

VETERAN-SERVING PROVIDERS SPEAK: CHALLENGES, ADAPTATIONS, AND RESILIENCE DURING THE PANDEMIC

NOVEMBER 2020

CAVSA MEMBER AGENCY SURVEY



We asked senior executives from five of CAVSA's member agencies:

- How their agencies are responding to the pandemic or have adapted veteran services due to pandemic risks and protocols
- Their greatest needs
- How CAVSA can best help

Respondents who answered the 26-question survey between November 2-9, 2020 represented: Swords to Plowshares, Chief Operating Officer; U.S. VETS, Operations Manager; Nation's Finest, Chief Administrative Officer; California Veterans Assistance Foundation, President/CEO; Veterans Village of San Diego, Executive Vice President & Chief Operating Officer.

The survey results show that these agencies have worked diligently to make difficult but necessary adjustments. Luckily, additional resources from several sources have helped. However, as the pandemic drags on and as funding sources potentially dry up, more resources will be needed to help veteran-serving agencies and their staff maintain safe, quality services. There is also need for additional informational support, (e.g., training on best practices for distance services), telehealth billing rules, and emerging forms of emergency financial support.

Changes Member Agencies Made

- All 5 member agencies moved intake assessments to virtual platforms, with some staff working remotely; four out of five agencies switched some in-person counseling to telehealth.
- All agencies implemented multiple measures to support their staff, such as allowing for flexible schedules, and offering financial assistance.
- All agencies adjusted workspaces (e.g., adding barriers, increasing distancing).
- One agency added mental health or emotional counseling for staff.

What Legislators Can Do

Respondents said their legislators can do the following to help:

- Support an extension of the Paycheck Protection Program (PPP) with more time under the forgivable period for those that have not spent all of the loan and increased lending to those who have exhausted their loan.
- Increase funding for direct program support.
- Permanently increase funding for transitional housing programs and allow greater access to COVID funding for behavioral health programs.

How CAVSA Can Help

Member agencies suggested CAVSA can do the following to help:

- Offer a webinar on best practices for remote interaction with clients.
- Share resources and information on COVID-related grants and loans.
- Summarize telehealth regulations.

Member Agency Services

All CAVSA member agencies provide housing and on-site, direct, supportive services (all provide permanent supportive housing (PSH) with one providing emergency housing and PSH, and four providing transitional housing and PSH). For this reason, adapting to the pandemic and ensuring adequate safety protocol has meant more than simply going virtual for our member agencies. Four out of five of them provide direct behavioral health counseling and employment services. Three provide substance abuse services, and two help with benefit applications or provide legal services. While client-staff contact can be limited, it cannot be eliminated.

Member agencies vary in size, serving an average of 100 to 500 veteran clients each month. Their clients experience a range of physical, mental, and behavioral health challenges; respondents characterized them as moderately impaired. The COVID-19 pandemic has increased client load for three out of five agencies.

Challenges & Changes Due to the Pandemic

When asked about the greatest challenges veterans face as a result of the COVID-19 pandemic, member agencies reported seeing increased mental health symptoms, which were often attributed to the loss of usual routines and engagement with others. They also reported seeing increased job loss, housing instability, and economic uncertainty. Many community providers also changed to virtual delivery or shut their doors completely. Respondents reported that they lost valuable referral connections with their service partners in the areas of community, employment, and mental health. Moreover, respondents mentioned that clients had difficulty accessing appointments, obtaining safe transportation, and accessing benefit offices, (e.g., County Departments of Human Services, Social Security Administration, VA clinics, and Veteran Service Offices).

One of our respondents expressed concern about protocol for, and feasibility of, continuing to provide services to those veterans who are required to quarantine due to being positive for COVID-19 or due to being in contact with someone who is COVID-19 positive. Because veterans live “on-site” in supportive communities, getting this right is very important to ensure that the spread of COVID-19 can be contained and the safety of all residents and staff be protected.

Serving Rural Communities

One member agency reported that while serving veterans in rural communities, they were faced with the particular challenge of ensuring safe transportation to and from services for their clients. The respondent explained, “Many agencies that provide services in the rural areas have restricted access or limited hours of operations. They are the ones that typically contact us to assist rural homeless veterans.”

CAVSA member agencies faced multiple challenges while continuing services during the early stage of the pandemic, but they were scrappy and resilient. In fact, as shown in the table below, each of them made changes to ensure they could continue to meet their clients' needs.

Ways agencies changed services, or the way services are delivered due to the COVID-19 pandemic		
Itemized change	Frequency	Percent of Respondents
Intake assessment moved to phone or web-based assessment	5	100%
In-person counseling switched to telehealth	4	80%
Staff working remotely	5	100%
Closed/suspended programs of facilities	0	0%
New or increased need of food assistance	3	60%
New or increased need for transportation	2	40%
Other*	2	40%
Virtual case management. Fewer veterans allowed in at a time and limits on group gatherings.		

Due to the pandemic, all responding agencies moved intake assessments to virtual platforms, and had some of their staff work remotely; four out of five switched in-person counseling to telehealth, indicating major shifts to adapt COVID-19 safety protocols.

Congregate On-site Activities

CAVSA member agencies provide housing and support services in multi-unit therapeutic community settings. Daily routines and protocol have been disrupted to ensure safety. All respondents indicated that congregate activities, such as meals, therapeutic groups, and social gatherings have been impacted. A respondent explained, "Fewer veterans are allowed in common areas at a time and limits have been placed on group gatherings." Another respondent mentioned that due to similar restrictions being adopted by other providers there are fewer community meetings and offsite activities being offered. Together, veterans even in supportive environments are facing reduced interaction and meaningful connection to their brothers and sisters in arms and the community resources they have come to depend on.

Adapting to Change During the Pandemic

Challenges organization or staff faced with this transition. [Switched to providing services remotely via telehealth, telephone or online communication] (mean number of challenges selected: 4)

Itemized change	Frequency	Percent of Respondents
Technology failures	3	60%
Lack of equipment	2	40%
Lack of familiarity with remote communication platforms	3	60%
Lack of interpersonal connection with clients or co-workers	5	100%
Computer fatigue	4	80%
Expense of providing necessary equipment	3	60%
Other*	0	0%

As presented above, all agencies made some changes to how they deliver services by conducting intakes, and in some cases switching counseling services to virtual. Three out of five reported that they faced four or more of the listed challenges during COVID-19. All five agencies reported concern about the lack of interpersonal connections with clients or co-workers, and nearly all reported that computer fatigue was difficult to contend with.

Clients also faced challenges adapting to the transition in service, to the point that respondents voiced concern that they may be going without help.

To what degree do you think veterans are going without help because of the challenges listed above...

Degree going without help	Frequency	Percent of Respondents
None going without	1	20%
Some going without	2	40%
Many going without	2	40%

Moreover, three out of five respondents reported that their clients have faced five or more of the following challenges related to new procedures implemented due to COVID-19.

Challenges your clients faced related to new procedures (mean number of challenges selected 4.6)		
Itemized challenge	Frequency	Percent of Respondents
No, or inadequate, internet access or phone service	4	80%
Reluctant to use technology	4	80%
Lack of familiarity with technology or with remote communication platforms	3	60%
Lack of equipment (phone, computer)	3	60%
Technology failures	3	60%
Lack of interpersonal connection with staff or others associated with the organization	5	100%
Other*	0	0%

Supporting Staff During the Pandemic

The pandemic forced changes and produced pressures that few organizations could have been prepared for. Yet, our organizations quickly found ways to support their staff during this difficult time and ensure that veterans were best provided for.

Measures taken to support staff during the pandemic (mean number of measures selected: 5.6)		
Itemized measures	Frequency	Percent of Respondents
Critical mission incentive pay	3	60%
PTO pay to cover employee COVID-related needs	3	60%
Transportation assistance	1	20%
Flexible schedules	4	80%
Reduced hours	2	40%
Adjustments to workspaces (barriers, increased distancing, etc.)	5	100%
Added mental health/emotional counseling	1	20%
Additional childcare options	0	0%
PPE Provision	5	100%
None	0	0%
Other*	0	0%

All responding organizations did at least one thing to support their staff by implementing additional COVID-19 safety protocols in the workplace, allowing for flexible schedules, or by offering financial assistance. All agencies adjusted workspaces, (e.g., adding barriers, increasing distancing). Four out of five agencies reported that their organizations took four or more of the listed measures to support staff during COVID-19. Only one added mental health or emotional counseling for staff.

Personal Protective Equipment (PPE)

CAVSA member agencies reported that obtaining personal protective equipment, such as masks, gloves, and hand sanitizer was somewhat difficult. Such equipment is necessary, given that all of our members provide housing and support services.

Funding During the Pandemic

Emergency funding was made available to address some needs during the pandemic from a variety of sources. We asked about local municipal support, state support, VA support (SSVF surge funding etc.), and private donations. All five member agencies reported that they received additional funding from multiple sources during COVID-19. All received additional funding from the Federal Veterans Administration and local municipal loans and four received PPP loans, which may be forgivable in whole or in part. Only one agency reported having received additional funding from the State of California. This was state Homeless Housing, Assistance and Prevention (HHAP) funding that come through the county in which the agency provides service. It was used to pay for food while housing veterans in motels, PPE, transportation, and staff pay for those with the highest level of exposure.

Additional funding received by source to cover COVID-related costs (mean number of sources selected: 3.4)

Itemized response	Frequency	Percent of Respondents
No	0	0%
Payroll protection loans	4	80%
Local municipal loans	5	100%
State support	1	20%
VA support (SSVF surge funding etc.)	5	100%
Private donations	4	80%
Not known	0	0%
Other*	0	0%

Lost, or anticipate losing funding because of COVID		
Itemized response	Frequency	Percent of Respondents
No	3	60%
Yes, Local municipal support	0	0%
Yes, State Support	0	0%
Yes, VA support (SSVF surge funding etc.)	0	0%
Yes, Private donations	0	0%
Not known	1	20%
Other*	1	20%
*Potentially in coming fiscal year depending on county budgets		

Three respondents reported that they did not anticipate losing this funding, however these additional funds are not necessarily secure, nor ongoing. One person acknowledged that county (and likely state and federal) budgets may change.

What Legislators Can Do

Emergency funding was made available to address some needs during the pandemic and respondents are optimistic about retaining emergency funding. Although when asked, "In what ways could your legislators help your organization?" CAVSA members who provide direct services to veterans within on-site therapeutic communities suggested that additional targeted funding was a top priority. They said their legislators could:

- Support an extension of PPP with more time under the forgivable period for those that have not spent all of the loan and increased lending to those who have exhausted their loan.
- Increase funding for direct program support.
- Permanently increase funding for transitional housing programs.
- Allow greater access to COVID funding for behavioral health programs.

What CAVSA Can Do

Founded in 1995, the California Association of Veteran Service Agencies (CAVSA) is a consortium of seven non-profit veteran service providers working in partnership to address the needs of California's veterans. CAVSA's geographic diversity facilitates the delivery of direct services in both urban and rural regions throughout the state, stretching from Eureka to San Diego.

Member agencies are community-based direct service providers, and we draw upon our collective experience working directly with veterans to inform policy and advocate for adequate and accessible services and support. Therefore, we asked our members what we could do that they would find most useful to assist their organizations.

Useful to assist your organization (mean number of responses 3.5)		
Itemized response	Frequency	Percent of Respondents
Assistance at the state level with PPE supply ordering	2	40%
Webinar on using virtual meeting tools, (e.g., Zoom, Google Hangouts)	1	20%
Summary of current Telehealth regulations	3	60%
Webinar on Telehealth billing	1	20%
Webinar on best practices for remote interaction with clients	5	100%
Sharing of resources and information, such as on COVID-related grants and loans	4	80%

The items indicated most often were hosting a webinar on best practices for remote interaction with clients, sharing resources and information on COVID-related grants and loans, and summarizing current telehealth regulations.

We understand that the obstacles veterans face — including homelessness, poverty, unemployment and disability — are interrelated and require an integrated network of support within the community and continuum of care. The COVID-19 pandemic has pushed and challenged our member agencies. Together with information from this survey we will work to improve services for California's veterans and educate our communities about the unique needs of military veterans and their families.

Recommendations

Direct Program Funding

- Permanently increase funding for transitional housing programs.
- Allow greater access to COVID funding for behavioral health programs.

Program Delivery and Staff Support

- Add programmatic planning and budget resources for mental health or emotional counseling for agency staff.
- Institute or maintain “critical mission” incentive pay.
- Expand peer to peer virtual connection programs for veterans living in supportive living communities.

In Rural Communities

- Enhance transportation services to provide safe transport to and from services.



REPORT DEVELOPMENT TEAM:

Ethan Evans, PhD & Tiffany Doyle

Charles Helget

Joan Purser

Kayla Cannon

CAVSA Agency Members

<https://californiaveterans.org/>

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