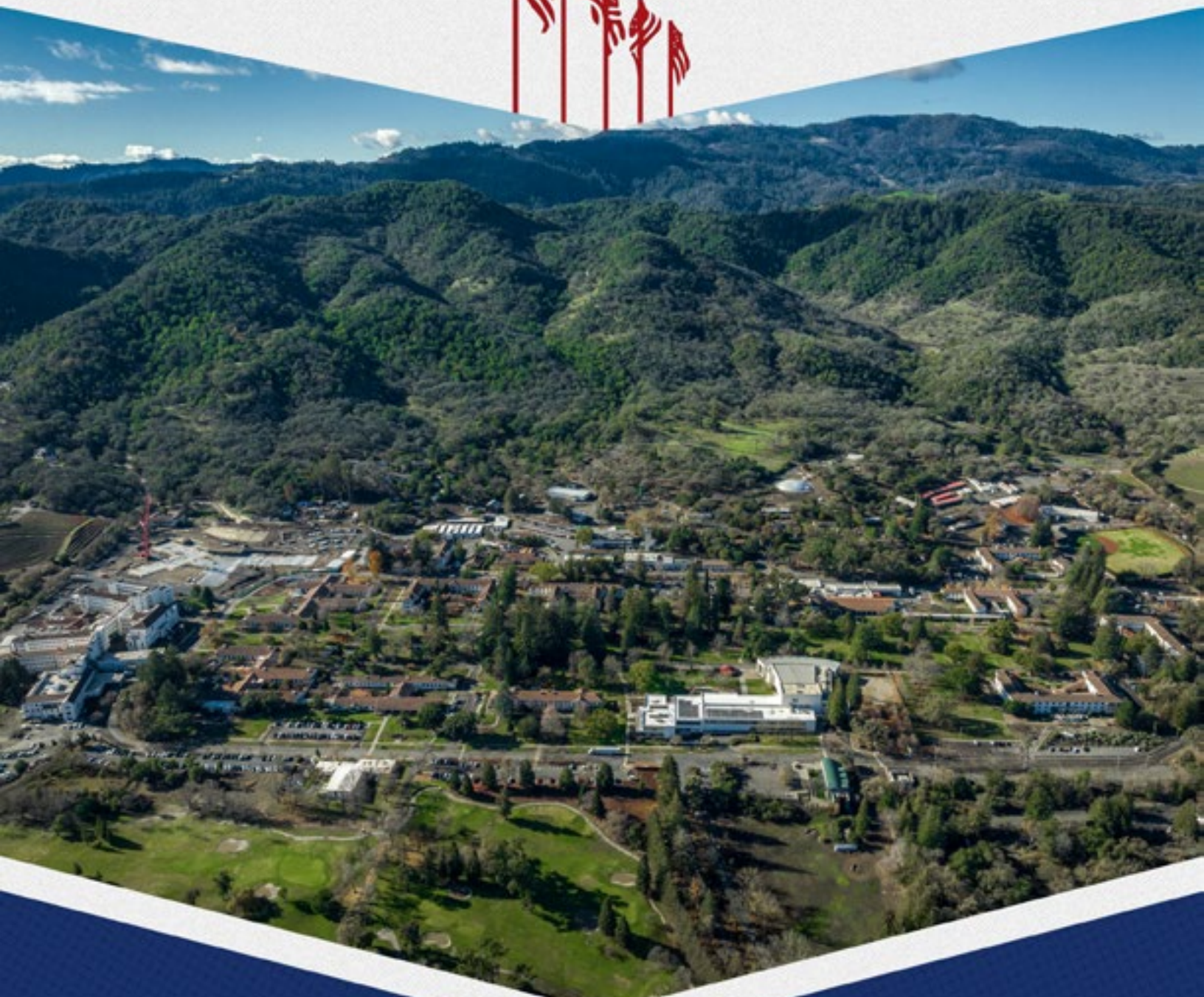


YOUNTVILLE

MASTER PLAN



VETERANS HOMES OF CALIFORNIA YOUNTVILLE MASTER PLAN

Presented by
The California Department of Veterans Affairs

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HONORING CALIFORNIA'S VETERANS

This Master Plan is dedicated to Isa Baca, a Vietnam veteran and CalVet's Director of Admissions. Across nearly five decades of service with the Yountville Home, CalVet Headquarters, the U.S. Department of Veterans Affairs, and the U.S. Navy, Isa has served his country and his fellow veterans with honor and distinction. CalVet thanks Isa for his contributions to this report and for his tireless advocacy for California's veterans. Isa, "Thank you and Welcome Home."

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CHAPTER 1

INTRODUCTION

For nearly 140 years, California has been at the forefront of caring for veterans. Through the decades, Californians have repeatedly reaffirmed their commitment to serving veterans in need of care, shelter, and comfort. That commitment began in Yountville with the establishment of the first Veterans Home of California, the oldest continuously-operating veterans home in the country. The California Department of Veterans Affairs (CalVet) is proud to carry on this tradition and to continue honoring those who served.

Established in 1884 to serve veterans of the Mexican-American and Civil Wars, the Veterans Home of California-Yountville (the Yountville Home or the Home) was the first Veterans Home of California to provide nursing care to qualified veterans and their spouses. Located in the Napa Valley, the Home is the largest veterans home in the United States. Today, the facility spans 615 acres, with more than 100 buildings. The Home serves up to 876 veterans and their spouses or domestic partners..

THE YOUNTVILLE HOME TODAY

Over the past three years, the COVID-19 pandemic has had a devastating impact on long-term care facilities, disproportionately harming older and other at-risk adults. While there has been an unprecedented number of deaths in nursing homes throughout California and the nation, leadership and dedicated staff at the Home implemented life-saving infection control procedures to safeguard California's veterans under their care. Throughout this period, the Home has had continued success passing every Centers for Medicare and Medicaid Services (CMS) and U.S. Department of Veterans Affairs (VA) survey with excellent results. Currently, the Home is nationally recognized as one of the best long-term care facilities in the country, and has been ranked by Newsweek as one of the top 25 nursing homes in California.¹



The Theodore Roosevelt Building is the home of many domiciliary residents.

¹ "America's Best Nursing Homes 2022." Newsweek, August 4, 2022.
www.newsweek.com/americas-best-nursing-homes-2022/california

However, even with all of its recent success, the Yountville Home is still facing a series of unique challenges. After 138 years of continuous operation, the Home's infrastructure is aging and does not meet modern expectations or standards. Additionally, the extraordinary high cost of living in the area forces many staff to commute considerable distances each day and makes it difficult for the Home to fill critical vacant positions.

For likely the first time in its history, CalVet recently conducted a full-scale reappraisal of every Veterans Home of California, including their levels of care, regional demand, hiring capabilities, infrastructure, underutilized properties, and other characteristics necessary for effective strategic planning. In January 2020, CalVet's Veterans Homes of California Master Plan of 2020 (2020 Master Plan) was submitted to the Legislature. Through a series of 27 recommendations, the 2020 Master Plan laid out a new vision for CalVet's Veterans Homes system of care. Key to this vision was the need to modernize the Yountville Home and mitigate some of the ongoing challenges. In an effort to ensure that upcoming generations of veterans receive high quality services that meet their healthcare needs, the 2020 Master Plan included multiple recommendations for the Yountville Home, including:

- Continued prioritization of the construction of a new Skilled Nursing Facility (SNF) complex on the Home's campus.
- Restructure existing care programs to better match operational needs and service demands.
- Explore opportunities for repurposing and redevelopment of the campus.

Informed by the 2020 Master Plan and the expertise of the Home's staff, CalVet has taken major steps to prepare the Yountville Home for future generations of veterans. Construction on a new 240-bed SNF complex is now underway to replace aging and outdated structures. Once completed, the new SNF complex will not only change operations at the Home, it will also revitalize the campus and help ensure that the Home will be better able to meet veterans' current and future needs. Coupled with the ongoing realignment of the levels of care throughout the Home, there may also be new opportunities to repurpose buildings for other programmatic or operational needs.

In addition to the new SNF complex, other major projects are now underway to improve the infrastructure at the Home's campus. This includes the renovation of the Home's central power plant and chilled and hot water distribution systems, as well as electrical upgrades in seven residential buildings to allow for temporary emergency generator power connections to protect the health and safety of residents and staff during unplanned power outages.

Even with these projects underway, the infrastructure at the Home continues to age, with many more buildings and systems in need of renovation or replacement. Hiring continues to be challenging, not only because of the high cost of living in the area, but also as a result of changes in the labor market due to the COVID-19 pandemic. In this Veterans Home of California-Yountville Master Plan of 2022 (Yountville Master Plan), CalVet reevaluates some of these challenges and reassesses current programming to better prepare the Home for tomorrow's veterans.



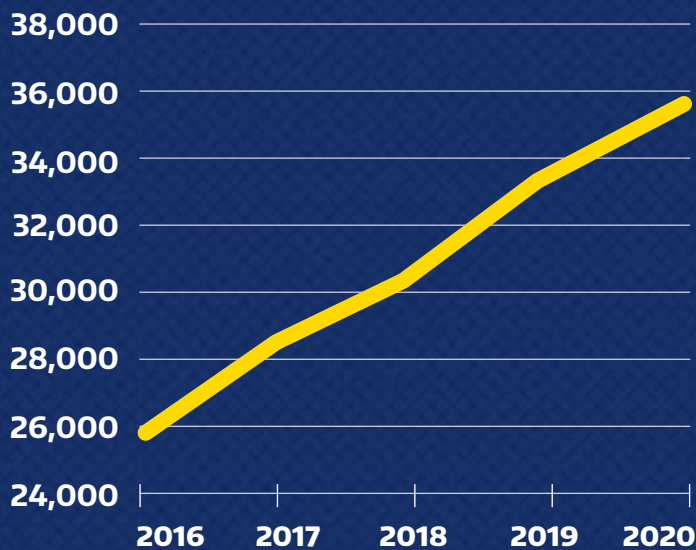
VETERAN POPULATION

Overview

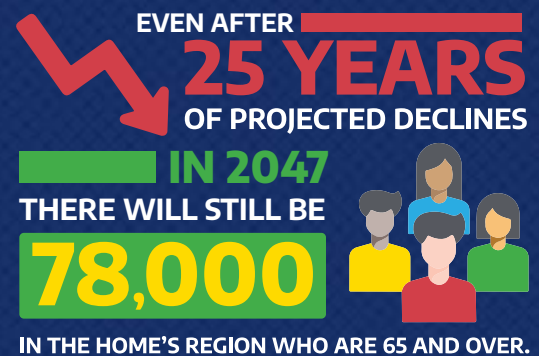
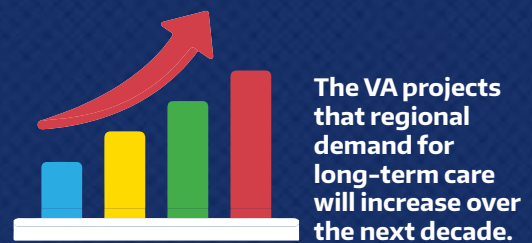
Much like elsewhere in California, the veteran population in the Yountville Home's region is projected to decline.



Although the veteran population is projected to decline, there will continue to be a high demand for long term care.



The Number of Veterans in the Yountville Home Region with 70% or Greater Service-Connected Disability Is Increasing.



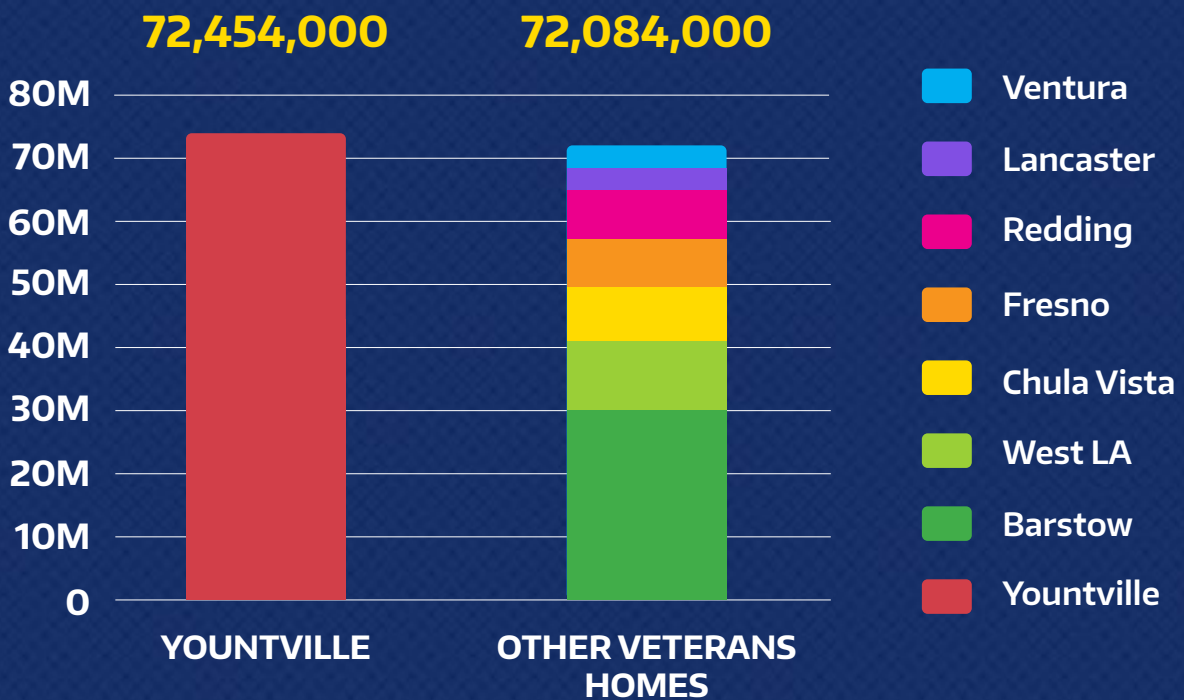
YOUNTVILLE HOME

Overview

Many of the Home's critical structures date back to the 1920s and 1930s.



From 2017-18 through 2021-22, the Yountville Home spent more on maintenance than the other seven Veterans Homes combined.



YOUNTVILLE HOME

Overview

The Home does not fully meet some criteria used to assess Veterans Home sites.



VETERAN NEEDS

Meets the Criteria



PROXIMITY TO VA CARE

Does Not Meet the Criteria



APPROPRIATE LEVELS OF CARE

Partially Meets the Criteria



LOCAL HEALTHCARE INFRASTRUCTURE

Partially Meets the Criteria



HIRING COMPATIBILITY

Does Not Meet the Criteria

While the Home has its challenges, it also has an abundance of property which it can use.



YOUNTVILLE HOME

Overview

The new Skilled Nursing Facility will revitalize the campus and continue CalVet's commitment to veterans.



STATUTORY REQUIREMENTS

State law requires CalVet to periodically submit facility master plans to evaluate each Veterans Home of California 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 near 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 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 Yountville Home will be included in this facility master plan.

YOUNTVILLE MASTER PLAN

The Yountville Home began operating in 1884 as a private, non-governmental entity. The Home was conveyed to the State of California in 1897 pursuant to an act of the Legislature for the purpose of continuing support of ex-soldiers, sailors, and Marines. CalVet is submitting this Yountville Master Plan to the Legislature 125 years later, and will update it every five years.

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 budgeted state funds, the amount of 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 Yountville 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 Napa 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 region.



CHAPTER 2

BACKGROUND

Founded in 1884, the Yountville Home is both the oldest and largest Veterans Home operating in the Veterans Homes of California system of care. Located on a sprawling 615-acre site in Napa County, the Home is unlike all of the others, with a design reminiscent of an old military installation.

Presently, the Home offers Domiciliary (DOM), Residential Care Facility for the Elderly (RCFE), Intermediate Care Facility (ICF), SNF, and SNF Memory Care (SNF MC) services. The Home is currently budgeted for 876 beds.

To receive care at the Yountville 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 and have been discharged under conditions other than dishonorable. Additionally, the VA must determine that they qualify for admission to a state veterans home. Spouses or domestic partners of eligible veterans may be admitted jointly, and all residents must have care needs appropriate for the programs and licensure of the facility.

LONG-TERM CARE PROGRAMS

Provided below are brief descriptions of the levels of care offered at the Yountville Home, from the least care-intensive to the most care-intensive. Among other factors, the levels of care are determined by the amount of assistance a veteran needs with their activities of daily living. According to CMS, basic activities of daily living include bathing, dressing, transferring, toileting, and eating.



The Theodore Roosevelt building is one of seven buildings that house domiciliary residents.

Domiciliary (DOM)

Total Budgeted Beds: 492

Licensing Agency: None

Certification Agencies: 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 the Ambulatory Care

Clinic (ACC), an outpatient clinic located onsite for residents to receive routine medical care. Veterans dictate their own schedules, although voluntary activities are offered.



The first floor of the Truman Building houses RCFE residents.

Residential Care Facility for the Elderly (RCFE)

Total Budgeted Beds: 48

Licensing Agency:

California Department of Social Services (CDSS)

Certification Agencies: VA

Also referred to as “assisted living,” RCFEs provide residents with limited support with

activities of daily living. A small clinical team works in the unit, providing supervision and helping residents with bathing, feeding, grooming, medication management, and other tasks. RCFE residents must still be somewhat independent and must be capable of performing at least some activities of daily living without support.



The ICF is housed in the Eisenhower Building.

Intermediate Care Facility (ICF)

Total Budgeted Beds: 105

Licensing Agency:

California Department of Public Health (CDPH)

Certification Agencies: VA, CMS

An incremental step above RCFE, 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.



Around the clock nursing is available in the Holderman Building.

Skilled Nursing Facility (SNF)

Total Budgeted Beds: 156

Licensing Agency: CDPH

Certification Agencies: VA, CMS

The SNF level of care provides around-the-clock nursing support to residents with significant care needs. Residents

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



The Franklin Delano Roosevelt Building houses all of the SNF MC residents.

SNF Memory Care (SNF MC)

Total Budgeted Beds: 75

Licensing Agency: CDPH

Certification Agencies: VA, CMS

SNF MCs carry identical licenses to typical SNFs, but provide specialized care for residents with cognitive disabilities. Although

SNC MC is technically not a distinct level of care from SNF, all the residents in the SNF MC unit have dementia or similar impairments typically associated with aging. Staff closely supervise these residents in closed units to ensure they do not wander away or do anything else that might pose a risk to themselves or others. In addition, CalVet tailors SNF MC programming for dementia residents, with specific activities and therapeutic services designed to limit cognitive decline.

HISTORY OF THE YOUNTVILLE HOME PROPERTY

The Veterans' Home Association of California (the Association) was established in 1881. Thanks to efforts by the Grand Army of the Republic and the Society of Mexican War Veterans, the Association purchased a 910-acre farm near Yountville for \$17,500.

The site selected for the Yountville Home was in part due to its central location between San Francisco and Sacramento. At the time, the Home was conceived as a community in which veterans could find a middle ground between the military and civilian worlds. Inspired by the layout of other contemporary military bases and its remote location, the Home was designed as a standalone facility that would subsist without outside support. Members of the Home lived in communal dormitories where they adhered to a strict dress code, worked the land, and tended to hay fields and livestock as part of their responsibilities. This working farm was at the core of the Yountville mission, providing a life of structure and purpose for veterans who might otherwise have had neither. The Home served a crucial purpose as a sanctuary for veterans with no other options beyond either institutionalization or homelessness.

When the Yountville Home first opened, it became home to 42 veterans of the Mexican-American War (1846-48), the Civil War (1861-65), and the numerous 19th-century wars between the U.S. government and the Native American tribal nations. Various structures included apartments, a library, the chapel, a hospital, and dormitories. Original structures pre-dating the Association's ownership – the owner's house and a stone cabin – were repurposed as dormitories and a laundry facility. Due to increasing veterans' needs, the Home was soon overcrowded and additional residential facilities were constructed. In order to promote a stable workforce and provide for guests, residences for employees and a guesthouse were added to the campus.¹

Over the years, the Association struggled financially. As budget problems mounted, the federal government withdrew funding for all privately-owned veterans homes across the country in 1896. Instead they only supported facilities formally operated by state governments. The Association deeded the Home to the state of California for \$10 on the condition that the land continue to be used as "a state home for United States Soldiers, Sailors, and Marines."

By 1897, the Yountville Home had 55 buildings and 681 residents. It continued to expand, developing new facilities to accommodate its growing membership. By the end of the 19th century, the census grew to 800 as veterans of the Spanish-American War (1898) were added to the list of eligible veterans. The Home had its own post office, fruit store, blacksmith, farm, morgue, reservoirs, sewage system, power plant, and even a railroad station.

For decades, veterans at the Home tended to crops and livestock as part of their therapeutic activities and were expected to "earn their keep" – to the extent that they were capable – and contribute to the Home's success.

As the need for services for older veterans grew, residents were increasingly less able to perform physical labor. This progression likely stemmed from the increasing ratio of elderly veterans, given the lack of nationwide military mobilization between the Civil War and World War I (WWI). In fact, two-thirds of U.S. veterans in 1910 were aged 65 or older. As veterans returned from Europe at the end of the decade, the population skewed younger, but the Home's emphasis remained on nursing care.

¹ In 1951 the Hostess House was constructed and carried on the tradition of providing lodging for visitors of the Home until it was demolished recently as part of construction to build the new SNF Building.

In 1926, Colonel (Col.) Nelson M. Holderman, one of the most decorated soldiers of WWI, was appointed Commandant at the Yountville Home. Col. Holderman presided over a program to replace the Home's deteriorated frame buildings, which were deemed to pose a serious fire hazard. A large number of buildings were rebuilt with reinforced concrete featuring Spanish Colonial Revival architectural structures, including stucco exteriors, arched entryways, decorative tiles and vents, colonnades, exposed beams, and tile roofs.

The Yountville Home continued to renovate and expand at multiple stages between the 1920s and 1950s, primarily in response to increased physical and mental health needs among returning WWI and World War II (WWII) veterans. In 1932, the Holderman Building was constructed, albeit originally designed as a hospital ward. In 1949, a new Administration Building was constructed and a new wing was added to the Holderman Building. In the 1950s, as the Korean War began to take shape and additional WWII veterans arrived at the Home, new residential and support buildings were built across the main campus. Over time, as staff increasingly focused on geriatric nursing care, the Home shifted away from serving as a respite for veterans and evolved into a long-term care facility.

During this same time period, various portions of the original 910-acre Home site were sold off. Most significantly, in 1956 the state sold a parcel containing approximately 298 acres for the sum of \$3,900. Other portions of the property were sold to government agencies for public purposes, like expanding highway access.¹

Almost all major structures, including every residential building, were built prior to 1960. By 1981, the Home provided DOM, ICF, SNF, and acute levels of care. However, with the boom of aging WWII veterans and a rise in life expectancy, demand increasingly outpaced the Yountville Home's capabilities, particularly for nursing care. The state began evaluating options to develop new campuses, eventually opening the Veterans Homes of California - Barstow and Chula Vista in 1996 and 2000, respectively. In the 2000s, the California Legislature authorized the construction of five more facilities, beginning with the Lancaster, Ventura, and West Los Angeles Veterans Homes (also known as the Greater Los Angeles and Ventura County or GLAVC Homes) in 2009 and 2010, and ending with the Fresno and Redding Veterans Homes in 2013.²

CAMPUS AND FACILITIES AT THE HOME TODAY

The layout of the Yountville Home today echoes the original design concept of a remote, self-supporting farm. The site currently consists of 615 acres, with the main campus spread out over a little more than a third of the total land. Currently, construction on a new 240-bed SNF complex is underway on the southwest corner of the main campus.



THE ARMISTICE CHAPEL

It is one of the oldest surviving structures at the Yountville Home. Constructed in 1917 and opened in November of 1918, the chapel was originally commemorated as the Armistice Chapel following four years of fighting overseas and the end of World War I.

1 In 1958, CalVet transferred a 14.051-acre parcel of the property to the Department of Public Works, Division of Highways and a 0.098-acre parcel for a utility easement for \$31,270.30, in order to widen and improve the existing state highway located adjacent to the property. In 1959, CalVet also transferred a 0.925-acre parcel of the property to the Division of Highways.

2 Whereas the Barstow and Chula Vista Homes offered both licensed levels of care and independent living similar to the Yountville Home, the final five Veterans Homes were designed to provide solely licensed levels of care.

The remaining two-thirds includes land to the west of the main campus, which is made up of several hundred acres of hilly, undeveloped woodland. Additionally, the land includes the Rector Reservoir and adjoining acreage, which lies on a noncontiguous parcel on the eastern hills of Napa Valley.¹

The Main Campus

The main campus includes all of the residential and member services buildings, as well as the support facilities and structures, with the notable exception of a water treatment plant located a little more than four miles away.

The 13 residential buildings were constructed between the 1920s and 1950s. The SNF is located in the Holderman Building on the southern end of the main campus. Across the street from Holderman is the Franklin Delano Roosevelt (FDR) Building, which houses all of the SNF MC. The ICF is housed in the Eisenhower Building, next to FDR toward the west. Throughout the rest of the main campus are seven residential buildings that exclusively serve DOM residents and an eighth building split between DOM and RCFE. Currently, one of the buildings that serves DOM residents is vacated during construction of the new SNF building.² The final residential building, McKinley Hall, previously housed an ICF program but has been vacant since 2010 following budget-related program reductions.

Most of the DOM buildings were designed with long, open bays with minimal privacy (similar to a military barracks), but have since been converted into individual rooms.

The rooms vary in size, but are generally small compared to those in the newer Homes.

Historically, the DOM rooms at the Home were primarily dual occupancy. However, as part of the reduction of the Home's budgeted beds that began in Fiscal Year (FY) 2018-19, the DOM rooms transitioned to single occupancy to allow for greater privacy and quality of life, and to reflect the declining demand for DOM care. Currently, few of the DOM and none of the RCFE rooms have private restrooms; nearly all of these residents share communal restrooms with stalls for toilets and showers, similar to a college dormitory.

Whereas the DOMs have transitioned to rooms with single occupants, rooms in the ICF, SNF, and SNF MC generally house two residents each with curtains for additional privacy. Restrooms in the ICF and SNF are split between two resident rooms, with four residents to each restroom. Unlike the SNF and ICF, the SNF MC has a restroom for each room, with just two residents using each restroom.



THE HOME'S LONG HISTORY OF SERVING WOMEN VETERANS

Opened in 1889, the Women's Relief Corps Home was a female-only facility that served "ex-army nurses and widows, wives, mothers, and dependent destitute maiden daughters or sisters of Union Veterans." The campus was originally located in Evergreen and later moved to Santa Clara. With virtually no eligible applicants remaining – the candidates were still required to be or be directly related to Civil War veterans – the Corps Home ceased admissions in 1947 and slowly dissolved throughout the 1950s.

While the Corps Home no longer exists, its legacy lives on. Before the Corps Home closed, its intrinsic value was recognized, and a female-only building was incorporated into the Yountville Home as part of the Home's post-WWII expansion. This program, located at Kennedy Hall, still exists today, continuing the Veterans Homes' 133-year-old commitment to serving women veterans.

1 For a more detailed assessment of the campus land and infrastructure, including building histories, site topography, and utility capabilities, see the [2012 CalVet Yountville Facilities Master Plan Evaluation](#).

2 Until recently, there were 14 residential buildings on the main campus; however, Polk Hall was recently demolished as part of the construction for a new SNF building.

In addition to housing all of the Home's SNF beds, the Holderman Building is also the central hub for all care operations, with the ACC, a pharmacy, a medical records center, and various other units. The Holderman Building is where DOM and RCFE residents receive outpatient care. Because of the size of the campus, DOM residents in the furthest residential buildings may walk 15 minutes for a medical appointment.



The Wilson Hall domiciliary building.



The Theodore Roosevelt domiciliary building.

At the center of the main campus and a short walk from the residential buildings are the Yountville Administration Building, Member Services Building, Main Dining Room, Armistice Chapel, and Creative Arts Center. To the west are support facilities such as plant operations, the chiller tower, the boiler room, and storage and warehouse facilities. To the north is the Home's swimming pool which was previously leased to the Town of Yountville. With the lease no longer in effect, the swimming pool is no longer open, but the Home is exploring options for operating it moving forward.

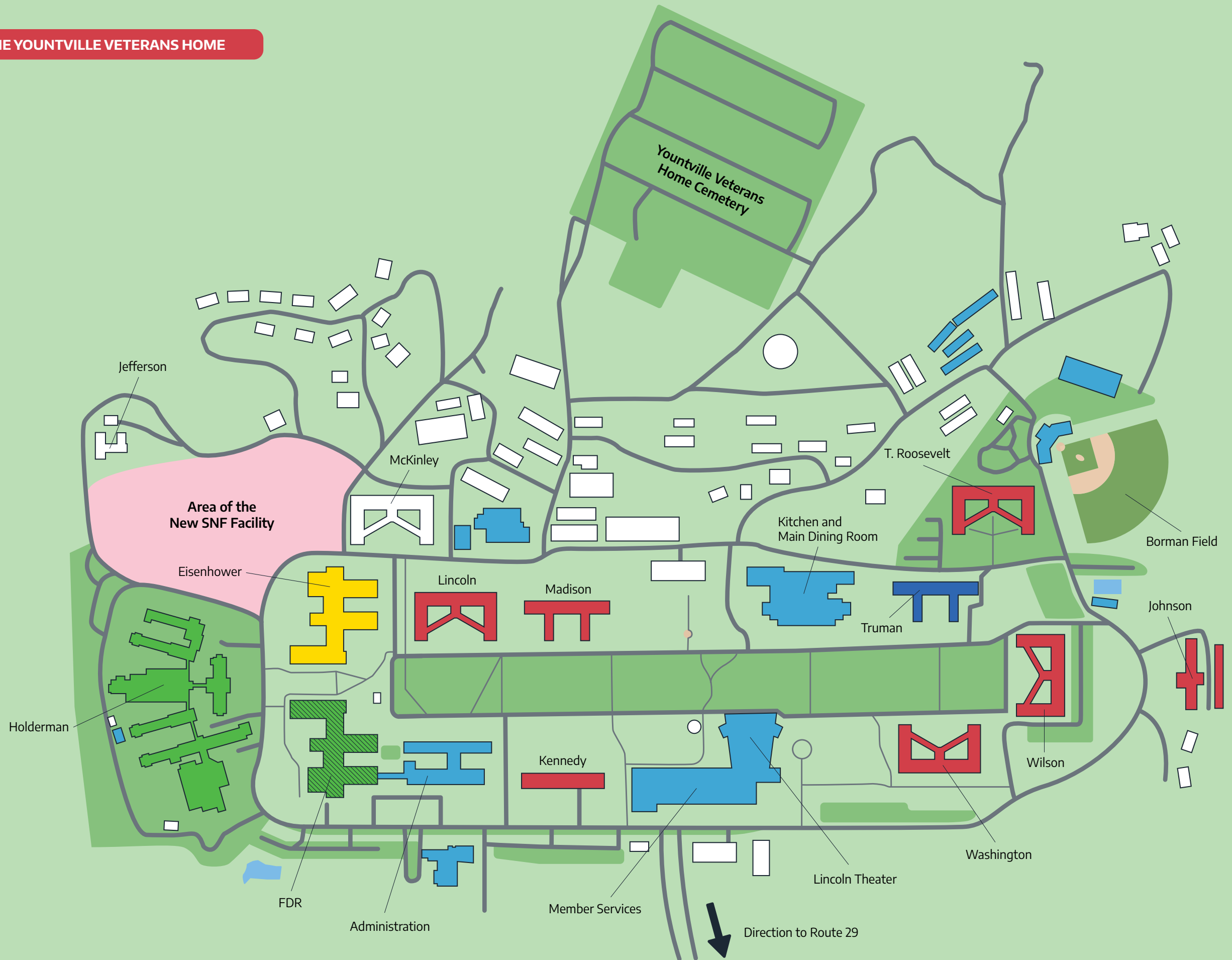


The Creative Arts Center building.

MAIN CAMPUS OF THE YOUNTVILLE VETERANS HOME

- DOM
- DOM & RCFE
- ICF
- SNF
- SNF MC
- Misc. Member Services
- Facilities

Yountville Home care facilities as of January, 2023.



Leased Property

Other major uses of the Home's land include more than a dozen active leases. Leases are generated through a standard state process, wherein the Department of General Services (DGS) drafts the leases, assesses property value, and provides technical support, while CalVet collaborates with DGS and evaluates the benefits to the Home.¹

The leases vary as they relate to services, operators, land use, and duration. A couple of leases are for small portions of property to provide space for two ATMs. Others encompass significant portions of the property or whole buildings. Overall, most of the leases are for a duration of five years.

For the purposes of this report, several leases are notable because of how they can dictate the long-term use of the property in question potentially for decades. Among these leased properties are:

- A nine-hole golf course and driving range (with a restaurant, store, and associated amenities). The lease includes 66 acres of land adjacent to the eastern edge of the main campus. The lessee may extend this lease until 2056.
- A museum dedicated to local art, culture, and history; the property totals approximately 4 acres and the lessee may extend the lease until 2040.
- A full-sized baseball field located on the northern end of the main campus. A local club operates the baseball field and concession stand. Currently, the club has a month-to-month lease for the baseball field.
- The 1200-seat Lincoln Theater. This performing arts theater is connected to the Member Services Building near the heart of the campus. As of November 2022, there is no active lease on the Lincoln Theater, but the property may be available for leases in the future as appropriate.
- An on-campus U.S. Post Office, which provides a substantial benefit to the residents of the campus who might otherwise walk into town for postal needs.
- An Army & Air Force Exchange Service (AAFES) store, located in the Member Services Building. Typically found on military bases, the AAFES offers convenience store goods and a convenient catalog service for the residents of the Home.



Vinter's Golf Club is available to the residents free of charge.



Cleve Borman Field is a full-sized baseball complex located at the northern end of the campus.



Private First Class Alejandro R. Ruiz Post Office.

¹ Section 1023(b) of the Military and Veterans Code requires that all leases must be in the best interest of the Home and, in turn, the residents of the Home. In addition, the land was originally deeded to the state on the condition that the land be used for veterans living at the Home.

- Office space and a garden for the Tug McGraw Foundation, which supports research and services related to neurological conditions such as traumatic brain injuries and brain cancer.
- A fire station and a firefighter training facility. Both leases are with Napa County, which sublets out to the California Department of Forestry and Fire Protection to provide fire services for the area. The fire station sits on a little over one acre to the east of the golf course, while the training facility is located at the base of the Rector Dam on 13 acres. The lessee may extend the leases until 2030, although they may be terminated by either party with notice.

Additional Land To The West

The land to the west of the main campus remains relatively undeveloped, due to its steep slopes and a lack of infrastructure. Several hundred acres of largely untouched natural landscape cover the hills. The woodland area contributes to the beauty of the Home and campus. The topography significantly limits options for future uses, and CalVet does not currently have plans to develop the land. However, there are approximately 25 cottages that were built along the hillside for staff housing. Unfortunately, 6 of the cottages are uninhabitable and the poor condition of some of the remaining cottages means they will need substantial renovations before they can be used for employee housing.

Adding to the complexity of the property are two reservoirs and their associated dams. Finally, located on 11 acres in the northwest corner of the property is the Yountville Veterans Home Cemetery. This historic cemetery marks the resting place of over 5,700 veterans and dependents and includes the remains of soldiers who served as far back as the Mexican-American War in 1846-48. Although part of the Home's campus and a key piece of its legacy, the cemetery is governed by its own set of VA regulations and is managed by CalVet's Veterans Services Division. Therefore, the cemetery is outside of the scope of this report.¹



DAM MANAGEMENT

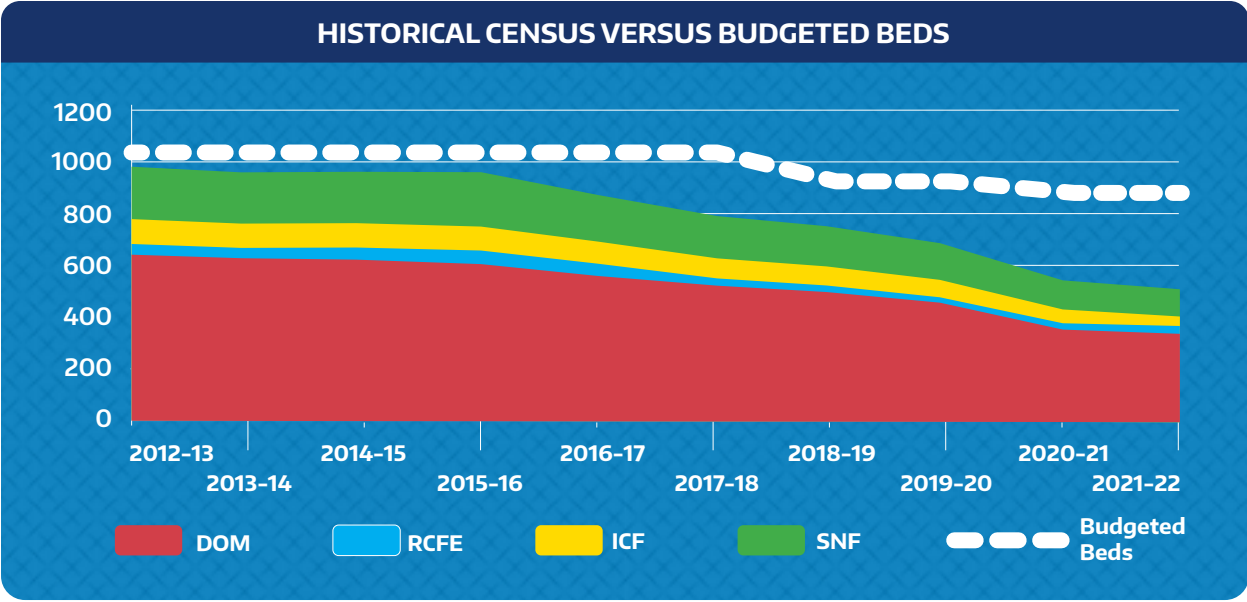
CalVet intends to decommission the smaller dam at Hinman Reservoir, which lies west of the main campus and is inactive. However, Rector Reservoir supplies potable water to the Home, Napa State Hospital, California Department of Fish and Wildlife, several wineries, and surrounding community via a water treatment facility operated by CalVet on a noncontiguous lot on the opposite hills of the Napa Valley.

CENSUS

The Yountville Home's budgeted beds held steady at 1,021 for many years. Census levels were also stable, with programs generally at or near capacity. However, there has been a noticeable shift in service demand in the region and across the country, resulting in significant census and budgeted bed changes in recent years. These trends are continuing and there is little evidence to suggest they will change anytime soon.

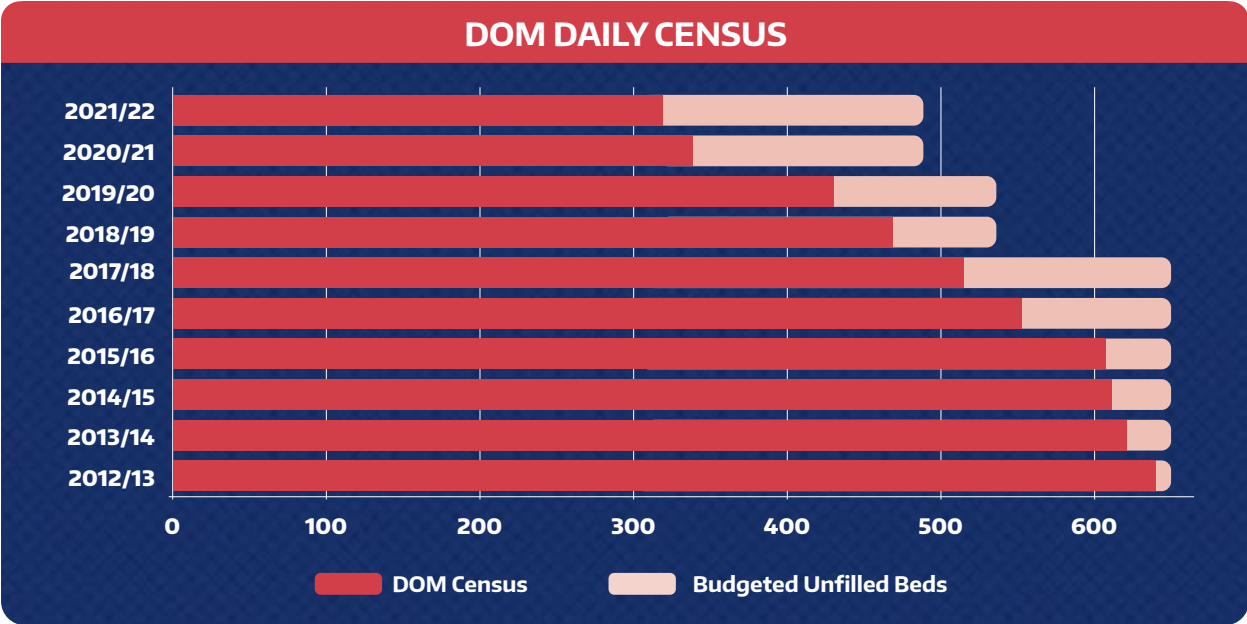
Perhaps the most dramatic shift in demand is in the DOM program.

¹ Although not maintained or managed by the Home, the cemetery currently accepts only the interment of veterans who were residents of the Yountville Home.



The Home historically has had little trouble filling the DOM, operating at almost 97 percent of its 637-bed budgeted capacity, on average, from FY 2012-13 through 2015-16.

However, the DOM census has declined significantly in recent years.

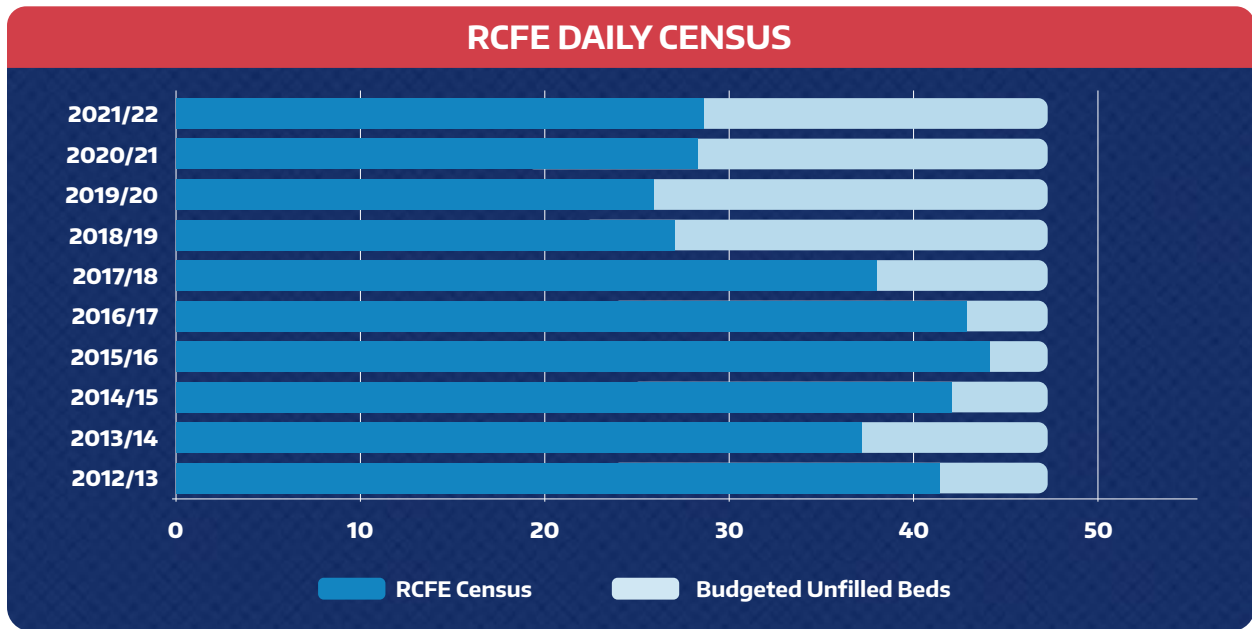


From FY 2015-16 through 2016-17 the Yountville Veterans Home realized a drop in DOM annual census from 606.7 to 547.5. This equates to an almost 11-percent drop in occupancy. The DOM census continued its plunge to 435.5 by FY 2019-20. From FY 2015-16 through 2019-20, before the full effects of the pandemic and CalVet’s decision to halt admissions were fully realized, the Home’s DOM census dropped by almost 40 percent. It must be noted that the last three months of the annualized census data for FY 2019-20 was affected, however slightly, by the pandemic.¹

¹ Based on public health directives and as a precaution to protect residents in the Home’s care, the Yountville Home halted admissions in early 2020.

CalVet believes the DOM census has declined because veterans and non-veterans alike have increasingly chosen to live in the community longer, eschewing long-term care settings. Effectively, many seniors are choosing to forego long-term care environments until they can no longer live in the community, at which point they require greater services such as those found in the SNF. Further exacerbating the struggle to fill DOM beds is that, as an independent living program with minimal supervision, the DOM offers little more than room and board. While veterans continue to apply for or express interest in the DOM level of care, many are ineligible because of their need for increased clinical support services, such as substance abuse treatment, mental health programming, medication management, or greater supervision.

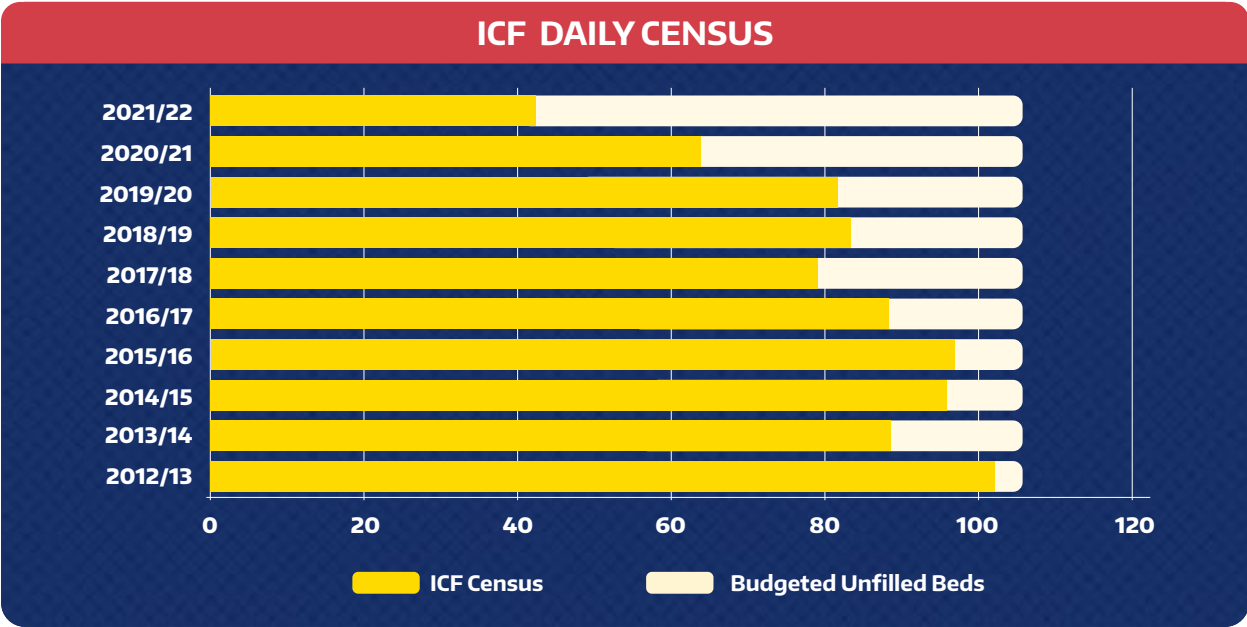
Responding to this change in demand, CalVet received approval through the budget process to reduce its DOM budgeted beds from 637 to 522 beginning in FY 2018-19. This change allowed CalVet to provide private rooms for all DOM residents, enhancing quality of life while improving recruitment for prospective applicants. To accommodate construction of a new SNF building, CalVet further reduced the DOM to 492 beds beginning in FY 2020-21 through the demolition of Polk Hall and the relocation of residents from Jefferson Hall, which is in the construction zone and needs to be empty until construction is complete. With the most recent change in budgeted beds, the Yountville Home DOM occupancy rate stands at a little over 66 percent as of June 2022. This equates to a decline in census of nearly half in a decade. Although part of this decrease can be attributed to the pandemic, the long-term trend is undeniable.¹



The RCFE level of care was operating at an average of a little over 87-percent occupancy of budgeted beds from FY 2012-13 through 2016-17. However, this level of care was not immune to changes in long-term care demand. From FY 2016-17 through 2021-22, the average daily census dropped from 44.1 to 28.3, a decline of approximately one third. The occupancy rate for RCFE in June 2022 was 59 percent. For historical perspective, the occupancy rate for the RCFE level of care from FY 2012-13 through 2015-16 averaged 86 percent with a high of 92 percent in FY 2015-16.

Based on resident interviews, stakeholder feedback, and staff research, the primary causes for the gradual decline in RCFE is tied to the older building, shared rooms, programmatic structure, and overlap with ICF. Accordingly, CalVet expects demand for RCFE to rebound and has plans to expand this level of care in the future. The expansion is discussed in Chapter 9 of this report.

¹ While admissions have resumed, the Home's census continues to be impacted by public health orders and operational limitations.



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 increase 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.

Since the ICF level of care is outdated and because of the regulatory burdens placed on this level of care, CalVet is in the process of eliminating Yountville’s ICF. The elimination of the ICF is part of CalVet’s plan to expand Yountville’s RCFE in the future. These operational changes are discussed further in Chapter 9 of this report.



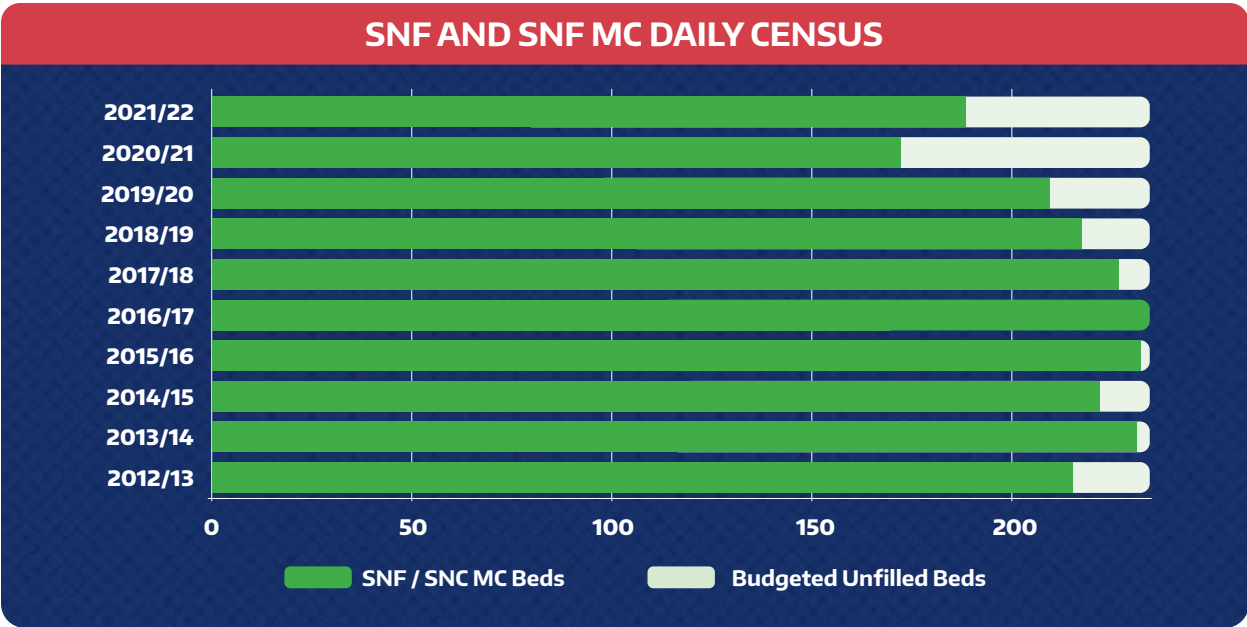
The Holderman Skilled Nursing Facility.

CalVet began the process to convert the ICF in FY 2020-21, ceasing new admissions at that point. In the prior year, the occupancy rate was at 78 percent, a reduction of nearly 20 percent since FY 2012-13. The occupancy rate dropped further to 40 percent by June 2022.



The FDR Building houses all of the SNF MC residents.

The SNF and SNF MC at the Yountville Veterans Home have never lacked for demand. To reiterate, the SNF and SNF MC share a single license, but the SNF MC has a dedicated design and programmatic structure that allow it to serve the subset of SNF residents with advanced cognitive impairments. From FY 2012-13 through 2019-20, the census has averaged 96.4 percent occupancy of budget beds. Because of public health directives requiring the Home to halt admissions in early 2020, the Home’s SNF and SNF MC occupancy rate fell below 90 percent, standing at 83.2 percent as of June 2022. Waitlists for SNF and SNF MC remain strong and there is no evidence to suggest that demand will fall in the future.



A new building for the SNF and SNF MC is currently being constructed on campus, increasing capacity by a total of nine beds. The anticipated completion date for the new SNF and SNC MC building is July of 2024. The new building is discussed later in Chapter 9.

RECENT CLINICAL SUCCESS

Through the dedication of the Home administration and its employees, the Home has a current four-Star CMS rating, with a ranking of “Above Average.” The Home has also been recognized nationally over the past few years with the following awards and achievements:

- Newsweek Best Nursing Homes 2022 – ranked 21st in California.
- Newsweek Best Nursing Homes 2021 – ranked 33rd in California.
- Newsweek Best Nursing Homes 2020 – ranked 14th in California.
- American Health Care Association/National Center for Assisted Living Bronze Quality Award.
- Listed as one of the Best Nursing Homes and rated High Performing in Long-Term Care by US News and World Report.

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.

In addition to being known as one of the best nursing homes in the country, the Yountville Home has also been recognized for its success in its management of the COVID-19 pandemic, having received two Certificates of Achievement from the California Association of Health Facilities (CAHF), one for exceeding a staff COVID-19 vaccination rate of 90 percent and another for exceeding a resident COVID-19 vaccination rate of 90 percent.



CHAPTER 3

FINANCIAL REPORT DATA

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. The Yountville Home 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 Home, 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 by relying on a statewide nurse registry contract funded and managed by CDPH and the Emergency Medical Services Authority, through the receipt of funding from CMS and the VA. Additionally, the Home received supplies and equipment from the California Office of Emergency Services. CalVet is grateful for the support it has received throughout the pandemic from state and federal sister agencies.

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 Yountville Home.

BUDGET INFORMATION

From FY 2017-18 through 2020-21, the Home's budget increased \$8,351,000, from \$101,863,000 to \$110,214,000. This represents an increase of 8.2 percent.¹

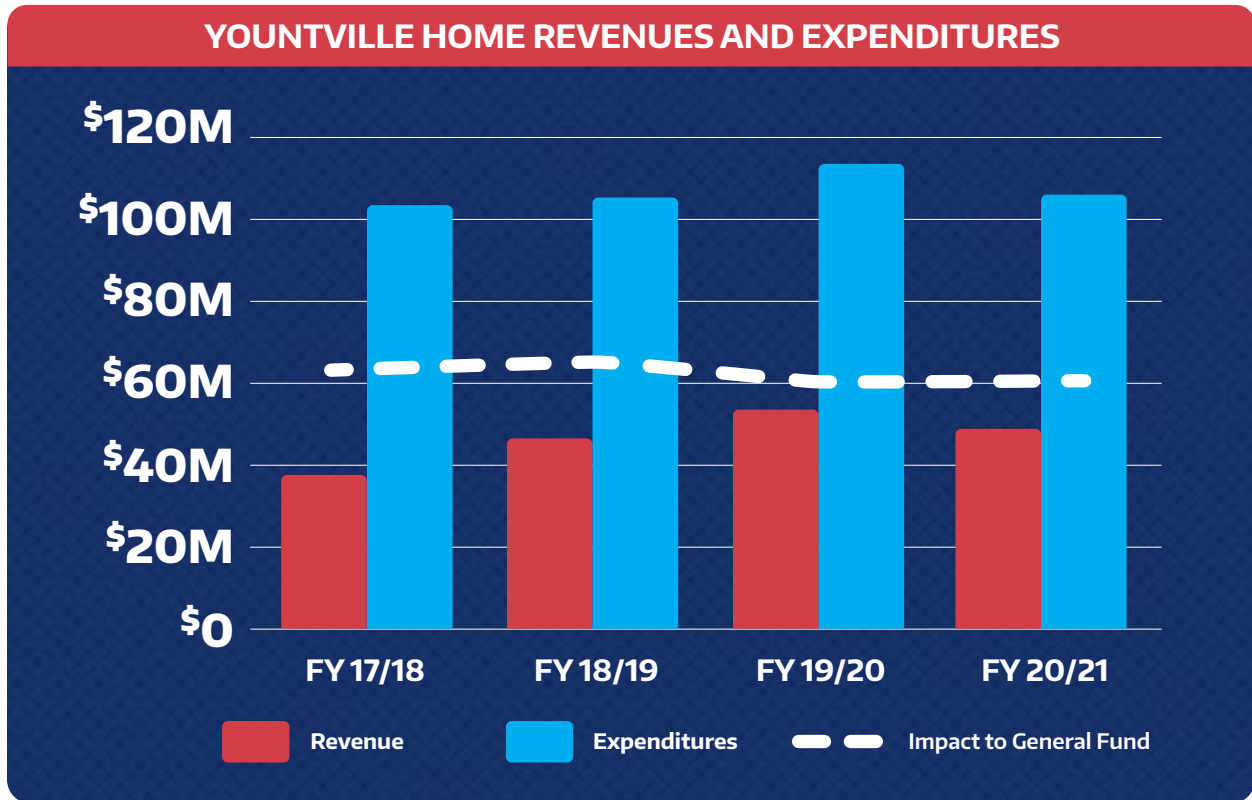
Expenditures for FY 2017-18 through 2019-20 grew 10.5 percent, from \$101,681,000 to \$112,393,000. FY 2020-21 saw a drop in expenditures to \$108,497,000, due primarily to the Home experiencing a significant loss of staff resulting in an unprecedented number of vacancies for the year, as well as a substantial reduction in census. Staff vacancies are discussed in Chapter 7 of this report.

Revenue generated by the Home is deposited into the state's General Fund to offset the cost of operations. The two largest 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.²

1 In FY 2020-21, the Home received \$3,341,000 from CMS to help offset expenditures related to COVID-19. This is not reflected in the \$110,214,000 budget allocation for FY 2020-21 mentioned here.

2 For a comprehensive description of revenue sources at CalVet's Veterans Homes, see Chapter 2 the [2020 Master Plan](#).

The Yountville Veterans Home averaged \$46,504,000 in collected revenue between FY 2017-18 and FY 2020-21. The highwater mark for revenue was in FY 2019-20 with \$52,997,000 in revenue collected. However, in FY 2020-21, the collection of revenue decreased to \$48,512,000, equaling an 8.5 percent reduction. The decrease stems from public health directives and safety precautions to protect residents from COVID-19; because admissions were suspended for extended periods, temporary reductions in occupancy levels resulted in decreased revenue collection.



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 FY 2017-18 through 2019-20, the Home’s operating cost impact to the General Fund decreased from \$62,366,000 to \$59,396,000, a realized 4.8 percent decrease for the period. Following this period of decline, however, in FY 2020-21 the impact of the Home’s operations to the General Fund increased to \$59,985,000, a modest increase of 1.0 percent from FY 2019-20.

COST OF CARE

CalVet produces estimated costs by 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 DAILY COST OF CARE AT THE YOUNTVILLE HOME



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.

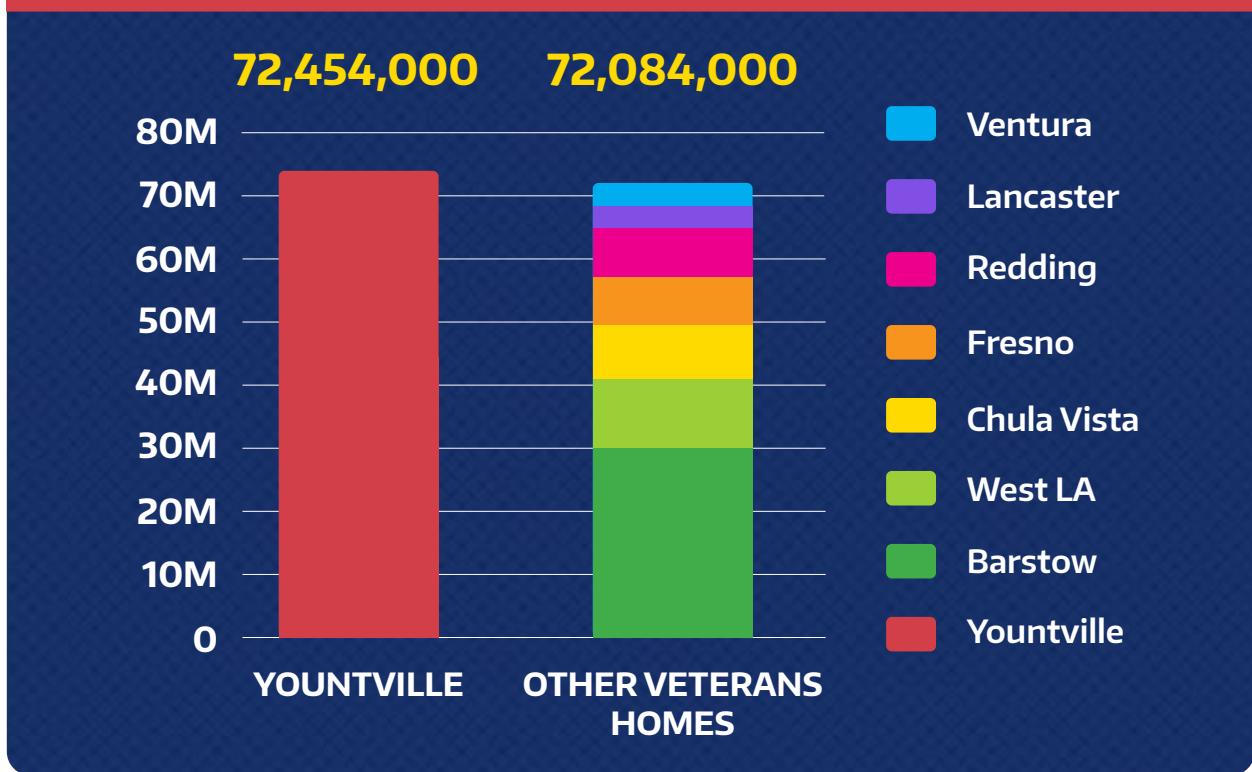
These cost-of-care calculations are estimates only. Many expenditures are attributed to overall operation of the facility – for example, the salary of a groundskeeper who serves the whole campus – and are distributed to each level of care as best as possible. Further, these are point-in-time estimates, as revenue can continue to be collected two years after the end of a fiscal year. It should also be noted that with the radical shifts in costs due to the pandemic, recent changes in costs year to year should not be considered long-term trends.

MAINTENANCE COSTS

Unfortunately, much of the Home's infrastructure is outdated and in need of repairs, maintenance, and modernization. Of the more than 100 buildings on the campus, few were built after the 1950s, and many critical structures date back to the 1920s and 1930s. As a result, the Yountville Home has far more maintenance needs than any of the other seven Veterans Homes, and has experienced far more frequent infrastructure issues, placing continued pressure on the facility's operating expenses and equipment budget.

Unlike the other Veterans Homes, the Yountville Home infrastructure obligations and maintenance needs have historically extended beyond the program care and operations facilities of its veteran residents and staff. Due to its long-standing relationships and partnerships with the Town of Yountville and surrounding communities, the Home's infrastructure maintenance needs extend to its shared operating agreement in managing the wastewater treatment reclamation facility along with the Town of Yountville; Rector Reservoir's obligations to its water consumers; its employee housing; and leased space providing important person-centered care programs and amenities to the Home's residents.

HOME MAINTENANCE COSTS FROM FY 17-18 to 21-22¹



From FY 2017-18 through 2021-22, CalVet estimates a total of \$72,454,000 has been spent on maintenance expenses at the Yountville Home. This is more than the estimated maintenance costs for the other seven Veterans Homes combined, in the same period. This includes recent major projects such as the renovation of the 85-year old central power plant, overhaul of the failing chilled water distribution system, renovation of the main campus kitchen, repairs to Rector Reservoir and Dam, administrative building modifications related to the Americans with Disabilities Act (ADA), upgrade of the Holderman Building nurse call system, and the modernization of the antiquated underground steam distribution system.

In cooperation with DGS, the Home commissioned a Campus Infrastructure Study, which was completed in 2006. Since the completion of the study, the Home has continued to work on securing critical upgrades to Yountville basic infrastructure facilities, including planned renovations to the steam distribution system. However, due to the age of the Campus Infrastructure Study and continued deterioration of the infrastructure, additional assessments are required to properly plan for the repairs, maintenance, and/or modernization of the Home's basic infrastructure. This would include the following: high voltage distribution system; the main substation transformer and switch gear station; sewer and plumbing systems; the water pipe distribution system from Rector Reservoir to and throughout the Home, including the irrigation system; and paved roads and parking lots.

Similarly, there is still the need to address ADA issues in the licensed care and public use facilities from the 2010 Yountville Veterans Home ADA Accessibility Study, as well as the Home's state-owned housing facilities which are in severe disrepair. Furthermore, with the end of the swimming pool and Lincoln Theater property lease agreements, the Home now has two additional facilities to maintain, for which it has no current resident-centered health or service program in place. In total, Yountville's infrastructure obligations and maintenance needs are equal to those of a small town.

¹ Maintenance cost summary consists of maintenance staff positions, as well as maintenance-related expenditures. Costs for FY 2021-22 are projected.

However, even with the recent repairs and upgrades, as of August of 2022, the Yountville Home has identified an estimated \$37,294,000¹ in deferred maintenance needs ², which consist of projects to maintain the basic infrastructure at the current operations level of the Home without adding additional programs. This represents the most significant of all the identified deferred maintenance costs for the entire system of Veterans Homes of California. Virtually every major structure on the campus was built prior to 1960, including many that originated in the Great Depression. In many respects, basic infrastructure of these buildings has far exceeded its expected lifespan.

YOUNTVILLE HOME DEFERRED MAINTENANCE LIST AUGUST 2022

| PROJECT DESCRIPTION | COST |
|---|---------------------|
| Reroof Three DOM Buildings | \$8,324,000 |
| Roof Replacement for Lincoln Theater | \$4,356,000 |
| Roof Replacement for Armistice Chapel | \$235,000 |
| Campus-wide Elevator Repairs | \$4,874,000 |
| Renovate Yountville Employee Housing | \$3,000,000 |
| Replace Above Ground Fuel Storage Tank | \$425,000 |
| Renovate Main Air Handler for the Ambulatory Care Clinic | \$200,000 |
| Remove Outdated, Extraneous Piping in Domestic Hot Water System | \$1,500,000 |
| Repaint Nine Residential Buildings | \$1,000,000 |
| Renovate HVAC System on Main Dining Room Roof | \$300,000 |
| Renovate Bus/Vehicle Wash Rack | \$80,000 |
| Replace Door and Door Hardware with Electronic Access Campus-wide | \$3,000,000 |
| Renovate Gambrel Barn (storage) | \$1,000,000 |
| Upgrade and Install New Charging Stations for Home Member Carts | \$1,000,000 |
| Renovate Power Supply in the Holderman Building | \$200,000 |
| Renovate Irrigation System Campus-wide | \$1,900,000 |
| Renovate Cemetery Caretaker Building | \$1,000,000 |
| Replace Outdated Plumbing with Low-Flow Fixtures Throughout | \$3,500,000 |
| ADA Door Renovation or Replacement in the Holderman Building | \$400,000 |
| Repair Paved Road and Upgrade Gravel Roads at Rector Reservoir | \$1,000,000 |
| TOTAL | \$37,294,000 |

1 This total and all other budget and financial figures are not reflective of the 2023-24 Governor's Budget, which has not been released as of publication of this report.

2 Facilities require routine maintenance and repair to keep them in acceptable condition and to preserve and extend their useful lives. When such maintenance is delayed or does not occur, it is referred to as deferred maintenance.

Additionally, the Yountville Home has identified 15 other deferred maintenance projects with yet to be determined costs that will likely be in the millions or tens of millions of dollars.

UNDEFINED YOUNTVILLE HOME DEFERRED MAINTENANCE PROJECTS

| |
|--|
| Repair Roofs at the Holderman Building |
| Sewer System Replacement |
| Renovation of Four Loading Docks |
| Substation Transformer and Switchgear Replacement |
| Entry-Road Concrete Arch Bridge Repair or Replacement |
| Repair Sidewalks and Crosswalks Campus-wide |
| Parking Lot Pavement Repairs, Slurry Seal, and Restriping |
| Demolish Storage Warehouse and Old Wood Sheds |
| Upgrade Vehicle Storage Area |
| Repair and Replace Windows in 10 DOM Buildings |
| Complete ADA-Related Renovations |
| Rector Reservoir Spillway Assessment and Repair |
| Rector Reservoir Water Main Survey and Repairs |
| Rector Reservoir Intertie System Refurbishment |
| Rector Reservoir Plant Operations Building Renovation |

The cost projections in the deferred maintenance list are conservative estimates, as costs frequently rise with inflation and as the complexities of the projects become more defined once project assessments or construction drawings are completed. Additionally, the Yountville Home has been designated a California Historical Landmark since 1969. Therefore, renovations may require consultation with the State Historic Preservation Officer, which may drive costs higher.

YOUNTVILLE HOME LANDMARK STATUS

In 1969 the Home became a California Historical Landmark and thus any alterations or renovations may require consultation with the State Historic Preservation Officer. As a historical landmark, the Home is protected from unnecessary construction or modification, preserving the site for future generations of Californians. These protections may increase costs or add to project timelines to ensure compliance and minimize impact to the campus.

It should also be noted that the Home's list of deferred maintenance projects is a point in time snapshot of projects that were identified in August 2022 and that the list or complexity of projects will only increase over time.

CalVet currently has an annual deferred maintenance budget of \$681,000 to address deferred maintenance needs for the three oldest Veterans Homes: the Yountville Home and the Veterans Homes of California – Barstow and Chula Vista.

WHY YOUNTVILLE?

"When I became a resident at Yountville, my thought was to just be here for five years and then move on. One volunteer activity led to another, which led me to working in the activities department and organizing sporting events. I enjoyed my friends and what I was doing, and I wasn't a burden to my family." Twenty-two years later, he has peace and friends—a helper to all and a burden to no one.



Bernard
Marine Corps, Vietnam

The annual budget supports very little spending in a given year, as a single public works project can be several times that amount. For example, the above referenced roofs for the three DOM buildings, the Lincoln Theater, and the Armistice Chapel are failing and in need of urgent replacement. These complex reroofing projects far exceed CalVet's annual deferred maintenance budget, yet only represent a small fraction of the overall deferred maintenance needs throughout the Yountville main campus and Rector Reservoir. It should be noted though that in addition to the annual deferred maintenance budget of \$681,000, CalVet does receive one-time budget adjustments and can also redirect funding as necessary to ensure health and

safety for residents and staff. Many of the recent major projects at the Yountville Home were funded through one-time budget increases, as the state has continued to prioritize efforts and funding for fire, life, and safety needs.

Although the campus's overall deferred maintenance needs will persist into the foreseeable future, CalVet is taking active steps to modernize the Yountville Home. Historically, one of the major drivers for deferred maintenance spending at the Home has been the Holderman Building. Virtually every aspect of its infrastructure is outdated and in need of repair, replacement, or upgrade. The ongoing construction of a new SNF building is a critical step toward modernizing the Home and reinvesting in its facilities.¹



With grading complete, and the concrete foundation poured, the walls will soon be lifted in place for the new multi-story building that will host the Skilled Nursing and Memory Care Facility.

¹ For more information about the new SNF building and how it represents the next stage in the Yountville Home's evolution, see Chapter 9.



CHAPTER 4

CHANGING COMMUNITY DEMOGRAPHICS

California's veteran population is currently shrinking at an unprecedented rate. The state's overall veteran population is projected to plummet nearly 40 percent over the next 25 years, going from 1,575,000 in 2022 to 965,000 by 2047. The largest decrease is expected among veterans aged 65 and older. That cohort is projected to decline by half, going from 735,000 in 2022 to approximately 353,000 in 2047. For decades, the primary focus for the Veterans Homes of California 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 population. 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

Napa County, where the Yountville Home is located, does not have a large veteran population, ranking 35th among all counties in California with approximately 6,000 veterans. In fact, the residents of the Home comprise more than eight percent of Napa County's veterans. However, as noted in the 2020 Master Plan, the catchment area for the Yountville Home extends beyond Napa County.

CalVet maintains that every Veterans Home should be no more than 50 miles from a major veteran population. This area can be expanded to 100 miles for SNF and SNF MC, given the greater demand and fewer alternatives compared to lower levels of care. This would include neighboring Lake and Yolo counties, counties within the Bay Area², as well as Colusa and Sacramento counties. In total, there are approximately 354,000 veterans in the Home's catchment area, representing more than one-fifth of California's total veteran population.

VETERAN POPULATION DECLINE

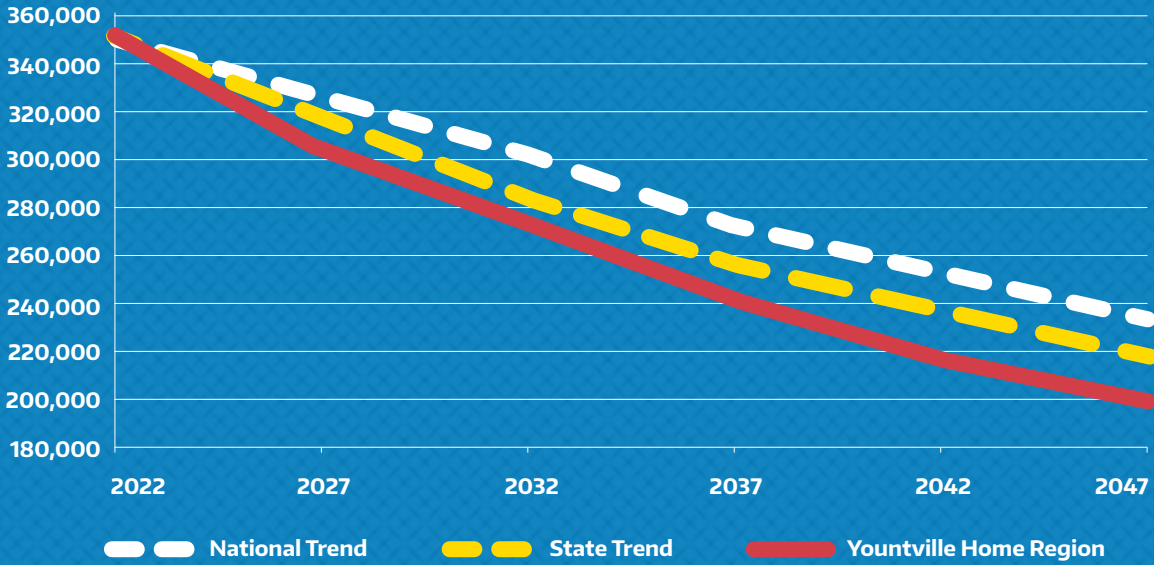
While California's veteran population will decline statewide over the next 25 years, each region will be impacted differently. Some regions will likely see population declines that exceed the state average of 40 percent.³ The Yountville Home's catchment area is one such region, as its veteran population is expected to decline by approximately 45 percent.

1 For more information on changing demographics and needs, please see Chapters 3 and 4 of the [2020 Master Plan](#).

2 The Association of Bay Area Governments incorporates the Bay Area Census which includes the following counties in the Bay Area: Alameda, Contra Costa, Marin, Napa, San Mateo, Santa Clara, Solano, Sonoma, and San Francisco, abag.ca.gov/tools-resources/data-tools/bay-area-census. Accessed August 1, 2022. See also: United States Census San Jose-San Francisco-Oakland, CA Combined Statistical Area (GEOID 488).

3 Unless otherwise stated, all population figures are as reported by the VA's National Center for Veterans Analysis and Statistics. Accessed August 1, 2022.

YOUNTVILLE HOME REGION VETERAN POPULATION DECLINE COMPARED TO STATE AND NATIONAL TRENDS



While all counties within the Yountville Home region will see a veteran population decline in the next few decades, the counties that currently have the highest number of veterans will generally decrease at a slower rate than those counties with a smaller number of veterans.

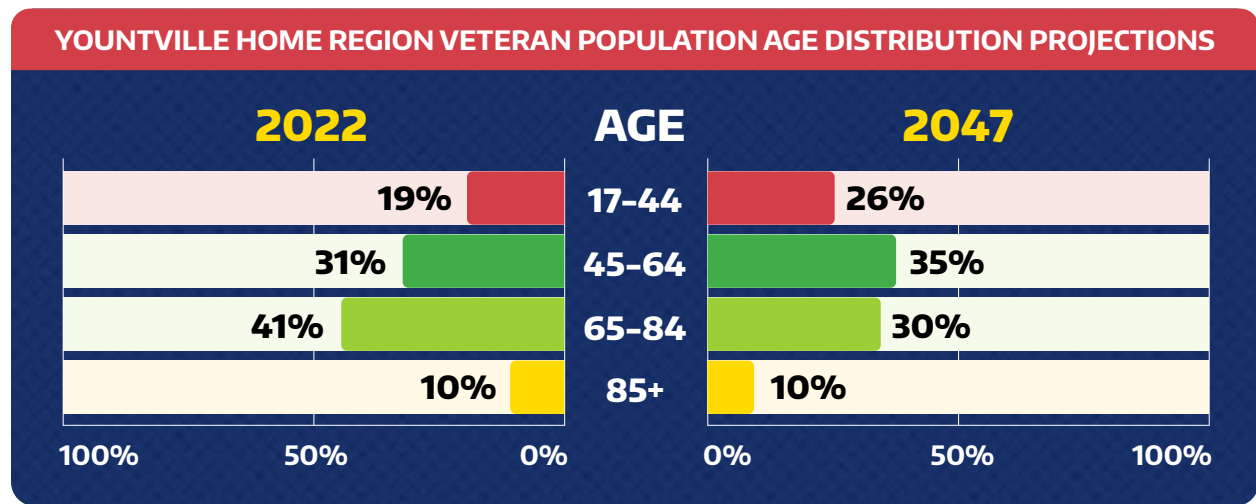
VETERAN POPULATION PROJECTIONS IN THE YOUNTVILLE HOME REGION¹

| COUNTY | 2022 VETERAN POPULATION | 2047 VETERAN POPULATION | 25-YEAR VETERAN POPULATION CHANGE |
|---------------|-------------------------|-------------------------|-----------------------------------|
| Alameda | 48,000 | 26,000 | -39% |
| Contra Costa | 45,000 | 27,000 | -40% |
| Lake | 5,000 | 2,000 | -60% |
| Marin | 9,000 | 4,000 | -56% |
| Napa | 6,000 | 3,000 | -50% |
| Sacramento | 79,000 | 45,000 | -43% |
| San Francisco | 23,000 | 12,000 | -48% |
| San Mateo | 22,000 | 12,000 | -45% |
| Santa Clara | 53,000 | 32,000 | -40% |
| Solano | 31,000 | 18,000 | -42% |
| Sonoma | 23,000 | 12,000 | -48% |
| Yolo | 8,000 | 4,000 | -50% |

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 2047 are inherently likely to be imprecise and better reflect expected trends rather than exact predictions.

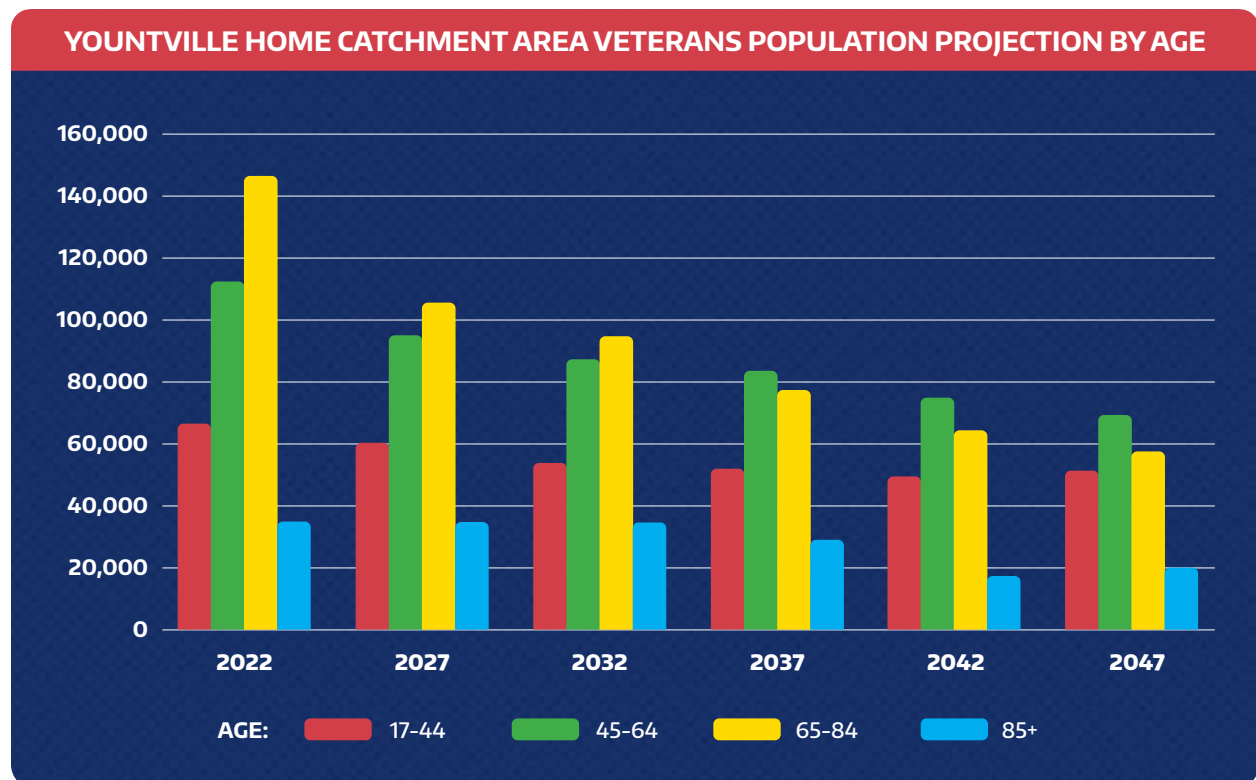
VETERAN AGE DISTRIBUTION PROJECTIONS

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. This change will result in a significant shift in the veteran population in the Yountville Home region.



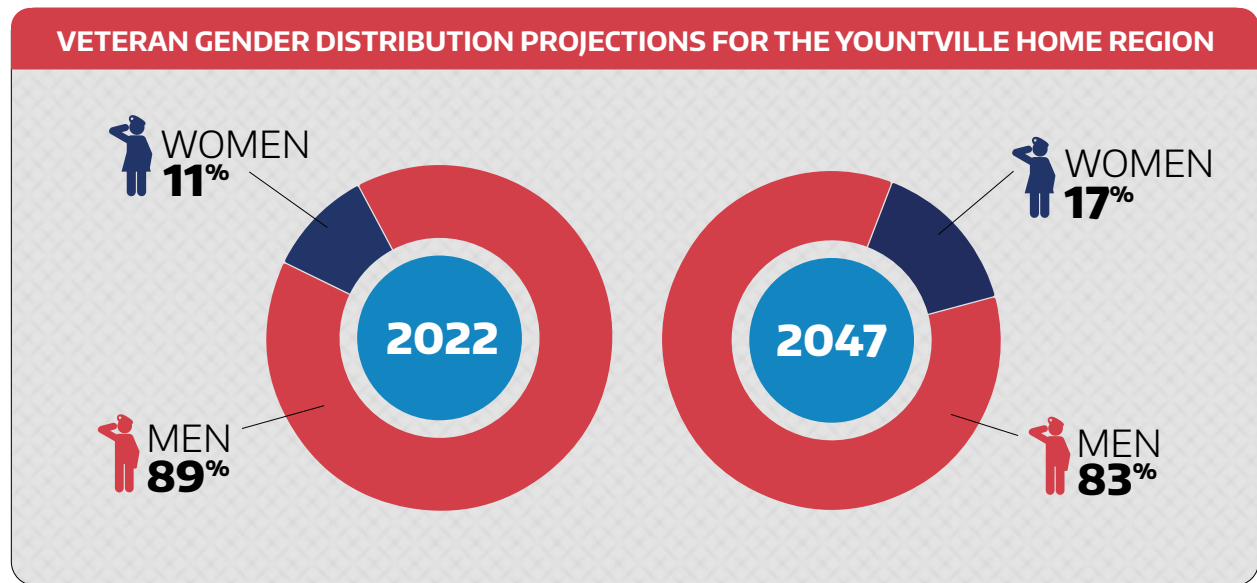
This change will reflect trends in the state at large. With the loss of World War II veterans, the trend toward an aging veteran population is reversing. Because the Home primarily provides long-term care for an elderly veteran population, this shift can have a significant impact on future demand for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

Although the landscape in the Home's region 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.



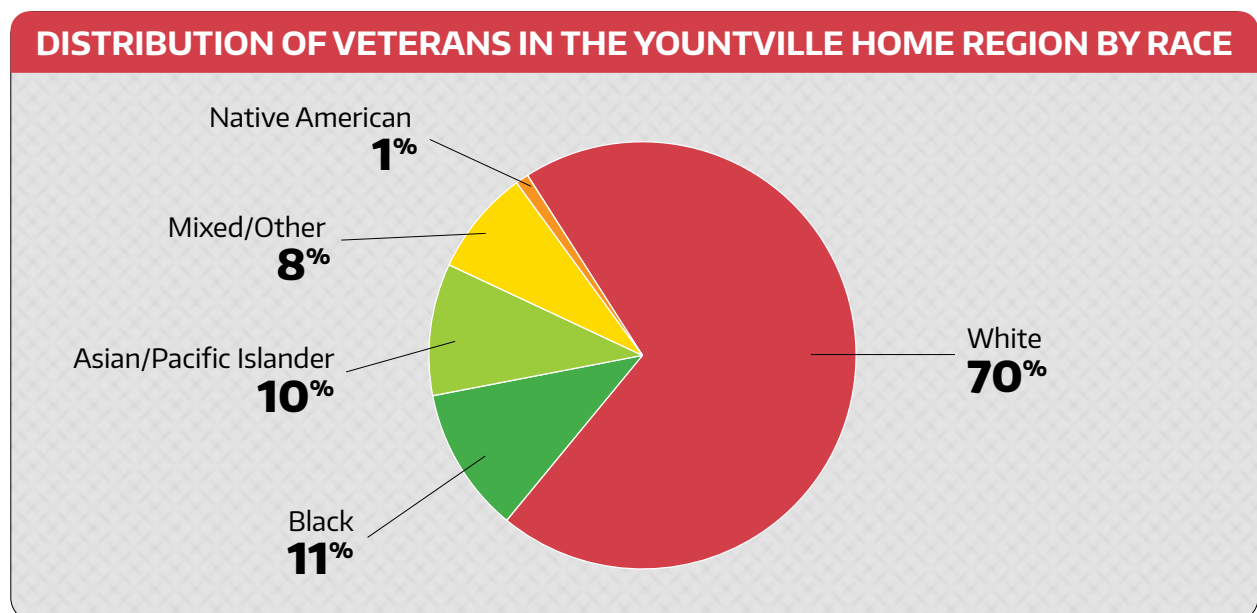
GROWING FEMALE REPRESENTATION

As the population of veterans in the Yountville Home region shifts toward younger veterans, women will represent a greater share of veterans. Currently, 89 percent of veterans in the region are men, while 11 percent are women. By 2047, the share of female veterans is expected to increase from 11 percent to approximately 17 percent, representing a larger portion of the overall veteran population. While female veterans will represent a larger portion of veterans, the actual number of female veterans is projected to decrease slightly, from 38,000 in 2022 to approximately 34,000 in 2047. On the other hand, the number of male veterans is projected to drop significantly, from approximately 317,000 in 2022 to 163,000 in 2047.

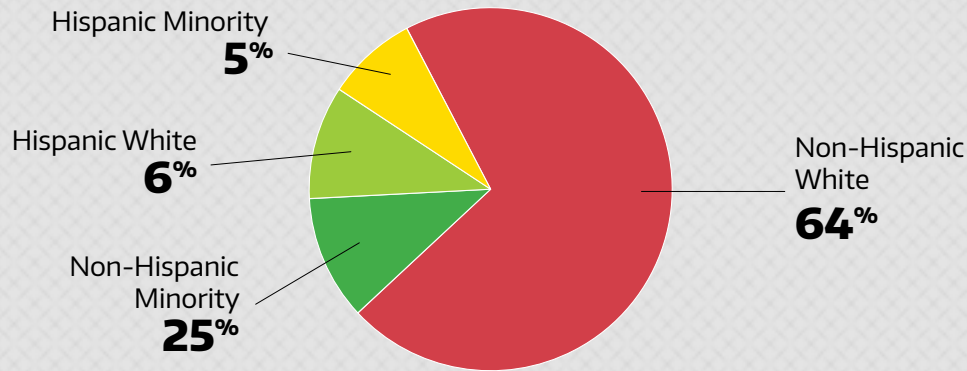


RACE AND ETHNICITY

Although the VA does not release racial demographic projections at the county level, the 2020 American Community Survey (ACS) five-year estimate provides a breakdown of racial and ethnic demographics for the Yountville Home region.



DISTRIBUTION OF VETERANS IN THE YOUNTVILLE HOME REGION BY ETHNICITY



Because both the U.S. and state veteran populations are projected to become more diverse, veterans in the Home's region will also likely become more racially and ethnically diverse over the next few decades.¹

VETERANS EXPERIENCING HOMELESSNESS IN THE YOUNTVILLE HOME REGION

The Point-in-Time Count (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 veterans experiencing homelessness in California.

Despite having only 8.5 percent of the nation's veteran population, on a single night in January of 2020, the PIT Count identified 11,401 veterans experiencing homelessness in California, representing approximately 31 percent of all veterans experiencing homelessness in the United States. On that same night, the PIT Count identified approximately 3,400 veterans experiencing homelessness within the Yountville Home's region.

WHY YOUNTVILLE?

"During the Korean War I trained B-29 crews survival tactics. As a veteran, I became active in a women's veterans group. During one of our outings, we toured the Yountville Veterans Home. I knew I wanted to make it my home when my husband passed." Muriel has been a resident for 13 years, is a member of the Home's Allied Council, and entertains residents with her superb singing voice.



Muriel
Air Force, Korea

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

VETERANS EXPERIENCING HOMELESSNESS IN THE YOUNTVILLE HOME REGION DURING THE 2020 HUD PIT COUNT¹

| COUNTY | VETERANS EXPERIENCING HOMELESSNESS |
|---------------------------|------------------------------------|
| Alameda | 722 |
| San Francisco | 699 |
| Sacramento | 646 |
| Santa Clara | 613 |
| Sonoma | 139 |
| Solano | 135 |
| Contra Costa | 117 |
| Marin | 101 |
| San Mateo | 66 |
| Napa | 60 |
| Lake | 55 |
| Yolo | 40 |
| Contra Costa ² | 18 |
| TOTAL | 3,411 |

While the population of veterans experiencing homelessness in California shrank by nearly a third between 2011 and 2020 according to the HUD PIT Count, it has remained approximately the same in the Yountville Home region. In total, the Home’s region includes four of the six counties with the highest number of veterans experiencing homelessness.

Furthermore, veterans experiencing homelessness are far more likely to be unsheltered in the Yountville Home region than elsewhere in the country. In 2020, HUD estimated that approximately 74 percent of veterans experiencing homelessness in the region were unsheltered. This was above the statewide rate of 70 percent, and approximately three-fourths larger than the national rate of 41 percent.

While California’s population of unsheltered veterans experiencing homelessness decreased by approximately 20 percent from 2011 to 2020, the number of unsheltered veterans in Yountville Home’s region is estimated to have increased by more than 20 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 Continuums of Care in the Yountville Home region served 4,567 individuals in 2020 who self-identified as veterans. While this number is higher than the federal homelessness estimate, both sources indicate that homelessness remains a significant issue for the region.³

1 Estimates from the 2020 HUD PIT Count.

2 Contra Costa 2020 PIT Count data also includes Glenn County and Trinity County.

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

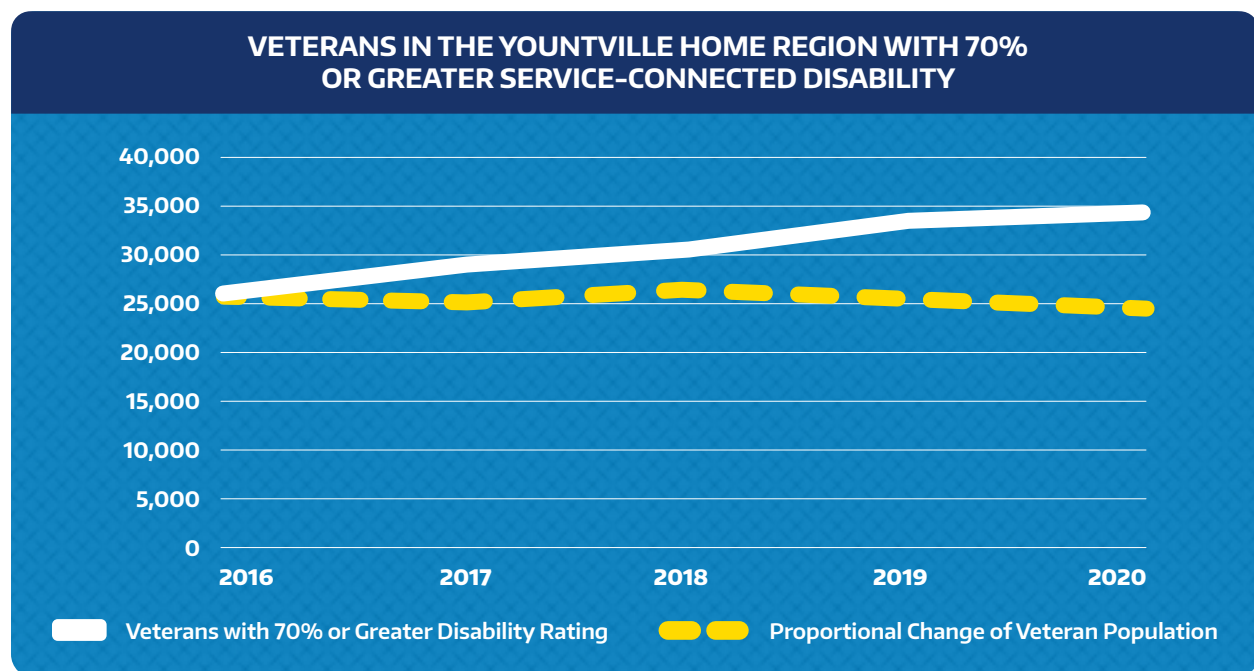
SERVICE-CONNECTED DISABILITIES

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.¹

As noted in the 2020 Master Plan, despite a 17-percent decrease in the veteran population between 2011 and 2017, the number of veterans with service-connected disabilities increased dramatically by 43 percent.²

In the Yountville Home region, the severity of service-connected disability ratings has soared. Between 2016 and 2020, despite a decline in veteran population of over four percent, there has been a 36-percent increase in the number of veterans who have received a service-connected disability rating of 70 percent or higher.

In 2020, the Yountville Home region had more than 35,000 veterans with a disability rating of 70 percent or greater, representing over 16 percent of California's veterans with a disability rating of 70 percent or greater. 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

Much like elsewhere in 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. The region surrounding the Yountville Home will evolve as it will likely see a significant decline in its veteran population over the coming decades. 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.

1 Service-connected disabilities may have 0-percent ratings due to a lack of severity. Generally, veterans rated at 0 percent are not compensated by the VA due to the lack of impairment and are therefore not reflected in this Yountville Master Plan.

2 For more information on the dramatic increase in the number of veterans with service-connected disabilities, please see Chapter 4 of the [2020 Master Plan](#).



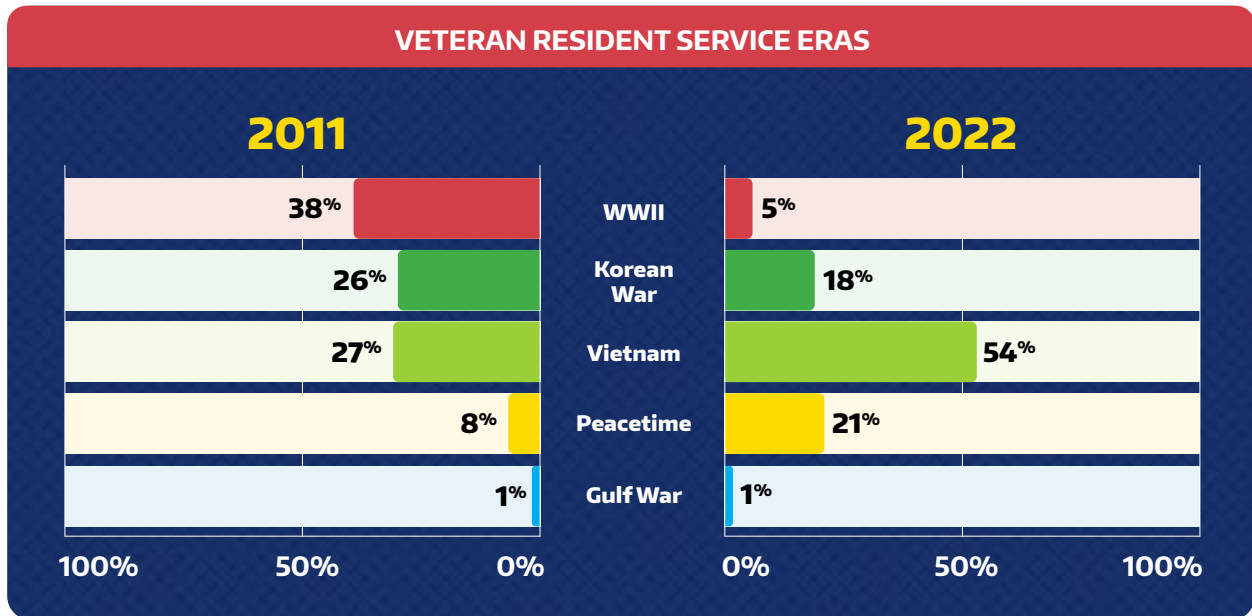
CHAPTER 5

RESIDENTS OF THE YOUNTVILLE HOME

As the veteran population in the Yountville Home region evolves, so too will the demand for healthcare services. As a long-term care facility, the Yountville Home primarily serves older veterans. This chapter will explore the resident demographics at the Home. Unless otherwise stated, resident data is from June 2022.

A CHANGING OF THE GUARD

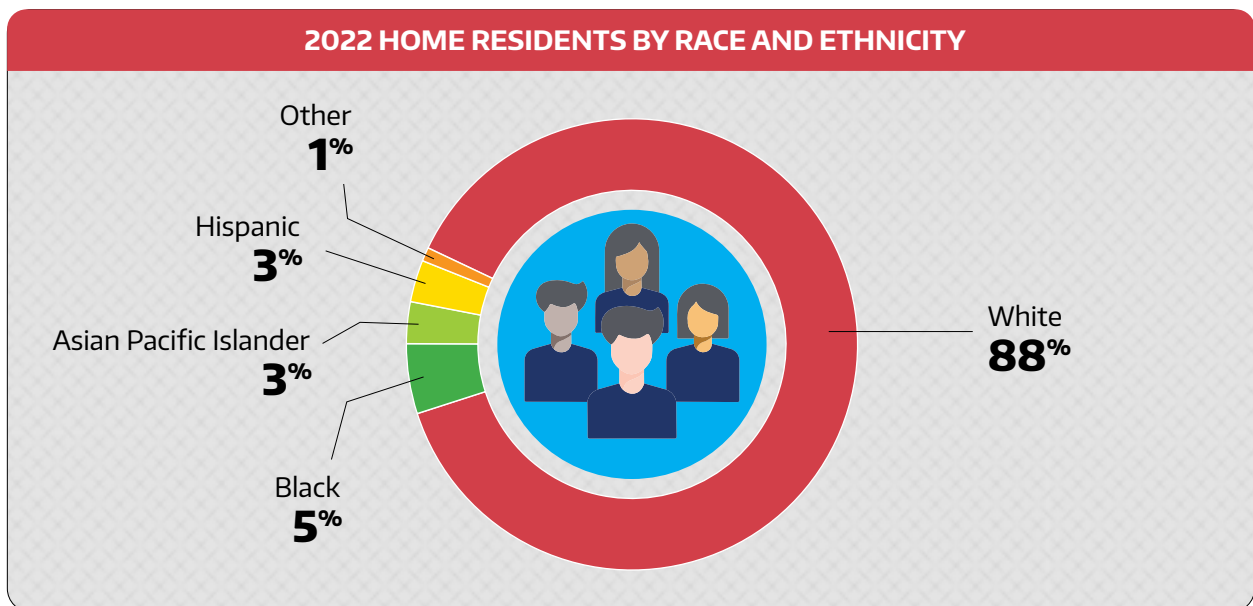
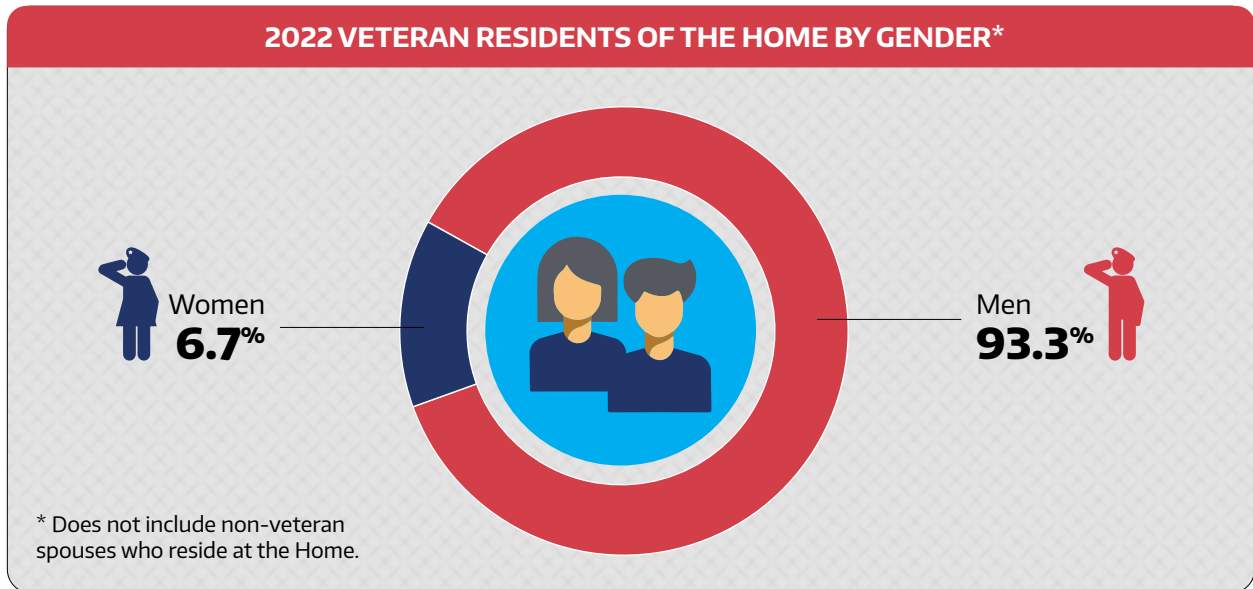
As previously discussed in Chapter 4, the primary focus for the Veterans Homes has been on the long-term care of WWII and Korean War veterans. In recent years, however, the veteran population has changed dramatically and Vietnam War era veterans are currently the greatest recipients of long-term care. This transition is evident among the veterans residing in the Home, where Vietnam War era veterans now make up more than half 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 what appears on the surface. Whereas the older generations of World War II and Korean War veterans 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.

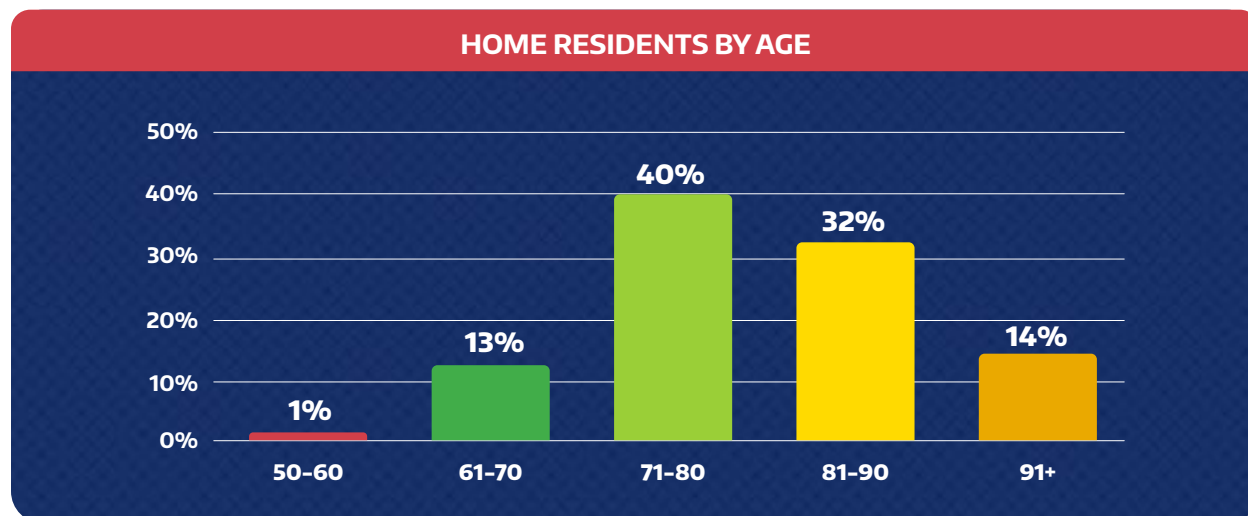
DEMOGRAPHIC MAKEUP OF THE HOME

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.



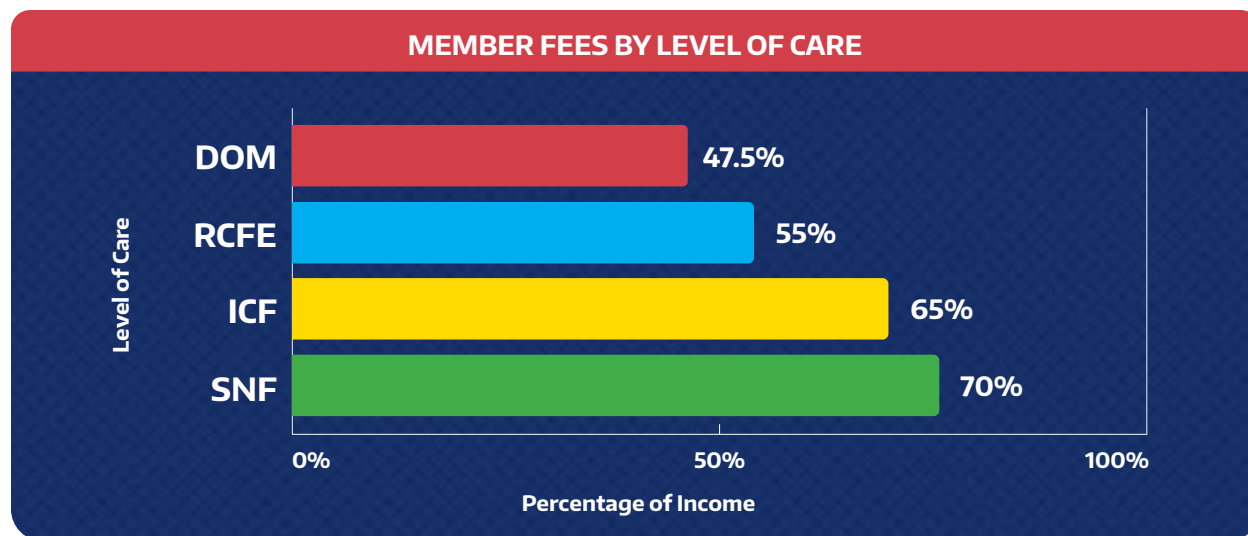
RESIDENT AGE

As of June 2022, the Home's residents ranged in age from 53 to 103. More than four-fifths of the residents are over 70 years old, with nearly half over 80 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 or domestic partners, 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.



It should be noted there is a distinction between what revenue a Veterans 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 service-connected disabled receive enhanced VA per diem.¹ Per federal rules and regulations, the Home cannot collect member fees from

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.

70-percent disabled veterans. Instead, the only revenue stream the Home can collect from 70-percent disabled veterans is the enhanced federal per diem.¹ Currently, approximately 13.5 percent of the Home's residents are at least 70-percent disabled.

Based on the most recent data available, residents at the Home had a mean monthly income of \$2,295.71.² Drilling down by level of care, ICF, SNF, and SNF MC residents had a mean monthly income of \$2,555.42;

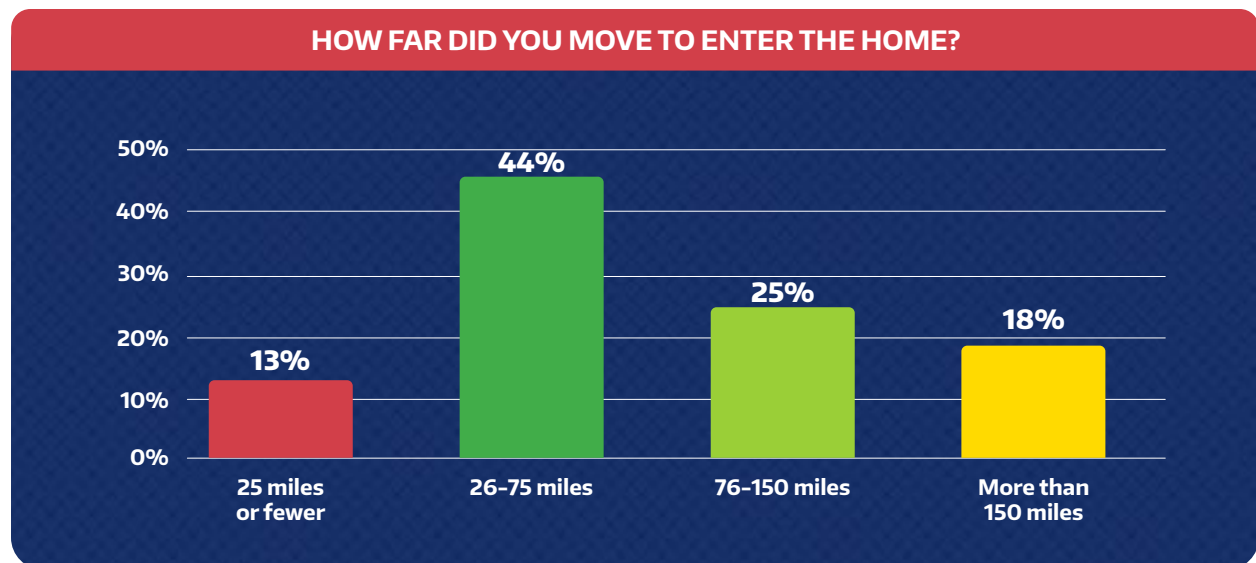
while DOM and RCFE residents had a mean monthly income of \$2,104.50. Examining the relationship between resident income and federal government poverty guidelines for the time period described above, approximately 11 percent of residents were living at or below the poverty line.³



A Yountville Home couple enjoying the shared patio in front of their home.

WHERE RESIDENTS PREVIOUSLY LIVED

In preparing this Yountville Master Plan, CalVet gathered input through an anonymous survey of the Home's residents which was conducted in July 2022. One question on the survey asked the residents to identify how far they moved to enter the Yountville Home. Out of the residents who responded, 13 percent moved 25 miles or less; 44 percent moved between 26 and 75 miles; 25 percent moved between 76 and 150 miles; and 18 percent moved over 150 miles. This data appears to indicate that although only a small percentage of residents surveyed previously lived in the immediate Napa County area, a majority of the residents surveyed are coming from the greater Bay Area and Sacramento region.



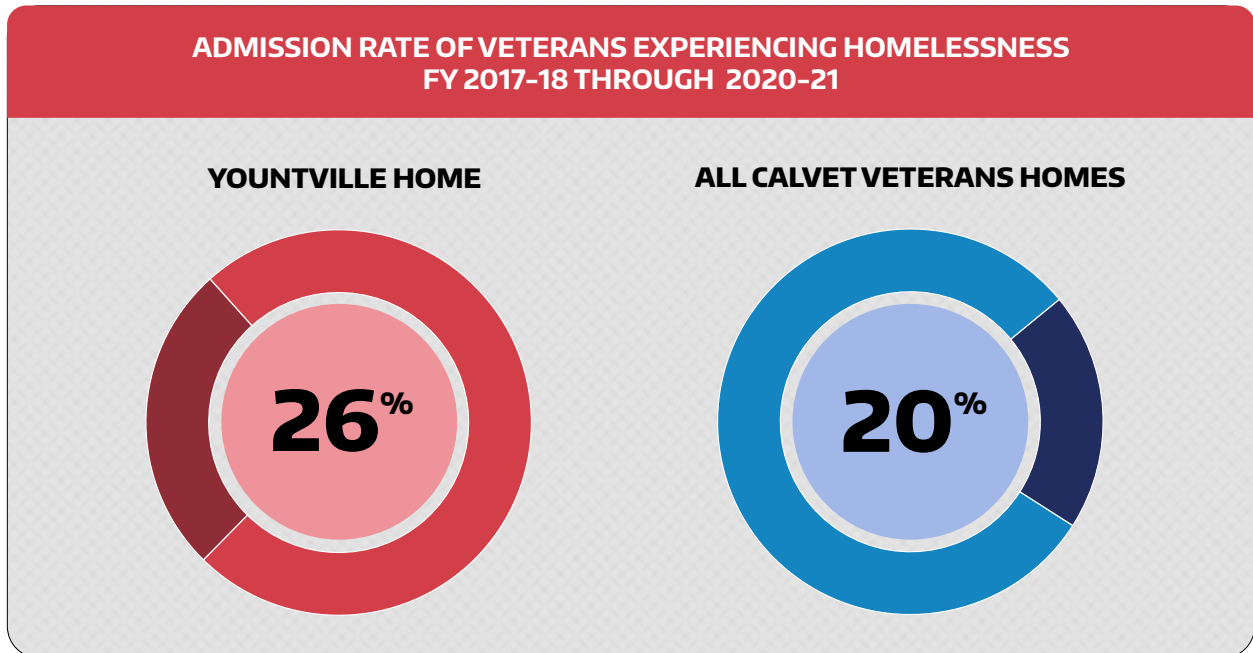
1 For more information, please see Chapter 2 of the [2020 Master Plan](#).

2 This data is a snapshot in time as of August 2022. Income excludes Medi-Cal benefits received.

3 Calculations were made based on 2022 single-person household poverty guidelines, which for 2022 was set at \$13,590. 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.

SERVING VETERANS EXPERIENCING HOMELESSNESS

CalVet estimates that approximately 26 percent of the residents admitted to the Home beginning FY 2016-17 through 2021-22 were either previously homeless or on the verge of experiencing homelessness. Comparatively, an average of approximately 20 percent of residents admitted throughout the eight Veterans Homes during this period were previously homeless or on the verge of experiencing homelessness.



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.

EXISTING RESOURCES FOR VETERANS IN THE COMMUNITY

The Veterans Home of California system of care is not the only provider of housing and long-term care for veterans in the community. Instead, the Veterans Homes exist within an ecosystem of care providers serving various cross-sections of the veteran (and non-veteran) population. Collectively, these programs offer a level of coverage beyond what any single service provider can offer.

Compared to the other areas of California there are relatively few veterans located in the Yountville and Napa population centers, save for the Yountville Home. Napa County ranks 35th among all counties for both overall population and veteran population. Given this relatively low veteran population, many veteran-specific resources are located in higher-density population centers in the surrounding region, including the Bay Area, Sacramento, and other nearby counties.¹ Resources that exist throughout the region often complement the services offered by the Home. VA resources in the community are not just complementary, they are necessary to ensure the successful operation of the Home and facilitate quality care for the Home's residents.

Community Healthcare Facilities

The Home's residents receive care at the Home, in Napa County, and throughout the Bay Area. These healthcare resources are adequate to meet residents' needs; however the distance between the Home and community healthcare resources is less than ideal.

COMMUNITY HOSPITALS

There are two large hospitals near the Yountville Home. Located less than eight miles away from the Yountville Home is Providence Queen of the Valley Medical Center, a 200-bed general acute care facility that serves as an emergency medical facility and as a provider for some primary or intermediate care needs for the Home's members, including for non-veteran resident spouses or domestic partners who do not receive specialty care at the VA. Additionally, there is also Adventist Health St. Helena, a 151-bed general acute care facility located less than 15 miles north of the Yountville Home. CalVet is proud of its strong partnership with these hospitals, which have proven to be excellent care providers for residents of the Yountville Home.

¹ The Association of Bay Area Governments incorporates the Bay Area Census which includes the following counties in the Bay Area: Alameda, Contra Costa, Marin, Napa, San Mateo, Santa Clara, Solano, Sonoma, and San Francisco, abag.ca.gov/tools-resources/data-tools/bay-area-census. Accessed August 1, 2022. See also: United States Census San Jose-San Francisco-Oakland, CA Combined Statistical Area (GEOID 488).

REGIONAL VA HEALTHCARE SERVICES

The Home's DOM and RCFE residents typically receive some outpatient care at the Home's ACC, while residents in higher levels of care routinely receive inpatient primary care from the Home's on-site physicians. Beyond the primary care provided at the Home, residents may receive care at one of the various VA clinics in the area, the closest being the Mare Island and Fairfield VA Clinics. However, not all medical disciplines are available at the clinics, and some residents must travel to a larger VA Medical Center (VAMC) for specialty care. Notably, some residents may be referred to the Palo Alto VAMC for additional mental health care services. The closest VAMCs are the Martinez VAMC and the San Francisco VAMC, which are approximately 42 and 60 miles driving distance from the Home, respectively. Whereas, a round trip to the Martinez VAMC can take two hours, such a trip to the San Francisco VAMC can take three to four hours, depending on traffic conditions. These travel times have made it difficult for the Home's residents to receive VA care. Despite their distance from the Yountville Home, the Martinez and San Francisco VAMCs are key partners of the Home and provide indispensable care and support to the Home's residents. Further from the Home, VA Clinics in Santa Rosa, Oakland, and Clearlake provide regional VA Healthcare services. However, Home members do not typically receive care at these locations.

YOUNTVILLE REGION HEALTHCARE AND VA RESOURCES



**YOUNTVILLE
VETERANS HOME**



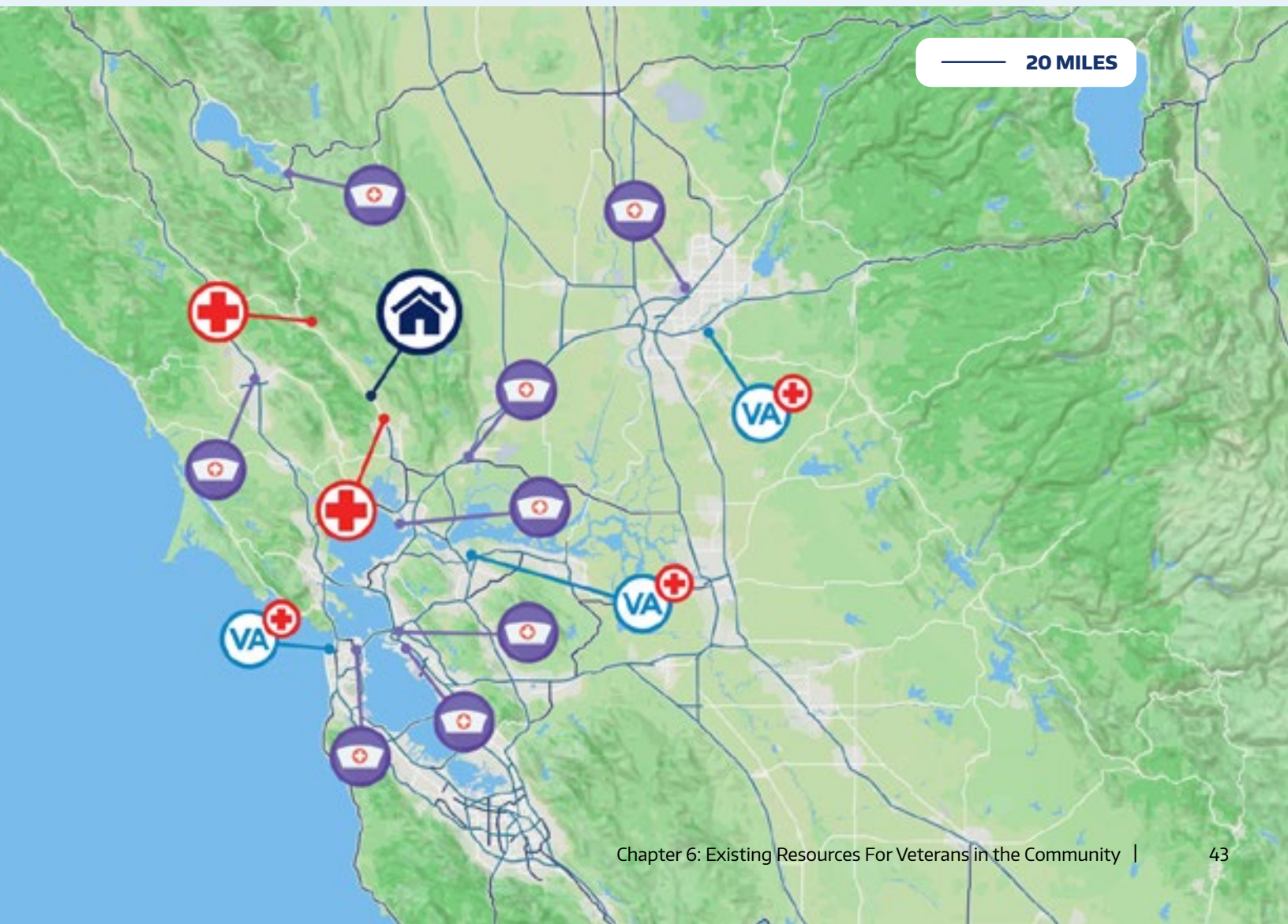
**MEDICAL
CENTER**



VA CLINIC



**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 options, rather than relocating to a brick-and-mortar care facility, those options 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 choices, they are necessary components 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.

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 serve 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 CLCs operated by the VA are located in the Martinez and San Francisco VAMCs, each with 120 beds. In total, there are five CLCs in the greater Bay Area which are operated by the VA and in proximity to the Home. These five CLCs may serve as a resource for qualified veterans seeking nursing care in the Bay Area.

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 alike.

Given the Home's proximity to the greater Bay Area and Sacramento region, there are other long-term care facilities within a 100-mile radius of the Home which could serve veterans in the community. CalVet estimates that there are 37 CNHs within 100 miles of the Yountville Home, with the closest located in Sonoma.¹ While some of these facilities are located in Napa's neighboring counties, most are located in the Bay Area and Sacramento region.

Although many community SNFs honor their veterans, CalVet is not aware of any such facilities in California that primarily specialize in serving veterans as a holistically veteran-centric facility similar to the Home. In 2017, the VA contracted with 1,769 CNHs nationwide, but only averaged five veteran beds per facility.²

VA RECOMMENDATIONS TO THE AIR COMMISSION

In March 2022, the VA released its Asset and Infrastructure Review (AIR) report. The AIR report is published in the Federal Register and submitted to Congress and a presidentially appointed AIR Commission. Although the Commission is not obligated to accept the VA's recommendations, the report may forecast upcoming changes. The AIR report included the following recommendations that, if enacted, may impact the Yountville Home:

- Discontinue long-term CLC services at the San Francisco VAMC and relocate such services to newly proposed CLCs in Santa Rosa and Alameda Point.
- Establish a new VA Community-Based Outpatient Clinic (CBOC) in the vicinity of Yountville to expand access to primary care and outpatient mental health services.

1 Nursing Home Care for Veterans, U.S. Department of Veterans Affairs, bit.ly/3liqZ6P. Accessed May 23, 2022.

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.

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 greater Bay Area and Sacramento region. Generally, these programs provide little or no nursing support, but many offer counseling and behavioral health services. Some of the housing resources available to veterans in these areas include:

- **CalVet Home Loans Program:** Veterans across the state and in the Yountville region may utilize CalVet's Home Loans, which provide veterans low-cost loans to purchase their home. Nearly all veterans in California are eligible for the Home Loans program.¹



- **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 sale of general obligation bonds for the development of affordable and supportive multifamily rental housing for veterans experiencing homelessness, or for extremely low-income veterans who are at risk of becoming homeless. Developers partner with veterans services providers to build affordable housing that consists of supportive and transitional housing with comprehensive case management and other services to assist veterans and their families to realize housing stability and expand self-sufficiency (Welfare and Institutions Code, Section 8255). As of December 2021, of the \$478.7 million awarded to VHHP projects statewide, \$2.8 million has been awarded to projects in Napa County and \$89.1 million has been awarded to projects in the Bay Area.² Some of the VHHP supported projects in the Bay Area and Sacramento region include:



Windsor Veterans Village is an apartment complex for veterans and their families in Sonoma County. Windsor Village benefited from the Veterans Housing and Homelessness Prevention program providing funding for the development supporting service-rich, housing for veterans with an emphasis on helping veterans who are homeless or at the risk of becoming homeless.

- In San Francisco, the Edwin M. Lee Apartments, a joint development project completed in 2020 by Swords to Plowshares and Chinatown Community Development Center. These apartments provide 62 units for veterans experiencing homelessness.
- In San Mateo County, a 65-unit Veterans Village opened in 2019 as a Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) facility. Colma's Veterans Village offers affordable housing to veterans experiencing homelessness. The Colma Veterans Village uses a model that is part of a collaboration between HUD-VASH and the VA's Office of Geriatrics and Extended Care to provide some in-house care to the Village's veteran occupants.

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

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

- In Sonoma County, the Windsor Veterans Village welcomed its first veteran residents to permanent supportive housing in 2021. Also in Sonoma County, Benton Veterans Village opened in 2018 utilizing a rehabilitated 1940s firehouse and an adjacent building to create six new apartments for veterans experiencing chronic homelessness.
- In Solano County, the Rocky Hill Veterans Apartments offers 39 new units in a pair of three-story buildings, providing housing for low-income veterans and their families and for veterans experiencing chronic homelessness.
- In Sacramento County, Mather Veterans Village provides 100 units of permanent supportive housing and 60 units of transitional housing. Mather Veterans Village is a cooperative project between Veterans Housing Development Corporation, Nation's Finest, the City of Rancho Cordova, the County of Sacramento, and Mercy Housing.
- **VSSR Pilot Program:** The Veterans Support to Self-Reliance (VSSR) Pilot Program is a newly established three-year \$25 million competitive grant program that CalVet will administer to qualified grantees who serve veterans through permanent supportive housing. This program will provide expanded onsite supportive services for veterans aged 55 and over who reside in permanent supportive housing projects throughout California.¹ Expanded onsite supportive services may include, but are not limited to, SNF care, medication management, peer specialists, and geriatric social workers.
- **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 HUD-VASH, Grant and Per Diem, and Health Care for Homeless Veterans programs.²
- **Non-Profit Organization Programs for Veterans Experiencing Homelessness and Other Veterans Supportive Housing Services:** Non-profits in the greater Bay Area and Sacramento region provide varying degrees of housing assistance for veterans, though few non-profits directly serve the Yountville area nor do they provide skilled nursing.
 - In the Bay Area, Swords to Plowshares provides wrap-around care to more than 2,000 veterans each year. Another non-profit provider, Homeward Bound of Marin, partners with the VA to offer an array of services to veterans experiencing homelessness in Marin County.
 - In Santa Rosa, Veterans Village consists of 14 tiny homes built on Sonoma County-owned land. The project was developed by Community Housing Sonoma County and houses veterans experiencing chronic homelessness who receive supportive services and rental services.
 - In the Sacramento region, Veterans Housing Development Corporation and Nation's Finest developed affordable housing for veterans and their families: the Nation's Finest 47-bed transitional housing program for at-risk veterans.

WHY YOUNTVILLE?

"We didn't want to be a burden to our son as we grew older. We were introduced to the Yountville Home by a friend. It was love at first sight. We love living in the couples section, we volunteer as helpers to other residents to stay active, and appreciate the trips planned by the Home."



Dick and Sandy
Navy, Vietnam War

1 The permanent supportive housing projects supported by the VSSR Pilot Program will likely be HUD-VASH projects.

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

Regional non-profit organizations may also receive VA support. For example, in August of 2022, the VA awarded grants through its Supportive Services for Veteran Families Program to non-profit organizations that help veterans experiencing, or at risk of experiencing, homelessness. SHELTER, Inc. (serving the San Jose and Santa Clara area) and Volunteers of America of Greater Sacramento and Northern Nevada, Inc. (serving the greater Sacramento region) received grants for the 2023 fiscal year. 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 or when similar care is provided. A more complete description of all CalVet resources available to veterans in the Yountville region and across the state is available via the California Veterans Resource Book and on the CalVet website.¹

Community In-Home Supportive Services and Community Care

COUNTY PROGRAMS

As an alternative to veterans housing programs, Napa County veterans can utilize county resources to receive care while remaining in their homes. The In-Home Supportive Services (IHSS) program of the California Department of Social Services provides aid to help eligible lower-income California residents who are elderly or disabled, helping them to live safely in their own homes. This often represents the ideal care scenario for many veterans. Utilizing county, state, and federal dollars, IHSS covers services such as housecleaning, meal preparation, laundry, grocery shopping, personal care, and accompaniment to medical appointments.

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 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.



A Movement Disorders Clinical Nurse Specialist at the VA Medical Center in San Francisco, tests the Telehealth connection with a resident at the Veterans Home in Yountville.

¹ For the most recent copy of CalVet's California Veterans Resource Book, see www.calvet.ca.gov/Pages/Publications.aspx.

- **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.

SUMMARY



The dining hall brings veterans, spouses and staff together.

The California Veterans Home in Yountville is the largest provider of facility-based, long-term care for veterans in California. Nestled between the greater Bay Area and Sacramento region, the Home is situated within a veterans' service-rich area. CalVet and other state agencies offer services for veterans, with additional veteran-centric programs available through the VA, non-profit organizations, and private business.

The Home is best positioned to serve members of the community seeking in-facility, veteran-centric long-term care on a unique campus home to a large community of veteran residents. However, the Home is not the only provider of housing or long-term care. Any considerations about the role of the Home in meeting service demands should consider its role in the broader safety net for veterans in need.

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



CHAPTER 7

ASSESSMENT OF THE YOUNTVILLE HOME

In the 2020 Master Plan, CalVet developed an assessment tool for 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, service needs, veteran service providers, labor markets, and healthcare infrastructure data at a regional level, CalVet can better evaluate current and potential future Veterans Home locations.¹

The 2020 Master Plan identified some of the Yountville Home's unique challenges based on its age, location, and design. As discussed later in Chapter 9, these criteria were instrumental for strategic planning efforts, including the prioritized construction of the new SNF complex on the Yountville campus and the ongoing realignment of the levels of care offered throughout the Home. This chapter revisits the Yountville Home based on the same five criteria initially used in the 2020 Master Plan.

VETERAN NEED

The Yountville Home is located in the heart of Napa County. As noted in Chapter 4, Napa County does not have a large veteran population, ranking only 35th among all counties in California. This low density will worsen as the county veteran population will decrease by half over the next 25 years. However, as discussed in Chapter 5, only 13 percent of residents surveyed lived within 25 miles of the Home prior to admission. In contrast, 44 percent previously lived between 26 and 75 miles away from the Home, and 25 percent lived between 76 and 150 miles away. This data indicates that the catchment area of the Home extends beyond Napa County and into neighboring Lake and Yolo counties, counties within the Bay Area (Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma), as well as the counties of Colusa and Sacramento.

In total, this region includes more than a fifth of California's total veteran population. As discussed in Chapter 4, the veteran population is shifting toward younger veterans; however, in 25 years there will still be 78,000 veterans who are 65 and over in the region. 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 SNF or SNF MC, as they age. Additionally, four of the six counties with the highest number of veterans experiencing homelessness are in the region.

Although the veteran population in the Yountville Home's catchment area is comparatively small, the regional population is comparatively large, and the evidence suggests they have relatively high needs. Overall, there will continue to be demand for long-term care in the veteran community.

¹ For a detailed examination of each criterion and how they were developed, please see Chapter 7 of the [2020 Master Plan](#).

PROXIMITY TO VA CARE

While local facilities provide care to the residents at the Home, some services, including specialty care, must be provided by the VA directly. As noted in the 2020 Master Plan, a Veterans Home campus would ideally be located less than 30 minutes from a VA Medical Center (VAMC). However, the nearest VAMCs to this Home are located in Martinez and San Francisco, which are approximately 42 and 60 miles from the Home, respectively. Although the Martinez VAMC is closer, the residents of the Home receive most VA services from the San Francisco VAMC. Veterans may travel three to four hours by bus round trip between the San Francisco VAMC and the Home, not including time spent waiting for other residents to complete their appointments. This distance creates significant strain for veterans of the Home and impacts their quality of life.

WHY YOUNTVILLE?

"I feel like I'm living in paradise! When I called the Admissions department, I was invited to take a tour—I fell in love with the Home instantly. But, I wondered how I could afford to live here only on Social Security. Much to my surprise, I can and have done so for the past 12 years." Gary loves entertaining his fellow residents, he is the current chair of the Allied Council, and is so thankful for the wonderful staff.

Gary
Marine Corps
Vietnam Era



While not all residents at the Home routinely receive services at the San Francisco VAMC, all veteran residents are eligible for specialty care at the VA and virtually all veteran residents at the Home will at some point need to receive services from the VA, which makes the distance to the San Francisco VAMC challenging.

APPROPRIATE LEVELS OF CARE

As noted in the 2020 Master Plan, the levels of care at the Yountville Home are generally not in line with veteran needs. While the demand for SNF and SNF MC are high – with an average of more than 200 applicants on the waitlist – these levels of care are located in Holderman, an outdated Depression-Era building that does not meet modern programmatic expectations. Furthermore, the Home struggles to find

eligible and interested veterans for the other lower levels of care. In addition to lack of demand, both the DOM and ICF are subject to increasing federal requirements that make operating them more difficult. Moreover, the RCFE and ICF units compete for many of the same veterans, negatively impacting the census in both units.

In accordance with the 2020 Master Plan's recommendations, CalVet has already begun taking steps to realign the levels of care offered at the Home and to ensure that it is more efficiently serving veterans' needs. Construction of a new SNF complex, which has long been a priority for CalVet, is currently



Staff members in front of the Holderman Skilled Nursing Facility.

underway. Once completed, the Home will be able to expand the number of SNF beds offered, from 75 to 90. CalVet has also permanently halted all admissions to the outdated ICF, and has begun slowly drawing down the census through attrition as the 105 dual-occupancy ICF is replaced with a 61-bed single-occupancy RCFE. When these changes are complete, the Home will better reflect regional demand, while improving program effectiveness.

Even before public health directives during the COVID-19 pandemic required CalVet to temporarily halt admissions at the Yountville Home, CalVet anticipated that its census would decline. CalVet will continue to reevaluate the budgeted capacity for the DOM program based on trends and community demand.

LOCAL HEALTHCARE INFRASTRUCTURE

The healthcare infrastructure surrounding the Yountville Home is limited but not inadequate. The local community hosts two large hospitals, which offer responsive and high-quality services to the Yountville Home. Overall, vendors and medical facilities are available to meet the need.¹ However, relatively few nursing programs are in the area, making it harder to grow a nursing staff. Additionally, some contracted services are more difficult to obtain than others based on the availability of local vendors.

HIRING COMPATIBILITY

The Yountville Home has traditionally had challenges recruiting and retaining staff due to its geographic location and the high cost of living in the area. As a result, recruitment of new employees is hampered, and among those who accept positions, many travel considerable distances to reach the Home.²

Unfortunately, much like healthcare facilities throughout the state and nation, CalVet is currently experiencing a critical nursing staffing crisis in the Yountville Home as well as throughout the Veterans Homes of California system of care.³ More than a third of staff in the Home are registered nurses (RNs), licensed vocational nurses (LVNs), or certified nursing assistants (CNAs). As a result,



Queen of the Valley Hospital, one of the two large hospitals located less than eight miles from the Home.



Medical staff at work.



Staff proudly displaying their COVID-19 vaccination cards.

1 See Chapter 6 for a detailed description of local healthcare infrastructure.

2 For a detailed examination of the cost of housing in the Yountville community, please see Chapter 7 of the [2020 Master Plan](#).

3 The ongoing COVID-Pandemic has had a devastating effect on the nursing workforce, as many have left the industry while demand for staff has continued to increase.

the Home's difficulties in recruiting and retaining staff have been drastically exacerbated. Over just the past two fiscal years, the vacancy rate among CNAs has risen from almost seven percent to more than 30 percent. As frontline care providers, RNs and CNAs are fundamental to the operation of the Yountville Home.

In response to ongoing challenges in recruiting and retaining RNs and CNAs, the Home has had to limit and sometimes freeze admissions to higher levels of care while consolidating units to minimize staff workloads. Other staff have been redirected from nursing administrative functions to direct care as operationally feasible, and the Home increased the use of overtime to meet the needs of the residents. Additionally, the Home has relied on a statewide nurse registry contract managed by CDPH and the Emergency Medical Services Authority.

SUMMARY

As historically configured, the Yountville Home does not fully meet all 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 four-star CMS rating – but it does highlight several challenges that the facility is currently facing.

CalVet acknowledges the geographic challenges at the Yountville Home and is already exploring options to mitigate them. To date, CalVet has begun modifying levels of care to better meet regional unmet needs. However, there are other opportunities to respond to these challenges and improve future operations at the Home. In particular, the Home has a significant amount of land available, which may allow for some options to address these weaknesses. These options are described in more detail in Chapters 8 and 9.



CHAPTER 8

STAKEHOLDER OUTREACH

As part of developing the Yountville Master Plan, CalVet conducted stakeholder outreach events in July 2022. The purpose of the outreach was to gather input from residents and employees of the Home, community members, elected officials, and other stakeholders to assess the long-term needs and best continued use of the Home and its campus. The input received from the stakeholders helped inform CalVet’s findings and recommendations throughout this report.

To solicit resident feedback, CalVet met in person with the Yountville Allied Council, which is comprised of residents of the Home and is recognized under state law as an advisory body to the Home’s Administrator.¹ CalVet also engaged in moderated conference call meetings with employees of the Home as well as online conference meetings with community members, elected officials, and other stakeholders. CalVet created an email account specifically for stakeholders to offer comments or feedback to CalVet. Additionally, CalVet conducted an anonymous survey of the Home’s residents. More than 350 stakeholders contributed to this process, and CalVet thanks them for their participation.

RESIDENTS’ FEEDBACK

Prior to meeting with CalVet, the Allied Council solicited feedback from the Home’s residents. At the meeting, the Chairman of the Allied Council submitted the following letter to CalVet staff:

“The cart before the horse is neither beautiful nor useful.”

Thank you for asking us as Stakeholders to provide feedback in ways CalVet-California Department of Veterans of Affairs can better serve today’s and future home members at the Veterans Home of California, Yountville (VHCY). For us members to properly submit constructive feedback, we are asking in writing you share with us CalVet’s strategies in resolving today’s and future staffing needs at VHCY.



Stakeholder and Allied Council outreach meeting on the Yountville campus, July 2022.

¹ See Military and Veterans Code Section 1050.

Healthcare staffing shortages are a nationwide challenge. It's our understanding that the Home is currently supplementing our staffing shortage by contracting a combination of 35 nurses and CNAs per day. In a recent letter dated June 23, 2022, from the State of California-Health and Human Services Agency-California Department of Public Health, approving VHCY, License #150000494 to pursue a workforce shortage waiver pursuant to Health and Safety Code section 1276.65(l) and in accordance with AFL 18-16. We thank the administration in advance for being on top of this issue and seeking temporary solutions from the Department of Public Health.

The master plan states the unmet healthcare need for today's and future veterans is in areas of Memory/SNF and CalVet's vision is to move away from the Doms model. We can give you all the constructive feedback on the important to further develop a mental health program, housing for visiting families/ friends, and the need for a CBOC; but without solid solutions to sustain the staffing challenges is it not redundant at this time?

Veterans have a powerful voice. For CalVet to better serve us at the Home-how can we as stakeholders help You and CalVet resolve this major staffing issue-not only for today's veterans but for future veterans?

In addition to the letter, the Allied Council also submitted a list of what the Allied Council and residents want for the Yountville Home. While some of the items mentioned are outside the scope of this report, the residents did discuss long-term staffing concerns, affordable housing for staff and veterans alike, the desire for a VA Community Based Outpatient Clinic (CBOC) on campus, lodging options for visitors, and expanded mental health services.¹

KEY TAKEAWAYS FROM THE STAKEHOLDER MEETINGS



Present Staffing Issues as They Relate to Future Impacts

The Allied Council framed the Home's current staffing challenges as a keystone issue. Per the Allied Council, the future ambitions of the Home and any long-term improvements depend on the Home's ability to recruit and retain staffing. This sentiment was shared by community members and employees, the latter suggesting CalVet dedicate more resources to filling critical open positions. Looking toward future remedies, elected officials suggested

workforce development projects on campus, particularly projects catering to veterans as participants.

Elected officials recognized the competitive labor market in the region, where the Home often contends with private medical facilities for the same labor pool. They noted that workforce and housing are inherently intertwined, and that on-campus housing would provide broader housing options to employees.

Employees suggested CalVet consider pay incentives or retention bonuses to encourage current staff and recruit potential new staff.²

¹ See Appendix 8-1 and 8-2 for full reproductions of the letter and the list of programmatic changes recommended by the Allied Council and residents of the Yountville Home.

² Employee compensation is beyond the scope of this report and is subject to the collective bargaining process. Accordingly, employees were advised to contact their union representatives if they had any questions or recommendations regarding salary negotiations.

Overall, the staffing challenges discussed were numerous, and solutions ranged from simple to complex. Many of these staffing solutions overlap with the other stakeholder issues explored below.

Affordable Housing for State Employees and Community Veterans

Across all stakeholder meetings, CalVet invited representatives from DGS and the Department of Housing and Community Development (HCD) to meet with stakeholders. DGS provided stakeholders with a brief overview of a conceptual housing project to serve veterans or employees, or potentially both veterans and employees. DGS representatives discussed how the concept could potentially unfold to ensure that it met the housing needs of the Home, while remaining compatible with the campus.

WHY YOUNTVILLE?

“When I began researching independent living housing options, the Yountville Veterans Home rose to the top of my searches. I was attracted by the Home’s history and all of the activities offered to the residents. My passion is working five days a week in the cemetery, keeping the grounds manicured and the headstones clean.”
At the time of his interview, Frank was a newcomer to the Home—eight months. He’s appreciative of the many avenues of care extended to residents, and says the new SNF construction is one more path leading to quality care.



Frank
Army, Peacetime

Stakeholder groups were receptive to the concept of constructing on-campus housing at the Home. Stakeholders noted the importance of affordable housing for employees, given the challenges inherent to the high cost of living in the region. The Allied Council remarked that if such a project were to accommodate community veterans, it could alleviate the economic pressures faced by veterans (and their families) stemming from the high cost of living in the region. Elected officials and their representatives strongly supported affordable employee housing on the Home’s campus. Stakeholders expressed interest in gathering information and input from professional development entities to determine the best options for on-campus housing.

Beyond the concept of a new housing project, the Allied Council, employees, and elected officials stressed the possibility of leveraging current on-campus housing accommodations by renovating existing houses on campus or vacant buildings for employee housing.

The Home’s employees strongly believed that on-campus housing options would help address staffing issues in an impactful way. Some noted that on-campus housing could help alleviate long drive times for employees living far from the Home. Employees stated that on-campus housing options could address the lack of affordable housing for certain classifications of employees whose income is lower relative to the surrounding high cost of living area, such as custodial staff and CNAs. Some employees communicated their desire for flexibility in housing options, suggesting options for periods of time as short as a night and as long as a traditional long-term tenant lease. However, a few employees also expressed concern regarding the potential expansion of on-campus housing on the campus, emphasizing that it should not be made available to non-veterans and non-staff of the Home.

Representatives from the VA also supported employee housing to address staffing needs and to potentially serve area veterans. As for any possible on-campus housing for veterans in the community, VA representatives recommended following a veteran assisted living community model where there is onsite care to support veterans living in the housing community, as opposed to care being offsite. One example mentioned was the Colma Veterans Village HUD-VASH project, a 65-unit building occupied by veterans. This model provides onsite care with a network of supportive staff. Providing veterans immediate access to care is key to this housing model’s success.

Stakeholders provided numerous suggestions to maximize any potential on-campus housing, including onsite child care and opening up housing to all public employees working in the Yountville region. Overall, stakeholders were receptive to the idea of a housing project on the Home's campus.

On-site VA Community-Based Outpatient Clinic

Representatives from the VA made note of the recent Asset and Infrastructure Review report recommendation to establish a new CBOC in the vicinity of Yountville. CalVet expressed interest in exploring the option for placing a CBOC on the Yountville Home campus, noting that the VA has had small onsite clinics historically, but that the goal would be to expand it to more services like mental health counseling.

Throughout the stakeholder meetings, residents, elected officials, representatives from the VA, and community stakeholders were all receptive to the concept of an onsite CBOC. Residents noted the possibility of utilizing the Holderman Building for a CBOC after the new SNF is completed. Elected officials noted the benefit of a CBOC on campus to alleviate long travel times to the VA for care.¹

VA stakeholders recognized the benefits of a CBOC located on the Home's campus as part of its ongoing long-term planning efforts to place a CBOC near the Home. However, VA stakeholders emphasized that the timeline for locating a CBOC on campus could be lengthy, citing the recent CBOC project near the Veterans Home of California - Redding.



Aerial view of the Holderman Skill Nursing Facility.

Future Use of Holderman and Other Campus Facilities

Residents' suggested uses for Holderman ranged from medical purposes to tearing it down in favor of a parking lot. Particularly, residents suggested using Holderman as a dialysis center, temporary housing for veterans seeking treatment, or for assisted living. Regarding assisted living, residents felt strongly that the layout of the rooms in Holderman would be enjoyed by potential independent living (DOM) residents. Addressing the staffing issues at the Home, both residents and employees also suggested the possibility of using Holderman as a training facility to train and retain staff. Elected official stakeholders agreed that such use could be a constructive option, citing similar training programs in the region as a model.

Stakeholders considered the utility of the Home's ACC located in the Holderman Building. Although employees emphasized the value of the ACC, particularly its service delivery to DOM residents, they were concerned about the lack of parking at the ACC. Employees suggested that Holderman be used for temporary employee housing to give employees the option to seek lodging at the Home after their shift instead of commuting to their off-campus residence. Employees cited examples of long shift hours followed by long commutes home, which could be alleviated by staying in onsite lodging at the Home if a short-term lodging option was available.

Considering all possibilities, some stakeholders welcomed the use of Holderman as a hotel for the community as a way to make use of its space and unique location. It was also seen as a way to generate

¹ As noted in Chapter 6, a round trip to the Martinez VAMC can take two hours and such a trip to the San Francisco VAMC can take three to four hours, depending on traffic conditions. The closest VA Clinic is at Mare Island which is a 30 to 60-minute drive each way depending on the traffic.

revenue for the state. DGS representatives emphasized to residents that a market survey could be implemented to solicit innovative ideas on what to do with Holderman, a process which the Allied Council encouraged. The Allied Council suggested that concrete plans for Holderman be tabled until the new SNF is fully operational.

Elected officials suggested utilizing Holderman for mental health services or a training facility. Similarly, an employee suggested utilizing Holderman for the location of an on-campus inpatient psychiatric unit, recognizing that the demands of such a facility (such as 24/7 staffing) would likely require retrofitting.

Citing the infection control demands of COVID-19, employees suggested using Holderman for patient isolation purposes. This suggested use would alleviate present and future quarantine challenges.

Resident stakeholders further suggested using a wing of Holderman for inpatient mental health services or for single occupancy RCFE rooms. In general, the request was that Holderman be used for a specific purpose (whether clinical or facilities related) rather than be left vacant.

A Need for Affordable Visitor Lodging

Every stakeholder group identified the need for affordable visitor lodging, due to the high cost of lodging in the Napa Valley. The Home formerly had affordable housing options through a CalVet-run guest lodging building known as the Hostess House. However, the Hostess House was demolished to accommodate construction of the new SNF building. Residents, employees, and elected officials emphasized the importance of affordable visitor lodging to facilitate residents' families and friends visiting their loved ones at the Home.



Aerial view of Truman Hall.

The Future of DOM and RCFE

The Allied Council noted that in response to decreased DOM demand in recent years, CalVet should examine its DOM program to ensure the maximum number of veterans could be served by the Home. A key area of concern for the Allied Council: advertising the program to potential veterans across the state. Other stakeholders shared a vision for DOM to see it continue to prosper. As for RCFE, stakeholders wished to see the Home transition to exclusively single rooms for the RCFE level of care.

On-campus Mental Health Services

Residents and employees suggested that the Home would benefit from dedicated mental health services on the campus. Residents remarked that more mental health employees are needed at the Home to address current mental health needs and to anticipate the likely increased mental health needs of future veteran populations. Employees expressed a desire to address residents' psychiatric needs onsite. Employees stressed the severity of this issue due to the relative lack of third-party mental health services in close proximity to the Home, including VA services. Overall, stakeholders agreed that further mental health services are needed.

A Changing Veteran Landscape

Stakeholders encouraged CalVet to consider the changing demographic of veterans, particularly with regard to female veterans and veterans' families. It was further suggested that CalVet bolster RCFE services as the DOM level of care cannot sustainably provide the anticipated range of services expected by current DOM residents. An employee noted that the Home should position its programming to anticipate a potential increase in future LGBTQ veterans.

Representatives from the VA also suggested CalVet consider integrative care for residents, such as yoga therapy, as it looks forward to serving younger generations of veterans. According to the VA, they have seen a higher level of demand for integrative healthcare practices among the Vietnam War era veterans than they saw in older generations of veterans.

Other Suggestions

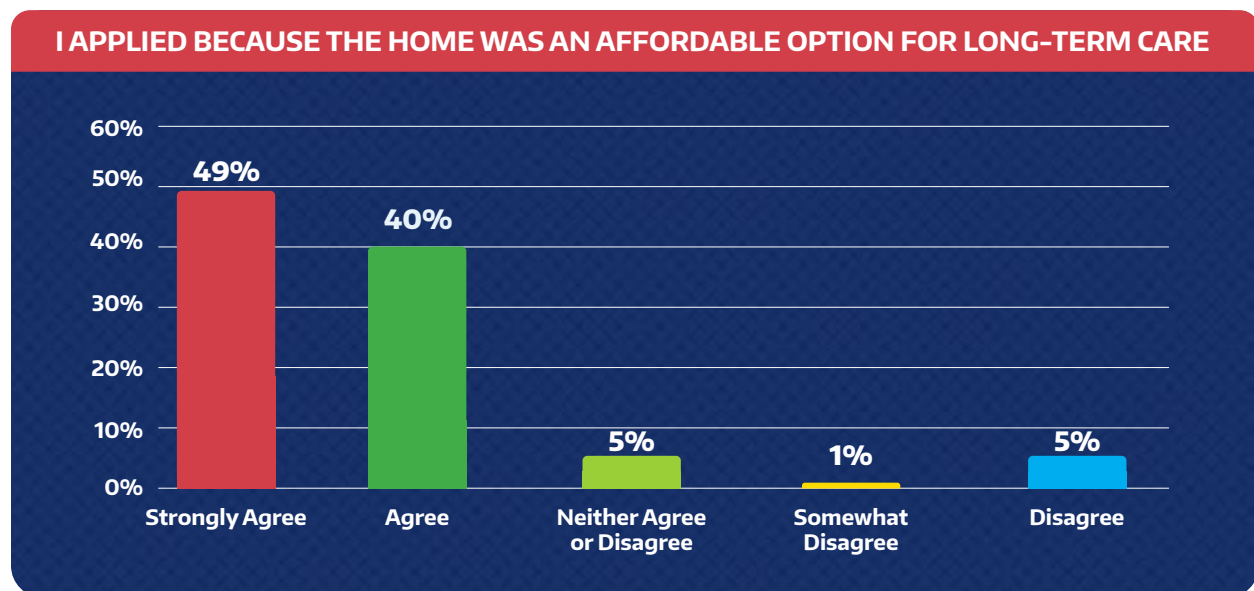
Given the complexity of the Yountville Home, stakeholder suggestions were numerous. Further suggestions from elected officials included bolstering egress routes at the Home to provide exit options in response to fires or other emergencies. Others recommended using telehealth to bridge distance issues and services gaps, citing that the Veterans Integrated Services Network (VISN) in which the Home is located is expanding its telehealth capabilities. One stakeholder suggested the Home enhance security and evaluate staffing needs. An employee suggested expanding on-campus dining options, perhaps to include café-style services for both residents and staff to utilize. Employees and elected stakeholders would like to see an onsite training program to attract talent or to support internships. Many of these recommendations were beyond the scope of this report or were administrative in nature and were instead shared with leadership at the Home or in Headquarters for review.

YOUNTVILLE RESIDENT SURVEY

In an effort to gather additional input, CalVet anonymously surveyed residents of the Home in July 2022. More than 40 percent of residents participated in the survey.

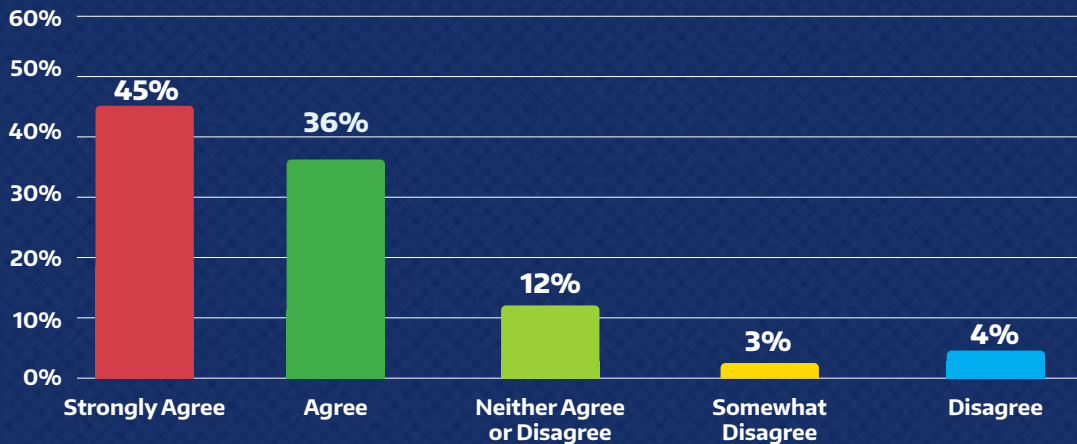
The survey asked residents to self-disclose demographic information. While data from the surveys appears elsewhere in this report¹, the balance of responses are discussed below.

Several of the survey questions were related to why residents chose to apply to the Yountville Home.

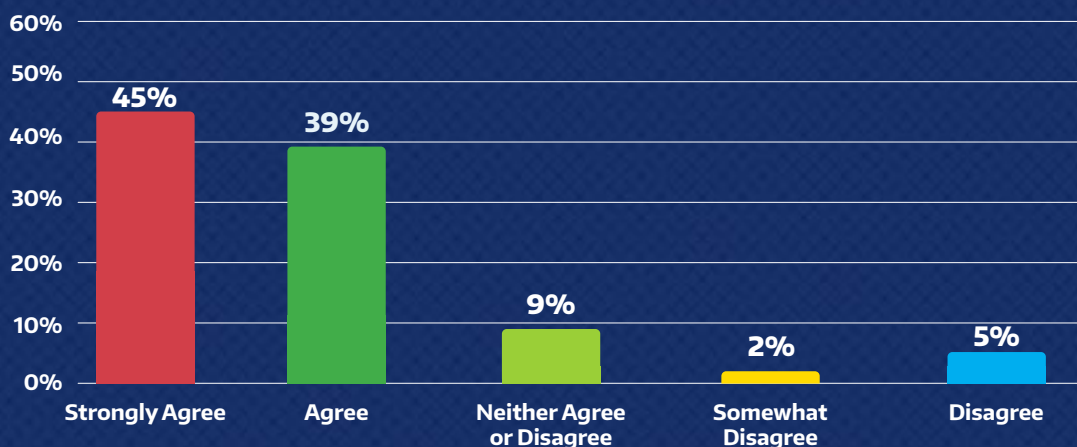


¹ See Chapter 5.

I APPLIED BECAUSE I ENJOYED THE LOCATION OF THE HOME



I APPLIED BECAUSE THE HOME WAS THE BEST AVAILABLE OPTION FOR MY CARE NEEDS



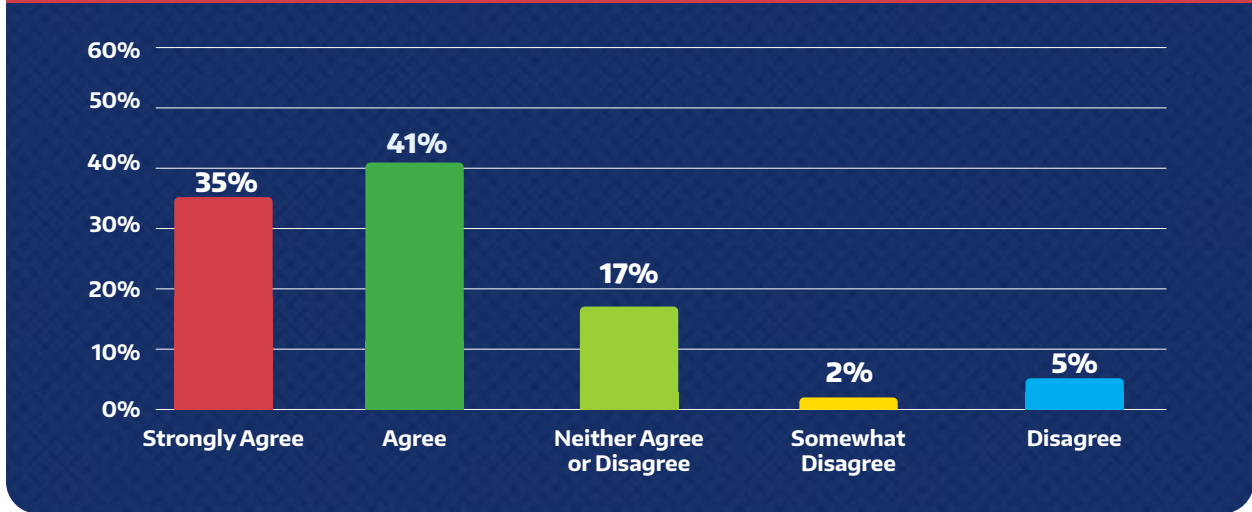
While it is difficult to quantify the numerous factors that inform a resident's decision to enter the Yountville Home, a vast majority of survey respondents at least somewhat agreed that affordability and the location of the Home, as well as an individual's overall care needs, were all important factors for applying to the Home. No more than seven percent either somewhat disagreed or disagreed on whether any of these factors were important for them when they were applying to the Home.

CalVet also inquired about whether the veteran-centric character of the Yountville Home was one of the reasons residents chose to apply to the Home.



Veterans showing off their artwork after a paint night event.

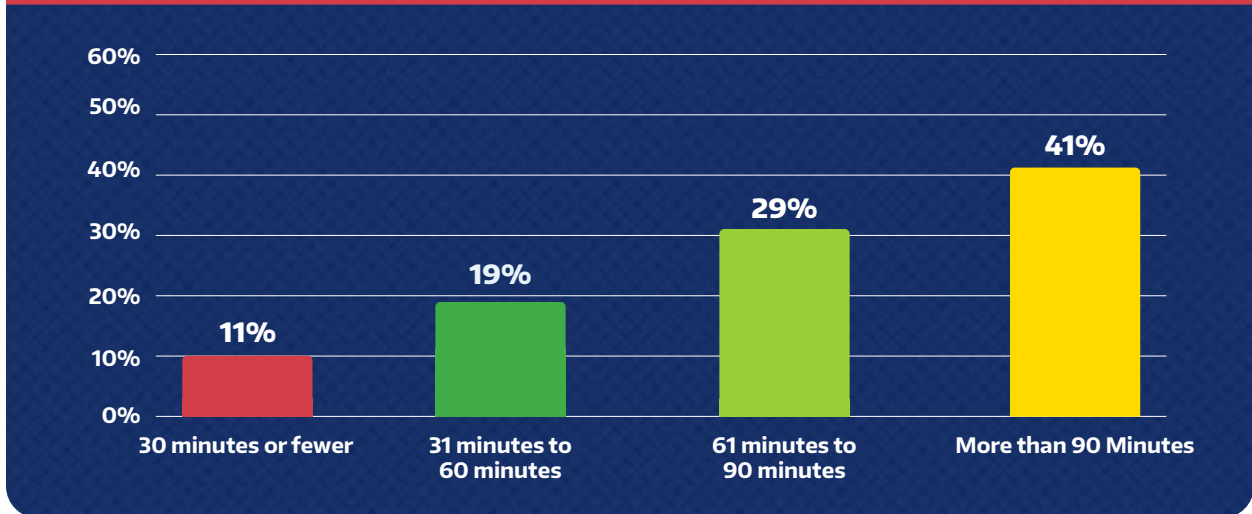
I APPLIED TO LIVE IN A COMMUNITY WHERE MILITARY SERVICE WAS RESPECTED AND HONORED



Over 80 percent of respondents stated that they applied in part because they wanted to be in a community that honored and respected their military service, while only seven percent somewhat disagreed or disagreed.

In addition to questions related to why residents chose to apply to the Yountville Home, CalVet also asked residents about how long does it take friends and family to drive to the Home and visit.

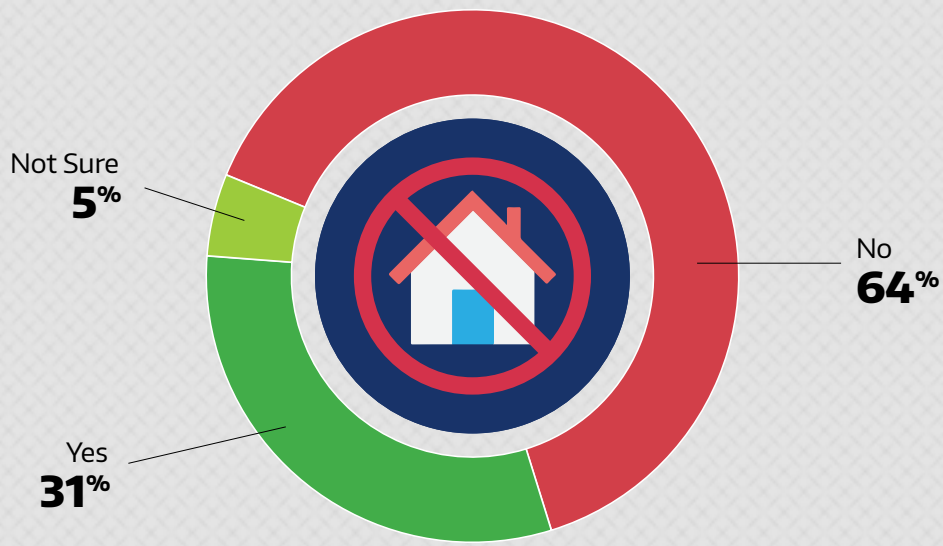
APPROXIMATELY HOW LONG DOES IT TAKE YOUR FRIENDS AND FAMILY TO DRIVE TO THE YOUNTVILLE VETERANS HOME TO VISIT YOU?



The survey data further suggested the Home is located relatively far from residents' family members. Approximately 70 percent of residents report that it takes their friends and family over an hour to travel and visit them.

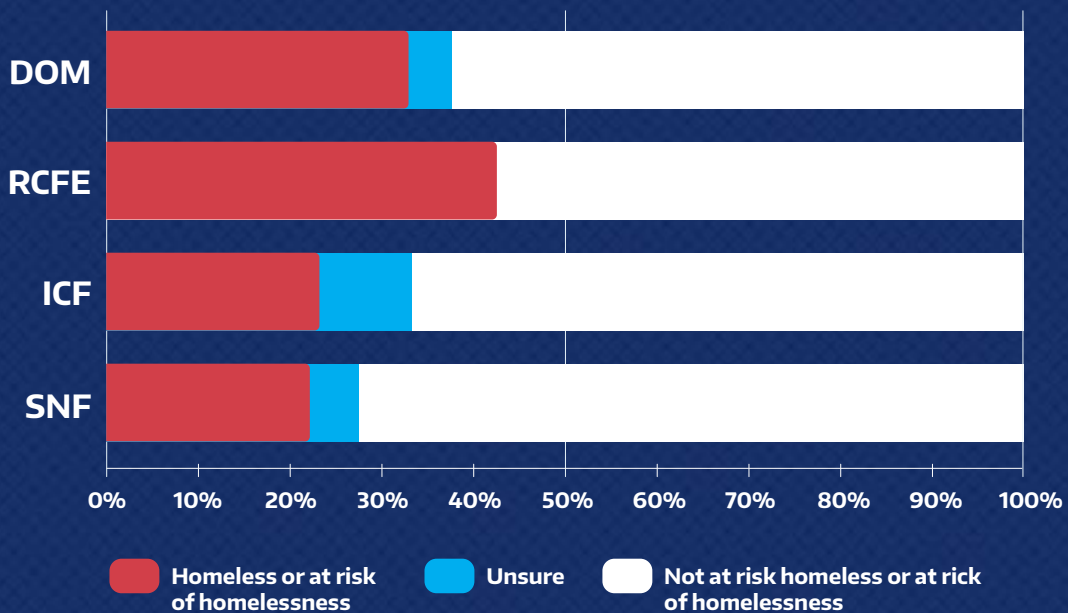
Residents were also asked to self-identify if they were at risk for homelessness prior to becoming a resident at the Home. Nearly one-third of residents self-identified as being at risk of homelessness prior to entering the Home.

**PRIOR TO ENTERING THE YOUNTVILLE VETERANS HOME,
WERE YOU HOMELESS OR AT RISK OF BECOMING HOMELESS?**

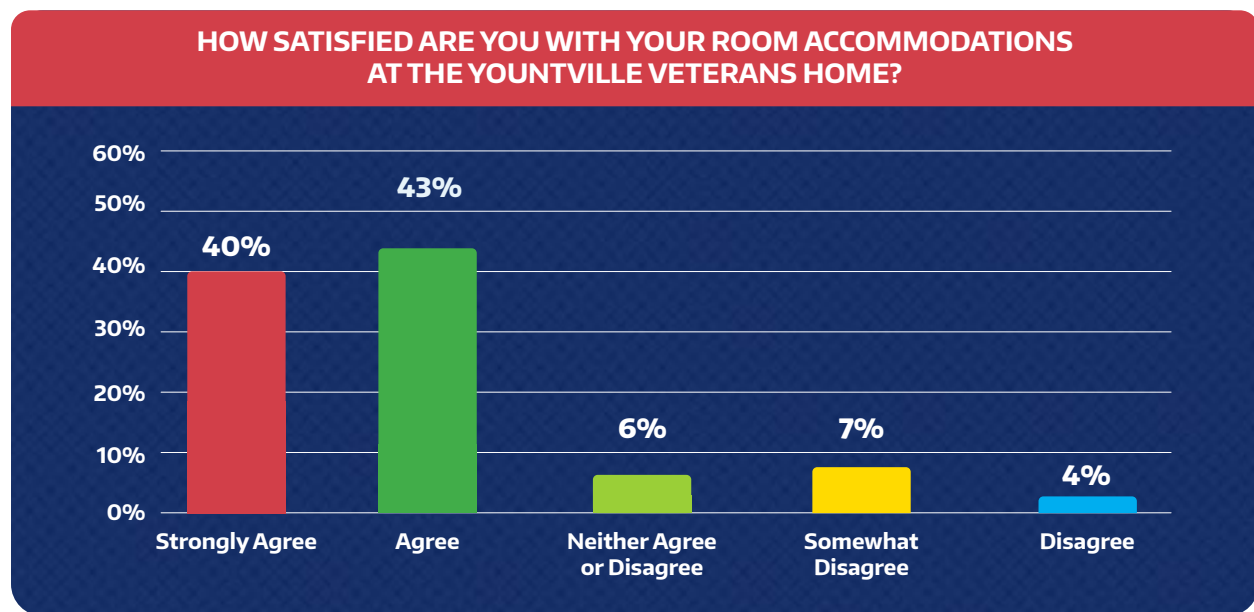
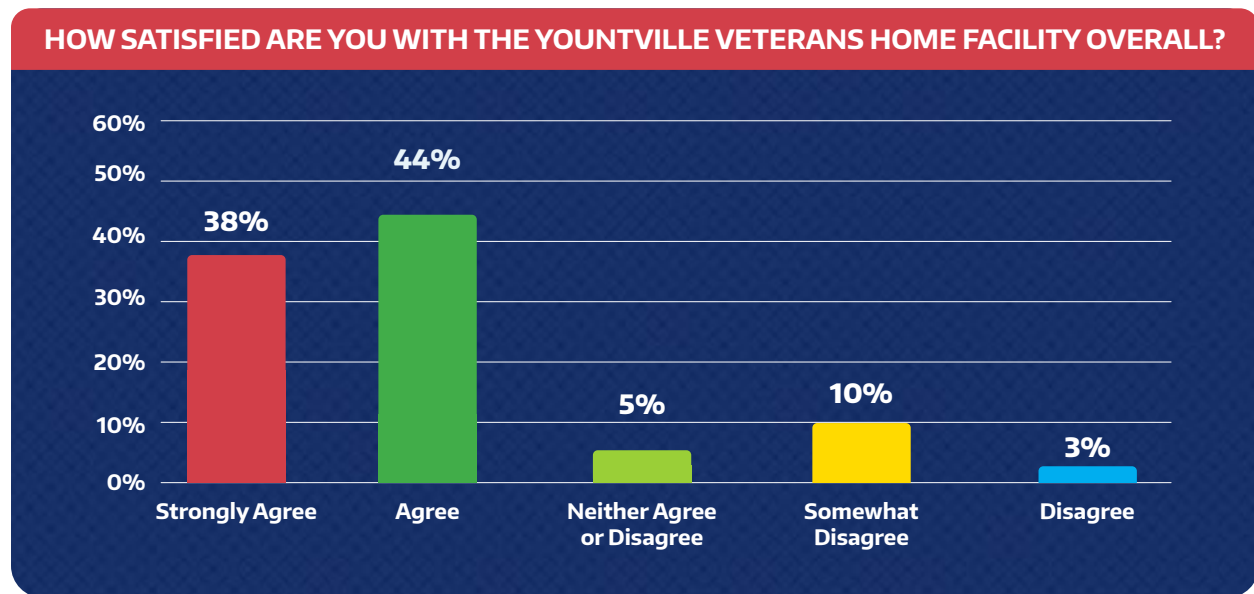


When reviewing those survey responses where the resident also self-identified their current level of care, there is a pattern where respondents in DOM and RCFE, the two lowest levels of care offered at the Home, were more likely to have identified themselves as having experienced homelessness or at risk of experiencing homelessness.

RESIDENT HOMELESSNESS PRIOR TO ADMISSION



Finally, CalVet asked residents two questions to indicate their satisfaction with the Yountville Home.



Considering the Home overall, most residents are generally satisfied. The same is true regarding room accommodations, although some dissatisfaction exists.

SUMMARY

CalVet would like to thank all residents, employees, government leaders, community representatives, and other stakeholders who provided input on the Yountville Master Plan. Overall, stakeholders expressed a desire to see the Home anticipate veterans' needs, adapt to changing trends, recognize the link between current issues and long-term challenges, and evaluate changes on the horizon to ensure the Home continues to prosper. Stakeholder feedback is integral to shaping the future of the Home and ensuring it remains successful for years to come.



CHAPTER 9

THE FUTURE OF THE YOUNTVILLE HOME

The Yountville Home has operated in Napa County for 138 years and remains a stalwart of high-quality care for veterans from the region who are seeking veteran-centric long-term care. Through the dedication of its employees, the Home is a CMS four-star rated facility and is nationally recognized as one of the best long-term facilities in the country.

Nevertheless, the Home faces a number of challenges. As the oldest continuously operating veterans home in the country, much of the Home's infrastructure is aging, with many buildings in need of renovation or replacement. The levels of care are misaligned with community need, with extensive waitlists for SNF and SNF MC and a lack of demand for the lower levels of care offered at the Home. Staff cannot afford to live near the Home, and the commute makes it difficult to fill critical vacancies. Additionally, the Home is far from VA care, requiring veterans to travel for hours by bus for specialty care.

However, as noted in Chapter 7, CalVet has taken steps to ensure continued success at the Yountville Home, beginning with the construction of a new SNF complex, repairing and modernizing other facilities and vital infrastructure, and realigning the levels of care offered at the Home. Furthermore, unlike all other Veterans Homes, the Yountville Home has an expansive low-density layout and many acres of valuable real estate, which offers a number of opportunities for development and improvement, including options that may alleviate some of the Home's limitations.

FACILITIES AND INFRASTRUCTURE

The Yountville Home was built to serve Mexican-American War and Civil War veterans, and the last campus-wide overhaul was made to accommodate veterans of WWI and WWII. Much of the Home's infrastructure is outdated and in need of repairs, maintenance, and/or modernization. Many buildings are unused or underused because they fail to meet operational needs and modern standards, including multiple structures that are unsafe for occupancy. As noted in Chapter 3, CalVet spends millions of dollars each year on maintenance and repairs at the Home; more annually than what is spent on the other seven Veterans Homes combined. Despite the best efforts of staff at the Yountville Home, these challenges worsen every year as facilities and systems continue to age.

Since their construction decades ago, many of the buildings have been repeatedly reconfigured to meet changes in programmatic needs, licensing and certification requirements, and modern building and utility standards. The infrastructure has been overtaxed by these modifications, and the campus is becoming increasingly complex each year.

Nowhere is this truer than in the Holderman Building, the largest structure on the campus. Originally constructed in 1932 as an acute care hospital, the Holderman Building has evolved repeatedly in the

intervening years—transitioning away from serving as a hospital to instead becoming the primary SNF and central hub for all care operations at the Home. However, at nearly a century old, much of the core infrastructure (including plumbing, electrical wiring, and other key systems) is original or has not been updated in decades. In many respects, the Holderman Building does not meet modern design standards.

In spite of these design and infrastructure challenges, CalVet is determined to truly reimagine the Yountville Home and explore the campus's full potential. The first step in this process will be the replacement of the SNF in the Depression-Era Holderman Building.

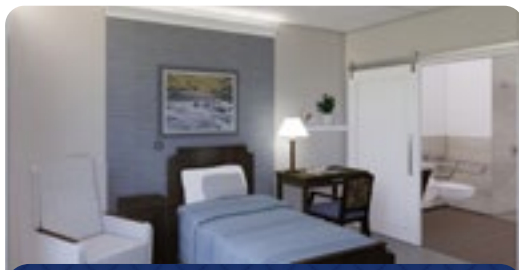
Construction of a New SNF Building

Today, CalVet is constructing a new \$324 million state-of-the-art SNF complex that will meet modern standards and allow for improved quality of life for the Home's residents.¹ The approximately 317,000-square-foot, multi-story building will host the Home's 240-bed SNF and SNF MC on the southwest corner of the main campus. The new layout will be very different compared to the Holderman Building, with private bedrooms and private restrooms, more personal space, and a modernized food service program. The SNF complex will include main and satellite kitchens, dining rooms, exam rooms, nurses' stations, laundry facilities, pharmacy, resident outdoor spaces, parking, roadways, emergency generator, and other site improvements and appurtenances. Finally, the new SNF complex will house the central health services offices, which are currently located in the Holderman Building. When completed, the new SNF will revitalize the campus and continue CalVet's commitment to veterans. Construction is anticipated to be completed in July of 2024.



Rendering of the new SNF.

As the largest construction project in the history of the Yountville Home, the new SNF complex represents a major step toward reinvesting in the campus and replacing its aging licensed care facilities.



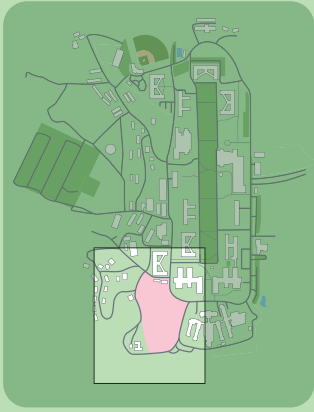
Rendering of a new SNF bedroom.



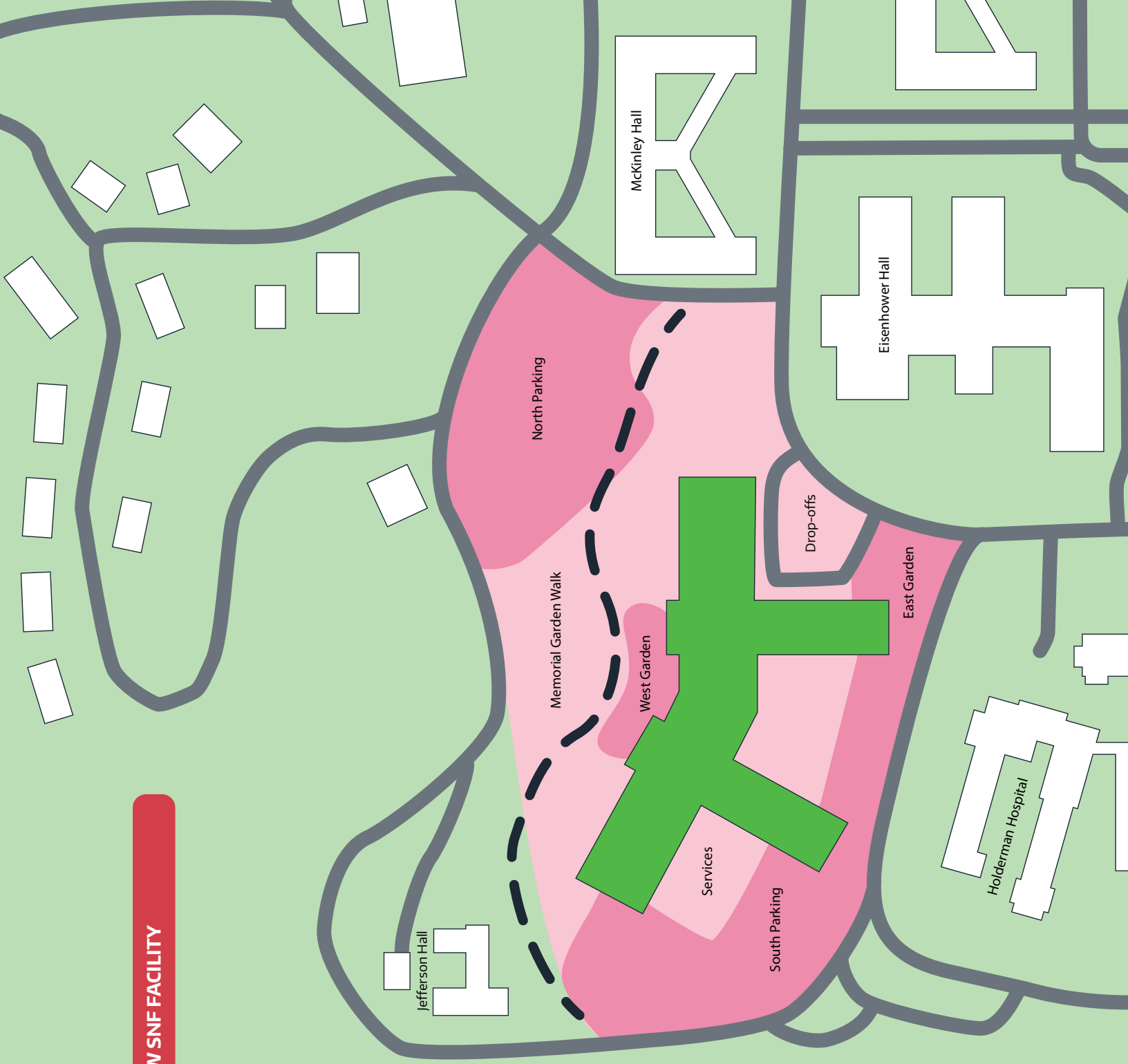
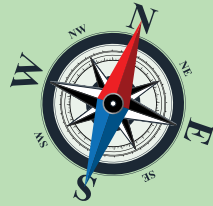
Rendering of a lounge area of the new SNF.

¹ As with any other design-build construction project, costs may fluctuate during time of construction. \$324 million represents the total estimated project cost as of September 2022. CalVet is collaborating with the VA for federal construction grant funding to reimburse a majority of construction costs.

YOUNTVILLE NEW SNF FACILITY



-  New SNF Facility
-  New SNF Area
-  Facilities
-  170 Elevation





Rendering of the new SNF Building and campus.



Construction work begins at the new SNF.



Workers building a retaining wall at the new SNF.



Pouring concrete for the walls of the new SNF.



Ready for walls, a view of the foundation of the new SNF.

Other Maintenance and Modernization Projects

In addition to the construction of the new SNF complex, other major projects have taken place or are underway to improve the Yountville Home campus. As noted in Chapter 3, recent projects include the renovation of the 85-year old central power plant, overhaul of the failing chilled water distribution system, renovation of the main campus kitchen, repairs to Rector Reservoir and Dam, ADA-related modifications to the administrative building, and modernization of the antiquated underground steam distribution system.

The Legislature and the Governor have also recently appropriated over \$5 million to install transfer switches and upgrade electrical panels in seven DOM/RCFE buildings at the Home.¹ Once completed, this project will allow for these buildings to access temporary emergency generator power connections to protect the health and safety of residents and staff who may need to shelter in place during unplanned power failures.

The Home has also recently worked with an architecture and engineering firm to provide preliminary plans and working drawings to replace five aging and leaking roofs. The five buildings in need of new roofs include three residential DOM buildings, the Lincoln Theater, and the historic Armistice Chapel.

As already noted in Chapter 3, additional assessments will be required to properly plan for future repairs, maintenance, and modernization of infrastructure and facilities. Long-term planning will require the Home to prioritize critical upgrades to its basic infrastructure over others so as to not overburden the campus. This should be kept in mind when considering other potential alternative uses of property on the campus.

REALIGNMENT OF THE LEVELS OF CARE OFFERED AT THE HOME

CalVet's ongoing efforts to modernize the Home go deeper than changes to physical structures. As recommended in the 2020 Master Plan, CalVet is taking steps to realign the Home's levels of care to better meet veterans' needs.

The Future of the DOM Program

Over the past decade, the population of the Home has shifted away from WWII and Korean War veterans and toward those who served during the Vietnam War era. With that generational change has come a decline in both demand and appropriateness for the DOM program. Simultaneously, the VA's long-term focus continues to move toward skilled nursing care. The VA has increased regulatory standards for the DOM program, including changes in federal eligibility standards, which have in turn reduced admissions into the program. In FY 2018-19, CalVet reduced the DOM by 115 budgeted beds, allowing for private rooms throughout the DOM program. More recently, CalVet reduced the DOM by another 30 beds to accommodate construction of the new SNF building. Despite a combined reduction of 145 beds, the Yountville Home continues to have high vacancies throughout the DOM buildings.

ONGOING OPERATIONAL IMPACT OF THE COVID-19 PANDEMIC

The COVID-19 pandemic necessitated a remarkable response by the Home's staff and residents. Because of their dedicated vigilance, the staff and residents of the Home have thus far weathered the challenges of the pandemic. Although the Home's administration and employees have been successful in mitigating the impacts of the pandemic, COVID-19 remains an omnipresent threat to the ongoing stability of the Home. As the future impacts are simply unknowable, CalVet and the Home remain poised to pivot. While the Home's pandemic response has settled into a rhythm, the options outlined in this Master Plan could potentially be disrupted by COVID-19 or similar emergencies going forward.

At this stage, CalVet does not have specific changes in place for the DOM program. As pandemic-related restrictions and limitations ease, CalVet should closely monitor any changes in demand. Provided that demand remains low, it may be appropriate to consolidate DOM residents and close a building, which could be selected based on deferred maintenance needs, the quality of the rooms, or

¹ See the Budget Act of 2022 (Ch. 43, Stats. 2022).

other relevant factors. CalVet may consider repurposing vacant buildings based on viable alternatives. At no point, however, will CalVet discharge any DOM residents; any changes would be gradual and based on natural program decline.

RCFE and ICF Consolidation

The 2020 Master Plan recommended eliminating the ICF program based on its archaic licensure and narrow service model. The Home ceased external admissions¹ into the ICF in FY 2020–21, leading to an average daily census of 42 in FY 2021–22, a decline of nearly 50 percent. As detailed in the 2020 Master Plan, when the ICF census declines to a sufficient level, CalVet intends to consolidate the RCFE and ICF programs into a larger RCFE with private rooms.²

The existing RCFE, located on the first floor of the aging Truman Building, has shared bedrooms and communal restrooms. Because the accommodations are inferior to those in the DOM and ICF, current and prospective residents have been hesitant to accept a transfer or admission to the RCFE. By replacing the ICF in the Eisenhower Building, the RCFE would offer private rooms with two bedrooms to a bathroom, as well as much more communal activity space and nicer accommodations overall. This improvement should increase interest in the RCFE. The vacated space in the Truman Building could then be used for alternative purposes, such as redistributing DOM residents from smaller rooms.

WHY YOUNTVILLE?

“I was living in VA housing when I read a notice on the facility’s bulletin board that mentioned the Yountville Veterans Home. I was attracted by the 24/7 care provided, as I knew I would be needing it as the years passed. I am comfortable—the care is great and reliable.” Lawrence has been a resident for eight years and is a member of the Home’s Ding-a-Lings Bell Choir.



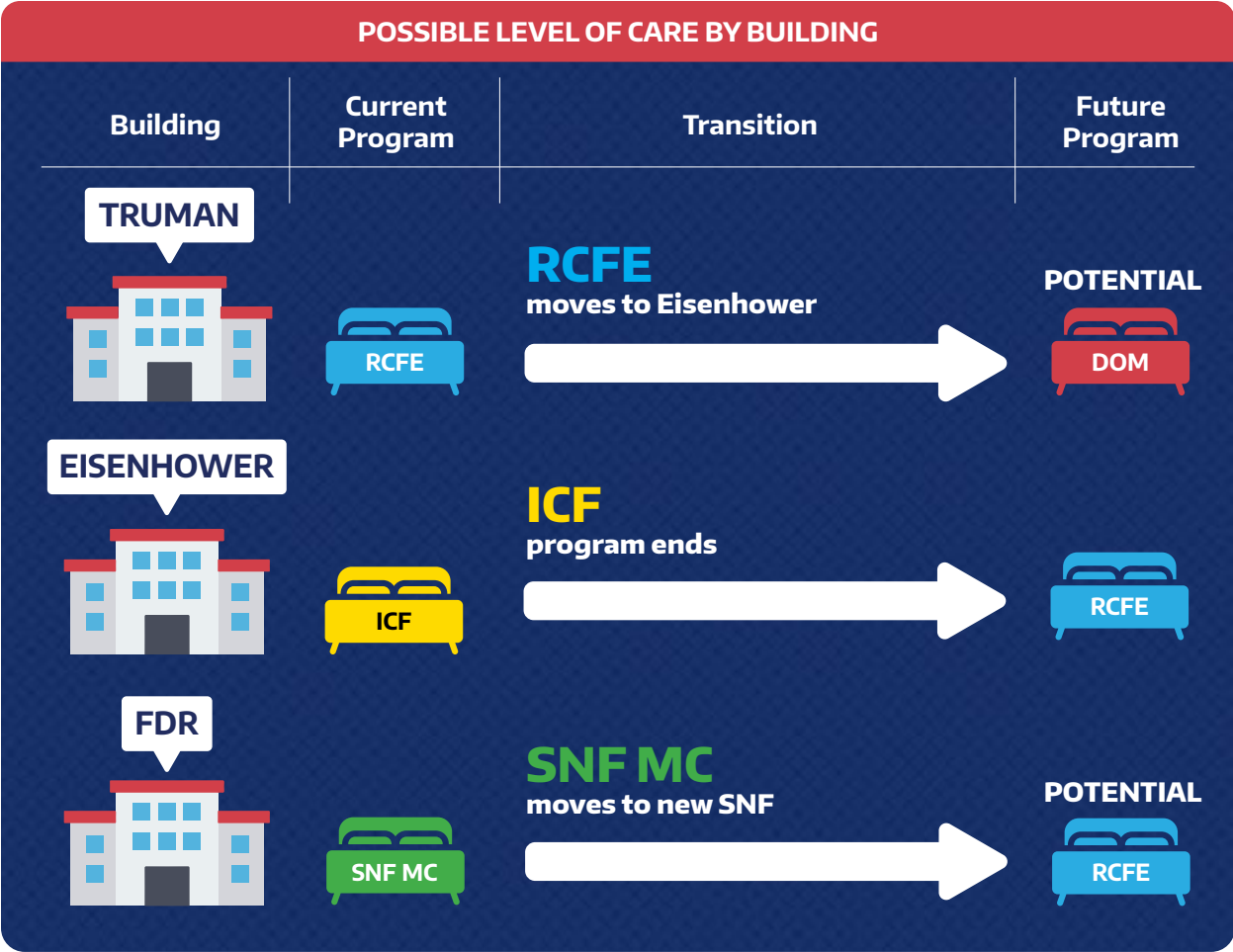
Lawrence
Army, Vietnam

As the transition moves forward, CalVet should reevaluate the program structure for the RCFE. The existing RCFE features an older program model with limited support for medication management, and with the realignment, there may be opportunities to mirror the programming of the newer Homes and improve care offerings, thereby increasing eligibility.

Finally, the existing SNF MC is currently located in the FDR Building and will be relocated to the new SNF (and expanded by 15 beds) once it begins operation. The FDR Building is not well suited for a SNF MC population given the location and design, neither of which are ideal for cognitively-impaired residents. However, these concerns are not relevant for RCFE residents, and FDR is in significantly better shape than all of the other residential buildings currently on the campus. Accordingly, the 2020 Master Plan recommended converting the FDR Building to a second single-bed RCFE after it becomes vacant, provided that alternative uses are not identified and resources are available. At this time, an RCFE conversion is still the most appropriate option that CalVet has identified.

1 Residents from other levels of care continue to be transferred to the ICF based on their care needs.

2 The ICF residents straddle the line between SNF and RCFE. When the conversion process starts, CalVet will need to evaluate each ICF resident to determine who can be served in the new RCFE and who would require SNF, elevating SNF-appropriate residents accordingly and as space becomes available.



If all aspects of this plan continue as envisioned, the future RCFE would be modernized and relocated in the Eisenhower and FDR buildings. Rather than splitting a service model with the ICF, the RCFE would be the sole mid-level care program between DOM and SNF, and would cater to a larger demographic while offering better accommodations.

ALTERNATIVE PROPERTY USES AT THE HOME

Future Use of the Holderman Building

When the new SNF complex is complete and fully operational, SNF residents from Holderman will transfer to the new SNF complex. At that point, both the Holderman and FDR buildings will become available for alternative uses.

As already noted above, converting the FDR Building into an RCFE is the most appropriate option that CalVet has identified. As for the Holderman Building, even after its residents move to the new SNF complex, there will still be some administrative space for staff and a small outpatient clinic for DOM and RCFE residents. CalVet will continue to maintain Holderman, which will come at a considerable cost because of its age, scale, and complexity. Given its size and its prime location in Napa County, however, there may be better uses for the Holderman Building than mothballing it.

PROPERTY USE RESTRICTIONS

Before discussing any potential alternative property uses at the Yountville Home, it is important to emphasize that the land for the Home was deeded to the state on the condition that it be used for the benefit of the veteran residents of the Home. Furthermore, section 1023(b) of the Military and Veterans Code requires that all leases must be in the best interest of the Home and its residents.

ADDITIONAL PROPERTY AVAILABLE FOR USE

Besides the Holderman and FDR buildings, other buildings and spaces may be available for alternative uses. The McKinley Building was previously an ICF, but the beds were unbudgeted a decade ago and the space is currently vacant. Other buildings of various sizes are unused or underutilized, largely due to failing infrastructure. The Home also has vacant land on the hills to the west of the main campus as well as on the northeast corner of the main campus.

Additional buildings may also become available based on future programmatic changes. For example, if demand for DOM continues to drop, CalVet may later identify better uses for DOM structures. If this occurs, it will likely take a number of years, possibly a decade or more, to complete, as each building would be made available only as beds become vacant.

As noted in Chapter 8, possible options discussed during stakeholder outreach events included utilizing Holderman for mental health services, medical training for staff, a patient isolation unit for future quarantine challenges, or a single-bed RCFE unit. There were also discussions about either a hotel or other housing option that could cater to veterans in the community, families of Home residents, and Home employees. The Home has a long history of on-campus employee housing, and a small hotel for residents' families (the Hostess House) was only recently demolished to allow for construction of the new SNF complex. A veteran-centric hotel could be similar to those found on federal property throughout the United States.

Employee Housing Development

In addition to infrastructure issues, the most critical challenge at the Yountville Home is its location. The Home is far from where most of the employees live, which stymies recruitment for many classifications. Staff retention and recruitment were keystone issues during meetings with stakeholders. Currently, there are only 19 habitable cottages for onsite employee housing, and some of these cottages require substantial renovations.

As discussed in Chapter 2, the property at the Yountville Home is extensive. While much of the campus is in use to house or otherwise support residents, the Home has land available for alternative uses, such as the vacant northeast corner of the main campus.¹

As discussed in the 2020 Master Plan, any housing development should ideally meet the following criteria:

- Housing units should be affordable for employees.
- Home employees should be prioritized in some manner over members of the community. For example, staff could receive top priority for any waitlisted units, or a guaranteed number of units could be set aside for employees.
- Veterans in the community should also be prioritized, and CalVet may consider modifying admissions priorities to admit them to the Home if they later require licensed care.
- Some units should be large enough to accommodate families.
- Housing units should be managed by a contracted third-party.



A view of the campus from above, with Cleve Borman Field in the foreground.

¹ Other large areas could be repurposed if desired and if not subject to existing lease agreements, although alternatives should be evaluated in contrast to the lost benefits of those current uses.

- Construction efforts and ongoing operations in the housing units should minimally impact the residents of the Home.

Such a project would benefit the Home and its residents by improving recruitment and retention. Further, on-campus staff provides a tremendous boost to emergency operations and preparedness. During the 2017 wildfires and the 2014 earthquake, staffing at the Home was greatly impacted. Many employees were unable to reach the campus due to road closures or were forced to evacuate from their personal homes. However, the employees in staff housing were not affected, and they played important roles in supporting care operations during the natural disaster.

There are other factors to consider as part of an on-campus housing project, such as the impact to traffic and utility infrastructure on the rest of the Home, and how those effects could be mitigated. Additionally, it would be beneficial to develop a third-party childcare program to serve employees, which would reduce the burden on working parents. These and other factors should be explored as CalVet evaluates housing opportunities at the Yountville Home.

Onsite VA Community-Based Outpatient Clinic

As noted previously, the VA released its Asset and Infrastructure Review report, which recommended establishing a new VA CBOC in the vicinity of Yountville. Representatives from the VA also made note of this recommendation during stakeholder meetings held for this report.

Moving forward, CalVet should work with the VA on exploring options for placing a CBOC on the Yountville Home campus. Depending on the size and services offered, such a clinic might be located anywhere on the campus, provided that the space is appropriate. A VA CBOC with specialty services would reduce the need for veterans to travel to the VAMC in San Francisco, which would be more convenient for veterans, while also reducing travel costs for the Home.

CONCLUSION

The Yountville Home is undergoing its most significant transition in a century. As the focus shifts toward Vietnam War era veterans today and Gulf War veterans tomorrow, the Home must evolve to become a modern long-term care facility.

CalVet is prepared to take the next steps in the Home's storied history. When complete, the new SNF complex will be a model facility for veterans homes across the country. Veterans will shift from an antiquated, archaic Depression-Era hospital to a state-of-the-art, purpose-built facility. The Home's SNF residents will finally enjoy the private bedrooms, private restrooms, and better accommodations found in CalVet's newer Veterans Homes. With the new building, California is truly investing in the long-term future of the Home.

For the next few years, the Home's primary focus will be on construction and ramp-up of the new SNF, which is already having a substantial campus-wide impact. Other major projects are also underway to improve the Home's infrastructure and continue safeguarding health and safety. Individually, these projects will provide improvements; together, they represent a push to modernize the campus and prepare for the next generations of veterans. As these projects come to an end, even more opportunities will be available, as multiple buildings, including the Holderman Building, can be repurposed for alternative uses. CalVet will focus on converting the ICF to an expanded RCFE, while exploring options for new programs and initiatives to benefit the Home and California's veterans. Over time, CalVet's attention can focus on additional repair

COLLABORATING TOWARD THE FUTURE

CalVet has been working with DGS as well as stakeholders to begin exploring possible future uses for the Holderman Building as well as opportunities for employee housing on the campus. Any major development would likely take years to complete and may have to wait until after construction of the new SNF complex, but CalVet has started this process. With any development that may impact Home employees, CalVet will work closely with California Department of Human Resources to ensure full compliance with policies and regulations.

and improvement projects to meet the Home's ongoing needs and to better serve its residents.

Even with these projects, challenges will remain. The Home will continue aging, and infrastructure will continue to break down. Geographic limitations will hamper recruitment and retention efforts for the foreseeable future. However, CalVet has the opportunity to address these challenges with long-term planning, forward thinking, and creative property uses. Further, the Home has a dedicated, capable staff, as evidenced by the repeated success in clinical surveys and the team's track record throughout the COVID-19 pandemic. With continued support, the Home will have the tools it needs for continued success.

The Yountville Home is, and will always be, CalVet's crown jewel. After several decades of emphasizing construction of new Homes throughout the state, CalVet is now rededicating its efforts to modernizing the first Veterans Home. Even with the Home's challenges, there are significant improvements on the horizon and opportunities for even more growth and progress. For 138 years, California has honored its commitment to veterans at the Veterans Home of California–Yountville. With planning, dedication, and – above all – community and stakeholder support, the Yountville Home will continue its rich history of service for generations of veterans to come.



Aerial view of the campus.



Veterans Cemetery at Yountville.



View of the golf course and wastewater facility.

APPENDIX

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

| ABBREVIATIONS | TERMINOLOGY |
|------------------|---|
| 2020 Master Plan | Veterans Homes of California Master Plan of 2020 |
| AAFES | Army & Air Force Exchange Service |
| ACC | The Home's Ambulatory Care Clinic |
| ACS | American Community Survey |
| ADA | Americans with Disabilities Act |
| Association | Veterans' Home Association of California |
| CalVet | California Department of Veterans Affairs |
| CBOC | Community-Based Outpatient Clinic |
| CDPH | California Department of Public Health |
| CDSS | California Department of Social Services |
| CLCs | Community Living Centers |
| CMS | Centers for Medicare and Medicaid Services |
| CNA | Certified Nursing Assistant |
| CNHs | Community Nursing Homes |
| Col. | Colonel |
| DGS | Department of General Services |
| DOM | Domiciliary |
| FDR | Franklin Delano Roosevelt |
| FY | Fiscal Year |
| HCD | California Department of Housing and Community Development |
| 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 |
| LVN | Licensed Vocational Nurse |
| PIT Count | Point-in-Time Count |
| PCAFC | Program of Comprehensive Assistance for Family Caregivers |
| RCFE | Residential Care Facility for the Elderly |
| RN | Registered Nurse |

| ABBREVIATIONS | TERMINOLOGY |
|------------------------------------|---|
| SNF | Skilled Nursing Facility |
| SNF MC | Skilled Nursing Facility Memory Care |
| VA | U.S. Department of Veterans Affairs |
| VAMC | U.S. Department of Veterans Affairs Medical Center |
| VHHP | Veterans Housing and Homeless Prevention |
| VISN | Veterans Integrated Service Network |
| VSSR | Veterans Support to Self-Reliance |
| WWI | World War I |
| WWII | World War II |
| Yountville Home or the Home | The Veterans Home of California-Yountville |
| Yountville Master Plan | Veterans Home of California-Yountville Master Plan of 2022 |

**Allied Council
Veterans Home of CA – Yountville
July 6, 2022**

To: Thomas Martin
Chief, Veterans Home Operations
From: Allied Council

“The cart before the horse is neither beautiful nor useful”

Thank you for asking us as Stakeholders to provide feedback in ways CalVet-California Department of Veterans of Affairs can better serve today's and future home members at the Veterans Home of California, Yountville (VHCY). For us members to properly submit constructive feedback, we are asking in writing to share with us CalVet's strategies in resolving today's and future staffing needs at VHCY.

Healthcare staffing shortages are a nationwide challenge. It's our understanding that the Home is currently supplementing our staffing shortage by contracting a combination of 35 nurses and CNAs per day. In a recent letter dated June 23, 2022, from the State of California-Health and Human Services Agency-California Department of Public Health, approving VHCY, License #150000494 to pursue a workforce shortage waiver pursuant to Health and Safety Code section 1276.65(l) and in accordance with AFL 18-16. We thank the administration in advance for being on top of this issue and seeking temporary solutions from the Department of Public Health.

The master plan states the unmet healthcare need for today's and future veterans is in areas of Memory/SNF and CalVet's vision is to move away from the Doms model. We can give you all the constructive feedback on the importance to further develop a mental health program, housing for visiting families/ friends, and the need for a CBOC; but without solid solutions to sustain the staffing challenges is it not redundant at this time?

Veterans have a powerful voice. For CalVet to better serve us at the Home-how can we as stakeholders help You and CalVet resolve this major staffing issue-not only for today's veterans but for future veterans?

Sincerely,

Gary Sloan, Chairman

Cc: Lisa Peake, Administrator

WHAT THE ALLIED COUNCIL AND RESIDENTS WANT FOR THE YOUNTVILLE HOME

- Resident input with Administration and CalVet of all matters of the home.
- As long as there is a need, continued Domiciliary (Independent Living).
- A CBOC (VA Clinic).
- Affordable housing for Essential State Employees (Home Staff) and for Veterans and their Families.
- An outside oversight committee for Yountville.
- A center of excellence for Mental Health wellness.
- Wellness pools for aqua Therapy for Residences.
- A continued Auditorium for events, Entertainment & Performing Arts.
- Affordable visitor overnight Housing (Sec – L).
- Barber shop.
- Better quality of food moving forward.
- Outside swimming pool.
- Tear down McKinley to make additional parking.
- Use Holderman as a CBOC, Dialysis Center, Temporary Housing for Veterans seeking treatments ETC.

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

Yountville Home Residents

Yountville Home Allied Council

Women Veterans of Yountville

Employees of the Yountville Home

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

United States Representative Mike Thompson

California Senator Bill Dodd

California Assemblymember Cecilia Aguiar-Curry

California Senate Committee on Military and Veterans Affairs

California Assembly Committee on Military and Veterans Affairs

Napa County Supervisor Diane Dillon

Yountville Mayor John Dunbar

Yountville Town Manager Steven Rogers

Federal, State, and Local Government Bodies and Agencies

Northern California VA Health Care System

Napa Long Term Care Ombudsman Program

Napa County CVSO

Veterans Service Organizations and Local Community Members

American Legion, Department of California

AMVETS Department of California

California Association of County Veteran Service Officers, Inc.

California Association of Veteran Service Agencies

California State Commanders Veterans Council

Disabled American Veterans Department of California

Napa County, County Veteran Service Officer

VetFund Foundation

VFW Department of California

Vietnam Veterans of America

*Elected offices are as of July 31, 2022, when the stakeholder period ended.

SPECIAL THANKS

The authors would like to express their thanks to the many CalVet staff who contributed to the development of the Yountville Master Plan. In supporting this project, these individuals exemplified the talent and commitment found in the most dedicated public servants.

Majel Arnold

Russell Atterberry

Jason Butts

Isa Baca

McKenna Decker

Manuel Dumangas

David Gerard

Theresa Gunn

Roberto Herrera

Patty Ingram

Sean Johnson

Jena Kaeppli

Susan Kay

Joshua Kiser

Timothy Kossow

Michael Magee

Ian Merrill

Kristine Mietzner

Monica Mitre

Sergio Mondragon-Lopez

Beth Muszynski

Brian Nanoo

Lisa Peake

Coby Petersen

Tina Ramirez

Katie-Mae Sarber

Ray Sena

John Simmons

John Spangler

Trisha Smith

Viet Trinh

Miguel Vargas

Jairo Vigil

Stephanie Weaver

Veterans are highlighted in yellow.

**On behalf of the California Department of Veterans Affairs,
thank you for honoring our veterans.**



California Department
of Veterans Affairs

www.calvet.ca.gov