



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

DECEMBER 2020
STATEWIDE VETERAN SERVICE
PROVIDER SURVEY

We asked veteran-serving agencies across the State of California:

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

This survey was completed in conjunction with our survey of CAVSA member agencies, who provide direct, on-site comprehensive services to veterans (See the companion brief, “Veteran-serving providers speak: Challenges, adaptations, and resilience during the pandemic. November 2020. CAVSA Member agency survey”).

To reach non-CAVSA agencies, we compiled a sample by using our member and network contacts, conducting targeted internet searches, and utilizing snowball sampling. The survey was sent to 120 non-CAVSA member agencies who either predominately serve veterans or included veterans in their service demographic. Respondents from 40 agencies completed the 26-questions between November 9-December 6, 2020 (response rate 33%).

Our survey shows that these agencies have worked diligently to make difficult, but necessary adjustments to continue to serve clients during the pandemic. As the pandemic drags on and as funding sources potentially dry up, more will be needed to help veteran-serving agencies and their staff maintain safe, quality services. Suggestions from respondents are included in this brief and a set of recommendations are included at the end. **Thank you for your interest and – however you give it – for your service.**

CHALLENGES

- Housing – affordability, accessibility, availability.
- Social isolation – affecting mental health and increasing substance use.
- Client's income loss.
- Closure of VA offices – Limited walk-ins and general service availability.

CHANGES AGENCIES MADE

- Most agencies moved intake assessments to virtual platforms, with some staff working remotely; more than a third switched some in-person counseling to telehealth.
- All agencies implemented multiple measures to support their staff (e.g., allowing for flexible schedules, and offering financial assistance).
- All agencies adjusted workspaces (e.g., adding barriers, increasing distancing, conducting screenings with temperatures, and supplying hand sanitizer).
- One agency added mental health or emotional counseling for staff.

RESILIENCE & CREATIVITY

- With additional funding made available, few agencies reported laying off staff.
“Our doors have remained open to any that are in crisis.”
- Creative new programs and efforts to combat social isolation were initiated, including: Distributing food and diapers, Playing movies in community rooms with distancing protocol, Hosting remote couples and family orientated games, Organizing drive-through events for holidays (e.g., Memorial Day).

WHAT LEGISLATORS CAN DO

Agencies suggested their legislators can do the following to help:

- Extend rent and utility payment moratoriums.
- Retain reimbursement and allowances for telehealth services.
- Increase funding for direct program support, and permanently increase funding for supportive housing programs.
- Allow access to COVID funding for mental & 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.

Agency Services

Responding Agencies	
A Combat Veteran's Hope	Operation Dignity
Alexandria House	Paralyzed Veterans of America, Cal-Diego
Cal Voices	PATH (People Assisting the Homeless)
Central Valley Homeless Veterans Assistance Program (CVHVAP)	Retired Activities Office, Marine Corps Base Camp Pendleton
CAPSLO, SSVF	The Hire Target
Center for Living and Learning	Third Avenue Charitable Organization
Community Action North Bay	United States Mission Corp
Community Catalysts of CA	US Vets
County of San Luis Obispo	VA, Northern California System
CVSO, Lake County	VA, Readjustment Counseling Services
CVSO, Placer County	VA, San Francisco Health Care System
CVSO, San Luis Obispo County	Vet to Vet
CVSO, Solano County	Veterans Accession House
CVSO, Yolo County	Veterans Association of North County
Delivering Innovation in Supportive Housing	Veterans Partnering With Communities, Inc.
Disabled American Veterans, Am Vets	Victory Village, Inc.
Interfaith Community Services	Working Wardrobe, VetNet

The responding agencies provide a wide-range of services to veterans - each indicating on average 4.85 services from the choices listed in Table 1 below. Agencies most frequently reported providing resource referral and benefit application assistance. Half of the sample provided on-site housing and supportive services (2 in the form of Supportive Services for Veterans and Families (SSVF) only; 10 as transitional housing and/or permanent supportive housing; 3 as emergency housing and/or transitional housing; 5 as emergency housing, transitional supportive housing, and permanent supportive housing, with 2 offering housing off-site). 17 out of 40 agencies provide direct behavioral health counseling, employment and training services; 11 provide substance abuse services and 8 provide legal services. Given the nature of many of these services, some client-staff contact can be limited, although it cannot be eliminated for most agencies.

Responding agencies vary in size, serving an average 192 clients and a median of 55 (range between 1 to 1150) clients each month. 33% of respondents said they are serving more clients now than in the pre-COVID months. A respondent commented:

“We are receiving many more calls from Veterans as well as other SSVF agencies sending us referrals.”

Clients experience a range of physical, mental and behavioral health challenges; 64% of respondents characterized them as moderately impaired (18% mildly; 18% severely).

Table 1. Which of the following central services does your organization provide? (mean 4.85)		
Itemized response	Frequency	Percent of Respondents
Benefit application assistance	26	65%
Direct behavioral health counseling	17	43%
Resource referral	31	78%
On-site housing and supportive services	20	50%
Supportive Services for Veterans and Families (SSVF)	11	28%
Emergency housing	8	20%
Transitional supportive housing	16	40%
Permanent supportive housing	13	33%
Legal services	8	20%
Employment and training	18	45%
Substance Abuse Services	11	28%
Other	10	25%

Challenges & Changes Due to The Pandemic

When asked about the greatest challenges veterans are facing as a result of the COVID-19 pandemic, agencies reported seeing an increased need for rental assistance and financial assistance. One respondent, simply typed, **“HOUSING!”** A number of respondents mentioned that walk-in appointments were no longer available, putting clients at particular risk of not receiving services. The resulting social isolation and loneliness is exacerbating mental health symptoms, depression, and substance abuse. They also reported seeing increased job loss, housing instability, and economic uncertainty. Many 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).

Capturing the grave nature of the situation, an agency reported:

“The average age of a Veteran in our community is 74 years old; with the advanced age and having lost two of our members, all meetings have been canceled until further notice and virus decrease.”

Serving Rural Communities

Nearly 60% of respondents serve veterans in rural areas. Multiple agencies highlighted the particular challenges associated with ensuring safe transportation to and from services for their clients. One mentioned the struggle to find ways to help clients get to the closest cities for services that used to be provided locally and reported: ***“local services are not returning calls or have closed.”*** Another respondent expressed concern about discrimination of those who are unhoused, saying:

“I am deeply concerned about the growing numbers of unhoused, at risk veterans. There is very little outreach being done to them during this pandemic. Some smaller cities have been extremely discriminatory in their practices towards the unhoused, many of whom are veterans in [a rural County]. We have been scolded for providing water and food to these unhoused veterans. Park benches and water fountains have been removed. It is horrible.”

In Summary

These agencies faced multiple challenges to continue services during the early stage of the pandemic, but they were scrappy and resilient. One stated:

“We have increased our workloads... however we have and continue to be successful in meeting our mission of housing our homeless veterans. We have also stepped up and filled the gap for VASH, as VA employees are still unable to meet with clients.”

Resilience

Despite the challenges, many of these agencies made changes to ensure they could continue to meet their clients' needs.

Table 2. Ways agencies changed services, or the way services are delivered due to the COVID-19 pandemic (mean 3.33)

Itemized change	Frequency	Percent of Respondents
Intake assessment moved to phone or web-based assessment	25	63%
In-person counseling switched to telehealth	15	38%
Staff working remotely	26	65%
Closed/suspended programs of facilities	17	43%
New or increased need of food assistance	21	53%
New or increased need for transportation	16	40%
Other*	13	33%
*Added drive-up services; Walk in appointment only; Electronic filing/e-signatures; Added homeless referrals to project room key; Staff are working split shifts in office to allow for less congestion in the office; increased motel placements using emergency housing assistance through federal SSVF funds; Created virtual training platform to continue with workforce readiness workshops; No longer hosting in person events – using Zoom instead; Address all associates via Zoom, phone, and email; Added online support groups and one-on-one peer support.		

Due to the pandemic, a majority of responding agencies moved intake assessments to virtual platforms and had some of their staff work remotely; 38% switched in-person counseling to telehealth – all changes that indicate major shifts were made to adopt COVID-19 safety protocols. One respondent proudly stated, ***“Our doors have remained open to any that are in crisis.”***

Surprisingly, few agencies reported laying off staff due to the pandemic. Despite a moderate level of uncertainty, nearly half do not anticipate reducing services within the next year.

Table 3a. Have any staff at your organization been laid off due to COVID-19?

Itemized response	Frequency	Percent of Respondents
Yes	4	10%
No	35	88%
I do not Know	1	3%

Table 3b. Do you anticipate a reduction of services by your organization within the next year?

Itemized response	Frequency	Percent of Respondents
Yes	6	15%
No	19	48%
Not sure	15	38%

New programs have been initiated to meet new needs or existing needs in new ways. An agency started food and diaper distribution from April to November and reported:

“We have served 17,946 people with 85.5% being active duty military, and we have given away 168,805 care packages.”

Combating social isolation

Many agencies reported on how the “new-normal” is creating social isolation, which is negatively impacting clients and staff. 80% of agencies said that community activities such as congregate meals and social gatherings have been impacted by the pandemic. However, many agencies have been getting creative. The following activities were reported:

- Playing movies in community rooms to reduce isolation.
- Creating remote couples and family orientated games.
- Organizing drive-through events for holidays, such as Memorial Day.
- Developing a virtual training platform to support veteran participants, extending use to all of their community partners/agencies.

Adapting to Change During the Pandemic

Most agencies have switched to providing services remotely via telehealth, telephone, or online communication (18% fully; 68% some services; 15% none). But, this transition has not been easy for staff or for clients.

Table 4. Challenges organization or staff faced with this transition
(mean number of challenges 2.6)

Itemized challenge	Frequency	Percent of Respondents
Technology failures	16	40%
Lack of equipment	15	38%
Lack of familiarity with remote communication platforms	14	35%
Lack of interpersonal connection with clients or co-workers	22	55%
Computer fatigue	18	45%
Expense of providing necessary equipment	11	28%
Other*	6	15%

*Lack of participation in online opportunities; By-Laws of all non-profits not setup for electronic meetings and voting on issues, a quorum cannot be met on this media; Lack of support from the VA; Lack of in person connection.

Most agencies made some changes to how they deliver services (e.g. conducting intakes and in some cases counseling services virtually). Overall, 31% reported that they faced 3 or more of the challenges listed in Table 5. Over half of the agencies reported concern about the lack of interpersonal connections with clients or co-workers and 45% reported it was difficult to contend with computer fatigue.

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

Table 5. Degree to which veterans are going without help because of these challenges

Degree going without help	Frequency	Percent of Respondents
None going without	2	6%
Few going without	8	25%
Some going without	13	41%
Many going without	9	28%

Moreover, 62% reported that their clients have faced 3 or more of the following challenges related to new procedures implemented due to COVID-19. Clients reportedly struggled with lack of familiarity with technology or with remote communication platforms.

Table 6. Challenges your clients faced related to new procedures
(mean number of challenges 3.4)

Itemized challenge	Frequency	Percent of Respondents
No, or inadequate, internet access or phone service	21	53%
Reluctant to use technology	26	65%
Lack of familiarity with remote communication platforms	28	70%
Lack of equipment (phone, computer)	24	60%
Technology failures	14	35%
Lack of interpersonal connection with staff or others	22	55%
Other*	3	8%
*With restrictions, much harder to get in touch with people or meet; Increased food and housing insecurity.		

Supporting Staff During The Pandemic

The pandemic forced changes and produced pressures that few organizations could have been prepared for. Yet, many organizations quickly found ways to support their staff during this difficult time, while simultaneously trying to provide for their clients.

Table 7. Measures taken to support staff during the pandemic
(mean number of measures 3.6)

Itemized measures	Frequency	Percent of Respondents
Critical mission incentive pay	12	30%
PTO pay to cover employee COVID-related needs	16	40%
Transportation assistance	4	10%
Flexible schedules	29	73%
Reduced hours	9	23%
Adjustments to workspaces (barriers, increased distancing, etc.)	31	78%
Added mental health/emotional counseling	7	18%
Additional childcare options	5	13%
PPE Provision	25	63%
None	1	3%
Other*	6	15%
*Early release every other Friday; 2 extra PTO days; No meetings for volunteers; Remote capacity - being able to work from home; Those with children allowed to work remotely.		

All but one responding organization 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. Many adjusted workspaces, (e.g., adding barriers, increasing distancing, wearing masks, conducting screenings with temperatures, and supplying hand sanitizer, etc.). 3 or more listed measures were reported by 70% of the agencies. 7 added mental health or emotional counseling for staff.

Personal Protective Equipment (PPE)

A majority (60%) of veteran-serving agencies reported that obtaining personal protective equipment, such as masks, gloves, and hand sanitizer was easy to obtain in the last 3 months; 38% responded somewhat difficult and only 1 agency found it very difficult.

Funding During The Pandemic

Emergency funding from a variety of sources was made available to address some needs during the pandemic. We asked about local municipal support, state support, VA support (SSVF surge funding etc.), and private donations. All agencies received additional funding from at least one of the different funding sources listed in Table 8. Of these agencies, 30% received PPP loans, loans which may be forgivable in whole or in part. 3 agencies reported having received additional funding from the State of California and a quarter of them received funding from the VA. The most frequently cited source of additional funding was private donations.

Table 8. Additional funding received by source to cover COVID-related costs
(mean number of sources 1.8)

Itemized response	Frequency	Percent of Respondents
No	0	0%
Payroll protection loans (PPP)	12	30%
Local municipal loans	4	10%
State support	3	8%
VA support (SSVF surge funding etc.)	10	25%
Private donations	18	45%
Not known	5	13%
Other*	4	10%

*CARES Act; Board members and general members have reached into their own pockets to make large donations to keep doors open; City of Oakland.

11 respondents reported that they did not anticipate losing this funding, however these additional funds are not necessarily secure, nor ongoing. In fact, one person acknowledged that city (and likely state and federal) funding is at risk.

Table 9. Lost, or anticipate losing funding because of COVID
(mean number of responses .88)

Itemized response	Frequency	Percent of Respondents
No**	11	28%
Yes, Local municipal support	5	13%
Yes, State Support	5	13%
Yes, VA support (SSVF surge funding etc.)	6	15%
Yes, Private donations	9	23%
Not known	9	23%
Other*	6	15%

* All fund raising has stopped; City funding at the end of the fiscal year is at risk; Asking for assistance so time will tell; Surge funding can't continue forever.

What Legislators Can Do

When asked what legislators could do to help, one agency commented:

“We would like legislators to recognize the severe impact the virus has had on many who are already on very-low fixed incomes.”

Veterans are being severely impacted by the pandemic, especially those already afflicted with physical, mental, and behavioral health challenges. Thankfully, emergency funding was made available to address some needs during the pandemic and these respondents are optimistic about retaining emergency funding. Although these respondents and agency representatives who provide direct services to veterans, did suggest that additional targeted funding was a top priority. Moreover, they said their legislators could:

- Increase funding for direct program support.
- Permanently increase funding for transitional housing programs.
- Allow greater access to pandemic-related funding for mental and behavioral health.
- Give essential workers a bonus.

Additionally, respondents provided several suggestions toward improving on-going support and funding systems:

- Change the rule limiting how long veterans and their families can stay in hotels.
- Create a taskforce to identify and address limitations of current services (VHA, VBA).
- Waive the GPD rate ceiling permanently, to accurately reflect costs of doing business in the Bay Area.
- Allow more funding for VA GPD grantees based on low occupancy rates due to SSVF housing veterans in hotels.
- Provide direct assistance to CBO's that flow through County bureaucracies, that are slow and often do not prioritize the needs of those most at risk in the region.
- Address the high cost of living.
- Create tax incentives for veterans (housing/property, military retirement pay, etc.).
- Recognize smaller agencies that are picking up the bulk of the work during the pandemic.
- Offer grant opportunities for small non-profit agencies, especially those serving rural communities.

Finally, several comments provided suggestions related to specific emergency actions that warrant continuance:

- Extend rent and utility payment moratoriums; ***“they significantly reduced the requests for financial assistance to our agency in 2020, allowing funds to be used for other services.”***
- Retain reimbursement and allowances for telehealth services.

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 draw upon 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.

Table 10. Useful to assist your organization (mean number of responses 2.4)

Itemized response	Frequency	Percent of Respondents
Assistance at the state level with PPE supply ordering	11	28%
Webinar on virtual meeting tools, (e.g. Zoom, Google Hangouts, etc.)	14	35%
Summary of current Telehealth regulations	9	23%
Webinar on Telehealth billing	4	10%
Webinar on best practices for remote interaction with clients	16	40%
Sharing of resources and information on COVID-related funding	27	68%

The items indicated the most were:

- Sharing resources and information on pandemic-related grants and loans.
- Hosting webinars on best practices for remote interaction with clients and using virtual meeting tools.

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 agencies providing direct services across the state. 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 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.
- Develop sharing platforms for best practices to combat social isolation while practicing necessary social distancing.
- Support training on virtual meeting tools, and the provision of needed technology or equipment for agencies and their clients.

In Rural Communities

- Enhance transportation services to provide safe transport to and from services.
- Target funding for smaller agencies.



REPORT DEVELOPMENT TEAM:

Ethan Evans, PhD & Tiffany Doyle

Charles Helget

Joan Purser

Kayla Cannon

CAVSA Agency Members

<https://californiaveterans.org/>

 [@CAVSA_vets](https://twitter.com/CAVSA_vets)