

BARSTOW

MASTER PLAN 2021



VETERANS HOMES OF CALIFORNIA BARSTOW MASTER PLAN

Presented by
The California Department of Veterans Affairs

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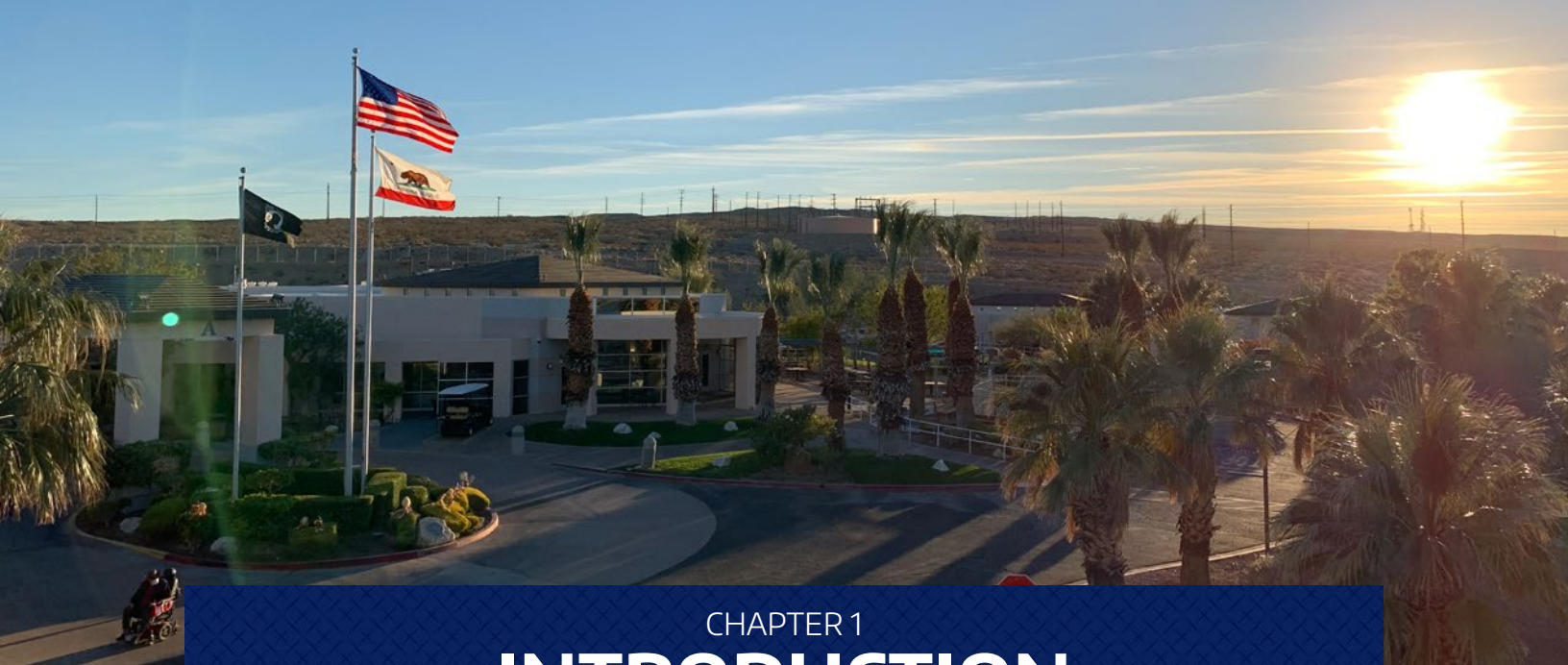
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HONORING CALIFORNIA'S VETERANS

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CHAPTER 1 INTRODUCTION



World War II veteran resident

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

The Veterans Home of California-Barstow (the Home) has provided long-term healthcare to California’s veterans in the High Desert of San Bernardino County for 25 years. The Home was built as aging World War II

and Korean War veterans were entering long-term care. However, the population has since moved towards Vietnam and peacetime veterans, with Gulf War era veterans on the horizon. With this demographic shift and the advancing age of the campus, CalVet is reevaluating and restructuring current programming to better prepare the Home for tomorrow’s veterans.



Air Force veteran resident

VETERAN POPULATION

Overview

The San Bernardino County veteran population is declining.

2021 94,807



2036 72,147



2026 85,814



2041 67,833



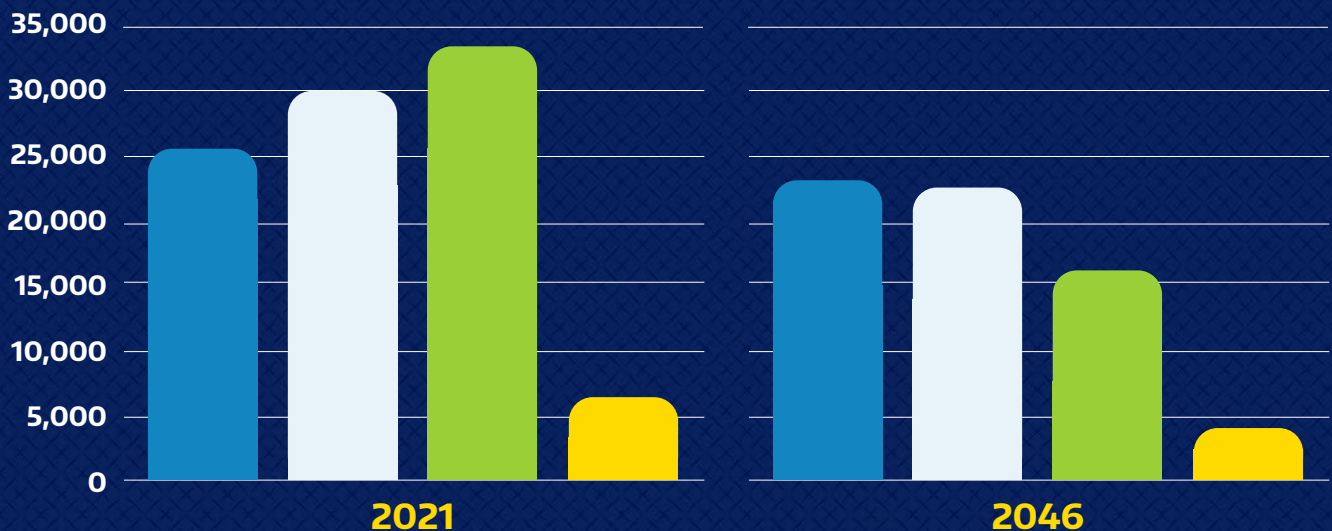
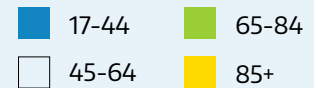
2031 78,302



2046 65,018



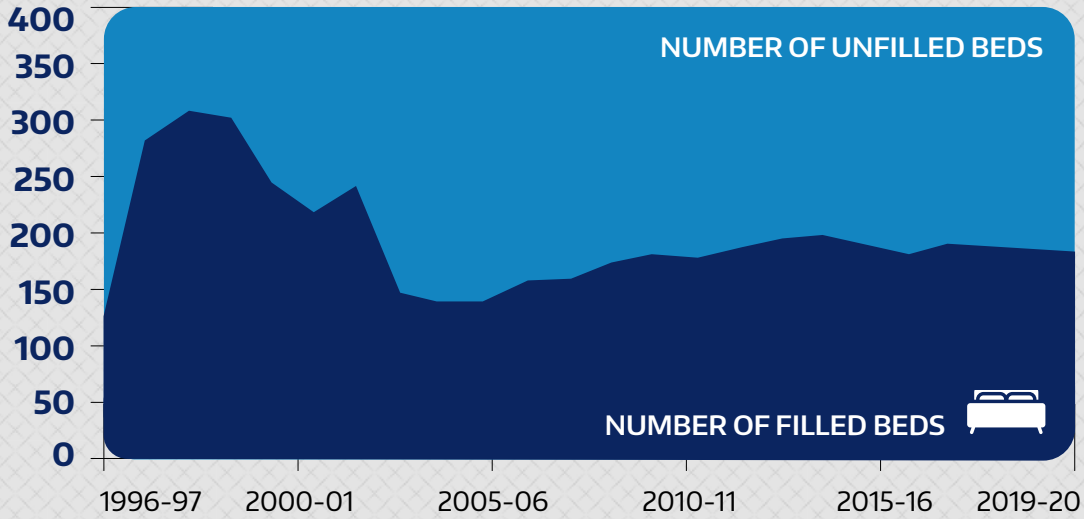
The San Bernardino County veteran population is becoming younger over time.



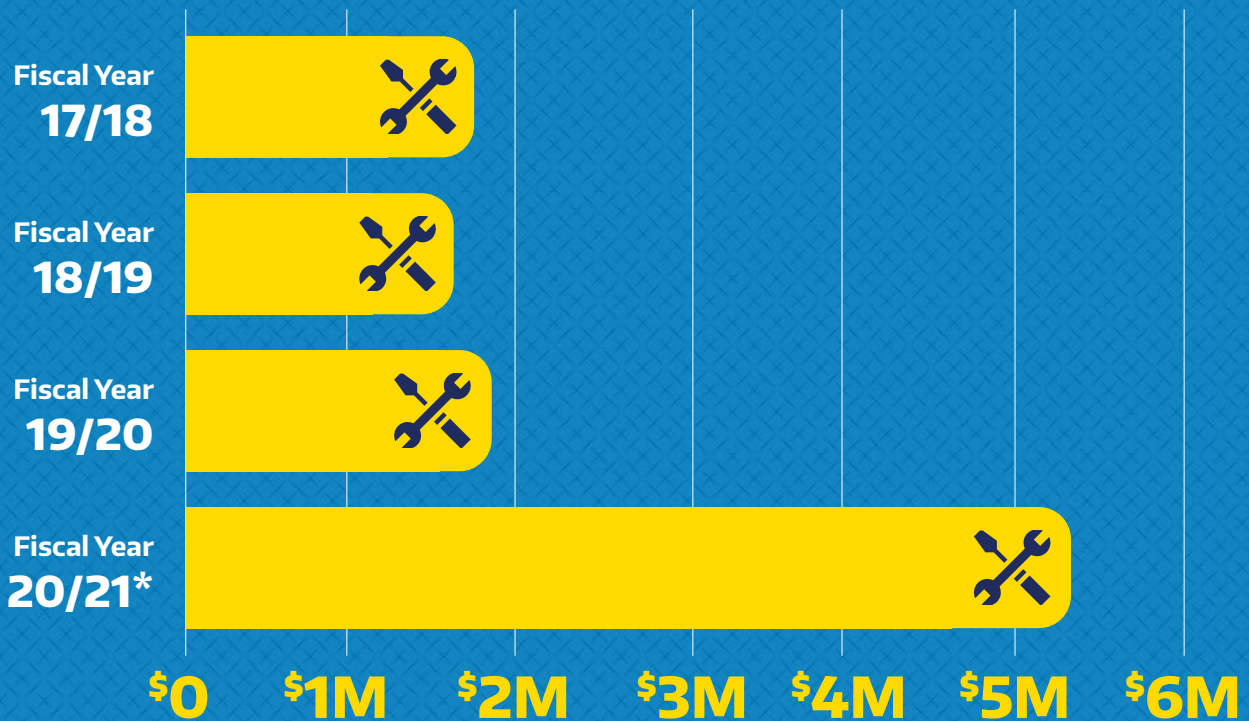
BARSTOW HOME

Overview

The Home's census versus physical capacity.



The Home is facing increased maintenance and repair costs.



*Estimated Expenditures

The Home does not meet the criteria used to assess Veterans Homes sites.



VETERAN NEEDS
Does Not Meet the Criteria



PROXIMITY TO VA CARE
Does Not Meet the Criteria



APPROPRIATE LEVELS OF CARE
Does Not Meet the Criteria



LOCAL HEALTHCARE INFRASTRUCTURE
Does Not Meet the Criteria



HIRING COMPATIBILITY
Partially Meets the Criteria

CalVet is realigning the levels of care offered at the Home.

SKILLED NURSING

EXPANDING
FROM 40 TO 60 BEDS



INTERMEDIATE CARE

**CONVERTING
RESIDENTIAL CARE**
FROM 60 TO 31 BEDS



DOMICILIARY CARE

**GRADUALLY
DECREASING**
FROM 120 TO 0 BEDS



STATUTORY REQUIREMENTS

In an effort to ensure that the Veterans Homes are able to meet the current and future needs of California's rapidly changing veteran population, the Legislature passed and the Governor signed Chapter 509, Statutes of 2017 (AB 1365), which requires CalVet to periodically submit facility master plans to evaluate each Veterans Home to determine its best continued, unrestricted use.

Each facility master plan must include, at a minimum, a review of the following:

- Every financial report created pursuant to Military and Veterans Code Section 1072.
- Current needs of the regional veteran population.
- Projections regarding the changing composition of the veteran population.
- Assessment of resources available to serve the projected veteran population.
- Input from veteran residents of the home, community members of the home, and other stakeholders.

Additionally, each facility master plan can include any other factors CalVet believes are necessary to evaluate each Veterans Home. Previously, CalVet submitted the [2020 Master Plan](#), which included an assessment of the location of all eight Veterans Homes based on five criteria: veteran need, proximity to U.S. Department of Veterans Affairs (VA) care, whether demand aligns with levels of care offered at the Veterans Home, local healthcare infrastructure, and hiring compatibility. A summary of the findings of the [2020 Master Plan](#) as they relate to the Home will be included in this facility master plan.

BARSTOW MASTER PLAN

AB 1365 requires CalVet to submit, among other things, facility master plans for each Veterans Home five years after the expiration of federal use restrictions, and every five years thereafter.¹ The Barstow Home began operations in 1996 and has not been subject to federal grant restrictions since 2016. Accordingly, CalVet is submitting this Veterans Home of California–Barstow Master Plan of 2021 (Barstow Master Plan) to the Legislature and will update it every five years thereafter.

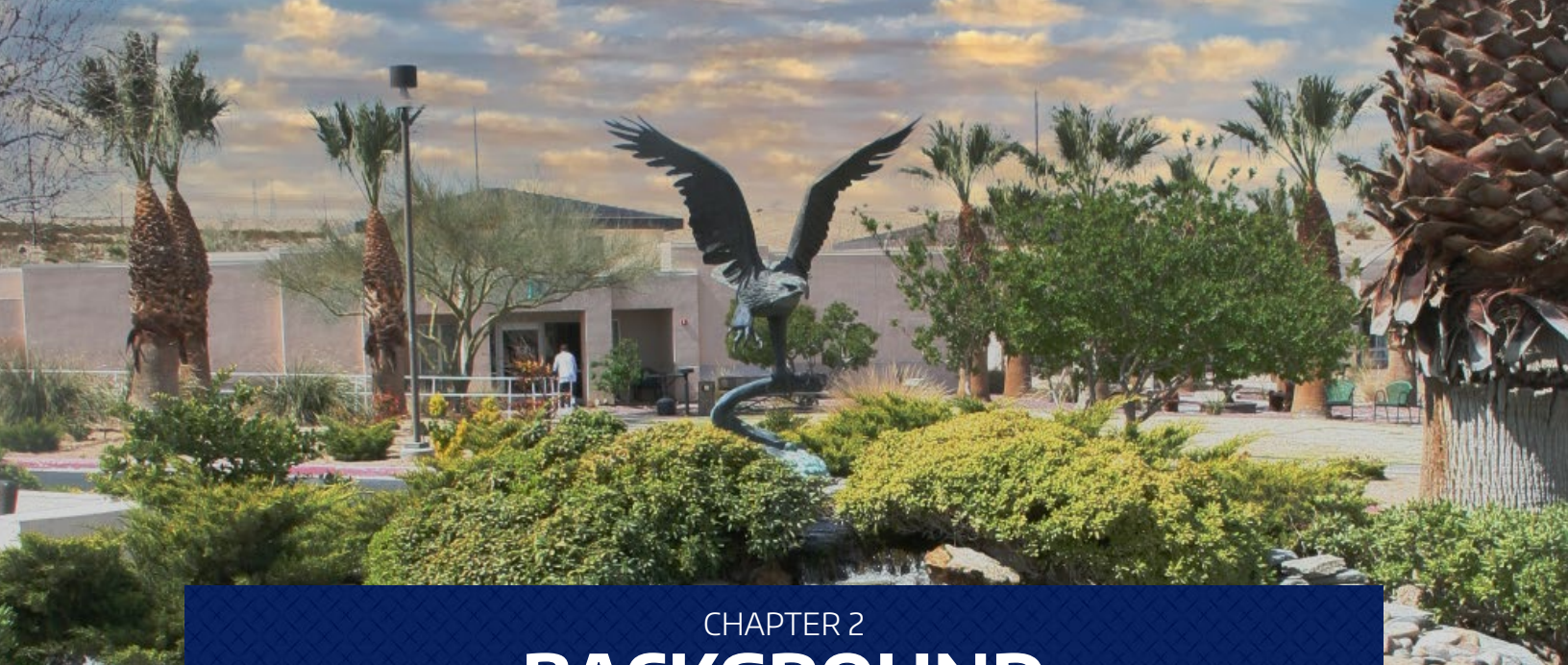
In the following chapters, this report will:

- Provide background information on existing services, programs, and design of the Home.
- Examine budget information for the Home, including the amount of state funds budgeted to and revenue collected, aggregate estimated costs of care per resident by level-of-care, and current and projected maintenance costs.
- Present the changing demographics of the veteran population.
- Evaluate the underlying demographics of the veterans residing at the Home.
- Identify and assess the existing resources and organizations outside of and in addition to the Home that are available to serve the projected veteran population.
- Reassess the five overarching criteria used to evaluate each Veterans Home location in the [2020 Master Plan](#).
- Summarize the stakeholder outreach process and the input offered by stakeholders.
- Discuss the best continued use of the Home.

PURPOSE OF THIS ASSESSMENT

The objective of the Barstow Master Plan is to prepare the Home for the future. This plan contains an assessment of veterans' future long-term care needs, as well as an examination of existing facilities and programs. In developing the plan, CalVet created or incorporated information indicating demand or opportunities for the utilization of the Home and evaluated these opportunities based on the expected benefit to veterans in the High Desert region of San Bernardino County, compatibility with the Home's programs and expertise, resource availability, compliance with property and licensing requirements, as well as other qualitative factors. Through a thorough needs assessment and evaluation, CalVet will be able to ensure the Home is prepared to best meet the needs of both current and future generations of veterans in the High Desert region.

¹ Federal laws and regulations require state veterans homes built with federal construction funds to operate at least 20 years as state veterans homes or face a penalty. (38 U.S.C. § 8136 and 38 C.F.R. § 59.110.)



CHAPTER 2 BACKGROUND

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

Sitting on 22 acres of land donated by the adjacent Barstow Community College in the High Desert of San Bernardino County, the campus features one main building with five smaller outlying buildings, totaling approximately 208,000 square feet of building space. Presently, the Home offers Domiciliary (DOM), Intermediate Care Facility (ICF), and Skilled Nursing Facility (SNF) levels of care. Originally constructed as a 400-bed facility, the Home is currently budgeted for only 220. All of the resident buildings are in use, but all have unbudgeted beds.¹

The main building at the Home includes an active SNF unit, an active ICF unit, and an unbudgeted ICF unit. Each SNF and ICF unit has a physical capacity for up to 60 beds and a small communal area used for dining, activities, and general living space. Additionally, the main building provides plant operations and administrative functions for the entire campus, and includes an ambulatory care clinic, a kitchen, and a dining hall for DOM residents.



Governor Pete Wilson attends the grand opening of the Veterans Home of California-Barstow in 1996.

¹ Several Veterans Homes have space available to serve additional residents, but the potential beds are unbudgeted (not funded) through the state budget process and left vacant.

BARSTOW FACILITY MAP



DOM SNF ICF ICF - Inactive

Of the five outlying buildings, four serve as housing for DOM residents, while the fifth is a support building that primarily consists of a common area for residents to hold functions or entertain visitors. Based on the original configuration, each of the four residential DOM buildings has a physical capacity of 55 beds. These outlying buildings are located only a short walk away from the main building, across one or two campus roads.

Across the levels of care, room accommodations are generally uniform, originally constructed to house two residents in each room and a restroom connecting two rooms, for a total of four residents to a restroom. Because of the high number of unbudgeted beds, most DOM residents have private rooms.

To receive care at the Home, veterans must be aged or disabled and must meet state and federal eligibility standards. Among other criteria, veterans must have served on active duty for more than just training purposes under conditions other than dishonorable, and the VA must determine that they qualify for admission to a state veterans home. Spouses of eligible veterans may be admitted jointly, and all residents must have care needs appropriate for the programs and licensure of the facility.

FIRST EXPANSION PHASE 1996 TO 2000

Both the Barstow and Chula Vista homes were built during the first expansion phase of the Veterans Homes system. These homes followed much of Yountville's original model. Each Veterans Home has shared rooms, a central SNF building and outlying buildings, and a sprawling campus. However, these Veterans Homes differ from the Yountville campus by offering more personal space and restrooms between two bedrooms (rather than communal restrooms). Critically, the Barstow and Chula Vista homes placed a greater emphasis on higher levels of care, which became a common theme with each new Veterans Home construction effort thereafter.

RESIDENTIAL CARE FACILITY FOR THE ELDERLY

Also known as “assisted living,” RCFE care provides non-medical care and supervision for residents who may need assistance with activities of daily living. A small clinical team works in the units, providing supervision and helping residents with bathing, feeding, grooming, medication management, and other tasks. The licensing agency for RCFE is the California Department of Social Services.

Although the Home does not currently have an RCFE unit, it briefly offered RCFE care during Fiscal Years 2000-01 and 2002-03. Additionally, in January 2022, CalVet will begin the process of realigning the levels of care at the Home, which will include seeking a license for a new RCFE unit.

LONG-TERM CARE PROGRAMS

Provided below are the three distinct levels of care offered at the Home, from the least care-intensive to the most care-intensive.

Domiciliary (DOM)

Total Budgeted Beds: 120

Total Capacity: 220

Licensing Agency: None

Certification Agencies: United States Department of Veterans Affairs (VA)

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

Intermediate Care Facility (ICF)

Total Budgeted Beds: 60

Total Capacity: 120

Licensing Agency: California Department of Public Health (CDPH)

Certification Agencies: VA, Centers for Medicare and Medicaid Services (CMS)

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

CMS FIVE-STAR RATING

CMS has a Five-Star Quality Rating System (five being the best) to help consumers, their families, and caregivers make better-informed decisions as to the facilities they are considering. CMS develops these ratings based on a series of indicators, including health inspection performance, resident health statistics, and staffing.

Through the dedication of the Home administration and its employees, the Home has a current rating of five stars, placing it among the best nursing homes in California.

Skilled Nursing Facility (SNF)¹

Total Budgeted Beds: 40

Total Capacity: 60

Licensing Agency: CDPH

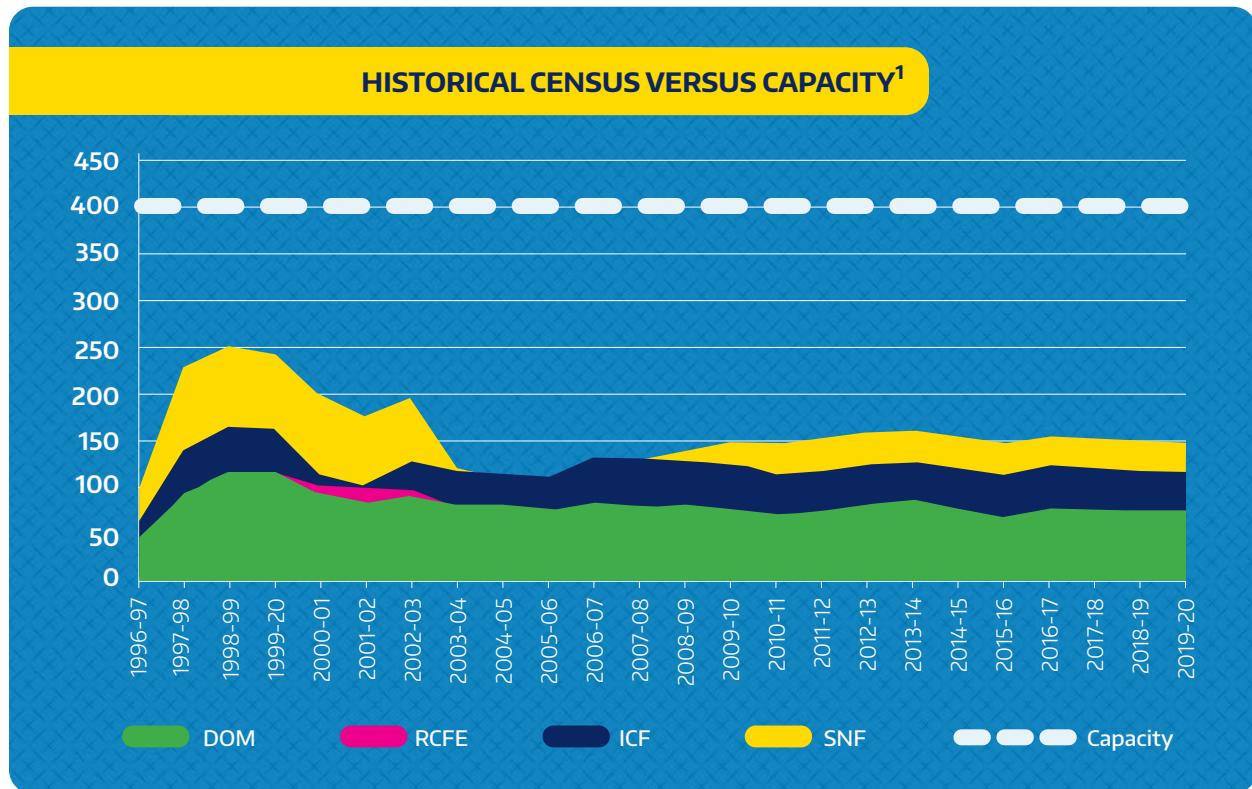
Certification Agencies: VA, CMS

The SNF level of care provides around-the-clock nursing support to residents with significant care needs. These residents require assistance with all activities of daily living, may be bedridden, or suffer from other significant physical or mental impairment. SNF residents often receive physical therapy, occupational therapy, speech therapy, as well as other clinically intensive services. Staffing levels are high in a SNF unit, which must have a minimum of 3.5 direct-care staffing hours per patient per day.

¹ Unlike other Homes in the Veterans Homes system, the Barstow Home does not have SNF memory care.

CENSUS

Although the Home was originally designed as a 400-bed facility, it has averaged fewer than 200 residents since the early 2000s.



As an independent living program, the DOM offers little more than room and board.

When breaking down the census by individual levels of care, the Home has historically encountered challenges to achieving full census, particularly in the DOM and ICF levels of care.

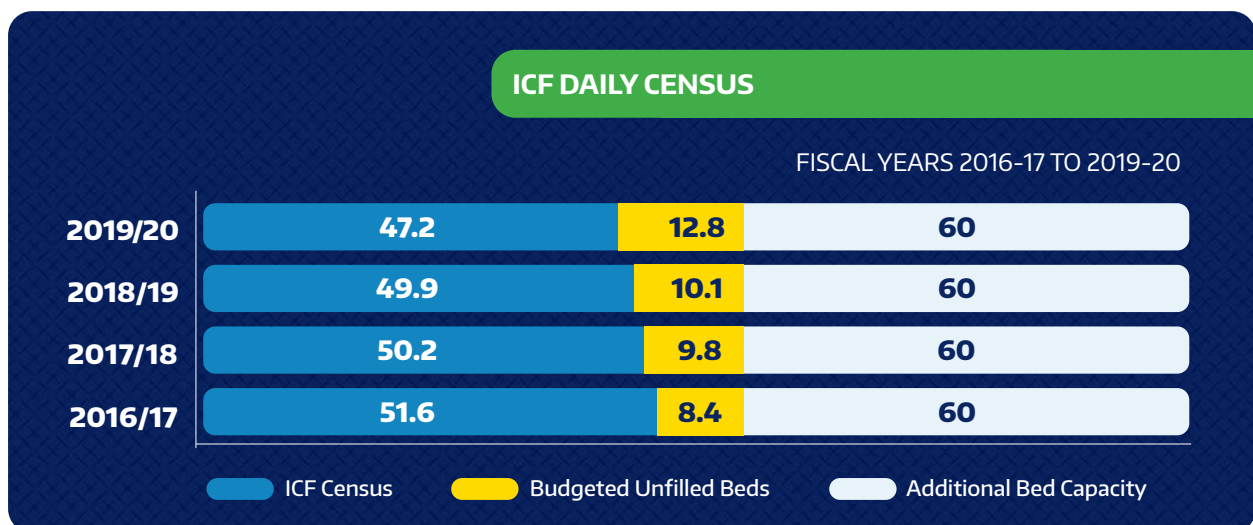
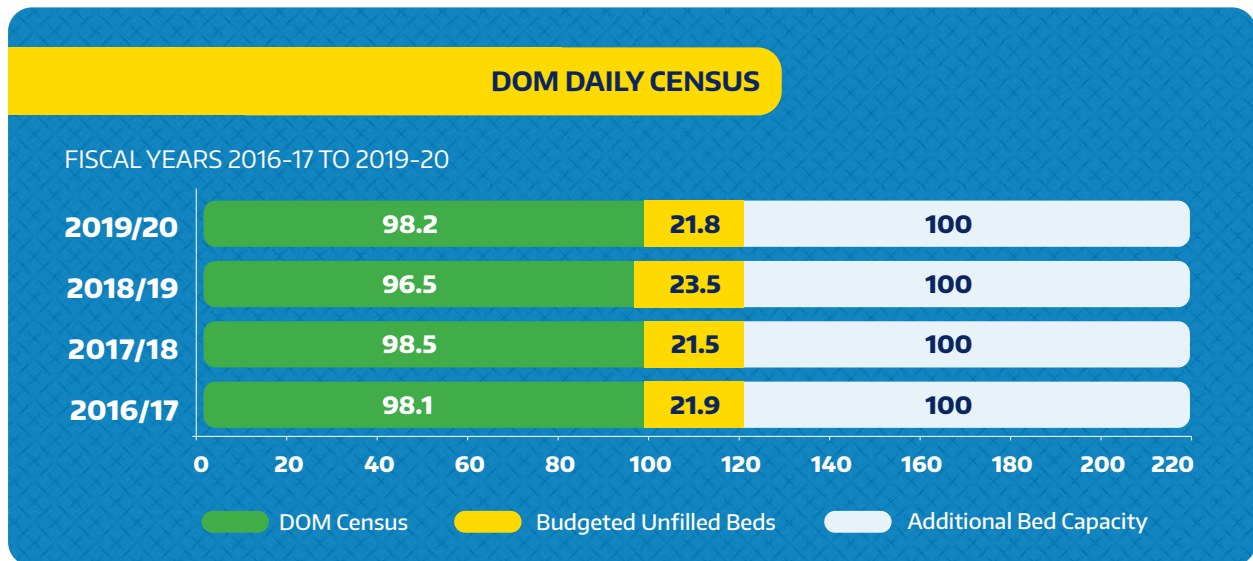
As an independent living program with minimal supervision, the DOM offers little more than room and board. While some veterans continue to apply for or express interest in DOM beds, many are ineligible due to their need for increased clinical support services, such as substance abuse treatment, mental health programming, medication management, or greater supervision.

The ICF is an outdated level of care that is increasingly rare in California. As the ICF provides

services between RCFE and SNF levels of care, staffing levels are lower than in a SNF unit; however, ICFs and SNFs are held to the same regulations issued by CMS and the VA. The slow rise in these federal standards has placed significant burdens on staffing and programmatic needs, effectively requiring an ICF to meet higher requirements without the higher staffing of a SNF. For this reason, residents in ICFs are carefully selected to ensure they have minimal support needs, which has led to increased vacancy rates.

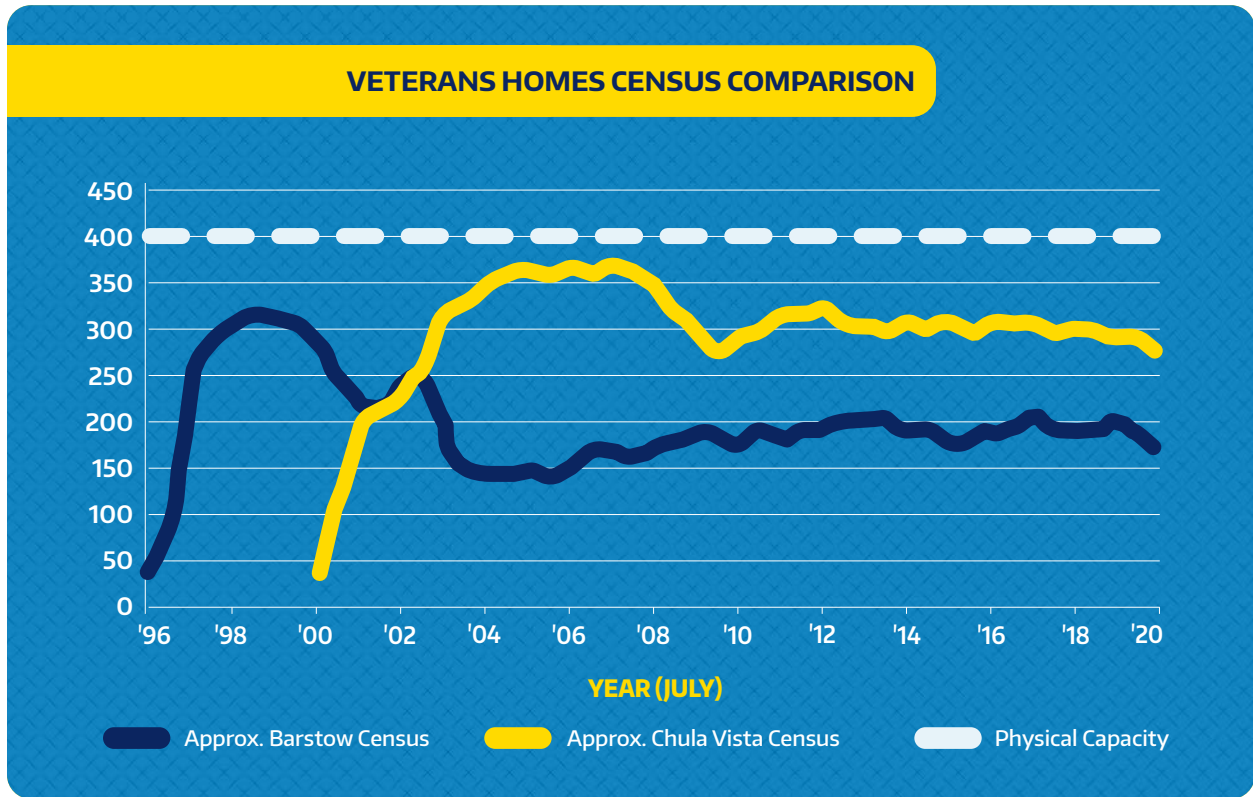
¹ For more information on census history and changes in budgeted capacity at the Home, please see pages 25 to 29 of Chapter 2 of the [2021 Barstow Report](#).

Pointedly, average census data for the four years prior to the COVID-19 pandemic shows that the DOM level of care has been operating at 82 percent of budgeted beds, regularly having 20 or more beds unfilled.¹ The ICF level of care is only marginally better, operating at approximately 83 percent of budgeted beds, which averages about 10 vacant beds over the same period. However, these figures do not consider the full physical capacity of the units; if budgeted to fill all available beds, the DOM and ICF units would operate at only 45 percent and 41 percent of capacity, respectively.



¹ Because CalVet temporarily restricted new resident admissions at the Home during the COVID-19 pandemic, the Barstow Master Plan primarily relies on pre-pandemic census figures.

For comparison, the chart below depicts census data for the Barstow and Chula Vista homes.



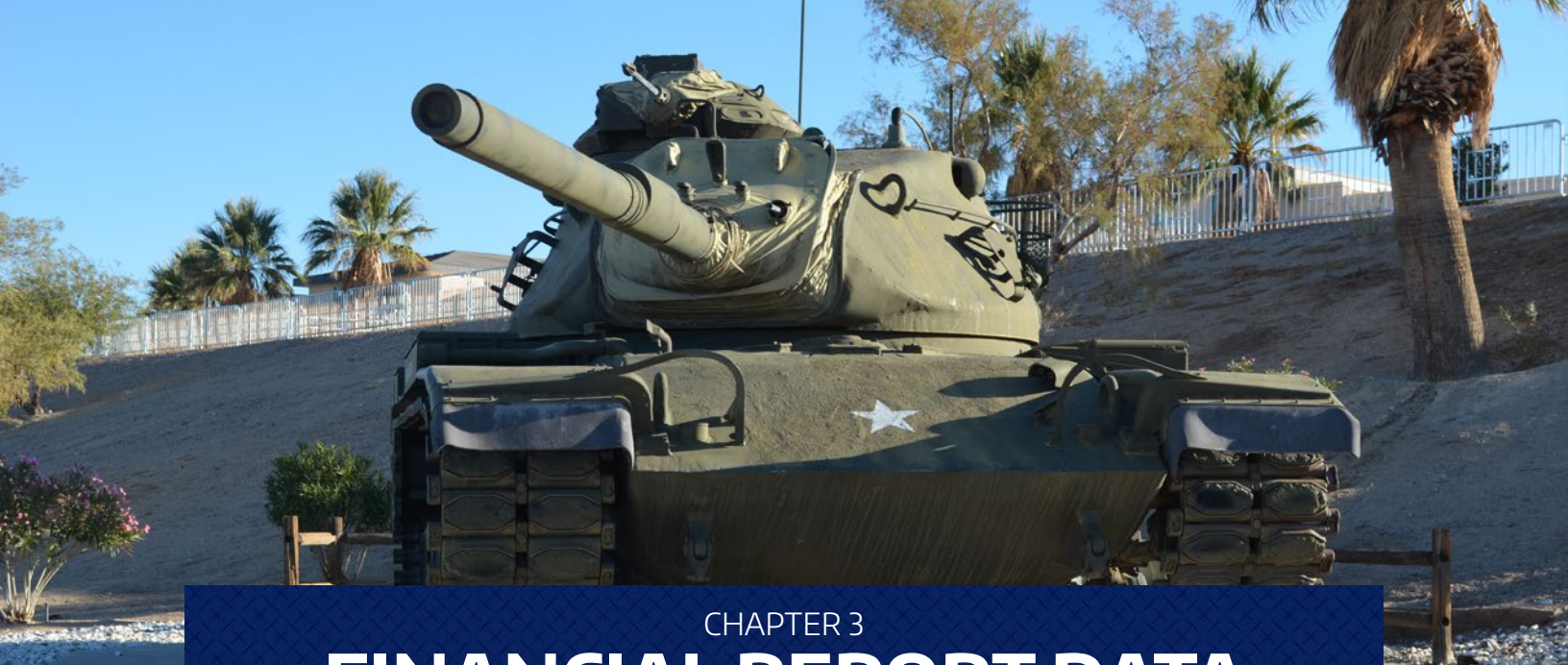
The Chula Vista Home opened four years after the Barstow Home and is similar in design, construction, and capacity. As the chart shows, once the Chula Vista Home completed its initial ramp up, it operated at about 75 percent capacity from 2010 to 2020. By comparison, the Barstow Home has operated at below 50 percent capacity for the same period.



WHY BARSTOW?

Barstow was one option for me and I am happy it turned out to be a good one. I enjoy the clean air, wide open spaces. The Home is clean, the people are friendly and I am close to my family.

- Ronald, U.S. Army



CHAPTER 3
FINANCIAL REPORT DATA

Military and Veterans Code Section 1072 requires CalVet to submit an annual financial report to the Legislature for all the Veterans Homes and make it available online in an accessible format. This annual report includes budgeted information for each Home (including the amount of funds allocated and revenues collected), aggregated estimated costs of care per resident by level-of-care, and current and projected maintenance costs. This chapter will examine the financial report data and other fiscal information related to the Barstow Home.

FISCAL IMPACT OF THE COVID-19 PANDEMIC

The COVID-19 pandemic necessitated an extraordinary response from staff and management alike in CalVet’s eight Veterans Homes. CalVet incurred extensive unplanned costs while implementing life-saving infection control procedures and ensuring compliance with public health requirements. Compounding fiscal matters was the need to cease admissions to the Homes as part of CalVet’s infection control efforts, which restricted opportunities to generate revenue critical to offsetting operating costs to the General Fund. CalVet was able to reduce some of the General Fund impact through the receipt of funding from CMS and the VA.

BUDGET INFORMATION

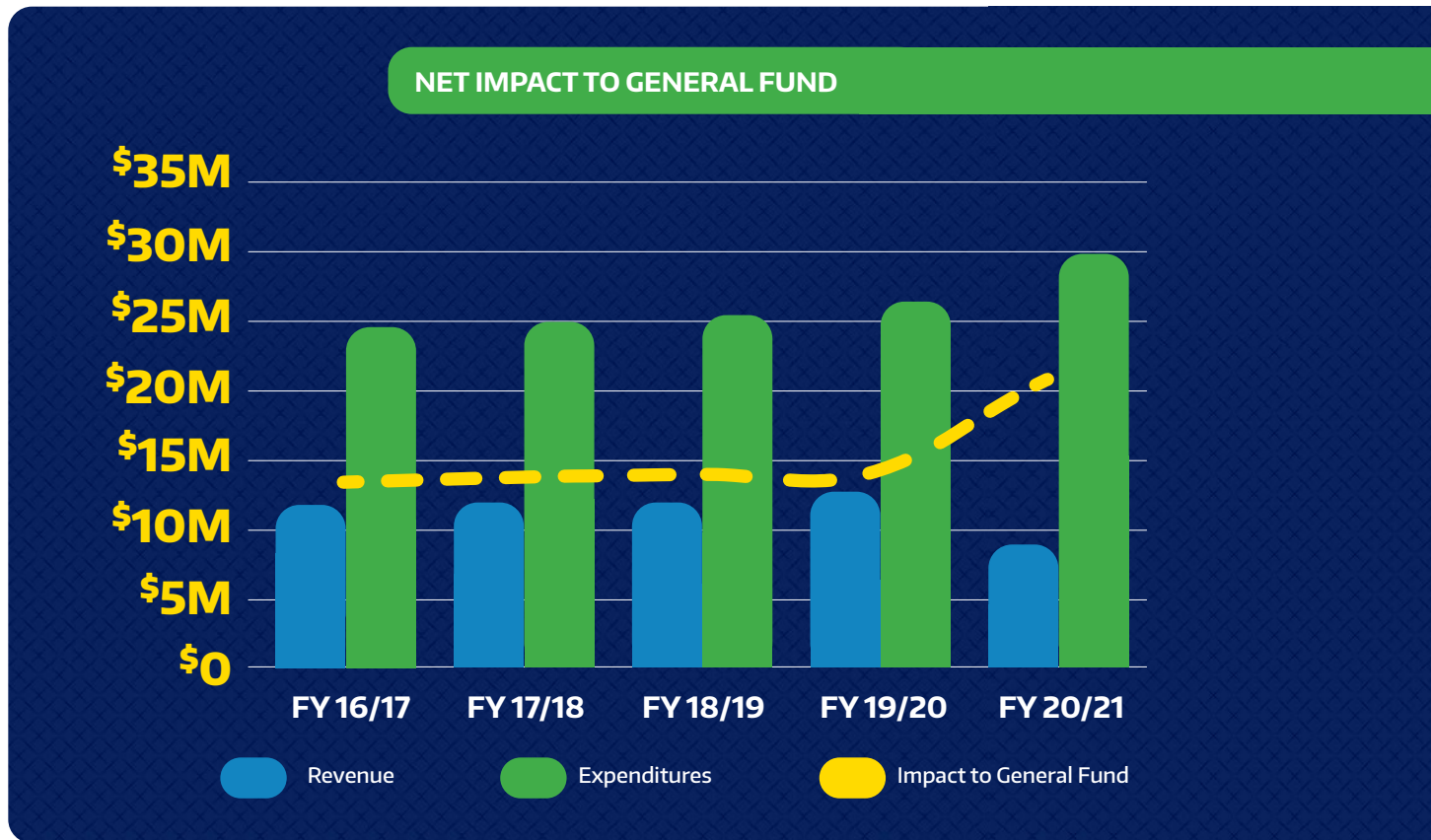
From Fiscal Year 2016-17 through 2019-20, the Home’s baseline budget increased a little over \$4,400,000 from \$24,535,000 to \$28,950,000. This represents an average increase of 4.2 percent annually during that span. In Fiscal Year 2020-21, the Home received an additional \$1,142,000 from CMS and the VA to help offset expenditures related to COVID-19, bringing total allocations for the Home to \$30,092,000.

Expenditures for Fiscal Years 2016-17 through 2019-20 grew an average of 2.4 percent annually, from \$24,527,000 to \$26,353,000. Projected expenditures for Fiscal Year 2020-21 are approximately \$29,831,000. The increase in expenditures for Fiscal Year 2020-21 can be primarily attributed to the Home’s response to the COVID-19 pandemic as well as increased maintenance costs associated with replacing the Home’s hydronic piping system.

Revenue generated by the Home is deposited into the state’s General Fund to offset the cost of operations. The primary revenue sources for the Home are Federal Per Diem – a subsidy made available through the VA to state veterans homes – and, as discussed in Chapter 5, member fees.¹

¹ For a comprehensive description of revenue sources at CalVet’s Veterans Homes, see pages 50-55 of the [2020 Master Plan](#).

Revenue for the Home increased an average of 2.7 percent annually during Fiscal Years 2016-17 through 2019-20, increasing from \$11,746,000 collected in Fiscal Year 2016-17 to \$12,714,000 in Fiscal Year 2019-20. In Fiscal Year 2020-21, revenue dropped by almost 30 percent to \$8,912,000. The decrease in revenue collection is a reflection of the Home's response to the COVID-19 pandemic, during which census declined due to temporary suspension of admissions.



When looking at the yearly expenditures less the revenue collected, CalVet is able to identify how the operation of the Home impacts the General Fund. From Fiscal Year 2016-17 to 2019-20, the Home's operating costs impact to the General Fund has increased from \$12,781,000 to \$13,639,000, averaging a 2.2-percent increase during the period. However, in Fiscal Year 2020-21 the impact increased sharply to \$20,919,000; a year-on-year change of 53.4 percent. The primary factors for this increase include the almost 30 percent reduction in revenue as a result of ceasing admissions, as well as the increase in expenditures in personal protective equipment, COVID-19 testing, and other expenditures related to CalVet's COVID-19 response.

COST OF CARE

CalVet produces estimated costs for each level of care at each Veterans Home on an annual basis. These level-of-care costs are derived by identifying approximate expenditures less the revenue collected from the various reimbursement sources.

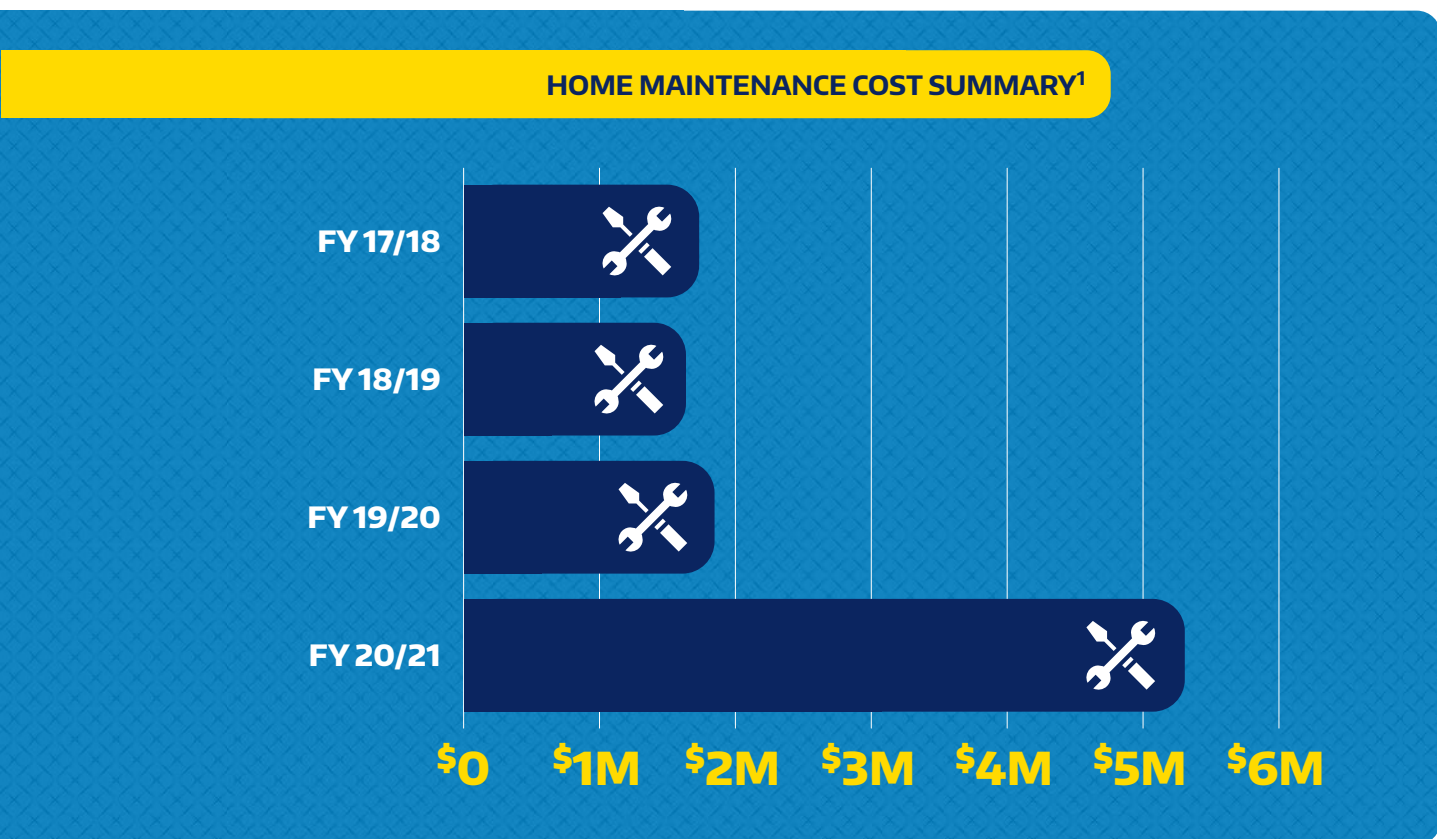
ESTIMATED AGGREGATE COST OF CARE AT THE HOME	
FISCAL YEAR 2019-20	
LEVEL OF CARE	COST OF CARE PER DAY
SNF	\$473
ICF	\$264
DOM	\$246

As might be expected, the daily cost of care is highest in SNF, where residents receive the most support. Costs for staffing, medication, medical procedures, and other necessary staffing and services are greatest for SNF residents, and these costs are not fully offset by the additional revenue generated by the SNF. Conversely, the cost for the DOM program is minimal, although revenue is also limited.

It should be noted that these cost-of-care calculations are estimates only. Many expenditures are attributed to overall operation of the facility – for example, the salary of a groundskeeper who serves the whole campus – and are equitably distributed to each level of care. Further, these are point-in-time estimates, as revenue can continue to be collected two years after the end of a fiscal year, and the cost of care may be reassessed.

MAINTENANCE COSTS

As the Home has aged, critical infrastructure and mechanical systems are reaching the end of their service life. As such, the maintenance costs have increased significantly.



In total, CalVet estimates \$10,549,000 in maintenance expenses at the Home over the past four fiscal years. In Fiscal Year 2020-21 alone, the maintenance expenses at the Home are projected to be \$5,316,000.

This significant increase in maintenance expenses is largely due to having to replace the Home's hydronic piping system. The underground hydronic piping system at the Home circulates hot and cold water from plant operations within the main building to the Air Handling Units (AHUs) in the outlying DOM buildings, providing DOM residents with air conditioning in the summer and heat in the winter. In May 2020, multiple leaks were detected and the entire hydronic piping system had to be shut down so that additional emergency repairs could be made. During an extensive inspection, the entire underground piping system was found to have significant deterioration, numerous leaks, a loss of pressure and corrosion. In early June 2020, CalVet brought in Architectural and Engineering

¹ Maintenance cost summary consists of maintenance staff positions, as well as maintenance-related expenditures.

(A&E) consultants who confirmed that the hydronic piping system was failing. The A&E consultants, as well as the Department of General Services (DGS), determined that the system should be replaced, with DGS estimating it would cost \$3,766,000 to remove and replace approximately 5,300 feet of corroded underground hydronic piping.

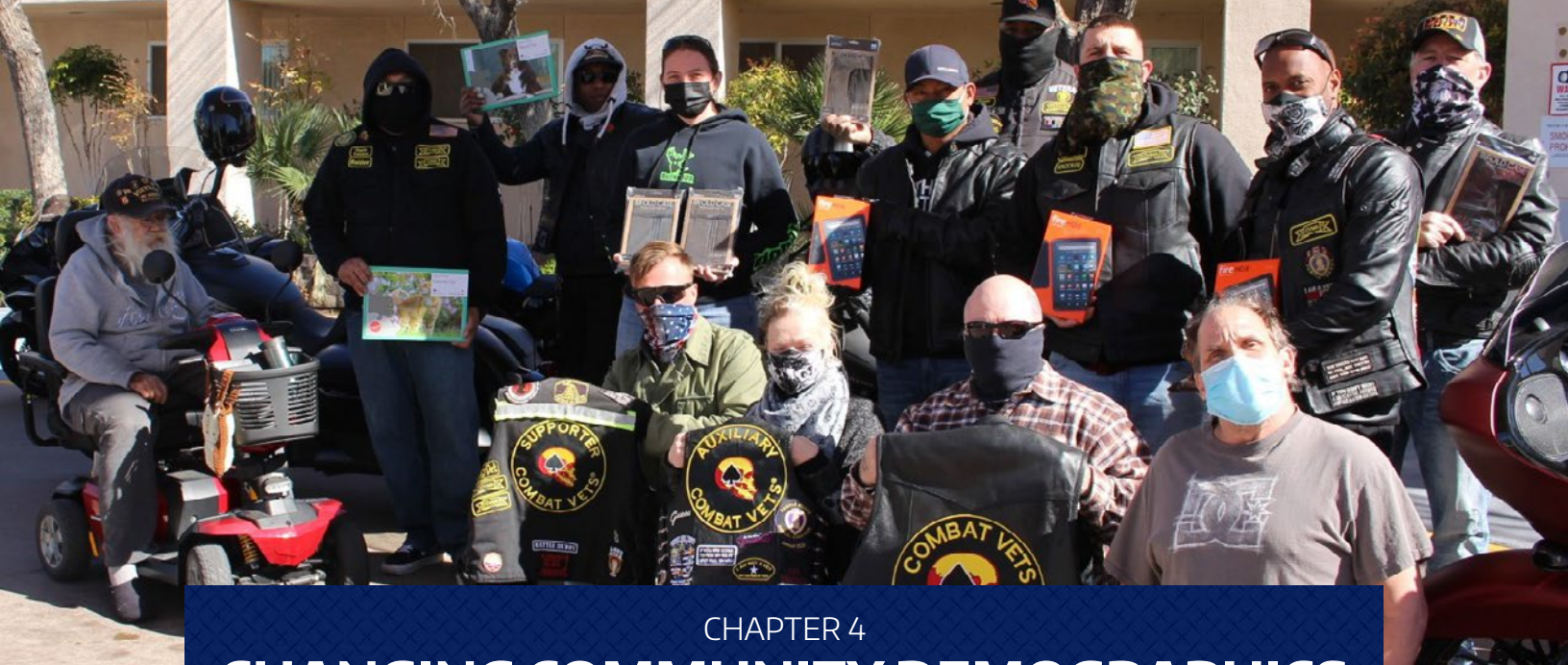
CalVet reprioritized \$2,100,000 in deferred maintenance funds appropriated in Fiscal Year 2019-20 and directed the funds to the hydronic piping project. In November 2020, an augmentation of \$1,666,000 in additional appropriation authority was approved. Construction began in August 2021 and is expected to take seven months. The work required is extensive and includes the removal and replacement of hot- and cold-water supply and return lines, sidewalks, handrails, curbs and gutters, driveway access, street pavement, generators, electrical systems, and other infrastructure that may be disrupted during the construction of the project. DOM residents are temporarily residing in the main building until construction is complete.

Furthermore, the Budget Act of 2021 (Chapter 21, Statutes of 2021) appropriated an additional \$14,400,000 in deferred maintenance for Fiscal Year 2021-22 to replace all 342 AHUs throughout the Home's campus.¹ After several decades of operation, CalVet anticipates that the Home will continue to face increased costs related to the maintenance and repair of its critical infrastructure and aging systems that are exceeding their life cycles.



The hydronic piping repair to the DOM buildings is a large maintenance project currently being completed at the Home.

¹ At over 25 years old, the AHUs at the Home are at risk of failing as bearings, motors, and heating and cooling coils have exceeded their life expectancy of 15 years. Given the Home's location in the High Desert region of San Bernardino County, these AHUs must function properly at all times, 24-hours a day in order for the Home to remain in compliance with health and safety codes and regulations of licensing agencies.



CHAPTER 4 CHANGING COMMUNITY DEMOGRAPHICS

California's veteran population is currently shrinking at an unprecedented rate. California's overall veteran population is projected to plummet nearly 40 percent over the next 25 years, with the number of veterans aged 65 and older projected to decline by half. For decades, the primary focus for the Veterans Homes was on the long-term care of World War II and Korean War veterans; however, these generations now only constitute a small fraction of California's veteran community. Today, Gulf War era veterans are the largest cohort, while their Vietnam War era counterparts are the greatest recipients of long-term care. Studies suggest that the acuity of the healthcare needs among Vietnam and Gulf War era veterans is generally higher than that of World War II and Korean War veterans. The clinical needs of these more recent service members are now reshaping veteran-centric programming.¹

VETERAN POPULATION DECLINE

California's veteran population will decline statewide, but each region will be impacted differently. Over the next 25 years, some counties will likely see dramatic population declines that far exceed the state average of 40 percent.²

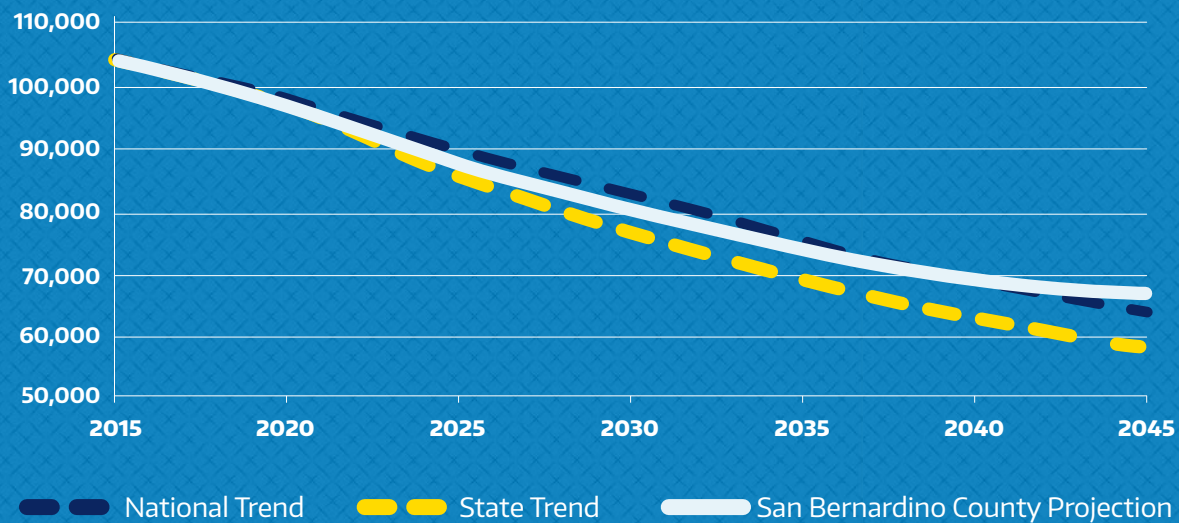
San Bernardino County, where the Home is located, will not be immune to this drop in population, but will experience it at a slower rate of approximately 31 percent.



Proud leader of the Home's Garden Club, U.S. Navy veteran Richard displays the healthy grapes that are produced each year.

1 For more information on changing demographics and needs, please see Chapters 3 and 4 of the [2020 Master Plan](#).
2 Unless otherwise stated, all population figures are as reported by the VA's National Center for Veterans Analysis and Statistics.

COUNTY VETERAN POPULATION DECLINE COMPARED TO STATE AND NATIONAL TRENDS



While each of the counties with large veteran communities will see a veteran population decline in the next few decades, San Bernardino and neighboring Riverside will decrease at a slower rate than the state average.

VETERAN POPULATION PROJECTIONS IN TOP VETERAN-POPULOUS COUNTIES¹

COUNTY	2021 VETERAN POPULATION	2046 VETERAN POPULATION	25-YEAR VETERAN POPULATION CHANGE
Los Angeles	272,000	151,000	-44%
San Diego	245,000	169,000	-31%
Riverside	116,000	88,000	-24%
Orange	114,000	68,000	-40%
San Bernardino	95,000	65,000	-31%
Sacramento	82,000	45,000	-44%
Santa Clara	54,000	32,000	-40%
Alameda	49,000	27,000	-46%
Contra Costa	47,000	22,000	-41%
Ventura	39,000	25,000	-44%

¹ Projections become less reliable in the furthest years, particularly with smaller population sizes; therefore, it is important to recognize that the county-level figures for 2046 are inherently likely to be imprecise and better reflect expected trends rather than exact predictions.

VETERAN AGE DISTRIBUTION PROJECTIONS

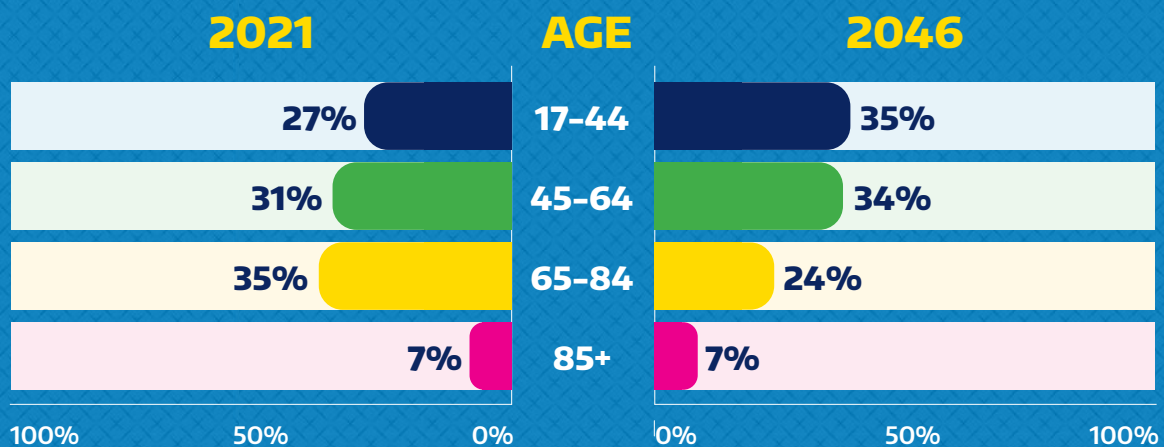
In addition to an overall drop in the veteran population over the next few decades, the distribution among age groups will also vary significantly across the state.

VETERAN AGE PROJECTIONS IN SELECTED COUNTIES

COUNTY	YEAR	17-44	45-64	65-84	85+
Los Angeles	2021	61,000	85,000	101,000	25,000
	2046	40,000	52,000	45,000	14,000
Orange	2021	24,000	30,000	48,000	12,000
	2046	18,000	18,000	21,000	10,000
Riverside	2021	26,000	34,000	46,000	11,000
	2046	26,000	27,000	25,000	9,000
Sacramento	2021	18,000	27,000	31,000	6,000
	2046	14,000	16,000	12,000	4,000
San Bernardino	2021	25,000	30,000	33,000	6,000
	2046	23,000	22,000	16,000	4,000
San Diego	2021	87,000	75,000	68,000	14,000
	2046	71,000	54,000	33,000	11,000

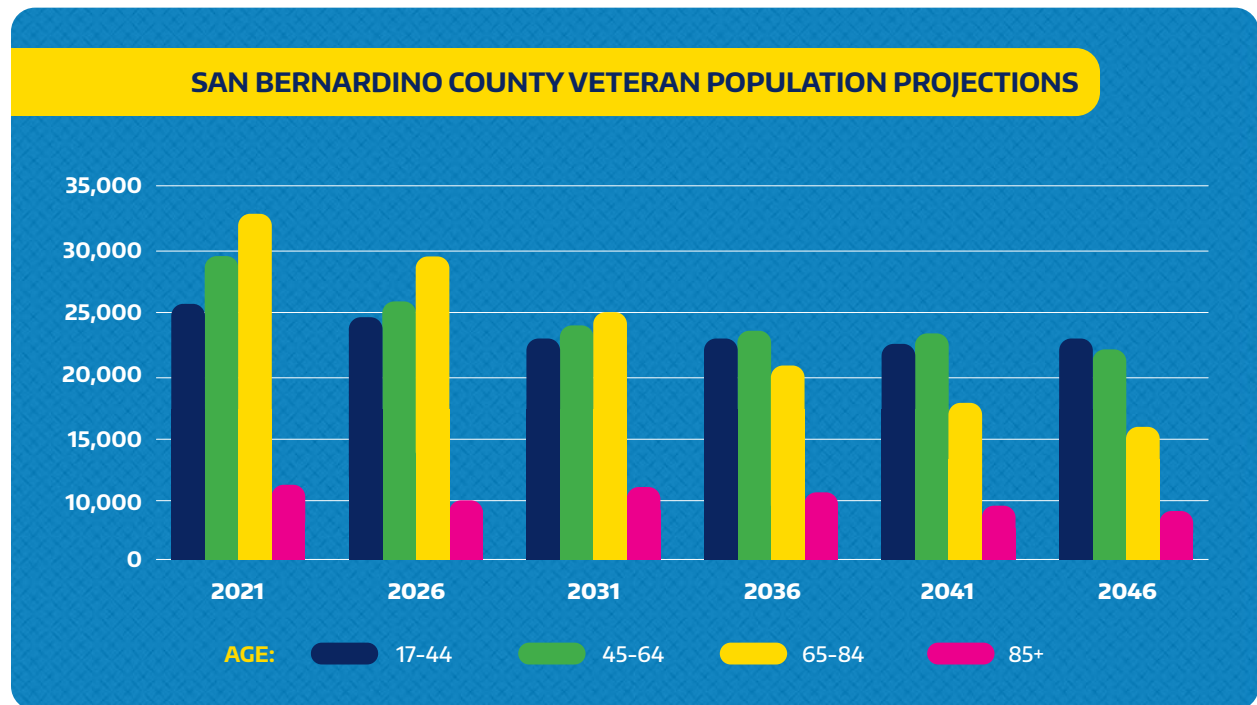
San Bernardino County will experience a significant 49 percent decline in veterans aged 65 and older over the next 25 years, compared to a modest 18 percent decrease among veterans under the age of 65.

SAN BERNARDINO COUNTY VETERAN POPULATION PROJECTIONS



This change will result in a significant shift in the veteran population in San Bernardino County and reflect trends in the state at large. With the loss of World War II veterans, the trend toward an aging veteran population is reversing. Because the Home primarily provides long-term care for an elderly veteran population, this shift can have a significant impact on future demand for programs offered at the Home.

Although the landscape in San Bernardino County is shifting toward younger veterans, senior citizens will still number in the tens of thousands and will still represent a sizeable, if smaller, proportion of all veterans in the county.



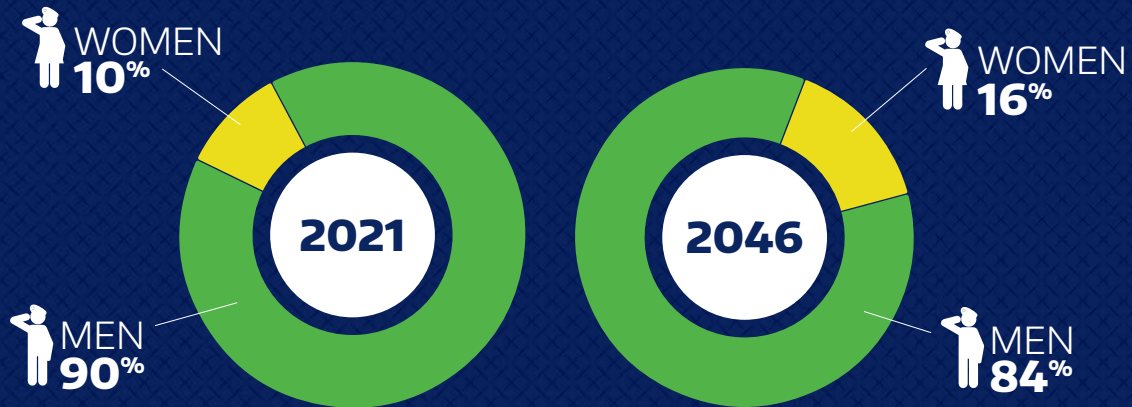
GROWING FEMALE REPRESENTATION

As the veteran population in San Bernardino County shifts toward younger veterans, women will represent a greater share of San Bernardino County's veterans. Currently, 90 percent of veterans in the county are men, while 10 percent are women. By 2046, the share of female veterans is expected to increase from 10 percent to approximately 16 percent, representing a larger portion of the overall veteran population. The number of female veterans is also projected to increase slightly, from 9,000 in 2021 to approximately 10,000 in 2046. On the other hand, the number of male veterans is projected to drop from approximately 85,000 in 2021 to just under 54,000 in 2046.



U.S. Army, Vietnam era veteran Joyce served from 1965-1968.

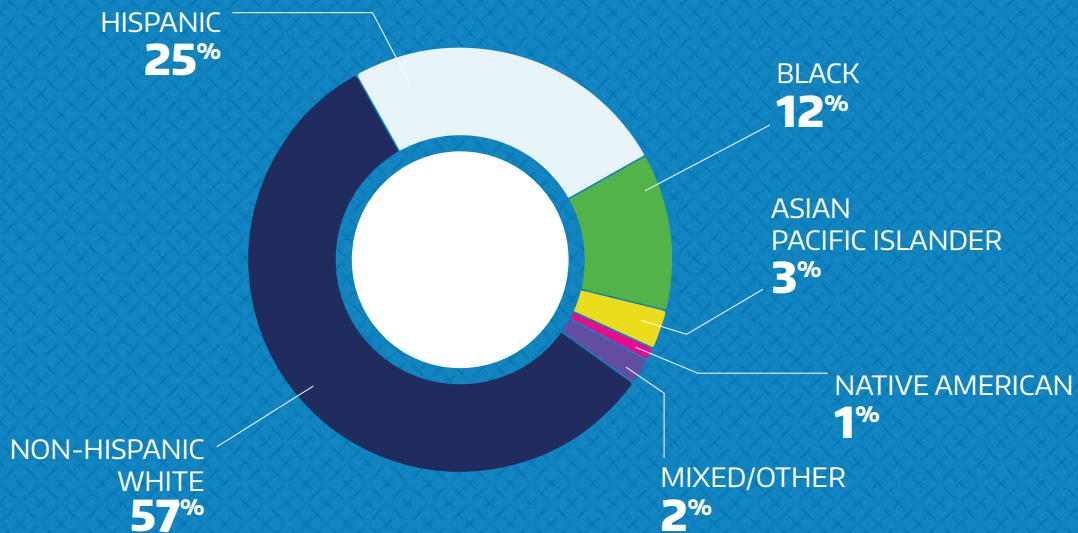
SAN BERNARDINO COUNTY VETERAN PROJECTIONS BY GENDER



RACE AND ETHNICITY

Although the VA does not release racial demographic projections at the county level, the 2019 American Community Survey (ACS) five-year estimate does provide a breakdown of racial and ethnic demographics for the San Bernardino County veteran population.

SAN BERNARDINO COUNTY VETERAN PROJECTIONS BY RACE AND ETHNICITY



Because both the U.S. and state veteran populations are projected to become more diverse, San Bernardino County veterans will also likely become more racially and ethnically diverse over the next few decades.¹

¹ For more information on the changing race and ethnicity demographics among California's veteran population, see pages 69-70 of Chapter 3 of the [2020 Master Plan](#).

POPULATION DISTRIBUTION WITHIN SAN BERNARDINO COUNTY

One unique factor to note in San Bernardino County is its population distribution. The county varies significantly within its boundaries, with a mixture of rural and metropolitan communities. San Bernardino County is not only the largest county by land in California, and twice as large as the next, it is the largest county in the United States by a considerable margin. However, a significant portion of residents in the county live in and around the cities of San Bernardino, Fontana, Ontario, and Rancho Cucamonga, with a general decline in population density to the north.

Whereas, the VA estimates that San Bernardino County is the fifth most veteran-populated county in the state, additional data from the 2019 ACS five-year estimate indicates that a large portion of veterans in the county live closer to the city of San Bernardino than the High Desert region surrounding the Home. Based on an analysis from both sets of data, CalVet estimates that approximately 70 percent of the veterans in San Bernardino County live in the Riverside-San Bernardino metropolitan area.

VETERANS EXPERIENCING HOMELESSNESS IN SAN BERNARDINO COUNTY

The Point-in-Time (PIT) Count is an annual effort led by the U.S. Department of Housing and Urban Development (HUD) to estimate the number of Americans, including veterans, who are without safe, stable housing at national and regional levels. The PIT Count is one of the tools the VA uses to help direct resources based on need as well as annually assess its progress toward ending homelessness among veterans. As such, these estimates are critical for understanding the scale of homelessness among veterans in California.

Despite having only 8.5 percent of the nation's veteran population, as of 2020, HUD estimates that California has 11,401 veterans experiencing homelessness, representing approximately 31 percent of the nation's homeless veterans. As of 2020, HUD estimated that San Bernardino County had 234 veterans experiencing homelessness, with 233 projected for neighboring Riverside County.

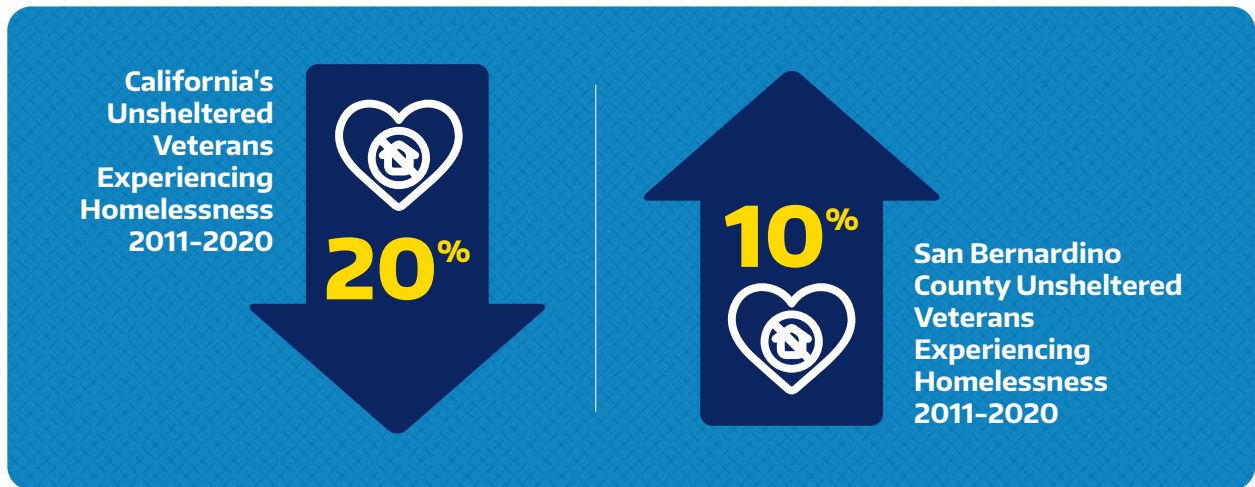
VETERANS EXPERIENCING HOMELESSNESS IN SELECT COUNTIES IN 2020¹

COUNTY	HOMELESS VETERANS
Los Angeles	3,681
San Diego	940
Orange	342
San Bernardino	234
Riverside	233
Ventura	117
Imperial	112
TOTAL	5,659

While the population of veterans experiencing homelessness in California declined by nearly a third between 2011 and 2020, it only decreased by approximately 5 percent in San Bernardino County.

Furthermore, veterans experiencing homelessness are far more likely to be unsheltered in San Bernardino County than elsewhere in the country. In 2020, HUD estimated that more than 78 percent of veterans experiencing homelessness in the county were unsheltered. This was well above the statewide rate, and nearly double the national rate.

¹ Estimates from the 2020 HUD PIT Count.



Whereas, California’s population of unsheltered veterans experiencing homelessness shrank by approximately 20 percent from 2011 to 2020, the number of unsheltered veterans in San Bernardino County is estimated to have increased by more than 10 percent.

In 2021, California launched the Homeless Data Integration System (HDIS), a statewide data warehouse that compiles data from 44 regional homelessness service coordination and planning bodies (each referred to as a Continuum of Care) on the people they serve and services offered. According to HDIS, the San Bernardino County Continuum of Care served 555 individuals in 2020 who self-identified as veterans. While this number varies from the federal homelessness estimate, both sources indicate that homelessness remains a significant issue for the region.¹

SERVICE-CONNECTED DISABILITIES



Home resident enjoys time in the common area activity room.

Veterans are eligible for compensation from the VA for service-connected disabilities that stem from injuries or other health conditions incurred or aggravated during military service. These service-connected disabilities are evaluated by the VA based on the severity of the condition and the level of impairment. The disabilities are rated, individually and collectively, on a scale of 0 percent to 100 percent in increments of 10 percent.²

As noted in the [2020 Master Plan](#), despite an ongoing decrease in the veteran population, the number of veterans with service-connected disabilities has increased dramatically.

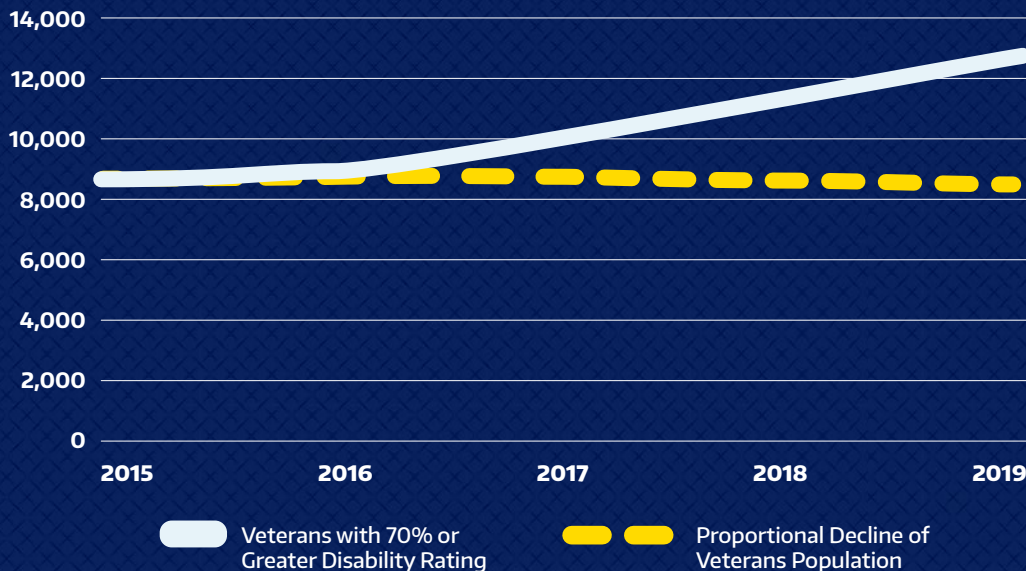
In San Bernardino County, the severity of service-connected disability ratings has soared.

Between 2015 and 2019, despite a decline in the veteran population of 5 percent, more than 45 percent of veterans received a service-connected disability rating of 70 percent or higher.

1 For more information on the disproportionate risks to veterans experiencing homelessness in California, see pages 90 through 93 of Chapter 4 of the [2020 Master Plan](#).

2 Service-connected disabilities may have zero percent ratings due to a lack of severity. Generally, veterans rated at zero percent are not compensated by the VA due to the lack of impairment and are not reflected in the Barstow Master Plan.

SAN BERNARDINO COUNTY VETERANS WITH 70% OR GREATER DISABILITY



In 2019, San Bernardino County had more than 12,000 veterans with a disability rating of 70 percent or greater, ranking it fourth in the state. The true impact of this trend is not known, but the changing nature of service-connected injuries and illnesses may affect demand for and delivery of long-term care in the coming decades.

SUMMARY

Throughout the country, the veteran population is changing. With the World War II and Korean War generations passing away and the number of Vietnam War era veterans in steady decline, the veteran community is becoming smaller and increasingly younger. While San Bernardino County will likely see a more modest decline in its veteran population compared to other veteran strongholds in California, the makeup of the veteran community in San Bernardino County will nevertheless evolve. The long-term care needs for the next generation of veterans in the region will impact demand for the type of programs offered at the Home.



WHY BARSTOW?

I moved to Barstow many years ago to enjoy the warm weather and clean air. I like that it does not rain a lot here. The Barstow Home is close to my native Los Angeles and being in this Home meets all my needs.

- Richard, U.S. Army

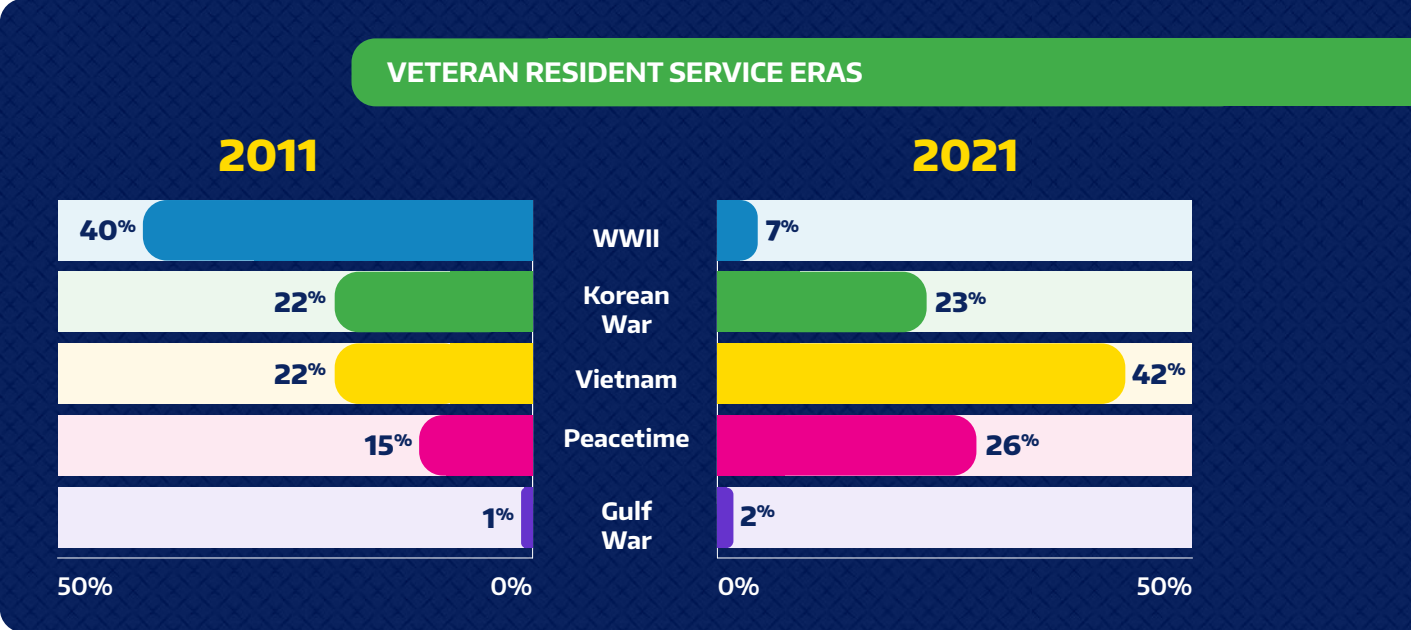


CHAPTER 5 RESIDENTS OF THE BARSTOW HOME

As the veteran population in San Bernardino County evolves, so too will the demand for healthcare services. As a long-term care facility, the Home primarily serves older veterans. This chapter will explore the resident demographics at the Home.

A CHANGING OF THE GUARD

As previously discussed in Chapter 4, the primary focus for the Veterans Homes has historically been on the long-term care of World War II and Korean War veterans. In recent years, however, the veteran population has changed dramatically and Vietnam War era veterans are currently the greatest recipients of long-term care. This transition is clearly evident among the veterans residing in the Home, where Vietnam War era veterans now make up over 40 percent of the veteran resident population.

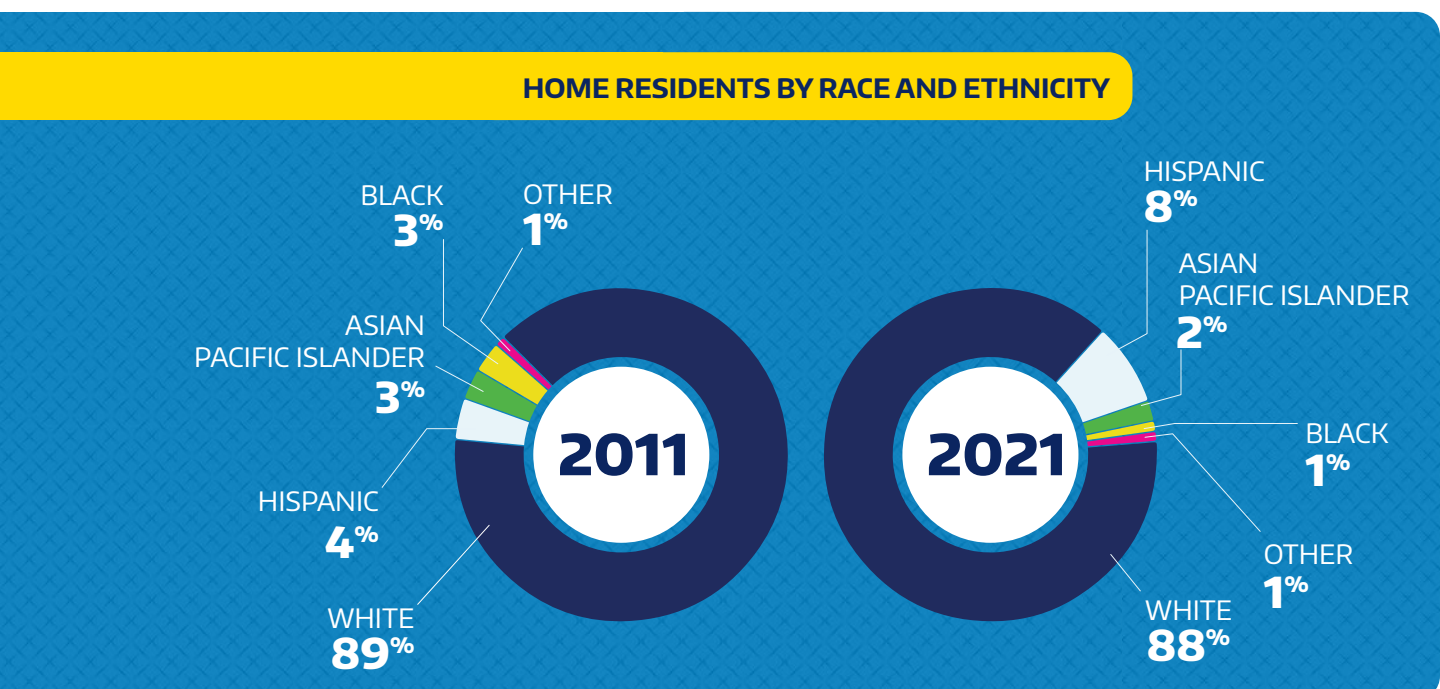
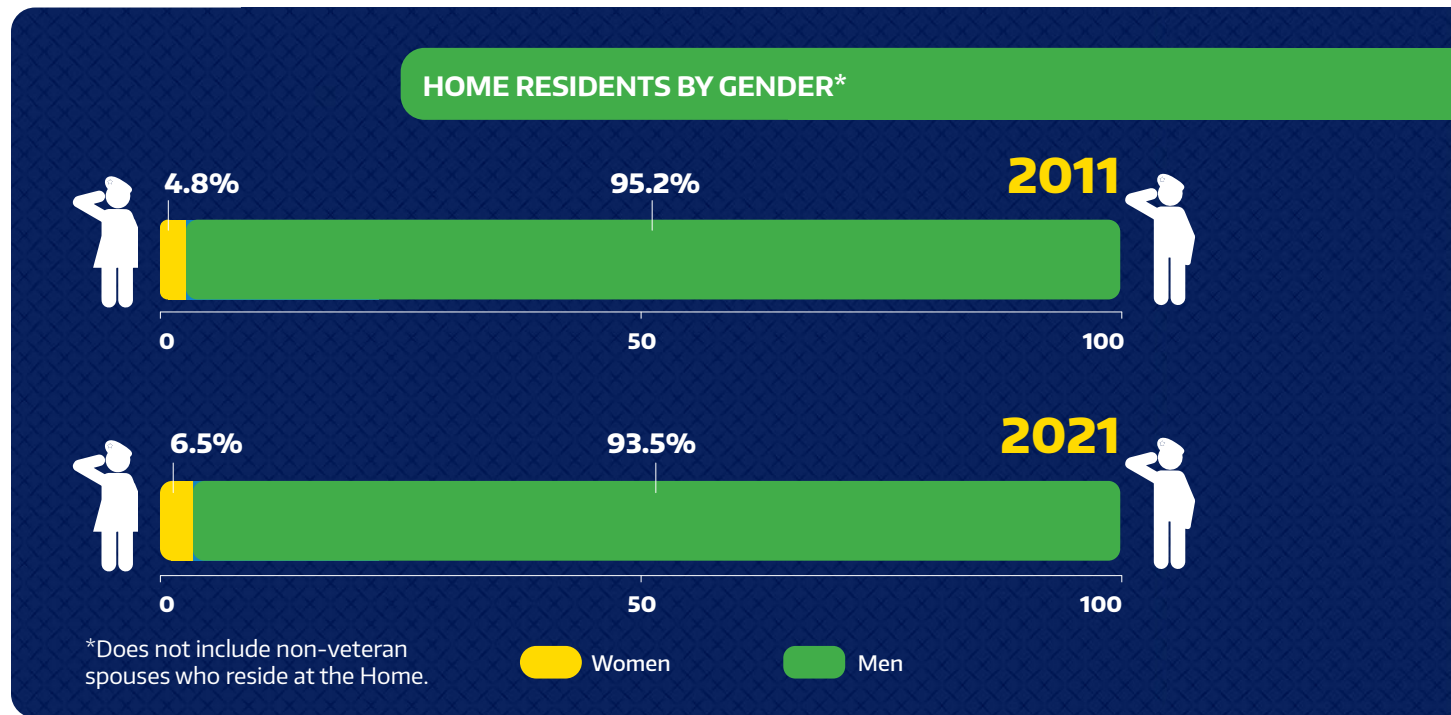


As noted in the [2020 Master Plan](#), the transition taking place in the veteran community has a greater significance than it may appear on the surface. Whereas, the older generations of veterans who served in the World War II and Korean War eras have historically expressed greater interest in community living environments, younger veterans are prioritizing privacy and have been more resistant to facility-based long-term care settings.

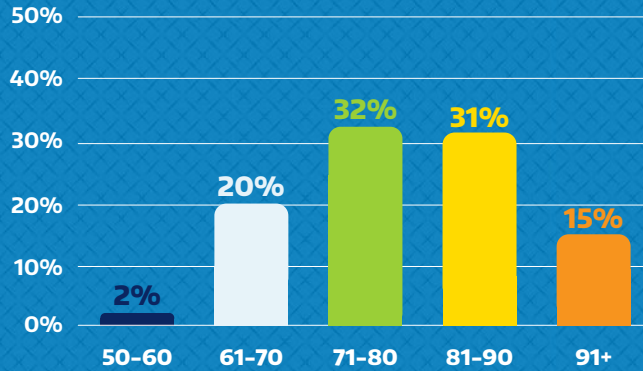
DEMOGRAPHIC TRENDS

As the Home transitions to serving veterans from more recent eras, it will likely see an increase in female veteran residents and will likely become more racially and ethnically diverse.

While the Home continues to primarily serve white male veterans, diversity is expected to increase in the coming years.



HOME RESIDENTS BY AGE



RESIDENT AGE AND LENGTH OF STAY

As of June 2021, the Home's residents' ages ranged from 54 to 99. Almost half of the residents are over 80 years old, and more than a third are over 85 years old.

Based on an analysis as part of the [2021 Barstow Report](#), as of August 2020, more than half of the residents at the Home had been at the Home for less than four years, and a fifth had been at the Home between five and nine years. About 12 percent of residents have been at the Home for more than 10 years, with a high of 23 years. The residents living in the Home in

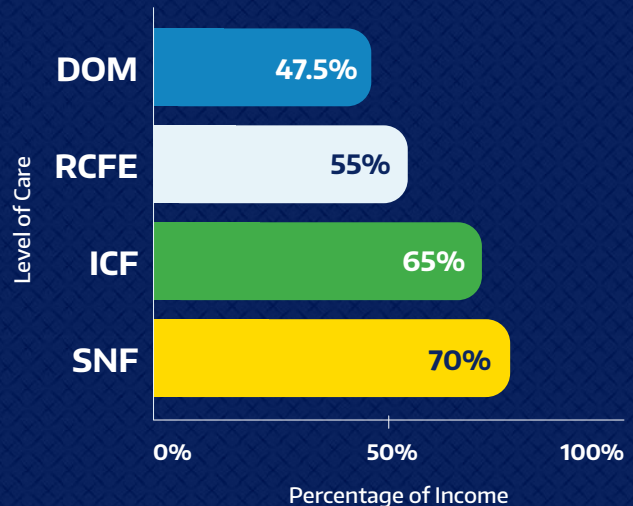
August 2020 were initially admitted into the Home at the median age of 71 years old.

RESIDENT INCOME AND FEES

All of the Veterans Homes of California charge fees to residents. Residents at the Home, including non-veteran spouses, pay member fees to cover room and board and other expenses. These fees are derived from a percentage of each resident's personal income as well as their level of care.

However, it should be noted there is a distinction between what revenue a Home can and cannot collect from veteran residents depending on their disability ratings. The VA awards disability ratings to veterans for injuries and other health conditions stemming from their service. Veterans residing in the Home's ICF and SNF levels of care who are at least 70-percent disabled receive enhanced VA per diem.¹ Per federal rules and regulations, the Home cannot collect member fees from 70-percent disabled veterans; the only revenue stream the Home can collect is the enhanced federal per diem.² Currently, approximately 16 percent of the Home's residents are at least 70-percent disabled.

MEMBER FEES BY LEVEL OF CARE



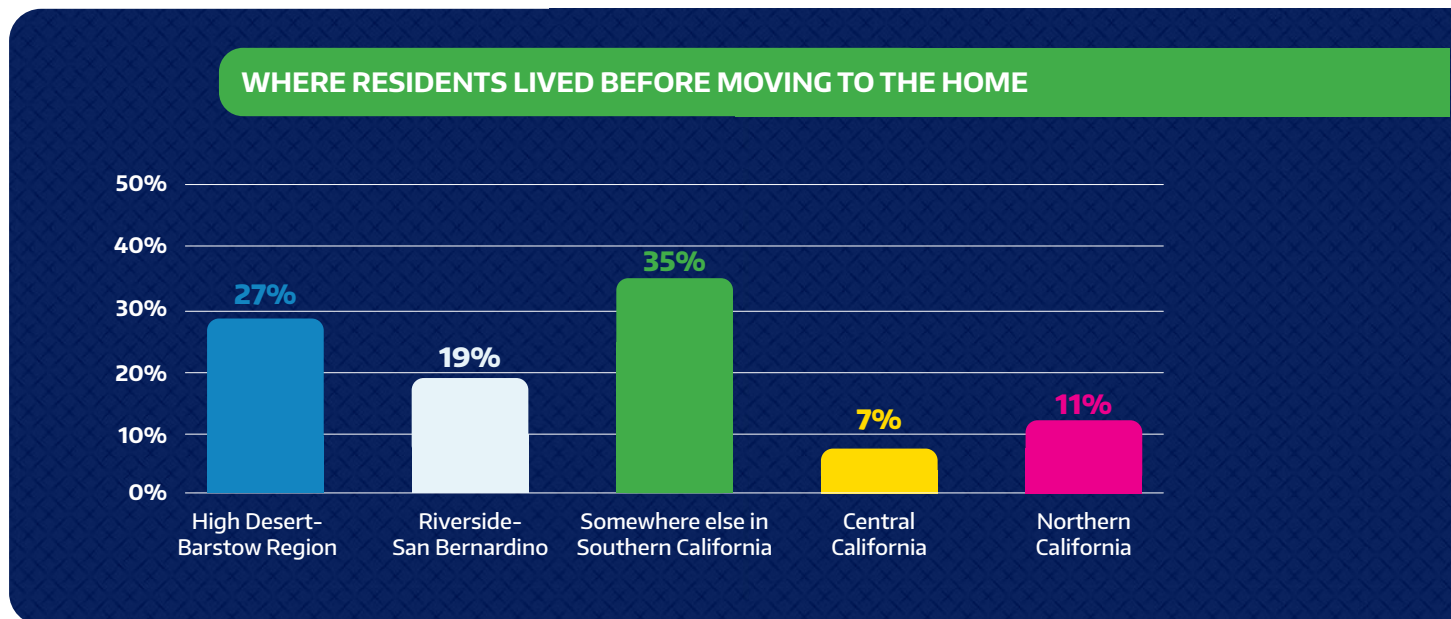
1 In some cases, veterans with lower disability ratings may be eligible for enhanced services and funding as though they had a disability rating of 70 percent or greater. These veterans have service-connected disabilities that, in the sole opinion of the VA, necessitate long-term care or render them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

2 For more information, please see page 54 of Chapter 2 of the [2020 Master Plan](#).

Based on the most recent data available, residents at the Home had an average monthly income of \$2,161.46.¹ Examining the relationship between resident income and federal government poverty guidelines for the time period described above, approximately 18 percent of residents were living at or below the poverty line.²

WHERE RESIDENTS PREVIOUSLY LIVED

In preparing the [Barstow Report](#) released in February 2021, CalVet gathered resident input through an anonymous survey (conducted in 2020) of the Home's residents. One question on the survey asked the residents to identify where they lived prior to moving to the Home. Of the residents who answered the questions, 27 percent had lived in the High Desert region; with nearly 20 percent having lived in the metropolitan region surrounding the city of San Bernardino; 35 percent had lived elsewhere in Southern California; and the remaining 18 percent moved to the Home from elsewhere in California.



SERVING VETERANS EXPERIENCING HOMELESSNESS

Historically, CalVet has encouraged veterans experiencing homelessness, regardless of where they were currently living in the state, to apply to the Home. The high vacancy rate at the Home allows for a more rapid admission process than the other seven Veterans Homes. CalVet estimates that approximately 45 percent of the residents admitted to the Home since July 2015 were either previously homeless or on the verge of experiencing homelessness. Comparatively, an average of 25 percent of residents admitted throughout the eight Veterans Homes during this period were previously homeless or on the verge of experiencing homelessness.



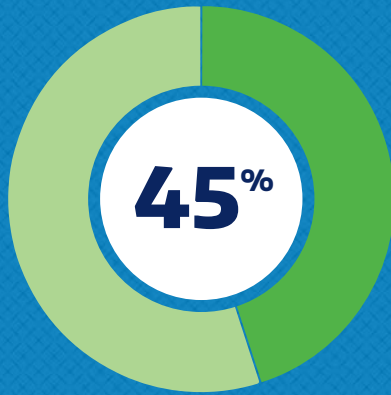
Judy lived in a mobile home that was not fit for occupancy prior to moving into the Home.

1 The data snapshot in time as of August 2021. Income excludes Medi-Cal benefits received.

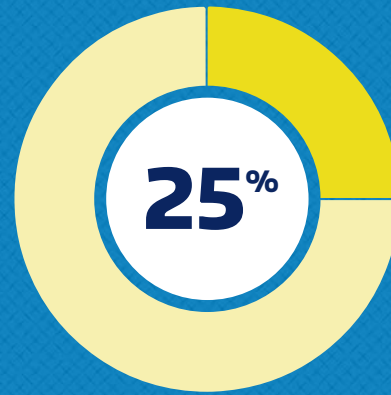
2 Calculations were made based on 2021 single-person household poverty guidelines, which for 2021 was set at \$12,280. Because CalVet's resident income data is represented in terms of months, income data was projected for a 12-month period for comparison against federal poverty guidelines.

ADMISSION RATE OF VETERANS EXPERIENCING HOMELESSNESS SINCE JULY 2015

BARSTOW HOME



ALL CALVET VETERANS HOMES



The Home plays an important role in serving the needs of veterans who have experienced homelessness when those needs align with the Home's facility based long-term care model. However, it should be noted that the Home is not able to admit every veteran, regardless of housing status, as they may require behavioral health services, such as substance abuse treatment, transition planning, or intensive psychiatric care, which are beyond the licensure or capabilities of the facility.



WHY BARSTOW?

I didn't choose Barstow actually, Barstow chose me! After my home was destroyed in Hurricane Katrina I was left with nothing, I had lost everything. My beach front home was destroyed. I stayed with family in California and attended some functions at an American Legion where I learned about CalVet Veterans Homes. I applied and here I am! I love it here, I have a happy life, good friends, good staff, but I do miss the fresh seafood!

- Charlie, U.S. Army



CHAPTER 6

EXISTING RESOURCES FOR VETERANS IN THE COMMUNITY

The Barstow Home provides aged and disabled veterans in the High Desert of San Bernardino County with quality long-term care in a homelike environment. Beyond the Home, other service providers in the San Bernardino County area offer services and alternative care options to veterans in the community. In addition to long-term care, CalVet also provides other veteran-specific services in the region to support veterans. This chapter simultaneously explores the resources available to the Home’s current residents and the resources available to veterans in the region.

Community Healthcare Facilities

There are 26 hospitals serving San Bernardino County, including two trauma centers. However, most of the hospitals, including the two trauma centers, are in the Riverside-San Bernardino metropolitan area, which is more than an hour’s drive from the Home.

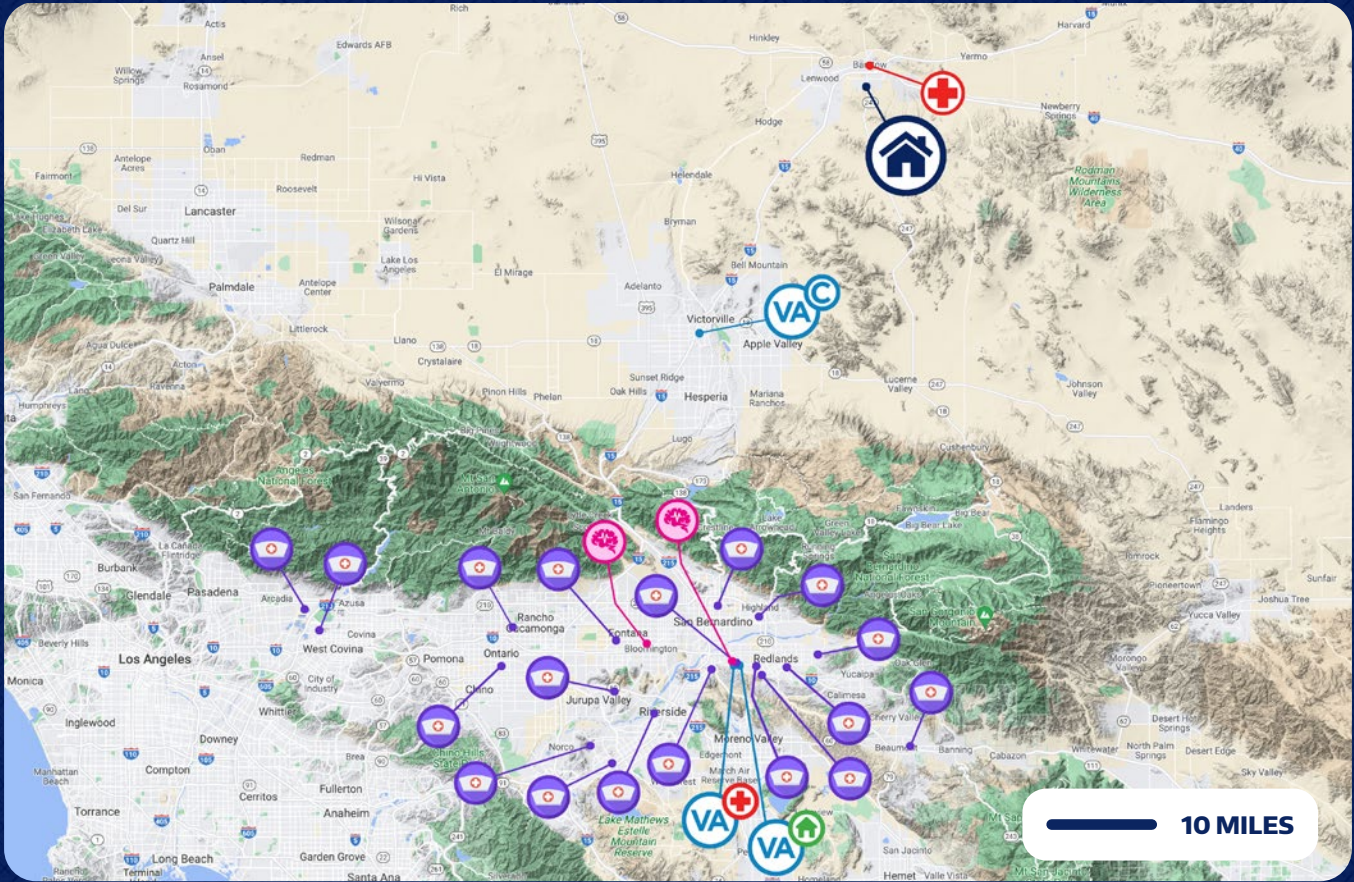
BARSTOW COMMUNITY HOSPITAL

Located less than three miles from the Barstow Home is the Barstow Community Hospital, a 30-bed acute care facility that provides both inpatient and outpatient services. Due to its close proximity, the Home has an effective and collaborative relationship with the Barstow Community Hospital, ensuring quality acute care for the Home’s residents.

REGIONAL VA HEALTHCARE SERVICES

Although the Home employs a physician onsite, the Home’s residents routinely receive care at the Victorville VA Clinic which is 35 miles driving distance from the Home. However, the VA requires that some services (including specialty care) must be provided by the Loma Linda VA Medical Center directly, which is over 75 miles driving distance from the Home.

BARSTOW REGION HEALTH CARE FACILITIES



 **BARSTOW HOME**

 **COMMUNITY NURSING HOME**

 **VA COMMUNITY LIVING CENTER**

 **VICTORVILLE VA CLINIC**

 **BARSTOW COMMUNITY HOSPITAL**

 **SAN BERNARDINO COUNTY TRAUMA CENTER**

 **LOMA LINDA VA MEDICAL CENTER**

Alternative Facility-Based Long-Term Care Programs

In California, CalVet and the VA are the only major providers of veteran-centric assisted living and skilled nursing. Although in-home and outpatient care are generally the preferred healthcare option, they often depend on the veteran's ability to care for him or herself or on the support of a family member or other caretaker. While nursing homes and assisted-living facilities may not be the first option, they are a necessary component of long-term care services. Veterans may receive these services at VA-run Community Living Centers (CLCs), VA-contracted Community Nursing Homes (CNHs), or CalVet's eight Veterans Homes.

There are no other veteran-centric long-term care facilities within a 50-mile radius of the Home. While the Home is distinct from most non-veteran long-term care facilities, there are other CNHs in the region which cater to veterans, although none are relatively close to the Home.

REGIONAL VA COMMUNITY LIVING CENTERS

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

The closest CLC operated by the VA is located over 75 miles away in the Loma Linda VA Medical Center, with just over 100 beds. The Loma Linda CLC has targeted programs for hospice and palliative care.

VA-CONTRACTED COMMUNITY NURSING HOMES

VA-contracted CNHs are not operated by the VA, but are instead private SNFs. As private SNFs, each facility is licensed by CDPH; however, to contract with the VA, CNHs must also be certified by CMS and are subject to VA inspections and requirements. Populations are mixed in CNHs, with both veterans and non-veterans.

Although there are no other veteran-centric long-term care facilities within a 50-mile radius of the Home, there are 18 CNHs between 50 and 75 miles away.¹ All of these facilities are located in the Riverside-San Bernardino metropolitan area, far from the High Desert region. It should also be noted that, although many community SNFs honor their veterans, CalVet is not aware of any in California that specialize in serving veterans. In 2017, the VA contracted with 1,769 CNHs nationwide, but only averaged five veteran beds per facility.²

Veteran-Specific Housing Services Available Through CalVet, VA Programs, and Non-Profit Organizations

In addition to services provided by the Home, various housing programs serve veterans in the San Bernardino County region, including:

- **Home Loan Program:** Veterans across the state and in the Barstow region may utilize CalVet Home Loans which provides veterans low-cost loans to purchase their home. Nearly all veterans purchasing homes in California are eligible including veterans who served during peacetime.³
- **Veterans Housing and Homelessness Prevention Program:** The Veterans Housing and Homelessness Prevention (VHHP) program is a collaboration between CalVet, the California Department of Housing and Community Development, and the California Housing Finance Agency to provide financing through the



1 Nursing Home Care for Veterans, U.S. Department of Veterans Affairs, bit.ly/3oSW6KH. Accessed November 3, 2021.

2 Miller, Edward Alan, Stefanie Gidmark, Emily Gadbois, James L. Rudolph, and Orna Intrator. "Nursing Home Referral Within the Veterans Health Administration Practice Variation by Payment Source and Facility Type." Research on aging 40, no. 7 (2018): 687-711.

3 For more information on the CalVet Home Loan program, see www.calvet.ca.gov/calvet-programs/home-loans.



WHY BARSTOW?

I chose Barstow as my retirement Home. This is my home and has always been suitable to my tastes. I like the fact that I live in a military community amongst my brothers and sisters, there is a strong comradery. I love the weather here also.

- Robert, U.S. Navy



Loma Linda Veterans' Village is an 87-unit affordable apartment community for low-income veterans and their families in Loma Linda, 77 miles from the Barstow Home.

sale of general obligation bonds for the development of affordable and supportive multifamily rental housing for veterans experiencing homelessness, or for veterans with low income who are at risk of homelessness. Affordable housing developers partner with veterans service providers to build affordable housing dwellings, including supportive and transitional housing, which will provide housing (inclusive of Housing First components described in Welfare and Institutions Code Section 8255), with comprehensive case management and other supportive services to assist veterans and their families to achieve housing stability and improve self-sufficiency. As of September 1, 2021, of the \$364 million awarded to projects statewide, \$11.9 million has been awarded to VHHP projects in San Bernardino County.¹

- **VA Support Programs for Veterans Experiencing Homelessness:** In addition to CalVet's statewide housing initiatives, the VA provides veterans with housing assistance through several programs, including Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH), Grant and Per Diem, and Health Care for Homeless Veterans programs.²
- **Non-Profit Organization Programs for Veterans Experiencing Homelessness:** Non-profits in San Bernardino County provide varying degrees of housing assistance for veterans, though few non-profits directly serve Barstow nor provide skilled nursing. One such non-profit provider, U.S.VETS, offers services to address veterans experiencing homelessness in the Inland Empire region including emergency housing, transitional housing, and permanent housing via its March Veterans Village. U.S.VETS also offers the Supportive Services for Veteran Families program, which assists low-income families who are experiencing homelessness or are at risk of becoming homeless, find safe and affordable transitional or permanent housing.

Veteran-specific housing initiatives available through CalVet, the VA, and non-profit organizations provide veterans in the region an array of housing options, which can provide an alternative to the Home when coupled with home healthcare options. A more complete description of all CalVet resources available to veterans in the Barstow region and across the state is available via the California Veterans Resource Book and on the CalVet website.³

Community In-Home Supportive Services and Community Care

COUNTY PROGRAMS

The In-Home Supportive Services (IHSS) program of the California Department of Social Services provides assistance to eligible lower-income California residents who are elderly or disabled, helping them to live safely in their own homes. IHSS covers services such as housecleaning, meal preparation, laundry, grocery shopping, personal care, and accompaniment to medical appointments. As an alternative, veteran residents of San Bernardino County may utilize IHSS services, allowing them to remain in their own home.

1 For more information on the VHHP program, including projects funded statewide, see www.calvet.ca.gov/VHHP.

2 For more information on VA programs to support veterans experiencing homelessness, see pages 101-105 of Chapter 5 of the [2020 Master Plan](#).

3 For the most recent copy of CalVet's California Veterans Resource Book, see www.calvet.ca.gov/Pages/Publications.aspx.

VA SUPPORTIVE PROGRAMS

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

- **Home Based Primary Care and Telehealth:** Veterans who require in-home care may be eligible for Home Based Primary Care. Under the program, primary care providers travel to the veteran's personal home to provide clinical services. The VA has also launched multiple telehealth initiatives to provide telehealth and telemedicine services to patients.
- **Adult Day Health Care:** Veterans can go to VA Adult Day Health Care (ADHC) facilities (either operated by the VA or in partnership with other providers) for services during the day before returning home.
- **Homemaker and Home Health Aide Program and Respite Care:** Eligible veterans can receive home health aides to support daily activities, such as eating and dressing. Home health aides can help veterans care for themselves or help veterans' caretakers by relieving them of some daily tasks. Similarly, caretakers can receive up to 30 days of respite care per year, which can be at home or via temporary services at a long-term care facility.
- **Caregiver Support Program:** The VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) offers enhanced clinical support for caregivers of eligible veterans who have a serious injury incurred or aggravated during active military service on or after September 11, 2001, or before May 7, 1975. Eligible PCAFC family caregivers may receive a monthly stipend for their role as a family caregiver of an eligible veteran.
- **Aid and Attendance or Housebound Benefits:** Those already receiving a VA pension who require assistance with daily activities such as bathing, feeding and dressing, have limited eyesight, or who are bedridden, may be eligible for Aid and Attendance. VA Aid and Attendance is a monthly pension allowance to support veterans in need of supportive care and is used solely to pay caretakers. Alternatively, the VA also provides a housebound allowance for veterans with permanent disabilities.¹
- **Home Hospice and Palliative Care:** Chronically and terminally ill veterans may be eligible for additional in-home services. Palliative care is offered to veterans with serious illnesses to help relieve their symptoms. For veterans with terminal conditions, in-home hospice care is also available, allowing for greater end-of-life comfort.

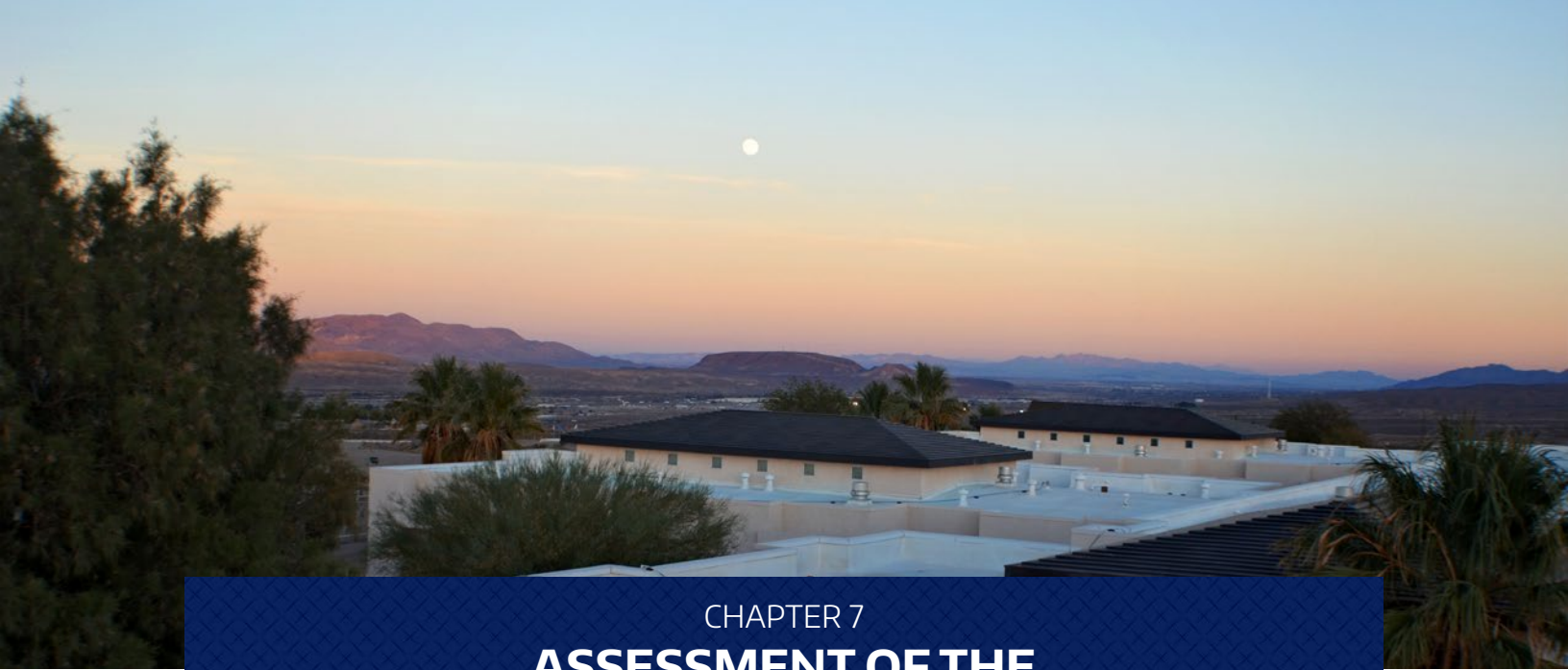


The Barstow Home is the largest provider of facility-based, long-term care for veterans in San Bernardino County.

SUMMARY

The Home is the largest provider of facility-based, long-term care for veterans in San Bernardino County and is the sole provider within the High Desert region of the county. Veteran-centric services available through other CalVet programs, San Bernardino County, the VA, and private business complement, but rarely overlap the services provided by the Home. The Home stands as a unique veteran-centric resource in the region. As discussed, options for SNF care are very limited in the High Desert, and SNF beds located elsewhere in the county generally do not specialize in veteran programming. Currently, the Home is best positioned to serve members of the community seeking in-facility, veteran-centric long-term care.

¹ The housebound allowance may not be collected in conjunction with Aid and Attendance.



CHAPTER 7

ASSESSMENT OF THE BARSTOW HOME LOCATION

In the [2020 Master Plan](#), CalVet developed an assessment of each Veterans Home location based on five criteria: veteran need, proximity to VA care, appropriate levels of care, local healthcare infrastructure, and hiring compatibility. By combining information on veterans' demographics and service needs, veterans service providers, and healthcare workforce and infrastructure data at a regional level, CalVet can better evaluate current and potential future Veterans Home locations.¹

The [2020 Master Plan](#) identified challenges stemming from the Home's remote location. As discussed later in Chapter 9, these criteria were instrumental for strategic planning efforts, including CalVet's plan to realign levels of care. This chapter will briefly summarize the findings of the [2020 Master Plan](#) as they relate to the Barstow Home.

VETERAN NEED

As noted earlier in Chapter 4, San Bernardino County has a large veteran population, but many of these veterans live in and around the cities of San Bernardino, Fontana, Ontario, and Rancho Cucamonga, which are located an hour south of the Home. Additionally, the population of aged veterans is expected to decline significantly in the coming decades. As discussed in Chapter 4, the number of San Bernardino veterans aged 65 or older is projected to decrease by nearly half over the next 25 years. CalVet expects this decrease in the number of older veterans to result in a modest but natural reduction in facility-based care needs.



WHY BARSTOW?

I chose Barstow because it is close to my family. I have family in both California and Las Vegas, so it works out perfectly for me! I enjoy living in Barstow, the people are nice and I have good friends here at the Home.

- Thomas, U.S. Navy

¹ For a detailed examination of each criterion and how they were developed, see pages 165 to 168 of the [2020 Master Plan](#).

Whereas the number of veterans interested in independent living may decline, the demand for the SNF may remain relatively steady. Given the higher acuity of the healthcare needs of Vietnam and Gulf War era veterans compared to their older counterparts, these cohorts will likely require more extensive care, such as skilled nursing or memory care, as they age.

While the population of veterans under the age of 65 is projected to decline a modest 18 percent over the next 25 years, very few of those veterans will require geriatric long-term care services. Therefore, while service members at nearby military bases, such as Fort Irwin, may choose to reside in the surrounding region after discharge, they are unlikely to be appropriate candidates for admission to the Home, where few residents are 65 or younger.

Overall, there will continue to be demand for long-term care in the veteran community, but that demand will tend to be far lower in the High Desert region than in the metropolitan areas to the south.

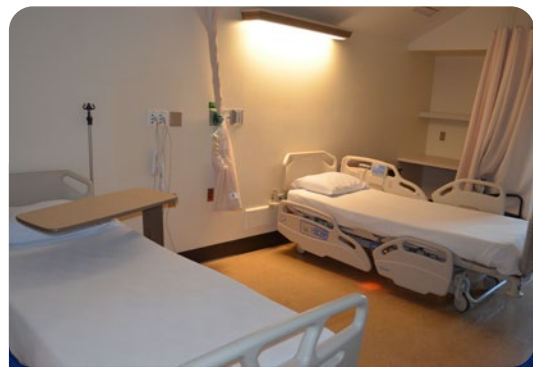
PROXIMITY TO VA CARE

While local facilities provide healthcare to the residents at the Home, some services, including specialty care, must be provided by the VA directly. Ideally, a Veterans Home campus would be located less than 30 minutes from a VA Medical Center. However, the nearest VA Medical Center to the Home is located over 75 miles away in Loma Linda. Round trip, veterans may travel three hours or more by bus, not including time spent waiting for other residents to have their appointments. This distance creates significant strain for veterans of the Home, potentially impacting quality of life.

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

APPROPRIATE LEVELS OF CARE

As discussed in Chapter 2, the Home has historically been unable to reach its capacity. Although designed for 400 beds, the Home has averaged a census of less than 200 each year since the extended closure of the SNF in 2003. The Home is budgeted at a reduced capacity of 220 beds, yet generally has 30 to 35 vacancies at any given time. In Fiscal Year 2018-2019, the Home operated 16 percent below budgeted capacity and 54 percent below physical capacity.¹



A typical resident room in the SNF unit

The census challenges are compounded by the lack of service demands in the nearby region. Despite the large veteran population in San Bernardino County, the Home has historically struggled to attract residents because of its relatively remote location. However, the levels of care at the campus have further limited demand.

¹ As noted in Chapter 2, the Barstow Master Plan primarily relies on pre-pandemic census figures because CalVet temporarily restricted new resident admissions at the Home during the COVID-19 pandemic.

AVERAGE DAILY VACANCIES BY LEVEL OF CARE

Fiscal Years 2017-18 to 2019-20

LEVEL OF CARE	BUDGETED CAPACITY	AVERAGE VACANCIES	VACANCY RATE	AVERAGE APPLICANTS ON WAITLIST ¹
DOM	120	22.3	18.6%	1.2
ICF	60	10.9	18.2%	0.7
SNF	40	0.3	0.8%	16.7
Total	220	33.5	15.2%	18.6

The SNF maintains high demand, is perpetually at or near capacity, and represents nearly all applicants on the Home’s waitlist. Conversely, nearly all of the vacancies at the Home have been in the DOM and ICF. As explained in Chapter 2, these two levels of care – representing more than 80 percent of the budgeted capacity – are outdated and present operational challenges. In response, CalVet is changing levels of care to better match with demand and operational need, as discussed in Chapter 9.

LOCAL HEALTHCARE INFRASTRUCTURE

As discussed previously, the distance to the nearest VA Medical Center is a significant limitation for the Home’s healthcare infrastructure. However, other third-party medical services are also constrained.

The Barstow Home has an effective and collaborative relationship with the nearby community hospital, ensuring quality acute care. Unfortunately, other services can be difficult to retain and contracted vendors are limited in the region. Options for specialty services can be impacted by the relatively few providers in the area. Beyond external care providers, the Home has struggled in the past to secure contracts for supplemental staff to backfill temporary and long-term vacancies. For example, nurse registry services offering Certified Nursing Assistants and other clinical staffing may bid for contracts but be unable to provide staff.



Relatively few vendors bid for medical service contracts because of the generally smaller workforce in the region, which also impacts the facility’s hiring capabilities, as discussed in the final metric.

Similarly, nursing schools and comparable institutions are generally located far to the south, as are the potential employees.

¹ Waitlist figures are estimates based on reports from January and July of each fiscal year. As the number of waitlisted applicants increases, the length of time they spend on the waitlist extends dramatically.



Barstow staff working during a vaccination clinic

HIRING COMPATIBILITY

Compared to the other Veterans Homes, the Barstow Home can hire effectively for many entry-level positions, such as custodians and food service staff. However, the Home struggles to fill some of the unique classifications. Unfortunately, the relatively small workforce in the High Desert region is not conducive to hiring personnel with specialty backgrounds or licenses.

Home competes not only with other facilities in the High Desert, but with providers in and around the city of San Bernardino. Relatively few CalVet staff live in the city of Barstow; instead, a large proportion live more than half an hour away. This is in spite of the low cost of housing near the Home, which is far more affordable than many regions across the state.

In recruiting for these specialty classifications, the

SUMMARY

As historically configured, the Home does not fully meet any of the five established criteria for an ideal location.



VETERAN NEEDS

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



PROXIMITY TO VA CARE

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



APPROPRIATE LEVELS OF CARE

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



LOCAL HEALTHCARE INFRASTRUCTURE

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



HIRING COMPATIBILITY

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



Home Meets the Criteria



Home Partially Meets the Criteria



Home Does Not Meet the Criteria

This does not suggest that the Home is unable to provide quality services – as indicated by its Five-Star CMS rating – but it does highlight challenges that the facility has faced since its founding in 1996. In the [2020 Master Plan](#), CalVet made specific recommendations for reorganizing levels of care at the Home to ensure they are reflective of veterans needs in the region. As described in more detail in Chapter 9, CalVet will begin the process of realigning levels of care at the Home in 2022 to better meet veterans current and future needs and better address the challenges posed by the campus's location.



CHAPTER 8 STAKEHOLDER OUTREACH

As part of developing the Barstow Master Plan, CalVet conducted stakeholder outreach events between July and August 2021. The purpose of the outreach was to gather input from veteran residents and employees of the Home, community members, elected officials, and other stakeholders to determine the best continued use of the Home. The input received from the stakeholders helped inform CalVet's findings and recommendations throughout this report.

The COVID-19 pandemic created significant logistical challenges for stakeholder outreach efforts. This required CalVet to conduct stakeholder events in person with social distancing for staff and residents only, and telephonic meetings for all other stakeholders. CalVet also utilized an email account specifically for stakeholders to offer comments or feedback to CalVet, and received written input via mail. Dozens of stakeholders contributed to this process, and CalVet thanks them for their participation. A complete list of stakeholders can be found in the Appendix.

KEY TAKEAWAYS FROM THE STAKEHOLDER MEETINGS



CalVet staff conducted stakeholder outreach events between July and August 2021.

Realignment of the Levels of Care:

Most of the discussions with residents and staff at the Home revolved around the upcoming realignment of the levels of care at the Home. As already noted in Chapter 7, the levels of care currently provided at the Home are not in line with community needs. As part of the Budget Act of 2021, CalVet will begin the process of realigning the levels of care at the Home on January 1, 2022. In accordance with recommendations CalVet made in the [2020 Master Plan](#), this realignment will include increasing the SNF by 20 beds, converting the existing 60 bed dual-occupancy ICF to a 31-bed single occupancy RCFE, and closing the DOM through attrition. For more information on the realignment, see Chapter 9.

Residents and staff expressed uncertainty about the upcoming level of care changes. Some residents shared, among other things, their general concern regarding how the changes would impact their current and future care needs, including how potential continuity of care issues may arise during this transitory period. Additionally, staff wanted more information about when and how the level of care realignment would unfold.

CalVet clarified to both employee and resident stakeholders that the level of care changes would happen over an extended period of time and that CalVet is committed to ensuring resident continuity of care.

Future DOM Building Property Options:

Because the DOM level of care will be discontinued through attrition, the Home will have vacant DOM buildings that will gradually become available for alternative uses. During staff stakeholder meetings there was a recommendation that CalVet should consider converting at least one vacant DOM building to an RCFE. Staff felt strongly that there is a great deal of unmet demand for assisted living in the region. This is based on the number of veterans in the region and current waitlists for higher levels of care at the Home. Staff also thought that housing RCFE residents in single-occupancy rooms in the outlying buildings was preferable to housing them in converted ICF units. Whereas the ICF units have nursing stations and are set up more like a hospital, the DOM buildings have a more home-like environment.



Residents from the DOM Building E have been reassigned to other wings of the Home while the building receives required update.



Hydronic piping repair is currently an ongoing project at the Home.

Other stakeholders within the veteran community suggested that the Home could serve as an excellent site for a VA Community-Based Outpatient Clinic (CBOC) to provide outpatient services to regional veterans. This stakeholder feedback was predicated on known regional demand in the Loma Linda VA service area, determining that the Barstow area may represent a potential service gap in the region. Given the location of the Home, it was reasoned that there may be mutual benefits between CalVet and the VA in locating a CBOC within one of the vacant DOM buildings.

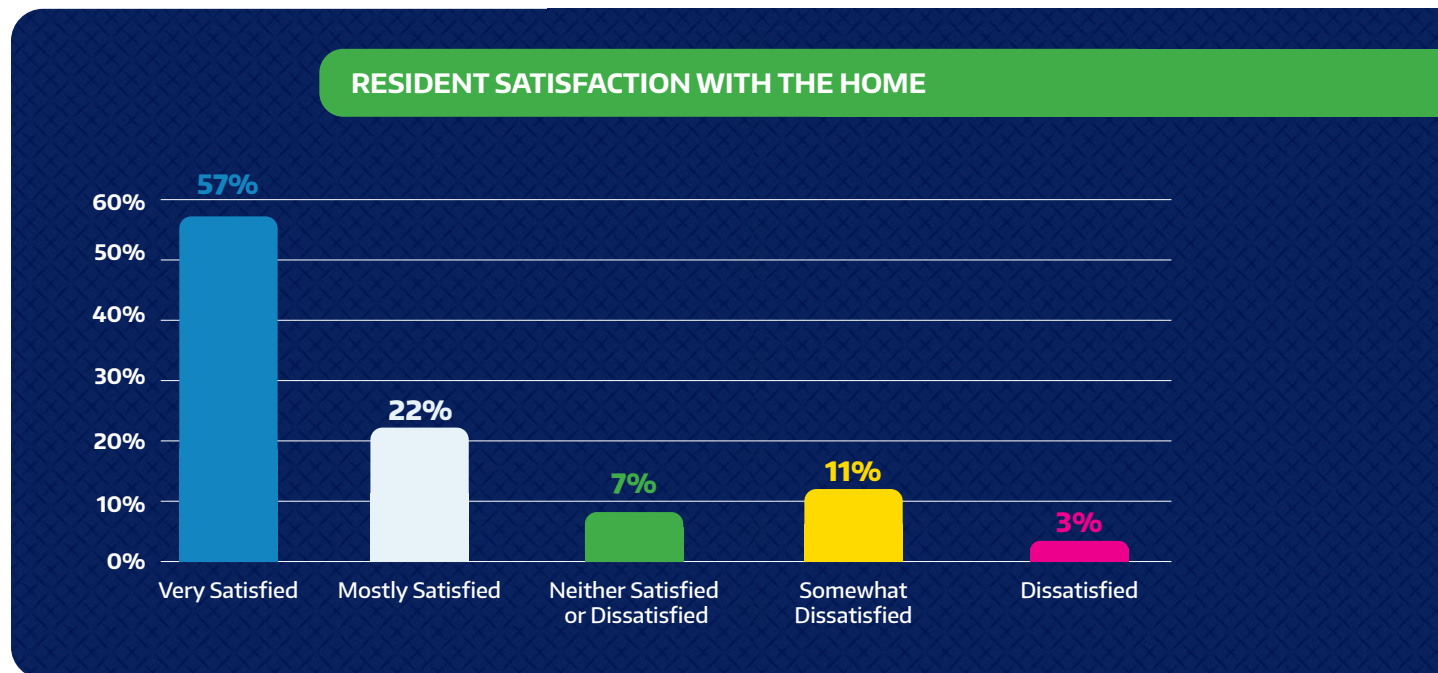
Other Concerns: Additionally, several residents questioned the status of ongoing repairs at the facility (namely the hydronic piping repair project). DOM residents who vacated the facility's satellite buildings to accommodate the repair expressed concern and an eagerness to return to their former buildings, after being vacated from those facilities for more than a year.

Continued Operation of the Home: A lingering concern among residents was the potential closure of the Home. CalVet clarified that there are no plans to

close the Home. Instead, CalVet is realigning the levels of care to allow the campus to better meet the long-term needs of the veteran community.

BARSTOW RESIDENT SURVEY

In connection with the [Barstow Report](#) released in February 2021, CalVet gathered additional resident input through an anonymous survey (conducted in 2020) of the Home's residents. CalVet received a strong response, with participation from nearly two-thirds of all residents in the Home. Overall, survey data suggests that the residents are generally satisfied with most aspects of living at the Home.¹



WHY BARSTOW?

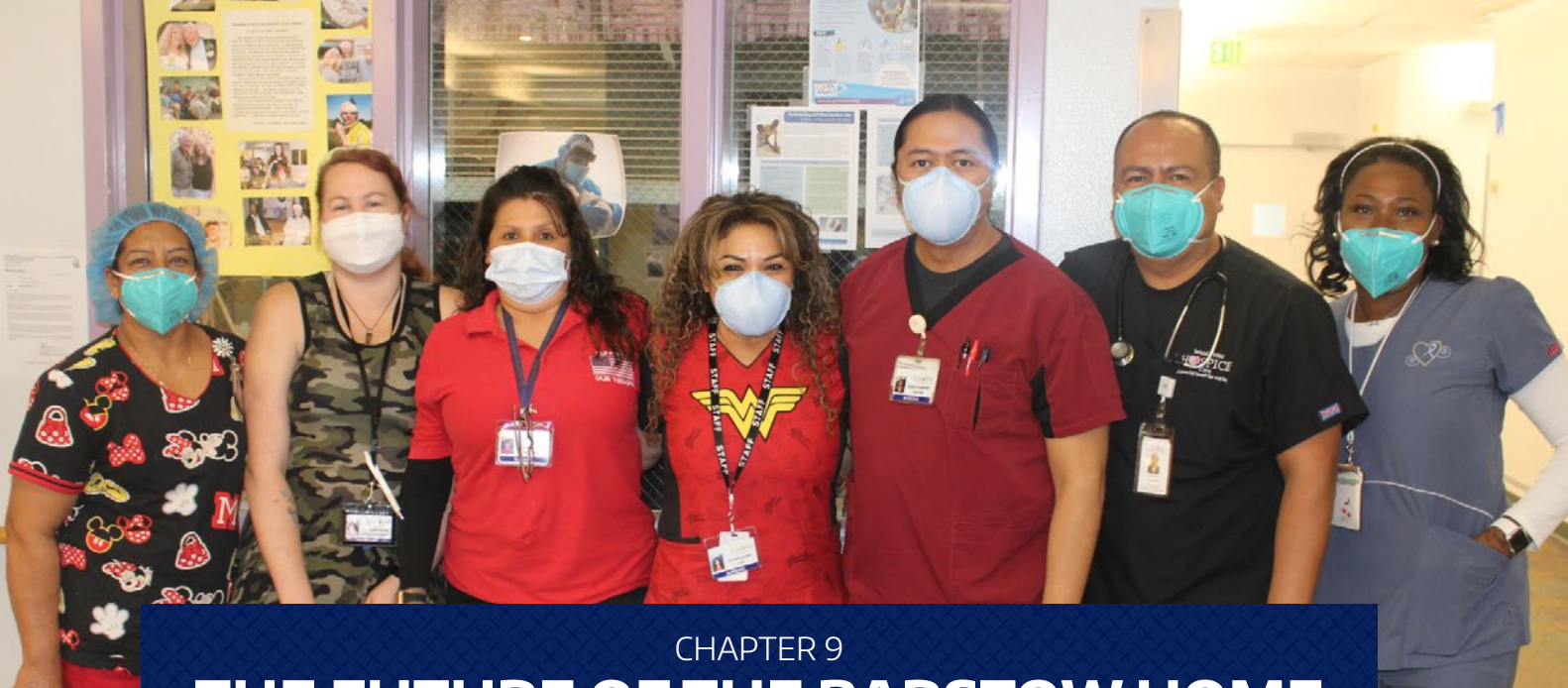
Barstow is my home. I found this place by accident...I was traveling with my family and I saw a sign on the exit, a little bitty sign, saying there was a Veterans Home at the next exit. A month later, I was here....home.

- Baxter, U.S. Air Force

SUMMARY

CalVet would like to thank all residents, employees, government leaders, community representatives, and other stakeholders who provided input on the Barstow Master Plan. During stakeholder outreach, CalVet determined that residents and employees of the Barstow Home, as well as external stakeholders, strongly supported the sustained operation of the Home. Many were eager to hear the proposed changes on the Home's horizon, particularly as it pertained to level-of-care changes. Residents and staff were particularly keen to offer critical feedback on proposed and upcoming changes to the Home. Such feedback is integral to shaping the future of the Home and ensuring it remains successful for years to come.

¹ For more information on data from resident surveys conducted in 2020, see Chapter 7 of the [2021 Barstow Report](#).



CHAPTER 9 THE FUTURE OF THE BARSTOW HOME

The Barstow Home has operated in the High Desert region for 25 years and continues providing high-quality care to California's veterans. Through the dedication of its employees, the Home is now a CMS five-star rated facility.

Nevertheless, the Home has faced a number of challenges. Although the Home is located within San Bernardino County, which has the fifth-largest community of veterans in California, current levels of care offered at the Home are not in alignment with demands for services in the region.

However, CalVet is already taking steps to ensure the continued success of the Home. The most critical of these actions is the realignment of levels of care.

REALIGNMENT

As discussed previously, the ICF and DOM levels of care are outdated and have limited demand. Historically, both levels of care have no waitlists and many vacancies, in addition to dozens of unbudgeted beds. Meanwhile, applicants for the lone SNF unit may wait several years for admission, even though a third of the SNF beds are unbudgeted.

For several decades, this overemphasis on DOM and ICF has been the status quo. However, the Home will begin a gradual realignment in 2022 to better meet demand and utilize resources.



WHY BARSTOW?

We considered both the Barstow and Yountville Homes. Barstow had an added attraction of Independent Living options, so this is where we came. Also, my children live in nearby Las Vegas, which makes it easier for visits and keeping in touch.

- Patsy, Non-Veteran Spouse

REALIGNMENT OF THE BARSTOW HOME

SKILLED NURSING

EXPANDING
FROM 40 TO 60 BEDS



**CONVERTING TO
RESIDENTIAL CARE**
FROM 60 TO 31 BEDS

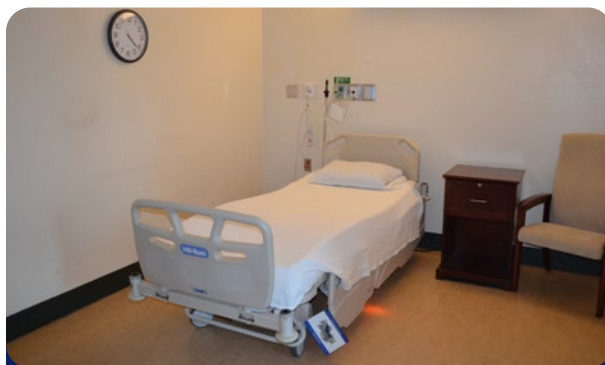


**GRADUALLY
DECREASING**
FROM 120 TO 0 BEDS



In January 2022, CalVet will begin the process of expanding the SNF by 50 percent to its maximum of 60 beds. Additional positions will be added to the facility to allow for the expansion and some existing positions will be redirected from the ICF to the SNF; as this occurs, residents will gradually be transferred from the ICF and/or admitted from the community. By expanding the SNF, CalVet will ensure the Home is focused on an in-demand level of care, supporting veterans with the greatest care needs.

Simultaneously, the Home will gradually shift away from the ICF and DOM. The shared-room ICF will transition to a private-room RCFE, which better conforms with the modern regulatory environment and can serve a broader cross section of the veteran community. ICF residents with greater care needs will be served in the expanded SNF, and the remaining residents will remain in the ICF as it converts to an RCFE. Meanwhile, the DOM will cease admissions and slowly draw down over time. Residents will not be involuntarily discharged as part of this restructuring and will continue to live at the Home and age in place. Both the ICF and DOM transitions will be gradual; in particular, the DOM will likely continue at the Home for years, given the number of residents currently served.



The Barstow Home will gradually transition its ICF to a private-room RCFE.

Realigning the levels of care is a significant change in the long-term vision for the Home. In the coming years, the levels of care offered at

the Home will better meet the needs of veterans in the region, while mitigating some of the Home's long-term challenges.

FACILITIES

With realignment of the levels of care at the Home, the main building on campus will continue operations with an expanded SNF and the conversion of the active 60-bed ICF into a 31-bed RCFE. CalVet anticipates having the new RCFE licensed and operational during Fiscal Year 2022-23.¹

In addition to converting the active ICF into an RCFE, the [2020 Master Plan](#) recommended that CalVet consider whether the vacant, inactive ICF unit in the main building should be converted to an additional 31-bed RCFE (for a total of 62 beds).² While not proposed at this time, CalVet will continue to explore this option in future years based on resource availability, regional demand, and other relevant factors.

Over a period of years, the outlying buildings will slowly become available for use by third parties who could provide direct services to Home residents or the veteran community at large. As discussed in Chapter 8, stakeholders in the veteran community have suggested that the Home could serve as an excellent site for a VA CBOC to provide outpatient services to regional veterans. CalVet may explore this and other opportunities to support veterans at the Home and in the community. Such property use may be authorized by a property grant or a lease. If leased, CalVet would continue to own the land and the arrangement would be subject to state law.

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

CONCLUSION

Since 1996, the Home has filled a critical role in serving Southern California's veteran community. For half of its history, the Home was one of only two or three Veterans Homes in the state. In the intervening decades, the veteran community has shifted significantly, as have CalVet and the long-term care industry. By adjusting levels of care, the Home will be more responsive to these trends moving forward and will direct resources to veterans with the greatest care needs. Simultaneously, these changes will help mitigate some of the campus's long-term challenges.



Sunrise breaks over the Barstow Home

For the foreseeable future, the focus of the Home will be on realignment. These changes will take several years to implement because of CalVet's commitment to maintaining services, particularly for DOM residents. In time, CalVet will be able to reassess the Home for future planning options, particularly as it relates to the best usage of vacant space. Until then, CalVet will make sure that the realignment process goes as smoothly as possible and allows the Home to better meet the needs of San Bernardino County's veteran population.

1 This estimate is contingent upon highly variable attrition rates, as well as individual healthcare needs and control agencies.

2 For more information on this recommendation, see pages 257 through 259 of Chapter 8 of the [2020 Master Plan](#).

APPENDIX

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

ABBREVIATIONS	TERMINOLOGY
A&E	Architectural and engineering costs
ACS	American Community Survey
AHUs	Air Handling Units
The Home	The Veterans Home of California-Barstow
Barstow Master Plan	Veterans Home of California-Barstow Master Plan of 2021
CalVet	California Department of Veterans Affairs
CBOC	Community-Based Outpatient Clinic
CDPH	California Department of Public Health
CLCs	Community Living Centers
CMS	Centers for Medicare and Medicaid Services
CNHs	Community Nursing Homes
DGS	Department of General Services
DOM	Domiciliary
HDIS	Homeless Data Integration System
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	Housing and Urban Development-Veterans Affairs Supportive Housing
ICF	Intermediate Care Facility
IHSS	In-Home Supportive Services
PIT	Point-in-Time
PCAFC	Program of Comprehensive Assistance for Family Caregivers
RCFE	Residential Care Facility for the Elderly
SNF	Skilled Nursing Facility
VA	U.S. Department of Veterans Affairs
Veterans Homes	Veterans Homes of California
VHHP	Veterans Housing and Homeless Prevention

BARSTOW MASTER PLAN STAKEHOLDER ENGAGEMENT

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

Barstow Home Residents

Employees of the Barstow Home

Federal, State, and Local Government Elected Officials* and Their Representatives

United States Representative Jay Obernolte
California Senate President Pro Tempore Toni Atkins
Senator Bob Archuleta
Senator Shannon Grove
California Assembly Speaker Anthony Rendon
Assemblymember Jacqui Irwin
Assemblymember Thurston Smith
Assemblymember Randy Voepel
California Senate Committee on Military and Veterans Affairs
California Senate Budget and Fiscal Review Committee
California Assembly Committee on Military and Veterans Affairs
California Assembly Committee on Budget
California Assembly Republican Caucus
California Assembly Democratic Caucus
California Legislative Analyst's Office
County of San Bernardino First District Supervisor Col. Paul Cook (ret.)
County of San Bernardino Third District Supervisor Dawn Rowe
City of Barstow Mayor Paul Courtney
City of Barstow Councilmember Barbara Rose

State and Local Government Bodies and Agencies

Barstow Community College District
California Little Hoover Commission
California Veterans Board
San Bernardino County Department of Aging and
Adult Services Long-Term Care Ombudsman Program

Veterans Service Organizations and Local Community Members

American Legion Department of California
AMVETS Department of California
Barstow Community Hospital
California Association of County Veterans Service Officers, Inc.
California Association of Veteran Service Agencies
California State Commanders Veterans Council
Disabled American Veterans Department of California
Jewish War Veterans – Tibor Ruben Post 786
Military Order of the Purple Heart
Paralyzed Veterans of America
Reeb & Associates
VFW Department of California
Vietnam Veterans of America

*Elected offices are as of August 27, 2021, when the stakeholder period ended.



California Department
of Veterans Affairs

www.calvet.ca.gov