

**Department of Veterans Affairs (VA)
Questions for the Record
Committee on Veterans' Affairs
U.S. House of Representatives
Oversight Hearing**

May 13, 2026

The Department's responses to these Questions for the Record are based on information reasonably available to the Department as of the date of this submission.

The Department has made a good-faith effort to provide complete and accurate answers, and the responses reflect the Department's present understanding of the matters addressed.

Non-Disclosure Agreements

Question a: Which specific individual and office at the Department of Veterans Affairs (VA) developed, drafted, and directed the use of non-disclosure agreements (NDAs) for projects related to VA?

VA Response: Non-disclosure agreements (NDAs) have been in use at the Department of Veterans Affairs for decades, and it's unclear who first employed them. What we can say, however, is that VA's NDAs expressly preserve and do not supersede or restrict each signer's right to communicate freely with Congress; the Government Accountability Office; the VA Inspector General; and any other oversight or investigative body, consistent with all applicable whistleblower and disclosure protection statutes, including 5 U.S.C. § 7211 and 5 U.S.C. § 2302(b)(8), among others. Those rights are absolute and unaffected by NDAs at all times.

Question b: Did the Secretary approve the use of NDAs? For which projects and/or programs did the Secretary approve the use of NDAs? Does the Secretary know NDAs have been used for the West LA projects?

VA Response: Sec. Collins is aware the Department uses NDAs in certain instances, but his approval is not required for NDAs.

Question c: Who at VA made the decision to not allow signers to have a copy of the NDAs, or to prevent them from reviewing it with their attorney before they signed it?

VA Response: VA is not presently aware of this happening, but if you have details of it taking place, we will be happy to look into it.

Question d: The final section of the NDA VA provided to Committee staff states "VA reserves the right to take disciplinary action for violations of this

Agreement.” What disciplinary action does VA plan to take against non-VA employees who violate the NDA?

VA Response: VA is not aware of anyone violating a VA NDA.

Question e: What criteria were used to determine that work on the West LA project included access to information sensitive enough to warrant the use of an NDA?

VA Response: Projects that dealt with proprietary information, such as procurement planning.

Question f: What criteria were used to determine which individuals, including non-VA employees, would be required to sign an NDA to participate in meetings or access information related to the West LA project?

VA Response: Projects that dealt with procurement planning and the potential for access to sensitive information.

Intensive Case Management

Question a: How many veterans living in on-campus housing are currently enrolled in the Mental Health Intensive Case Management (MHICM) program which provides comprehensive and recovery-oriented care for veterans with serious, persistent mental illness?

VA Response: As of July 2026, 11 Veterans living in on-campus housing are enrolled in Mental Health Intensive Case Management (MHICM).

Question b: How many veterans living in housing on campus are eligible for MHICM?

VA Response: A comprehensive evaluation is necessary to determine the eligibility of each Veteran. Typically, around 4% of those in the psychosis registry qualify for MHICM.

MHICM Eligibility Criteria:

- 1) Primary Serious Mental Illness diagnosis.
- 2) More than 20+ hospital days or 2-3 psychological hospitalizations in 1 year.
- 3) Voluntary enrollment.
- 4) Willing to meet weekly with case manager and if high intensity agree to 2 visits per week.
- 5) No violence or dangerousness.
- 6) Needs cannot be met by routine outpatient clinic.

Question c: Is VA adequately staffed to enroll veterans who are found to be eligible for MHICM on-demand?

VA Response: MHICM is operating at capacity for the number of clinicians currently employed. VA is in the process of hiring for vacant positions to allow for an increase in enrollment of Veterans found to be eligible for MHICM.

Question d: How many veterans on the by-name list are eligible for MHICM?

VA Response: As of July 2026, there are 1,132 Veterans on the by-name list (BNL) who are eligible for VA health care. Some may qualify for MHICM after a comprehensive clinical assessment to determine their individual needs.

Question e: How many psychiatrist vacancies currently at GLA? How many psychiatrists, social workers, and nurses does GLA need to hire to expand MHICM to every veteran who needs it?

VA Response: At the Greater Los Angeles (GLA) Health Care System as of July 2026, there are 86 psychiatrists and 10 psychiatrist vacancies. GLA Health Care System needs three case managers and two psychiatrists for MHICM.

MHICM is generally tasked to provide care for 4% of Veterans on the VA Greater Los Angeles psychosis registry (psychosis census is 4,113 as of July 2026). VA's target MHICM enrollment would be 165 Veterans. As of July 2026, there are 138 enrollees because VA is short-staffed by 3 case managers and 2 psychiatric full-time equivalent (FTE) employees.

Question f: How many veterans residing at West LA receive care through an Assertive Community Treatment (ACT) model?

VA Response: Assertive Community Treatment (ACT) does not exist at West Los Angeles VA Medical Center (VAMC). However, the primary model includes MHICM, which is functionally equivalent to ACT and is proven to support Veterans with serious mental illness.

Question g: How many veterans residing at West LA receive care through Critical Time Intervention (CTI) practices?

VA Response: None of the Veterans residing at the West Los Angeles VAMC campus receive care through a formal Critical Time Intervention (CTI) program. CTI is a time-limited, transition-focused model, whereas West Los Angeles VAMC uses a continuous, evidence-based case management approach in which every Veteran receives regular acuity assessments and care intensity is adjusted based on current clinical and social needs. While CTI is a well-studied model with demonstrated benefits for specific high risk transition groups, published reviews note that its evidence base is relatively limited,

results are mixed for some outcomes and settings, and effectiveness is highly dependent on context and implementation fidelity. In a large campus environment like West Los Angeles VAMC, where Veterans already receive ongoing, comprehensive case management rather than short, discrete transition episodes, a continuous acuity-based model is more appropriate than strict CTI implementation.

Question h: How many case managers or social workers with specialized training in substance use provide care to veterans in the housing buildings at West LA?

VA Response: The West Los Angeles VAMC employs 24 social workers and case managers. All are trained to identify Veteran care needs and make referrals to substance abuse treatment services when appropriate.

Question i: Please provide details on how VA is expanding use of these evidence-based practices to serve veterans residing on the West LA campus.

VA Response: VA is committed to expanding evidence-based mental health practices to better serve Veterans residing on the West Los Angeles VAMC campus. The primary approach includes MHICM, a model functionally equivalent to ACT that is proven to support Veterans with serious mental illness.

CTI has been considered as a potential model. While CTI is a time-limited, evidence-informed approach focused on supporting individuals through critical transitions, current research suggests that its greatest benefit is for populations experiencing significant changes in their housing or support systems, rather than for ongoing, complex clinical needs. At VA Greater Los Angeles Health Care System, VA is emphasizing individualized case management tailored to each Veteran. Every Veteran is systematically assessed on acuity, current needs, and recovery stage to determine the most appropriate level of case management.

This stage-based, person-centered approach aligns with evidence-based practices, and allows VA to provide the right level of support at the right time, and deploy our resources where they are likely to have the highest impact. While CTI may be suitable for certain transitional scenarios, VA's priority is to implement models with the strongest evidence for improving ongoing clinical outcomes and community integration among the Veterans served.

Domiciliary Care

Question a: How many vacancies does the West LA campus currently have for each of its Domiciliary Programs?

VA Response: There is one Domiciliary Program with three bed sections: Domiciliary Care for Homeless Veterans, General Domiciliary, and Substance-Use Disorder.

As of July 2026, vacancies include one Health Technician, three Social Workers, four Addiction Therapists, and two Social Service Assistants. Seven of these 10 vacancies are pending staff onboarding.

Question b: What is the staff turnover rate for each of the West LA Domiciliary Programs?

VA Response: The approximate turnover rate from July 1, 2025, to July 1, 2026, was 4.82%.

Question c: How many new hires are in the pipeline for West LA Domiciliary Program positions?

VA Response: There are seven pending onboarding: three Social Workers, two Addiction Therapists; and two Social Service Assistants.

Question d: There is currently a 43% occupancy rate for the Domiciliary for Homeless Veterans and 68% for the General Domiciliary. Please provide details as to the factors leading to these occupancy rates.

VA Response: The data in the question is inaccurate. There are 200 operational beds:

- **Domiciliary Care for Homeless Veterans** – 50 of the 62 designated beds (80.6%) are occupied.
- **General Domiciliary** – 66 of the 80 designated beds (82.5%) are occupied.
- **Substance Use Disorder** – 53 of the 58 (91.38%) designated beds are occupied.
- **July 2026 Census** is 167 + 2 Domiciliary Veterans in the hospital = 169 designated beds.
- **Overall occupancy rate** is 84.5%

LSV-A Grants

Question e: Is VA issuing a NOFO in 2026 or 2027 for the LSV-A grants?

Question b: Please provide details related to VA's decision to issue or not issue a NOFO for the LSV-A grants.

VA Response: 38 U.S.C. 501(d) requires VA to publish regulations before implementing new grant programs. This is a lengthy process and involves multiple steps, including drafting, internal review, public notice-and-comment periods, and final publication in the Federal Register. VA cannot announce funding via a NOFO until the regulations are finalized.

Question c: How many LSV-A grants were previously awarded to the organizations in Los Angeles area? How many veterans served under these grants?

VA Response: For the reason stated in the above, VA has not made awards under this program.

Question d: How many veterans nationwide will be affected if VA no longer offers these grants?

VA Response: For the reason stated above, VA has not made any awards under this program.

Narcan Availability

Committee staff have heard there have been at least 6 overdose deaths on campus, but Veterans who live at West LA report there have been even more overdoses, but these deaths haven't always been coded as such by the medical examiner. In many cases, narcotic overdoses can be preventable.

Question a: Do veterans residing on campus have access to naloxone, or Narcan, in every residential building?

VA Response: Naloxone (Narcan) is not stocked as an emergency medication in every EUL or non-clinical residential building. VA is working with the building operators on a plan for Narcan to be stocked in every residential building.

Question b: How has VA decided that some Veterans may have access to this medication whereas others do not? What does a Veteran have to do to access Narcan from VA?

VA Response: Any Veteran who is eligible for VA health care can obtain free naloxone from VA pharmacy services by requesting it from their provider, a clinical team member, or the pharmacy. No special eligibility beyond general enrollment in VA health care is required, and staff offer naloxone and overdose prevention education to Veterans.

Veterans who are not enrolled in VA health care may access naloxone through local public health departments, community pharmacies, or harm-reduction programs, consistent with current state and local resources. Acknowledging these differences, VA is working to strengthen collaboration with community providers and housing operators, and is exploring solutions to close gaps in naloxone access across the West Los Angeles VAMC campus.

Additionally, some EUL property managers make naloxone available in common areas, such as lobbies, to support resident safety. VA continues to promote overdose prevention and is evaluating opportunities to expand direct access to naloxone for all Veterans in campus housing, regardless of VA health care eligibility.

Question c: Has VA done an analysis of the buildings where Narcan may be most effective for Veterans based on reports of drug use and overdoses?

VA Response: VA recognizes that a significant percentage of Veterans receiving homeless services on the north campus struggle with substance use disorders. As a result, VA considers all Veterans in these settings to be at increased risk for overdose regardless of the substance use or overdose history of any individual building.

Question d: Are employees working in/visiting/responding to incidents in these buildings (clinical staff, police, case managers) trained and able to administer Narcan when necessary?

VA Response: VA Police Officers and medical staff are trained and equipped to administer naloxone (Narcan). To amplify readiness and response, the Chief of Social Work, in partnership with clinical leadership and other key staff, is ensuring that all staff working in high-risk areas, including all north campus locations, are trained to recognize overdoses and administer naloxone.

As part of this effort, VA is implementing a standard operating procedure to guide staff in carrying and administering naloxone during an overdose emergency. Additionally, VA uses an incident reporting system to notify staff after an overdose, so they can provide timely follow-up and intervention. VA staff contact paramedics as needed to provide advanced medical care.

Veteran Community Oversight & Engagement Board

Subsection 2(i) of the West LA Leasing Act requires VA establish a Veterans Community Oversight and Engagement Board, or VCOEB to provide advice and recommendations to the Secretary on the Master Plan and how to improve services and outcomes for Veterans. The VCOEB has not met since August 2025. HVAC staff were told during their visit to West LA in April that there “is no V-C-O-E-B right now.” We have heard from multiple former members of the VCOEB who termed out of their role that VA told them that the White House would be vetting their social media and online presence if they chose to pursue renewing their membership. In response to a question from my staff, VA has stated that individuals are not being excluded from consideration for VCOEB due to their social media.

Question a: Has VA reviewed the social media and online presence of any member or potential member or the VCOEB? If yes, who at VA performed that review?

VA Response: VA is formalizing a process to ensure the board is fair and balanced and composed of qualified members.

Question b: Who at VA directed that person to perform that review? What were they told to look for?

VA Response: See previous response.

Question c: Was any individual disqualified from membership on the VCOEB because of their social media presence?

VA Response: See previous response.

Security Responsibility / Staffing

On my staff's most recent trip to West LA they were told that there are only 5 VA police officers on patrol at one time for the entire Greater Los Angeles Healthcare System catchment area.

Question a: How many officers have left VA to go work for ICE or other LA law enforcement departments in Los Angeles? The system of record shows that approximately 6 Police Officers have left for West Los Angeles VAMC for DHS; 1 in October 2023 and 5 between October 2025-January 2026. How many officers have left VA over issues of pay and/or advancement opportunities in Los Angeles? The data does provide additional detail on the reason for the loss nor more granularity into the components of the gaining Agency. How many officers have left VA to go work for ICE across the VA enterprise?

VA Response: VA only tracks employee transfers to other federal agencies, such as the Department of Homeland Security. Our system does not include sub-agency info, so we can't say how many departing officers have since went to work for ICE.

Question b: How is VA going to compete to recruit and retain enough VA police to protect Veterans who live at the National Soldiers' Home?

VA Response: In Q4 of FY25 West Los Angeles VAPD expanded staffing from 92 position authorizations to 163. At the time, there were 83 personnel onboard. There are currently 96 onboard, and we anticipate growing to 105 by the end of FY26 as recruitment and hiring continue.

Question [sic]: What is the status of VA and OPM's efforts to downgrade VA Police Officers?

VA Response: No downgrades have been nor will be implemented for VA Police Officers as a result of the 2025 Police Officer Consistency Review. In fact, VA raised the entry-level grade for Police Officers to General Schedule (GS)-6 and established a clear career ladder with advancement opportunities through leadership positions up to the Senior Executive Service. These changes provide career stability and make VA an

attractive employer for law enforcement professionals. For more info, see here: <https://news.va.gov/press-room/va-fixes-police-force-boosting-safety-for-veterans-families-staff/>

Question a: How many veterans have died (of any cause) in EULs on campus since January 1, 2025? Please provide details on these losses, how these deaths were coded by the Medical Examiner or Coroner, and if VAPD responded to these reports.

VA Response: From January 1, 2025, to June 2026, 22 deaths were recorded in VA EULs on the West Los Angeles VAMC campus and 4 deaths at the Sepulveda Ambulatory Care Center. According to VA Police reports, these deaths were categorized as resulting from natural causes, accidental causes, or suspected overdose.

Question a [sic] e: What policies, unofficial or official, does OCLA currently have in place for the notification of veteran deaths both on and off, at any VA facility, if any? Do these policies differ for campuses that contain leased space, like the West LA VA Medical Center campus or Regional Offices?

VA Response: It is the Office of Congressional and Legislative Affairs' policy and practice to notify the Staff Directors for the Chair and Ranking Member of the House and Senate Committees on Veterans' Affairs following any Veteran suicides on VA property, as reported by the VA Administrations.

Question [sic]: The current contract between GLA and Surveillance Security, Inc. holds that contracted security personnel maintain a responsibility to "assist [VAPD] with evacuating buildings, locking down buildings, and crowd control." What role in the response to reported deaths (overdoses, natural causes, etc.) does GLA's contracted security play in securing rooms and buildings?

VA Response: VA Police do not use contract security guard personnel to respond to calls for service, including death investigations. Contract security guard personnel do not manage the integrity of a scene. Contracted security guards may provide temporary support only to help isolate an area while a perimeter is set. A contract security guard or VA employee may be asked to prevent passersby from entering a scene while barrier tape or other control methods are put in place.

Question a: In the hearing, Mr. Bartrum noted that VA had just awarded "an additional security contract for some additional security." Will these security personnel be stationed within EULs, or will they be patrolling/static personnel on the campus in outdoor areas?

VA Response: Per EUL lease-agreement terms, EUL lessees are responsible for providing security within EUL properties. VA security personnel will not be stationed within the EULs. A total of 10 personnel are assigned each shift to perform security

duties on the North Campus of West Los Angeles VAMC 24 hours a day, 7 days a week. This number includes six single-guard static posts, one two-person static post checking bags as individuals enter the Gorham Gate adjacent to the California Department of Veterans Affairs (CalVet) Veterans state home, and two single-guard mobile patrols that continuously patrol the North Campus. All security guards are tasked with observing and reporting suspicious or criminal activity and maintaining direct communication with VA Police Dispatch to ensure timely law enforcement response.

Funding

Section 2(c) of the President's Executive Order for West LA states that VA is to coordinate with the Secretaries of HHS and HUD to ensure that funds spent on housing and other services for undocumented immigrants is redirected to construct, establish, and maintain the National Center for Warrior Independence.

Question a: Has VA received any funds for the National Center for Warrior Independence from HUD or HHS?

VA Response:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hud.gov%2Fnews%2Fhud-no-26-052&data=05|02||4e82ff7521284da6390808dee3630c3b|e95f1b23abaf45ee821db7ab251ab3bf|0|0|639198211770880246|Unknown|TWfPbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIIYiOiIwLjAuMDAwMCIslIAiOiJXaW4zMilslkFOljoiTWFpbCIsIldUIjoyfQ%3D%3D|0||&sdata=W9HvGUzYi3dLtwlbOmm144Oe9TQWmMUyvsyLCZ1Sus%3D&reserved=0https://www.hud.gov/news/hud-no-26-052https://www.hud.gov/sites/default/files/hudclips/documents/PIH-2026-01.pdf>

Through the June 2026 announcement (link below), VA Greater Los Angeles Health Care System was the recipient of 200 HUD-VASH vouchers in partnership with the following PHAs:

PHA Number	PHA Name	Number of Vouchers
CA002	Los Angeles County Development Authority	72
CA021	Housing Authority of the County of Santa Barbara	50
CA076	Housing Authority of the City of Santa Barbara	25
CA092	Area Housing Authority of the County of Ventura	20
CA111	Santa Monica Housing Authority	15
CA118	Norwalk Housing Authority	18
Total GLA HUD-VASH Voucher Award		200

HUD's full list of voucher and administrative fee awards is available [here](https://www.hud.gov/sites/default/files/PIH/documents/OCIR-Template-Filetwo-2026-102-PHVP.pdf) (<https://www.hud.gov/sites/default/files/PIH/documents/OCIR-Template-Filetwo-2026-102-PHVP.pdf>).

Question b: Please detail any discussions between Secretaries Collins, Turner, and/or Kennedy regarding reprogramming or transferring funds to VA for the purposes of the National Center for Warrior Independence.

VA Response: Discussions between Cabinet Secretaries regarding interagency coordination and funding are internal Executive Branch deliberations. Consistent with longstanding Executive Branch practice, VA does not characterize or disclose such deliberations.

Security Jurisdiction

It is unclear what VA's operational posture is for its police force in regards to its jurisdiction and authority in enhanced use lease housing on the West LA campus. In some cases, VAPD can enter these buildings when they are called by Veterans reporting disturbances, but are not able to patrol otherwise; at other times, VA police have been barred from entering these buildings entirely. The current contract between Greater Los Angeles and Surveillance Security, Inc. holds that contracted security personnel maintain a responsibility to assist VAPD with evacuating buildings, locking down buildings, and crowd control. Veterans have shared stories that their friends and neighbors have died from overdoses, and then, due to the lack of a secure unit, their belongings have been stolen.

Question a: What is the current operational posture for VA police for their ability to enter leased housing buildings on the West LA campus when responding to a call?

VA Response:

VA Police are authorized to enter leased housing buildings on the West Los Angeles VAMC campus when responding to active calls for service or other immediate threats to protect the safety and security of the community. VA Police do not have authority to conduct self-initiated investigative activities on EUL property.

VA sees multiple challenges with EULs, including unclear law enforcement jurisdiction and in many instances lease terms that permit non-Veterans to reside within EUL properties. These issues are particularly acute at an EUL property on the campus of the Dwight D. Eisenhower VA Medical Center in Leavenworth, Kansas, where local law enforcement simply refuses to respond to issues within the EUL, where VA currently has no law enforcement jurisdiction.

VA is working to amend its many EUL agreements to restore by agreement the authority the leasehold removes. This change, however, depends on lessee agreement and is not a sufficient permanent or universal fix.

Your committee could help empower VA to better police its EUL properties by passing legislation to amend the definition of “Department property” in 38 U.S.C. § 901 to include an authority outside Federal property clause.

This approach mirrors authority Congress has granted to comparable Federal agencies. For instance, the Federal Protective Service has authority over “buildings, grounds, and property that are owned, occupied, or secured by the Federal Government” under [40 U.S.C. § 1315](#).

Question b: What entity is responsible for securing housing units on the West LA campus when a veteran has died?

VA Response: VA Police are responsible for securing the scene after the death of a Veteran.

Question c: If a Veteran has been ruled to have died of “natural causes,” what guidance is VAPD or contracted security given regarding securing the unit of the deceased Veteran?

VA Response: VA Police will advise the property manager and release the scene to the property manager’s control once it is established that no suspicious circumstances are present and all investigative actions are complete.

Question d: What trainings, guidance, or policies do the VA Police Officers at the West LA VA Medical Center campus receive regarding the handling of potential crime scenes involving deceased individuals? Please provide full, unredacted copies of these policies, trainings, and/or guidance documents.

VA Response: VA Evidence Handling Procedures, Training Unit 16, (attached) directs VA Police actions regarding crime scene evidence handling. The 3i Crime Scene Processing Standard Operating Procedure (attached) guides patrol officer actions for crime scene response and management (Attachments 1 and 2).

Question e: How are these officers instructed to interact with LAPD, LA Fire Department, or other emergency responders that may have concurrent jurisdiction?

VA Response:

The VA police handbook provides guidance on interactions with local authorities depending on legislative jurisdiction, which in this case is concurrent legislative jurisdiction. Additionally, and consistent with the VA police handbook and VA policy, each facility police unit must establish liaisons between VA police and appropriate local, Federal, and state, law enforcement agencies and court officers as well as with the VA Office of Inspector General. Workable support agreements are generally memorialized in a Memorandum of Understanding (MOU) between the agencies with the MOU delineating aspirational expectations of both VA police and Federal, local, and state law enforcement agencies. The handbook and MOUs guide operations and facilitate cooperation with state and local entities at facilities with concurrent, partial, or proprietorial legislative jurisdiction.

Building 212

VA has requested to reprogram \$98 million to renovate Building 212 to create Sober-Living transitional housing.

Question a: Why is VA choosing to operate this as transitional housing versus permanent housing?

VA Response: VA proposes to operate Building 212 as sober living transitional housing through the Compensated Work Therapy–Transitional Residence (CWTTTR) program, because it is the most appropriate level of care for Veterans stepping down from emergency housing and residential treatment. CWTTTR provides a time-limited, substance-free, highly structured environment where Veterans can practice independent living while continuing treatment, vocational rehabilitation, and recovery-oriented services.

This design is consistent with Veterans Health Administration (VHA) Directive 1160.01, which requires access to integrated, recovery-oriented mental health and rehabilitation services that support functional improvement and successful transitions between levels of care. Operating Building 212 as transitional housing, rather than permanent housing,

preserves its role in the continuum of care, that is, stabilization in residential treatment, step-down in sober living CWTTR, and placement into permanent housing in the community.

Building 212 is aligned with Executive Order 14296 establishing the National Center for Warrior Independence (NCWI) on the West Los Angeles VAMC campus. A transitional CWTTR model advances that mandate by giving Veterans dedicated time and support to consolidate treatment gains and build skills for independent living before moving into permanent housing.

Veterans explicitly asked for this kind of transition period in a substance free setting where they can focus on physical, mental, and social health while still having support. Veterans report that moving directly from emergency or residential treatment to permanent housing can feel abrupt. A structured CWTTR sober-living environment responds to this feedback and better prepares Veterans for long-term housing stability and independence.

Question b: Does VA envision this building being managed through the Grant and Per Diem (GPD) program?

VA Response: VA does not envision operating Building 212 through the Grant and Per Diem (GPD) program. The intent is for Building 212 to function as a VA operated CWTTR sober-living program on the West Los Angeles VAMC campus, serving Veterans eligible for the full VA medical benefits package. Using CWTTR on campus allows VA to integrate housing with NCWI services, mental health care, vocational rehabilitation, and other VA resources, consistent with the coordinated, recovery-oriented approach to care described in VHA Directive 1160.01. This configuration maximizes Veterans' use of onsite VA services during the transition period from emergency housing or Mental Health Residential Rehabilitation Treatment Programs to permanent housing. GPD remains an important tool for community based transitional housing, especially for Veterans who are not eligible for VA health care or who are better served off campus. However, for Building 212—given its location on the West Los Angeles VAMC campus and its NCWI mission—VA recommends CWTTR as the primary operating mechanism, rather than GPD.

Question c: Since by definition the GPD program is a grant program, has VA targeted a provider to run Building 212? Please provide details, including the model that will be used and how a provider will be selected to operate Building 212.

VA Response: No, VA's intent is to use Building 212 for VA-operated CWTTR transitional housing. VA has not identified a community provider to run this building.

Under the CWTTR model, VA operates the program directly and staffs it with interdisciplinary teams that include vocational rehabilitation specialists, mental health clinicians, case managers, and peer support. This structure supports strong clinical

oversight and integration with NCWI and other VA services on the West Los Angeles VAMC campus.

If VA were to use GPD for any portion of transitional housing related to NCWI, providers would be selected through the standard competitive GPD grant process. That process includes public notice of funding, solicitation of applications, and evaluation against statutory and regulatory criteria. No provider is preselected.

Supply / Demand

The President's calls for VA to house up to 6,000 Veterans at West LA. There was extensive debate during the *Powers v. McDonough* trial as to the appropriate number of housing that should be built.

Question a: What is the current and projected demand for permanent supportive housing on campus?

VA Response: The projected demand cannot be determined without a clinical intake assessment.

As of July 2026, based on the BNL data from the Greater Los Angeles Health Care System, the VA National Homeless Programs Office (HPO) has preliminary insights into the population of actively homeless Veterans. Consequently, VA estimates that an average of 313 new homeless Veterans are added to the BNL every month and an average of 145 Veterans are permanently housed each month. An average of 79 homeless Veterans come off the BNL each month due to unknown or other status (such as, loss of contact or death).

VA anticipates 37% of permanently housed Veterans on the Greater Los Angeles campus may require permanent supportive housing, while the remaining 63% may need affordable housing in the community.

The goal is to turn the campus into a beacon of hope and a destination for homeless Veterans from across the Nation who can travel there to find housing and support and start their journey back to self-sufficiency.

Question b: What is the current and projected demand for affordable permanent housing for Veterans?

VA Response: See the above response.

Question c: Is VA considering affordable workforce or student-Veteran housing in its next phase of development, if so, please describe and detail the Veteran demand for those types of units?

VA Response: No. The goal is to build housing for homeless Veterans.

Question d: Part of the President's Executive Order calls for Veterans outside of the area to be moved to West LA for treatment. If Veterans are transferred to LA for services and treatment, what is VA's plan for ensuring they can return to their home community to reintegrate?

VA Response: Following their time on campus, Veterans are free to choose where they would like to live.

Reductions in Homelessness

Last year, VA housed over 52,000 Veterans, which exceeds the number of Veterans identified in the point-in-time count, which was around 32,000 in January 2024. VA is clearly excelling at getting Veterans into housing, but cannot control inflow. That inflow can be attributed to the soaring cost of living and the lack of affordable housing across the country. These issues become even more acute for the many disabled Veterans who are on a fixed income. HUD-VASH voucher utilization is at an all time high with over 94,000 Veterans under lease with a voucher across the country at the end of FY25. Yet we understand that Secretary Turner is still considering time-limiting HUD housing subsidies.

Question a: Has Secretary Collins asked Secretary Turner to exempt HUD-VASH from any plans to put time-limits on vouchers for Veterans?

VA Response: Discussions between Cabinet Secretaries regarding interagency policy coordination are internal Executive Branch deliberations. Consistent with longstanding Executive Branch practice, VA does not characterize or disclose such deliberations.

Question b: What about the hundreds of thousands of Veterans who receive other types of HUD assistance - has Secretary Collins asked that all Veterans be exempt from time limits for subsidies?

VA Response: Discussions between Cabinet Secretaries regarding interagency policy coordination are internal Executive Branch deliberations. Consistent with longstanding Executive Branch practice, VA does not characterize or disclose such deliberations.

Executive in Charge

Question a: Who is the VA official who is the executive-in-charge of developing, executing, and overseeing plans for West LA?

VA Response: No VA official is officially appointed as the "executive-in-charge." Mrs. Danielle Runyan is the individual delegated to approve all actions related to the WLA Campus.

Question b: Who is VA's expert on homelessness assigned to the West LA project?

VA Response: West Los Angeles VAMC has a team of professionals under the VHA Homeless Program Office with different disciplines and areas of subject matter expertise.

Project-Based Vouchers

The Los Angeles County Development Authority (LACDA) will reach its project-based voucher cap by the end of 2027. This will potentially impede future development on campus since project-based vouchers are used to help developers secure funding and provide a reliable stream of rental income, reducing risk.

Question a: Has Secretary Collins met with Secretary Turner about this issue? What is the plan to resolve it?

VA Response: VA is in communication with the Los Angeles County Development Authority (LACDA) and will have more information on this program as campus planning progresses.

Question b: If LACDA runs out of project-based vouchers, how will development of permanent housing on campus continue?

VA Response: In the event LACDA were to run out of project-based vouchers, the EUL developers would continue development through other sources such as tenant-based vouchers or seek project-based vouchers from another authority, such as Housing Authority of the City of Los Angeles (HACLA). There are EULs on the campus that utilize HACLA project-based vouchers, and numerous EULs across the county that leverage tenant-based vouchers.

Town Center / Community Amenities

Over the last few years before the Trump Administration came in, there was a very public debate about the development of a Town Center at West LA. Veterans living on campus need things to do and access to essentials. Proposals for Town Center include amenities like a grocery store, cafeteria, arts studio, barber shop, and hair salon. VA and the principal developer sought Veteran input for what they want to see in the Town Center through a survey and campus listening sessions.

Question a: Has VA changed the plan for the Town Center since the end of 2024? What amenities will be provided at the Town Center?

VA Response: The Town Center's core purpose remains unchanged; however, it alone cannot accommodate the increased service demand associated with a larger

on-campus Veteran population. In response, VA is evaluating and resourcing targeted enhancements across the West Los Angeles VAMC campus—guided by Veteran feedback—to ensure the delivery of fully integrated, wrap-around support. The Town Center will continue to anchor this strategy by consolidating high-impact services, such as benefits access, job training, meal options, and peer support. Complementary facilities and restored historic venues will expand capacity for wellness, recreation, and community engagement. Collectively, these efforts are designed to strengthen the campus-wide service infrastructure, improve Veteran readiness and stability, and position the NCWI to meet future demand effectively and sustainably.

Question b: VA has been analyzing its authority to operate a grocery store on campus through the Veteran canteen service for nearly 3 years now. Please describe the current status of this project and VA's authority to operate a grocery store and other amenities on campus.

VA Response: Congress established the Veterans Canteen Service (VCS) on August 7, 1946, to provide Veterans living in VA hospitals and homes with reasonably priced merchandise and services that support their comfort and well-being. Under this authority, VCS is expanding food and retail services to meet the needs of the growing Veteran resident population on the NCWI campus at Greater Los Angeles.

To better serve Veterans living on campus, VCS conducted market research and expanded its product selection to include grocery items, such as fruits, vegetables, proteins, milk, bread, eggs, furnishings, apparel, footwear, packaged snacks, beverages, and health and beauty care essentials.

VCS is implementing this effort in two phases.

Phase 1 began on June 29, 2026, with the launch of a VCS food truck that provides hot meals, beverages, limited grocery items, and other retail products. The food truck can prepare up to 600 meals per day and ensures Veterans have access to affordable food while additional services are developed.

Phase 2 is in the planning stage and will establish a 900-square-foot temporary canteen with a mobile kitchen that will provide expanded hot food, grocery, and retail services while the permanent canteen is under construction. VA's goal is to open the temporary canteen by November 30, 2026.

The permanent canteen is planned as part of the larger modernization of the Greater Los Angeles North Campus. Market planning is approximately 90% complete, and VCS continues to work with Greater Los Angeles Health Care System on the design and construction of the new facility. The permanent canteen will provide food service, grocery items, and retail products to support Veterans living on campus and is planned for construction during 2027–2028.

Project Safe Harbor

Question a: How many Veterans across the country have been referred for guardianship since January 1, 2025? Please provide a detailed breakdown of Veteran location, referral source, number of veterans referred, and number of homeless Veterans referred.

VA Response: The effort began in October 2025 as an Integrated Product Team across five VAMCs. The team's goal was to better understand how facilities navigate cases involving Veterans who lack decision-making capacity for most medical decisions, require continued medical care outside of VAMCs, and have no available surrogate.

It was not a national guardianship program and therefore, had no established standardized model. VA is developing standardized national policy, including uniform documentation, facility-level Guardianship Committees, and a centralized tracking and reporting system. These efforts will enable VA to accurately identify and monitor these Veterans across all VAMCs. This work will also provide reliable data and ensure that Veterans requiring continued medical care and lacking decision-making capacity receive consistent, timely support.

Question b: Please provide detailed data broken down by location and Veteran homelessness status (i.e. homeless versus non-homeless) for the following metrics:

1. Number of Veterans engaged in Safe Harbor Program (not necessarily completed);

VA Response: From the initiation of Safe Harbor in October 2025 through February 12, 2026, the 5 participating sites reported that state courts appointed guardians for 22 Veterans, while 13 additional Veterans across these sites remained inpatients awaiting guardianship.

2. Number of Veterans experiencing or at risk of homelessness evaluated / assessed for guardianship and other state-specific legal needs.

VA Response: Of the 35 Veterans identified above, 12 experienced homelessness prior to admission.

3. Number of Veterans who are inpatient boarding at a VA facility awaiting guardianship.

VA Response: As of February 12, 2026, 13 Veterans across the 5 Safe Harbor sites remained on a VA inpatient unit and are still in need of a court appointed guardian to serve as surrogate decision-maker to authorize post-acute placement.

4. Number of Veterans experiencing or at risk of homelessness with completed guardianship application packets submitted to vendor / contractor / court.

VA Response: 6 of the 22 Veterans appointed a guardian experienced homelessness prior to admission.

5. Number of Veterans on inpatient VA units and awaiting evaluation/guardianship, including number of days they have been awaiting evaluation.

VA Response: 13 Veterans remain on a VA inpatient unit across 5 sites and are still in need of a court appointed guardian to serve as surrogate decision-maker to authorize post-acute placement.

6. Number of Veterans who completed program and received guardianship.

VA Response: State courts have appointed guardians for 22 Veterans.

7. Number of Veterans experiencing or at risk of homelessness placed in housing once guardianship appointed.

VA Response: Project Safe Harbor is not a homeless program. Its purpose was to identify Veterans who have been clinically determined to lack decision-making capacity and who are in inpatient beds, but no longer require inpatient medical care and treatment, and have no surrogate decision-maker to authorize post-acute placement.

For Veterans who met these criteria, the program sought a court-appointed guardian to safely transition the Veteran from an acute setting to the most clinically appropriate setting. Incapacitated Veterans without a legal representative are unable to consent to transfer to and placement in community sites. Examples include transfers to a community residential facility, assisted living facility, custodial care, or skilled nursing home facility. Once the state court appoints a guardian, VA works with the guardian to obtain consent to transfer the Veteran to the most appropriate community site based on the Veteran's clinical needs.

8. Number of Veterans who are stable and transition out of program.

VA Response: This data is unavailable.

Question c: How many VA attorneys have been appointed under the Memorandum of Understanding with the Department of Justice to serve as special assistant U.S. attorneys? Please provide a full, unredacted copy of all training materials.

VA Response: One VA attorney has been appointed as a Special Assistant United States Attorney (SAUSA) under a Memorandum of Understanding with the Department of Justice (DOJ). VA is in communication with DOJ regarding additional potential SAUSA designations as the guardianship initiative develops and will supplement this response if additional appointments are finalized.

Regarding training materials, DOJ maintains ownership of the SAUSA training materials. VA does not have these materials to provide.

Question d: Will homeless Veterans from other parts of the country VA petitions the court for guardianship be moved to Los Angeles for treatment at the National Center for Warrior Independence? Please provide a detailed description of the legal process VA will use to carry out this initiative.

VA Response: There is no provision for this.

**Department of Veterans Affairs
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