keep all players informed, facilitate cooperation where needed, and be embraced by all?

As noted elsewhere in this report, the numbers of veterans requiring case managed care in Santa Barbara County may be too low to warrant investment

⁹¹ For an empirical study of infrastructure and best practices in community-based models for veteran reintegration, see Nancy Berglass and Margaret Harrell, PhD, “Well After Service: Veteran Reintegration and American Communities,” CNAS Policy Brief, April, 2012, <https://www.cnas.org/publications/reports/well-after-service-veteran-reintegration-and-american-communities>.

in highly sophisticated and expensive tracking systems. Simpler information management technologies however, ranging from emails to listservs and newsletters, may be deployed without significant expense, but with notable impact. A council or other such leadership network as described above is one possibility for housing such a resource.

3. Increase Military/Veterans Cultural Competence among Non-Veterans-Specific Stakeholders, Including Government and Nonprofit Providers

Who are the service providers that are and/or that could be engaging veterans in SB County, and what do they need to know to identify, capture and serve veterans best? Answering this inquiry could be among the first wins of a Veterans Leadership Council.

Santa Barbara is in some ways rich with resources; numerous providers countywide do excellent work to address basic health and human service needs, and all of them see and serve veterans as a matter of course, regardless of whether veterans factor into their missions specifically. One way to make sure those services are handled as effectively as possible, would be to invest in making sure those who serve them are informed and savvy about the particular needs and attributes of the population at hand.

This assessment revealed however, that despite tremendous goodwill and intentions, many providers are simply unaware of the particular issues veterans face. As is the case with all patients, customers, clients and others whose unique attributes define them as adhering to norms, behaviors and expectations that may fall outside of general or mainstream notions, veterans and their families have unique needs that require a “culturally competent” approach to services and treatment.

Addenda to this report identify a number of free, well-vetted, evidence-based training programs and modules that can be deployed by any and all stakeholders in order to increase their understanding of and capacity to address the needs of veterans in their charge.

4. Share Information

There are, of course, legal parameters, such as HIPAA regulations, that protect the privacy and security of some information. However, there are ways in which those who collect general data about veterans may share what they learn with others, toward the development of informed services, systems and policies that improve veterans’ lives. Identifying trends in needs, behaviors and resources and sharing those with other colleagues on the veterans’ services landscape, may enable economies of scale, eliminate duplication of

services, present compelling opportunities for inter-agency partnership and joint funding requests, and more.

Just as importantly, armed with data, Santa Barbara County's stakeholders in veterans' wellness can approach the VA and other government agencies about needed resources. There is no more compelling an argument than one that is supported by evidence.

5. Expand Access to Health Care for Veterans in Santa Barbara

Access to health care stands out as a problem facing veterans in SB County. There are many ways to improve health care access, some of which have been deployed successfully by public, private philanthropic sector organizations across the country.

One option would be for stakeholders to explore the opening of a new clinic in SB County to supplement the offerings of the VA and other providers. This could mirror the clinics established by the Cohen Veterans Network⁹² to provide mental health services, or the clinics funded by Major League Baseball or the Wounded Warrior Project to provide more comprehensive care for seriously wounded veterans at places like UCLA and Massachusetts General Hospital. A second option could be to partner with existing health care providers in Santa Barbara County, and purchase health services from these providers for veterans, with philanthropic dollars. Each of these options could expand access for veterans, and also address problems certain veterans face in obtaining VA care because they're not eligible, or choose not to use the VA.

A third potential option for expanding health care access in Santa Barbara involves technology – either to better coordinate care resources, or deliver the care itself. There has been discussion in other communities of developing a “virtual VA” portal that would help veterans more easily schedule appointments and gain access to VA resources. Such a solution could help veterans in Santa Barbara better navigate the thicket of VA health resources in Los Angeles. More directly, the SB County philanthropic community could invest in telehealth capabilities that would deliver health care directly into SB County. A few organizations in Santa Barbara County are beginning or exploring the option of telehealth programs, including most notably, those that may address mental health needs. Establishment of such systems would present a significant opportunity to impact the lives of veterans, for whom mental health services are limited. One approach to telehealth would be to partner with a culturally competent military mental health provider elsewhere in the region. Cohen Veterans Network for example, a nonprofit

⁹² For more about Cohen Veterans Network, see: <https://www.cohenveteransnetwork.org/>. The network has clinics operating in New York City, Dallas, and other communities, but does not presently have a Southern California presence.

evidence-based treatment franchise that uses a holistic and family-centered approach to veterans wellness, is highly regarded and offers telehealth access to its mental health providers in regions where their physical clinics are not accessible to veterans.

6. Build Capacity to Attract and Leverage External Funding

This assessment revealed inconsistent knowledge and understanding among veterans services providers, of available funding options available via both governmental (state and federal) programs and grants programs within the world of organized philanthropy.

Key among government programs whose dollars can be leveraged for local benefit, is the VA Choice program, which enables healthcare providers to qualify with the VA to provide reimbursable care to veterans. There are however, scores of programs and services, both veteran-specific and not, at many of the federal agencies, for which counties and nonprofits may apply, in order that programs and services for veterans be funded or even made available at all. One contribution a funder or coordinating group could make to the veteran community, would be to conduct research that yields a robust list of the many and varied grants and programs, among and across cabinet-level agencies such as Labor, Commerce and VA, that either focus on or are otherwise available to populations that include veterans.

Likewise, in Santa Barbara County, much as in communities nationwide, it is observed that among smaller nonprofits and especially those in outlying and rural areas, services are provided at a much higher clients-to-resources ratio than in urban areas, where many more federal and state resources are consolidated. These small organizations depend heavily on small donations and grants from public and private sources for their organizational sustenance. Yet precisely because of their small staff sizes and “shoestring” operations, many of these local service providers maintain neither grant writing expertise in-house, nor a working knowledge of resources available outside the confines of their own communities.

Some participants in this study noted that grant writing workshops would be a useful resource for their organizations, allowing them to leverage their small operations with the minimal amount of overhead and manpower necessary and enabling them to direct their resources where they are needed most – with the veterans in their communities. Small, local, and particularly lean nonprofits can also benefit from other areas of capacity building, shared services, and support, to include pro bono legal advice, accounting, and marketing efforts.

A Veterans Leadership Council, or perhaps, an assignment at the County level, could collect and disburse information about grant dollars and other funding programs, and/or hold seminars that educate smaller providers about opportunities to develop grantsmanship, for great impact in Santa Barbara County. The opportunities for stakeholders to come together and apply as collaboratives for state and federal resources is enormous but to date, largely untapped.

7. Educate Business Community and Grantmakers About Veterans

What information can employers use to inform hiring practices that benefit both veterans and their businesses? What do grantmakers need to know in order to make smart, informed, effective grants that benefit veterans? How can leaders from both of these sectors learn about opportunities to serve on the boards of nonprofit organizations that serve veterans, and share that information with their staffs, constituents, and communities?

A Veterans Leadership Council or other coordinating collaborative can develop regular newsletters, training modulus, speakers, events and other vehicles, such as initiatives that partner stakeholders across sectors, by which to inform and engage employers and grantmakers about both the needs facing and the opportunities presented by both the region's veterans, and the many organizations that serve them.

ABOUT THE AUTHORS

Nancy Berglass is Principal of Los Angeles-based Berglass Community Investment Consulting, which works to strengthen communities by helping grantmakers, nonprofit organizations, and public agencies to engage effectively with each other and those they serve. Her work designing and leading the groundbreaking \$275MM Iraq Afghanistan Deployment Impact Fund afforded Nancy the opportunity to innovate at the crossroads of philanthropy and veterans affairs, earning her the US Department of Defense's Distinguished Civilian Humanitarian Award, the Council on Foundation's Award for Critical Impact in Grantmaking, and several opportunities to leverage philanthropic impact in the realm of research, advocacy, and policy change affecting veterans. Earlier in her career, Nancy was a leader in the arts and public health, and went on to become the Executive Director of two of the nation's most prominent grantmaking foundations. She is an Adjunct Senior Fellow at Center for a New American Security, where she co-founded the *Military, Veterans and Society* research program. She sits on the boards of or serves an advisor to several nonprofit and academic organizations.

Phillip Carter is currently Senior Fellow, Counsel and Director of the CNAS *Military, Veterans & Society* research program at the Center for a New American Security. His research focuses on issues facing veterans and military personnel, force structure and readiness issues, and civil-military relations. Mr. Carter began his career as an Army officer, serving for several years in the active and reserve components as a military police and civil affairs officer, and later served as a Deputy Assistant Secretary of Defense in the Obama administration. In addition to his military and government experience, Mr. Carter has worked in the private sector as an attorney and business leader. Mr. Carter writes extensively on veterans and military issues for Foreign Policy, the Washington Post, and other publications, and serves on numerous boards and advisory councils in the veterans and military community. He also teaches as an adjunct professor of law at Georgetown University, on the topic of veterans and military personnel policy.

ACKNOWLEDGMENTS

The Santa Barbara Foundation commissioned this study, and provided consistent and substantial support to the authors throughout.

Leaders from the health and wellness, law enforcement, higher education, governmental, business, social service, philanthropic, and of course, veteran-serving sectors attended working groups in north and south county, and availed themselves for dozens of 1-1 interviews that informed the content of this work.

The authors wish to express our sincere gratitude to the many without whose generous contributions of time and thoughtfulness this report would not have been possible.

ADDENDUM: MILITARY CULTURAL COMPETENCE RESOURCE GUIDE FOR SANTA BARBARA COUNTY STAKEHOLDERS IN VETERAN WELLNESS

There are numerous resources available, many of them free, to help providers across the spectrum of human services learn more about veterans and military families, and enhance their programs and services in order that this population be served most authentically and efficaciously. While Santa Barbara County is rich with individuals and organizations that participate in veterans' lives, some serve and advocate for veterans and their families however, without the benefit of the most-current resources, data and other information available.

This Resource Guide was developed specifically for stakeholders in Santa Barbara County, from healthcare providers and community advocates, to business, government, and philanthropic leaders, based on observations made during the 2017 Veterans Assessment Project. To arrive at this list of recommended resources, the authors drew from their own extensive knowledge of resources available, but also surveyed ten of the nation's leading scholars and practitioners in veterans' affairs – including leading funders, health providers, advocates and scholars – for their thoughts on which programs are delivered most efficiently, and which yield the most authentic, practical and sustainable knowledge about working effectively with veterans and military families.

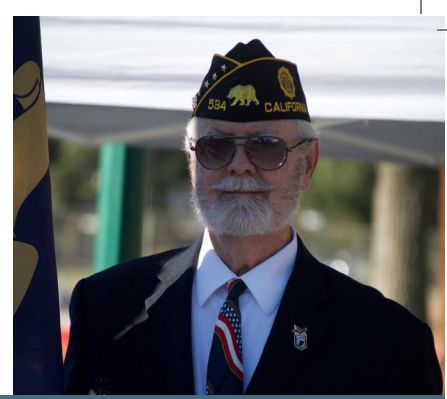
Many of the resources listed here are likewise recommended by the federal Substance Abuse and Mental Health Administration (SAMHSA), the VA (see chart, below), USC's School of Military Social Work, and other entities considered to have expertise at the crossroads of veterans' affairs and subject matter pertaining to veteran wellness. The training modules and resource materials recommended come from the following sources:

- **UCLA Nathanson Family Resilience Center:** A large-scale resource center offering a variety of trainings, programs, and services that support family wellness overall, NFRC has paired with the VA of Greater Los Angeles to develop an evidence-based portfolio of highly regarded resources that help providers understand veteran wellness in the context of the families of which they are part.
- **PsychArmor Institute:** The nonprofit PAI provides free, publicly-accessible, online education and support to help people engage effectively with the military community. Their self-paced courses are delivered within the six "schools" of military culture, healthcare providers, employers, educators, volunteers, caregivers and families.
- **The Department of Veterans Affairs (VA)**
- **The Center for Deployment Psychology of the Uniformed Services University**

Note that the authors do not recommend every program these entities have to offer but rather, have curated a list of resources that our research indicates are most highly regarded as successful, by trusted professionals in the field of veteran wellness. Likewise, please note that because each organization listed here has its own approach, culture and methodology, there may be aspects of one resource or another that don't "work" for everyone. None are "perfect" per se, but all are excellent at helping the user learn important fundamental about working effectively and respectfully with veterans and their families.

Component & Subject	Duration	Link
NFRC / FOCUS Model		http://learn.nfrc.ucla.edu/
FOCUS Families	28 hrs	
FOCUS Couples	24 hrs	
FOCUS Skill Building Groups	24 hrs	
FOCUS Tele	26 hrs	
FOCUS Parents	2 hr	
Basic Training	Varies	
Innovative Technologies	Varies	
Children, Trauma and Resilience	Varies	
STAR Seminar	Bi-Weekly	https://nfrc.ucla.edu/star-behavioral-health-providers
PsychArmor Courses		www.psycharmor.org
Service Branches	21 min	
Veteran 101 Military Culture	25 min	
201 Military Lingo & Discharges	7 min	
201 Timeline of Current Wars	12 min	
Officer Vs. Enlisted	13 min	
Veteran 101 DOD Overview	8 min	
201 Veterans	8 min	
Military Families	48 min	
Trauma Informed Interactions w/ Vets	12 min	
MST	38 min	
Military Women	22 min	
PTS	30 min	
TBI	75 min	
Substance Use	18 min	
Moral Injury	46 min	
Connecting with the VA	45 min	

Department of Veterans Affairs (VA)		
National VA Website		https://www.va.gov/landing2_vetsrv.htm
Available VA Services	Web	https://www.mentalhealth.va.gov/communityproviders/partner_referring.asp
Suicide Prevention Resources	Web	https://www.va.gov/nace/docs/myVAoutreachToolkitPreventingVeteranSuicideIsEveryonesBusiness.pdf
Center for Deployment Psychology		
Self-Awareness Exercise	Web	http://deploymentpsych.org/self-awareness-exercise



THANK YOU TO OUR GENEROUS SPONSORS

Steve Lavagnino, Fifth District Supervisor - County of Santa Barbara

Das Williams, First District Supervisor - County of Santa Barbara

Highland Santa Barbara Foundation Inc.



James S. Bower Foundation



June G. Outhwaite Foundation

Kirby Foundation in honor of Bob Kirby

Lompoc Record



Santa Barbara Foundation

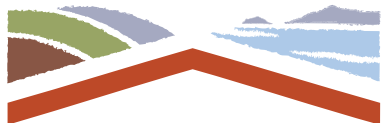


Santa Maria Times

Santa Ynez Valley News

Mrs. Margaret Waller





SANTA BARBARA
FOUNDATION

North County Headquarters
2625 South Miller Street, Suite 101
Santa Maria, CA 93455-1777
(805) 346-6123

South County Headquarters
1111 Chapala Street, Suite 200
Santa Barbara, CA 93101-3100
(805) 963-1873



sbfoundation.org



facebook.com/sbfoundation



twitter.com/sbfoundation



linkedin.com/company/santa-barbara-foundation



instagram.com/santabarbarafoundation

Nonprofit Org.
U.S. Postage
PAID
Permit #411
Santa Barbara, CA

BOARD OF TRUSTEES

James Morouse

CHAIR

Diane Adam

VICE CHAIR

Stephen Hicks

TREASURER

Susan T. Richards

SECRETARY

Phil Alvarado

Laurie Ashton

Hugh M. Boss

Neil Dipaola

Pamela Gann

Angel R. Martinez

Gretchen H. Milligan

Jennifer Murray

Robert C. Nakasone

Cathy Pepe

Nicolasa I. Sandoval, Ph.D.

Robert L. Skinner

Chris Slaughter

Luis Villegas

Michael D. Young, Ph.D.



The Santa Barbara Foundation led a community wide effort to conduct an assessment of veterans and those who provide services to veterans throughout Santa Barbara County. The foundation commissioned Nancy Berglass, Principal of Berglass Community Investment Consulting, and Phillip Carter, Senior Fellow at the Center for a New American Security, to conduct the assessment that aimed to define the demographic and other attributes of the local veteran population, describe the landscape of services available to them, and identify opportunities through which the local community can make an impact in the lives of those who have served in uniform. The full report is available for download at: SBFoundation.org/SBCVeterans.