

California Veterans Community Report
BEHAVIORAL HEALTH
SYSTEM REFORM IN FOCUS



2023
Annual Report

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TABLE OF CONTENTS

PRESIDENT’S MESSAGE.....	4
EXECUTIVE SUMMARY	5
PART I: CALIFORNIA VETERAN DATA	8
Homelessness	10
Behavioral Health Concerns	10
Veteran Suicide.....	10
Drug Overdose Deaths	11
Post Traumatic Stress Disorder	12
Trauma and Veteran Well-Being	12
PART II: BARRIERS IN THE FIGHT TO END VETERAN HOMELESSNESS	13
Poverty	13
Aging	13
Cost of Living	14
Food Insecurity	14
PART III: CAVSA MEMBERS ADDRESS ROOT CAUSES OF HOMELESSNESS	15
A Note on Funding: Federal Funds Brought to California	15
Member Highlights	16
Swords to Plowshares.....	16
Nation’s Finest and Veterans Housing Development Corporation	17
California Veterans Assistance Foundation	18
Veterans Village of San Diego.....	18
U.S.VETS.....	19
New Directions for Veterans	20
PART IV: ADVOCACY ACTION.....	21
The Behavioral Health Services Act (SB 326, Eggman)	22
The Behavioral Health Infrastructure Bond Act of 2023 (AB 531, Irwin)	22
CAVSA’s Support and Advocacy for BHSA	23
2022-23 Legislative Session Recap	24
2024 State and Legislative Priorities	25
Advocacy Action in Our Communities	25
2024 Local Priorities	25
2024 Combined State and Local Action Items	25
APPENDIX	
Appendix A. Facts and Figures	26
Appendix B. References, all source information for tables and text is provided	28



PRESIDENT'S MESSAGE

In California, we continue to reduce the number of veterans living on our streets – a feat to be celebrated. But there are still thousands of California veterans who won't have a place to sleep tonight, and perhaps many more that teeter on the edge. Together with our partners, CAVSA continues to work with legislators, regulators, agency staff in Sacramento, and with leaders in cities and counties across the state to advocate on behalf of struggling veterans.

In this report, you will read about troubles many California veterans face, but we share many success stories as well. We also highlight the strong work CAVSA member agencies are doing, and you will learn about our advocacy – the victories won, the battles we continue to fight, and new challenges emerging on the horizon.

As you'll read on page 12, CAVSA has been out front on implementing the Veterans Support to Self-Reliance program (VSSR), through which three of our members provide much-needed support to vulnerable, older-aged veterans.

Flip to page 18 to learn about our influence at the table during the Governor's successful legislative push to reform and modernize the Mental Health Service Act. Governor Newsom and the Legislature, especially Senator Eggman and Assembly Member Irwin deserve a special thank you for their leadership and support to ensure veterans are a priority in reform of the behavioral health system. A special thanks as well to CalVet and the MHSOAC for keeping CAVSA engaged in the process. CAVSA will stay active to make sure much needed funding is secured to pay for mental health services to address needs of veterans in the new Behavioral Health Services Act.

There is ongoing work to do in 2024 and beyond. A top priority is to pass a new housing bond in March 2024, Proposition 1. We are proud that it will include over \$1 billion to house veterans who have behavioral health needs or substance use disorders.

As you read this report, we hope you will be inspired to join us as we forge new partnerships and strengthen collaborations to support California's diverse veteran community.

We look forward to positive change in the coming years.

Stephen Peck

CAVSA Board Present
U.S.VETS, President and CEO



EXECUTIVE SUMMARY

The California Association of Veteran Service Agencies (CAVSA) is a consortium of six nonprofit veteran service providers working together to address the needs of California's veterans. Members deliver direct services throughout the state – urban and rural communities stretching from Eureka to San Diego.

This annual report contains up-to-date data on challenges that too many veterans face – homelessness, suicide, mental illness, substance abuse disorder, food insecurity, and more. However, the story of this year is not solely about troubles; it is also about progress – the modernization of the behavioral health system through passage of the Behavioral Health Services Act and the Behavioral Health Infrastructure Bond Act; it is about triumph – the life successes of veterans helped by our members and our state and local partners; **it is a story about the future – CAVSA's plan and advocacy agenda for 2024.**

Table 3

TOP 10 CONTINUUMS OF CARE (COCS) WITH THE HIGHEST NUMBER OF UNSHELTERED HOMELESS VETERANS IN 2022

CoC	Number of Unsheltered Homeless Veterans
Los Angeles City and County CoC	2,721
San Jose/Santa Clara City and County CoC	520
Oakland, Berkeley/ Alameda County CoC	430
Sacramento City and County CoC	415
San Francisco CoC	404
San Diego City and County CoC	378
Watsonville/Santa Cruz City and County CoC	310
Long Beach CoC	264
San Bernadino City and County CoC	166
Santa Rosa, Petaluma/Sonoma County CoC	146

THE DATA

Homelessness. The number of veterans experiencing homeless in California decreased 9% from 11,401 in 2020 to 10,395 in 2022.

Suicide Deaths. More veterans, 559, died by suicide this year than last year, 439.

Post-Traumatic Stress Disorder. 7% of veterans nationally are estimated to have PTSD. Applied to the veteran population in California, that would be 96,600 veterans.

Food Insecurity. 22.5% of Californians were food insecure in 2022. That is 310,500 veterans when applied to the veteran population.

MEMBER ACCOMPLISHMENTS THIS YEAR

- 3 CAVSA members were awarded a combined total of \$16.8 million for Veterans Support to Self-Reliance (VSSR).
- U.S.VETS placed 269 veterans in employment.
- New Directions for Veterans holds a 96% retention rate in their permanent supportive housing sites.
- Swords to Plowshares opened Maceo May Apartments, 104 homes for formerly homeless veterans and their families.
- Veteran Housing Development Corporation and Nation’s Finest enhanced neighborhoods by remodeling distressed homes in Oroville.
- California Veterans Assistance Foundation set out to build 12 tiny homes, Covey Cottages, to fill a housing gap for veterans 55 to 62 years of age.
- Veterans Village of San Diego served 2,061 veterans, 206 of which were 65 or older, by providing housing, bus passes, and vouchers for DMV ID, and HUD-VASH vouchers.

OVER \$81 MILLION from federal government brought to the state to serve veterans



LEGISLATIVE STRIDES

CAVSA actively engaged the legislative process around the two bills at the center of Governor Newsom’s push to reform the Mental Health Service Act and modernize California’s behavioral health services system – [SB 326](#) (Eggman), the Behavioral Health Services Act (BHSA), and [AB 531](#) (Irwin), the Behavioral Health Infrastructure Bond Act (BHIBA). BHSA updates funding



CAVSA shares veteran voice at a listening session on Senator Eggman’s and Assemblywoman’s Irwin’s bills hosted by the Governor.

categories for services, it includes money for treatment of moderate and severe substance use disorders, it designates funding for residential care and/or housing assistance, and it focuses attention on the most vulnerable age groups. Fiscal accountability for state and local spending is also enhanced. In addition to the legislation passing the Legislature and being signed by the Governor, some of these changes also require the approval of voters in March 2024.

The passage of [AB 531](#) places a \$6.38 billion general obligation bond on the March 2024 ballot for construction of behavioral health treatment and residential care settings and permanent supportive housing. CAVSA’s involvement helped secure \$1.065 billion (if the measure is passed) to invest in supportive housing for veterans who have behavioral health needs or substance use disorders and are experiencing homelessness or are at risk of homelessness.

ADVOCACY ACTION

Governor Newsom and the Legislature, especially Senator Eggman and Assembly Member Irwin deserve a special thank you for their leadership and support to ensure veterans are a priority in behavioral health system reform. A special thanks as well to CalVet and the MHSOAC for keeping CAVSA engaged in the process.

CAVSA and our Strategies 360 lobbying team consistently engaged on issues and legislation that directly, and indirectly, impact California veterans and CAVSA member agencies. This year the 2023-24 state budget included \$50 million for the Veterans Housing and Homelessness Prevention Program (VHHP).

Three of our priority bills were signed into law by Governor Newsom.

- [AB 1386 \(Gabriel\)](#) broadens placement eligibility for veterans in supported housing.
- [AB 1474 \(Reyes\)](#) brings veterans into the [California Statewide Housing Plan](#).
- [AB 1462 \(Patterson\)](#) requires the state to track veteran drug overdose deaths.

2024 LOCAL PRIORITIES

- Increase local engagement efforts to raise awareness and funding for veterans to help communities supplement what is done through BHSA.
- Educate providers and other valued constituencies about veteran cultural competency.
- Expand CAVSA’s local and statewide networks to join with the former MHSA Coalition, state and local veteran organizations, and local public officials to insure veteran engagement in local MHSA (BHSA) policy and funding decisions.
- Enhance and leverage CAVSA’s stakeholder network for action in state and local advocacy.

IMMEDIATE TOP PRIORITY:

Help pass Proposition 1, the Behavioral Health Infrastructure Bond measure, in March 2024.



PART I: CALIFORNIA VETERAN DATA

For the past five years, we have tracked down the most recent data on California's veterans, reporting demographics and needs related to incidents of homelessness, drug overdose, suicide, justice involvement, and more. This year we expand our exploration to include three additional indicators: nonsuicidal self-injury (NSSI), traumatic brain injury (TBI), and post-traumatic stress disorder (PTSD). Each is consequential. However, as is more often the case, TBI, substance use disorder, PTSD, and mental illness co-occur in polytrauma conditions that increase the incidence of harmful behavior and premature death.

We report this data to help CAVSA members, the State of California, and the nation to understand these conditions and focus their engagement on those veterans who experience them. In Table 1 below, we report on rates and incidence for the U.S. population, and veterans nationally, as context for the data presented for California. For a full list of references accessed for Part I of this report, please see Appendix B.

Roughly 1/3 of the nation's homeless veterans are in California.

Table 1

CALIFORNIA VETERAN DATA 2021-2022

Measure	National Population (N=333.3 million)	U.S. Veterans (N=16.2 million)	California Population (N=39.03 million)	California Veterans (N=1.38 million)
Persons Experiencing Homelessness	582,462 <i>18 per 10,000 people</i>	33,129 <i>0.2% of total U.S. veteran population</i>	171,521 <i>43.9 per 10,000 people</i>	10,395 <i>0.8% of total CA veteran population</i>
Behavioral Health Concerns	Suicide Deaths	48,183 <i>*Age-adjusted rate: 14.04</i>	No data is available	4,148 <i>Age-adjusted rate: 10.12</i>
	Opioid Overdose Deaths	109,360	4,865	10,901
	Fentanyl	70,601	—	5,961
	Persons with Post-Traumatic Stress Disorder	20.0 million <i>6% of total U.S. population</i>	1.1 million <i>7% of total U.S. veteran population</i>	2.3 million Californians¹
Persons Experiencing Food Insecurity	33.8 million <i>10.1% of total U.S. population</i>	2.7 million <i>16.6% of total U.S. veteran population</i>	8.8 million <i>22.5% of total California population</i>	310,500 Veterans³

* A "standard" population distribution is used to adjust death rates. The age-adjusted rates are rates that would have existed if the population under study had the same age distribution as the "standard" population.

**[AB 1462](#) (Patterson) requires the Department of Public Health to compile and report veteran drug overdose deaths in California.

Sources: See Appendix B.

¹Estimate calculated by applying the percentage of people diagnosed with PTSD nationally (6% according to [USDVA](#)) to the 2022 California population (N=39,030,000).

²Estimate calculated by applying the percentage of veterans diagnosed with PTSD nationally (7% according to [USDVA](#)) to the 2022 California population of veterans (N=1,380,000).

³Estimate calculated by applying the percentage of veterans experiencing food insecurity in California (22.5% according to the [CAFB](#)) to the 2022 California population of veterans (N=1,380,000).

HOMELESSNESS

REASON TO CHEER!
9% fewer homeless veterans (2020-2022).
VHHP has helped produce 5,665 affordable units since 2014.

The largest number of individuals experiencing homelessness in the country reside in California; there are nearly 100,000 more people here than in New York, the state with the next largest number. The trend for the nation and our state is moving in the right direction; the number of veterans experiencing

homelessness decreased nationally from 37,252 in 2020 to 33,129 in 2022, an 11% reduction; the number in California decreased from 11,401 to 10,395, a 9% decrease. Nationally, about 41% of veterans experiencing homelessness are unsheltered; in California, about 71% are unsheltered.

Since last year’s annual report, partial counts initiated in 2021 under the strain of the pandemic were made complete, correcting a known undercount. The U.S. Department of Housing and Urban Development reported complete data to Congress at the end of 2022, including full counts of sheltered and unsheltered people shown in Table 2.

Shelter capacity is not meeting demand. Table 3 shows the top ten Continuums of Care with the highest number of unsheltered veterans in the state.

Table 2

SHELTERED AND UNSHELTERED VETERANS 2022

	Sheltered			Total
	Emergency Shelter	Transitional Housing	Unsheltered	
U.S. Veterans	10,050	9,515	13,564	33,129
California	1,394	1,609	7,392	10,395

Table 3

TOP 10 CONTINUUMS OF CARE (COCS) WITH THE HIGHEST NUMBER OF UNSHELTERED HOMELESS VETERANS IN 2022

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Santa Rosa, Petaluma/Sonoma County CoC	146

BEHAVIORAL HEALTH CONCERNS

Suicide

Over 48,000 people completed suicide across the nation in 2021, which indicates an approximate 4.8% increase in the number of suicides between 2020 and 2021. [The U.S. Department of Veteran Affairs](#) identified 439 deaths by suicide of California residents who had served in the Armed Forces in 2020 and [559 in 2021](#)—a 27.3% increase.

The State of the American Veteran: [The Southern California Veterans Study](#) Report was released September 27, 2023. Researchers surveyed 3,188 Southern California veterans (42% residing in L.A., 19% in Orange County, and 39% in San Diego). Nearly 1/4 of those surveyed were at risk for suicide and 2/3 knew someone who died by suicide.

NEW STUDY REPORTS

25% of 3,188 veterans at risk for suicide.

66% knew someone who died by suicide.

Screening for Suicide Risk. In a [2017 study](#), researchers from Boston University, a Harvard University, and branches of Veterans Affairs healthcare systems in Massachusetts documented concerns about the procedures and tools that the VA uses to identify suicide ideation and risk level in veterans. In 2020, the VA implemented a universal screening requirement. Doing so has shown to increase likelihood of veterans being screened for suicide risk ([Gujral et al., 2023](#)). Moreover, instituting universal screening through the VA was associated with an increase in veterans who screened positive for suicide risk receiving additional follow-up evaluations.

Nonsuicidal Self-Injury (NSSI). Perhaps screening by the VA could be expanded further. Nonsuicidal self-injury is the purposeful hurting of oneself without the conscious intent to die – behaviors such as self-cutting, burning, or scratching. Currently no state or federal agency is tracking NSSI in veterans. However, a [2022 study](#) using information from the 2019-2022 National Health and Resilience in Veterans Study concluded that roughly 4.2% of veterans had a lifetime prevalence of NSSI. If this is applied to the estimated 16.2 million veterans in the United States, then approximately 680,400 veterans have had experience with NSSI. In California, we could anticipate that 57,960 veterans have performed self-harming behavior. NSSI has been associated with increased risk of suicidal behavior in military and veteran samples ([Bryan et al., 2015](#); [Kimbrel et al., 2016](#)). NSSI could be a critical link in early detection of suicidal risk and lowering the number of veterans who die by suicide ([Hamza et al., 2017](#)).

Drug Overdose Deaths

According to the [CDC](#), there were approximately 109,360 drug overdose deaths nationally in the 12-month period ending in December 2022. In the prior year, there were just over 106,000 drug overdose deaths; 66% (70,601) involved fentanyl with some attributable to other synthetic opioids other than methadone according to data reported by the [National Institute on Drug Abuse](#). **In California, just more than half of all drug overdose deaths involved fentanyl (5,961).**

According to a [2022 study](#), veteran overdose mortality rates have increased by 53% between 2010 and 2019, nationally. The authors point out that veterans' opioid initiation is frequently associated with service-related injury, and as with civilians, prescribed opioid use can and often does lead to nonmedical or at least non-prescribed use. The increasing presence of illicitly manufactured fentanyl is a growing risk to veterans' lives. The authors laud the creation of a VA system-wide naloxone access and distribution program. They conclude that pain management needs must be understood alongside the larger complex of issues veterans face over their civilian/military/veteran career.

Until now, there has not been systematic data collection of drug overdose deaths among California veterans. This will change with the Governor's signature on [Assembly Bill \(AB\) 1462](#), which will require the State Department of Public Health to collect and report this information.

\$1.5 MILLION COMES TO CA FOR SUICIDE PREVENTION

The [Staff Sergeant Parker Gordon Fox Grant Program](#) funds local community programs up to \$750,000 per funding year to provide or facilitate suicide prevention services and resources to veterans and their families.

CAVSA AWARDEES:

Nation's Finest and Swords to Plowshares

Counties served: Alameda, Marin, Sacramento, San Francisco, Sonoma

CALIFORNIA ASSEMBLY BILL 1462

New light for tracking veteran opioid overdose deaths.

CAVSA has long called for additional data that can help our members and all veteran-serving agencies address problems among veterans. Currently, little to no public data exists surrounding the breadth and depth of the opioid overdose epidemic affecting California's veterans. [Assembly Bill \(AB\) 1462](#), introduced by Jim Patterson (AD 08) and signed by the Governor, requires the Department of Public Health to track veteran overdose deaths and report annual trends.

53% increase in veteran overdose mortality rates, nationally, from 2010 to 2019.

Post-Traumatic Stress Disorder (PTSD)

War zone deployment, training accidents, and military sexual trauma can lead to PTSD. Surprisingly, the [VA reports](#) that PTSD is only slightly more common in veterans than in civilians – 7% in veterans and 6% in the general population. When these percentages are applied to the number of veterans in California in 2022, roughly 96,600 are estimated to experience PTSD in their lifetime.

Traumatic Brain Injury

The [Defense and Veterans Brain Injury Center](#) (now Traumatic Brain Injury Center of Excellence) reports that from 2000 to 2019 [over 414,000 veterans were hospitalized](#) for traumatic brain injuries and nearly 350,000 incident diagnoses of TBI in the U.S. military have occurred since 2000. A [RAND report](#) studying Iraq and Afghanistan veterans revealed that service members who sustained multiple vs. single head injuries experienced significantly higher rates of PTSD, depression, suicidal ideation, back pain, and any pain. Comorbidities linked to TBI's can range from more mild conditions such as headaches, irritability, and memory problems to more serious psychiatric diagnoses and depression, PTSD, and suicidal ideation. Further, veterans with a history of TBI are also reported to have higher rates of cognitive impairment, alcohol and drug misuse, and unemployment ([Lindquist, et. Al, 2017](#)).

TBI's impact veterans' confidence, relationships with others, and community reintegration after military service.

Trauma and Veteran Well-Being

Traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) have been called the signature wounds of the conflicts in Iraq and Afghanistan due to the frequent and powerful blasts experienced in the field. Homelessness, suicide, substance abuse, and mental illness are all more common among veterans diagnosed with TBI or PTSD. To engage wounded warriors, as CAVSA members do, is to grapple with overlapping and co-occurring conditions. CAVSA members serve veterans with multiple life-impacting conditions. We know what they go through, which is exactly why we advocate for increased funding for veteran mental health, support services, housing in cases of homelessness, and other resources.



PART II: BARRIERS IN THE FIGHT TO END VETERAN HOMELESSNESS

POVERTY

California is home to 1.38 million, or 7.5%, of the nation’s veterans. Their households are slightly better off financially than civilian households with a median household income of \$84,675 compared to \$82,000. The unemployment rate is typically lower for veterans than for civilians, although in December of 2022, it was slightly higher at 4.4% to civilians’ 4.1%. Working or not, many of these veterans receive cash benefits, pay, or pensions stemming from their service. The VA paid compensation to 442,216 California veterans, spending an annual total of about \$9 billion in 2022¹. Pension and fiduciary program funds were paid to 16,512 people for a total annual spending of \$227 million². Despite these federal benefits, data from the 2017-2021 American Community Survey estimate that 7.3% of veterans in California live in poverty and 6.5% receive CalFresh food assistance.

TABLE 4
POVERTY-RELATED CHARACTERISTICS OF
CALIFORNIA VETERANS

Unemployed	4.4%
Collecting VA cash benefits	33%
Living below the poverty line	7.5%
Collecting food stamps	6.5%

¹The compensation program provides tax-free monthly benefits in recognition of the effects of disabilities caused by diseases, events, or injuries incurred or aggravated during active military service. Veterans Benefits Administration. (2022) Annual Benefits Report, Fiscal Year 2022.

²The pension is a needs-based benefit designed to provide certain wartime veterans and their survivors with a minimum level of income that raises their standard of living; the Fiduciary program provides oversight for VA’s most vulnerable beneficiaries who are unable to manage their own VA benefits.

AGING

Veterans are living longer and their needs differ from younger cohorts. Sixty-three percent of California veterans are ages 55 and older and the proportion of senior veterans will increase by 70 percent in the next fifteen years. Seventy-seven percent of all senior veterans are living in poverty. These veterans also live with chronic health conditions, chronic pain, mental illness and manifest age-related health needs well beyond their chronological age. Older veterans complete suicide at higher rates than younger veterans and the non-veteran population. In California, veterans living in rural areas are more socially isolated and have a 20 percent higher risk for suicide than veterans in more urban areas. Veterans who have experienced chronic homelessness lack options for stepped up care, especially those who also struggle with SUD.

COST OF LIVING

Given the financial standing of many veterans, California’s high cost of living puts a crunch on many veterans. It is particularly harsh for the tens of thousands who have fallen on hard times and who, in extreme cases, experience homelessness. According to a 2020 Cost of Living Index, the average city in California has a 38% higher cost of living than the average city in the nation. Costs are only increasing – inflation rose 8.2% between September 2021 and 2022 and again 3.2% between July 2022 and 2023. The first increase was driven largely by increases in the cost of food, housing, and health care. During the second period, shelter was the largest contributor of the rise. Californians pay more for gas than anyone in the country. On September 7, 2023, the average price was \$5.359 a gallon compared to the national average of \$3.803. Housing costs are through the roof – in May of 2023 the median price of an existing single-family California home was \$791,490, more than twice the national median of \$375,700. The median rent price for an apartment in California is \$2,116 compared to the national average of \$1,739.

FOOD INSECURITY

Veterans and active-duty military members experience food insecurity at higher rates than the general population. In a July 11, 2022 congressional hearing hosted by the U.S. House Veterans Affairs Committee, critical findings by the VA and the U.S. Department of Agriculture (USDA) illuminated a discrepancy in reporting food insecurity among veterans. The VA reported that between 2-3% of veterans experience food insecurity while the USDA reported that the figure was closer to 9-10%. A four-year study by the Military Family Advisory Network (MFAN) utilizing the USDA Six-Item Short Form Food Security Scale revealed in 2021 that the rate may be closer to 16.6% for military and veteran families. USDA reported similar numbers to MFAN during 2015-2019 with 11.1% of working-age veterans living in food-insecure households, and 5.3% living in households with very low food security.

CA PURSUES FOOD SUPPORT WAIVER FOR VETERANS (SB 950)

In 2022, Governor Newsom approved Senate Bill (SB) 950, a bill with bipartisan support aimed to lessen food insecurity among California veterans through the expansion of CalFresh eligibility. SB 950 required the state to seek a waiver from the USDA on or before July 1, 2023, and annually thereafter to exclude veteran Basic Allowance for Housing (BAH) from countable income in determining veterans’ CalFresh eligibility. Because of the high cost of living in California as compared to other states, veterans and their families residing in California are disproportionately at risk of becoming food insecure. SB 950 has the goal of mitigating this disproportionality and addressing food insecurity among California veterans through increased enrollment in CalFresh and veteran utilization of food program services.

CDSS estimates that 12,880 veterans could obtain food assistance if BAH is not included as income for CalFresh eligibility.

THE IMPACT OF COVID-19 ON VETERAN FOOD INSECURITY



Source: <https://www.mfan.org/research-reports/2021-military-family-support-programming-survey-results-2/>



PART III: CAVSA MEMBERS ADDRESS ROOT CAUSES OF HOMELESSNESS

CAVSA and its six member agencies understand veterans and root causes of their homelessness—disability, poverty, unemployment, mental illness, and substance abuse, to name a few. In the following section, we highlight the amazing work CAVSA member agencies do. These stories show how veterans prevail despite stressful transitions out of military service and physical health, mental health, or material setbacks.

A NOTE ON FUNDING: FEDERAL FUNDS BROUGHT TO CALIFORNIA

None of these success stories would be possible without the robust funding each member agency tirelessly pursues. In 2022, CAVSA members pulled over \$81 million to the state from federal agencies, e.g., from the Department of Housing and Urban Development, Department of Labor, Department of Veteran Affairs, Department of Health and Human Services, Department of Homeland Security, and the Federal Emergency Management Agency. In addition, our members secured an additional \$77 million from multiple sources – federal, state, local, and private – specifically to build housing and service sites.

Table 5

FEDERAL FUNDS BROUGHT TO CALIFORNIA, FISCAL YEAR 2022-23

Total from 6 of 6 CAVSA member agencies	\$81,378,974
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Table 6

CONSTRUCTION FUNDING DEPLOYED IN CALIFORNIA, FISCAL YEAR 2022-23

Total amount from 6 of 6 CAVSA member agencies	\$77,026,040
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CAVSA MEMBER HIGHLIGHTS

Swords to Plowshares

Swords to Plowshares is a community-based nonprofit whose mission is to heal the wounds of war, to restore dignity, hope, and self-sufficiency to all veterans in need, and to prevent and end homelessness and poverty among veterans. They house and provide direct services to those who are seeking to improve their health, find housing stability, and achieve financial independence. Swords operates service centers in San Francisco and Oakland, open to all San Francisco Bay Area veterans.

In 2022-2023, Swords served 3,141 veterans, and about 30% who were 65 and older. Adding the brand-new Maceo May Apartments with 104 affordable units to its portfolio this year, Swords now manages six permanent supportive housing in San Francisco.

Swords provided 12,925 nights of temporary emergency housing. Nearly 500 veterans received permanent supportive housing and almost 100 received transitional supportive housing. Recognizing the needs of aging veterans, Swords, together with other CAVSA members, advocated for and helped design the state's Veterans Support to Self-Reliance (VSSR) Pilot grant.

Swords is 1 of 6 VSSR Pilot grant awardees and was selected to serve as consultant to CalVet for the design, technical assistance, and process evaluation of the three-year program. The pilot offers additional on-site services, including mental health and peer supports, service assistants, and transportation, intended to help senior and high acuity veterans to age in place and improve wellbeing. Also, during the grant period, Swords will provide program design and process evaluation technical assistance to the



Swords to Plowshares VSSR members enjoying a social outing near the Golden Gate Bridge.



A Swords to Plowshares VSSR member receiving transportation support.

state and other awardees to promote improved onsite service delivery and system learning. For instance, Swords will provide webinars and gatherings among participating nonprofits to share support and foster mutual learning in areas such as engaging PSH residents, implementing trauma-informed care, cultivating military and veteran cultural awareness, and addressing issues like hoarding.

The VSSR aims to:

1. Enable aging veterans who have experienced chronic homelessness to age in place, maintain housing and improve their quality of life.
2. Prevent the premature necessity for skilled nursing care among aging veterans.
3. Improve veteran health and wellness.
4. Enhance PSH operation with sufficient staffing.

Three CAVSA members – U.S. Vets (Inland Empire, Inglewood, and Long Beach sites), Nation's Finest (Mather and Sonoma sites), Swords to Plowshares (San Francisco sites) – were awarded VSSR grants.

Currently, the pilots are ramping up as grantees onboard new staff, launch onsite services, and enroll veteran residents in their programs. Swords has already instituted two distinct transportation options on weekdays for enrolled veterans across their six PSH sites. This facilitates veterans' access to both the VA Medical Center at Fort Miley and the SF VA Downtown Clinic. With the hiring of additional staff, Swords plans to expand service offerings to encompass a range of on-site and off-site social

IN TOTAL, 3 CAVSA MEMBERS RECEIVED VSSR GRANTS.

- » **U.S.VETS (Inland Empire, Inglewood, and Long Beach)**
- » **Nation's Finest (Mather and Sonoma)**
- » **Swords to Plowshares (San Francisco)**

activities, such as park outings, art classes, and movie days. Swords will also extend transportation support for food shopping, introduce on-site individual and group therapy sessions, and implement a hoarding intervention program.

"Having these extra and beefed-up services through VSSR has been like a breeze of fresh air. It's pretty awesome how it gives residents the chance to plug into all the cool stuff happening at the Veterans Community Center."

—Jasmine Dildy, Program Manager

Nation's Finest and Veterans Housing Development Corporation

Nation's Finest partners with housing subsidiary, Veterans Housing Development Corporation (VHDC). With the Veteran Home Ownership Program, they enhance neighborhoods by remodeling distressed homes and selling them to veterans who qualify for CalVet home loans.

The program originated out of the ashes of the devastating Camp and Carr wildfires when the City of Oroville donated a home in need of remodel, and the Red Cross provided \$250,000. Proceeds from the sale of the first home followed a deed of trust that rolls over into an agreement with the city to continue to remodel additional homes. To qualify, a veteran must earn below 80% of the area median income, be willing to attend home ownership classes, and engage in light case management for two years. The required classes include a first-time home owning course, budgeting course, and home maintenance course.



Above is a projected image of the Montgomery Street Project.

Since its inception, three homes have been remodeled in which veterans now live. In fall 2023, VHDC expects one more resident to move into a home and plans to start a remodel on the fifth home. [Click here](#) to meet one of the purchasing families and look inside.

Moving forward, revenue from selling the remodeled homes will be invested into the Montgomery Street Project. It will build twelve townhomes from the ground up – 10 two-bedroom, two-bath homes and 2 three-bedroom, two-bath homes. Each will be sold to a pre-qualified CalVet loan recipient.

An Army Medic's Home. One of the homes from the Veteran Home Ownership Program was purchased by a veteran who served an eight-year tour as an Army medic. She encountered personal challenges at home when she returned, and later she was diagnosed with post-traumatic stress disorder and alcohol use disorder. Following completion of a rehabilitation program for her substance use, the recovering veteran found a place to stay in temporary housing. She moved to Mather Veterans Village, utilizing a HUD-VASH permanent supportive housing voucher. Later, she moved into the first home rehabilitated by the Veteran Home Ownership Program. When asked what she appreciated about these programs, she laughed and said, "Everything. They supported me start to finish, from bringing food to my transitional house to providing courses on anger management and grief, to helping me find my own home."



California Veterans Assistance Foundation

In Bakersfield, California Veterans Assistance Foundation (CVAF) serves veterans and their families, and others at risk for homelessness. Currently, they contract with permanent housing organizations, primarily providing support services. In 2022-2023, they served 330 veterans, a third of whom were 65 or older. CVAF provided 17,520 bed nights in transitional housing and 36,500 in permanent housing through the Supportive Services for Veterans and their Families (SSVF) program.



In 2019, CVAF set out to build 12 tiny homes – Covey Cottages – 400 square foot homes that include a kitchen, bathroom, and living area. A thirteenth unit will be a community center with a washer/dryer and community gathering spot. CVAF will fill a housing gap for veterans 55-62 years of age, a group they identify as “pre-aging.” Such veterans are often less able to work, and typically not yet eligible for social security benefits. Many in this community work manual labor jobs in agriculture and/or drive trucks, jobs difficult to maintain long-term when stifled by service-related injuries compounded by aging.

The pandemic posed challenges soon after breaking ground on the Covey Cottages – inflated material and labor costs and construction delays due to staffing shortages and supply chain disruption. To help bring this innovative project to fruition, Kern County is supplying American Rescue Plan Act funds (\$700,000); \$500,000 is expected from the California Housing and Homelessness Incentive Program. Local entities have also pledged \$300,000.

Veterans Village of San Diego

For nearly 40 years, Veterans Village of San Diego (VVSD) has served veterans and their families in the greater San Diego region. In 2022-2023, VVSD served 2,061 veterans, 206 of which were 65 or older. VVSD worked tirelessly to provide housing placement



Akilah Templeton speaking at the opening of the Oceanside CVN Clinic.

to 800 people, 141 of whom received HUD-VASH vouchers. They also provided bus passes and vouchers for DMV ID to 128 of 141 to these veterans.

VVSD partners with Cohen Veteran’s Network (CVN) to increase access to mental illness treatment for veterans, active-duty military, and military families. CVN clinics offer brief, client-centered therapy for people experiencing depression, anxiety, adjustment issues, anger, grief and loss, post-traumatic stress, family issues, transition challenges, relationship problems, and children’s behavioral problems.

The Steven A. Cohen Military Family Clinic is in Oceanside, a short distance from Camp Pendleton. It is one of the Department of Defense’s busiest installations and home to nearly 40,000 active-duty service members, 33,000 post-9/11 veterans, and more than 31,000 military family members. All of them are eligible for Cohen Clinic services.

“Our partnership with CVN has helped to expand our reach and build out VVSD’s continuum of care so that the entire military family has access to high-quality outpatient mental health services and supports for years to come.”

– Akilah Templeton, CEO of VVSD

U.S.VETS

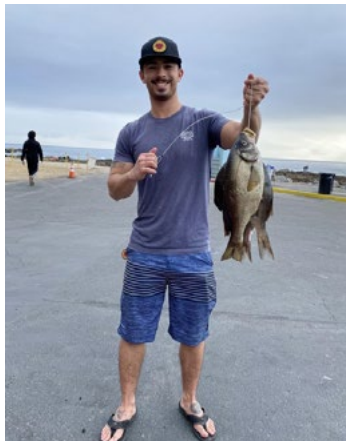
This is the nation’s largest nonprofit service provider to homeless and at-risk veterans. The largest proportion of their clients reside in southern California – in Inglewood, Long Beach, the Inland Empire, West Los Angeles, Patriotic Hall in downtown Los Angeles, and a new location in Ventura to open in late 2024. They served 2,300 veterans in FY2022-23.

U.S.VETS placed 269 veterans in employment this year

U.S.VETS seeks to prevent homelessness through workforce development services. The Career Development Initiative helps post-9/11 veterans, providing tailored career services to help them not just find employment, but launch lifelong careers. The program is supported by the U.S.VETS Career Network, an online tool that connects veterans and employers through job listings, workshops, training, and more. Additionally, U.S.VETS runs an employment-focused residential program helping homeless veterans transition to independent living with an award from the Department of Labor Homeless Veterans’ Reintegration Program.



Veteran Dilkes serving as a police officer for the City of Los Angeles with the support of CDI.



Veteran Dilkes enjoying fishing and other leisurely activities thanks to the mentorship of CDI.

The U.S.VETS Career Development Initiative (CDI).

For Veteran Dilkes, adjusting to civilian life with the absence of regimented schedules and distinct purpose caused confusion and proved to be challenging. Gradually, Veteran Dilkes obtained the guidance of family and friends and engaged with the Career Network. Through this, along with taking up leisure activities, (e.g., hiking and fishing) Dilkes embraced strategies to cope with this ambiguity and reclaimed more control over his life’s trajectory. A gateway opened to rekindle the spirit of adventure that once fueled his military career and now helped foster connections with others who shared similar interests.

CDI supported Veteran Dilkes in facing unfamiliar territory in the job market. As he sought to translate his military expertise into civilian pursuits, CDI’s networking events and workshops, along with his will to succeed, bolstered veteran Dilkes’ skills and articulation of strengths. Veteran Dilkes is grateful for all these experiences that have led him to where he is now – employed to serve and protect the City of Los Angeles.



New Directions for Veterans

This CAVSA member was founded by two formerly homeless vets in 1992 and provides comprehensive services in the greater Los Angeles area. They served 744 veterans, almost half of whom were 62 years of age or older during fiscal year 2022-23. More specifically, they provided 29,718 transitional housing bed nights and 129,243 meals. Proudly, they have a 96% retention rate in their permanent supportive housing sites.

In March of 2022, New Directions for Veterans (NDVets) initiated a new program – OASIS for Women – with an emphasis on female veterans experiencing homelessness. OASIS, located in an embedded campus at the VA Los Angeles Medical Center, provides transitional housing and case management for up to 18 women at one time. NDVets staff strive to create a therapeutic and safe environment to foster healing through education, wellness, and recovery while providing these veterans whatever they need to succeed—meals, clothing, mental health therapy and, most importantly, a sense of belonging. During their stay at OASIS, most women are connected to HUD-VASH for support to secure long-term housing. Since its inception, OASIS has served 37 female veterans. It has an annual budget of just over \$400,000 with support coming mainly from Healthcare for Homeless Veterans (HCHV), a Veterans Affairs Administration funding program.



Miss Sheila, an OASIS success. Miss Sheila stayed at OASIS twice, and she is now established in permanent housing with supportive services through HUD-VASH. After years experiencing homelessness, Miss Sheila came to OASIS by VA Medical Center referral. She dreamed of being reconnected with her family. With support from OASIS, she did find her family. However, she was unable to remain housed with them and transitioned back to OASIS. While accessing the supportive services provided, the Compensated Work Therapy Program at the VAMC helped her find a part-time job. Miss Sheila also participated in therapeutic dramatic work, which is an ancillary service of OASIS. In addition to obtaining employment and remaining housed, Miss Sheila wowed OASIS' art therapy program staff when she soloed in a play created by her fellow veterans. NDVets will honor Miss Sheila this year at their annual gala for her efforts to blossom in life and on stage.



PART IV: ADVOCACY ACTION

The value of our members long collaboration has been on display this year. Under CAVSA, we coordinate advocacy into state and local legislative and regulatory efforts – we are a strong voice for veterans. This year in particular, CAVSA has been there every step of the way advising the Administration and the Legislature on prioritizing veterans in modernizing the Mental Health Services Act ([SB 326](#), Eggman) and seeking additional money for housing construction ([AB 531](#), Irwin).

CAVSA has long logged concerns about poor access to care for veterans with mental illness and with substance use disorder. Nine out of ten California Health Interview Survey respondents who had ever served on active duty in the U.S. Armed Forces report experiencing moderate or severe psychological distress in the last 12 months, yet only 14% report that they saw a healthcare provider for emotional-mental or alcohol-drug issues in the past year (2021, [AskCHIS™](#)).

We have monitored concerning trends found in County Mental Health Service Act Plans. In each of CAVSA's annual reports from 2018 to 2020, we reviewed selected county MHSA plans to assess whether they specifically recognized the unique mental health and treatment needs of veterans. Our report cards gave higher marks to the few counties who included veteran voices in their decision-making processes and those who designated funding to serve them. However, in general, we found few counties utilized the opportunity to bring veteran stakeholders into the fold; even fewer targeted MHSA funds to meet the unique needs of their county's veterans. (For details, see: [2020 Annual Report on the California Veteran Community](#), [2019 Report](#), [2018 Report](#)).

This is why CAVSA leadership recognized the need for Governor Newsom's push to reform the Mental Health Service Act and modernize California's behavioral health system. We actively engaged the legislative process, supporting the two bills at its center – [SB 326](#), the Behavioral Health Services Act (BHSA) and [AB 531](#), the Behavioral Health Infrastructure Bond Act.

Most California veterans report experiencing moderate or severe psychological distress

THE BEHAVIORAL HEALTH SERVICES ACT

The Governor’s proposal to redesign California’s behavioral health system was introduced as [SB 326](#) (Eggman) in June 2023. CAVSA has been there each step of the way, coordinating positions with our members, providing testimony in committees, and meeting with legislators to share the needs of veterans and our suggestions.

The reform approach includes:

1. Broadening the target population to include those with moderate and severe substance use disorders.
2. Updating funding categories for services and for residential care and/or housing.
3. Focusing on the most vulnerable age groups.
4. Revising service planning and enhancing fiscal accountability.

While the enabling legislation passed, elements of the reforms will require voters to approve them by initiative on a March 2024 ballot.

Restructured County Funding Allocations

The Act modernized county funding allocations, splitting 90% of the funding generated into housing interventions, full-service partnership (FSP) programs, and behavioral health services and supports. The remaining 10% is for state-led investments into prevention, workforce development, and statewide administration, oversight, and monitoring.

Housing Interventions (30%). These funds can pay for things such as rental subsidies, operating subsidies, shared housing, and new housing construction. This is great news for veteran-serving agencies. We have been calling for additional resources and interventions strategies to house and treat veterans in need.

FSP Programs (35%). These funds will expand the number of FSP slots available across the state, adding to the 71,384 total [persons in full-service partnerships statewide](#).

Behavioral Health Services and Supports (35%). This funding can be used in a variety of ways, including toward early intervention, outreach and engagement, workforce education and training, capital facilities, technological needs, and innovative pilots and projects.

VISION FOR BEHAVIORAL HEALTH: WHOLE-PERSON PREVENTION AND CARE FOR ALL

- » **Services for those most in need.**
- » **Accountability for funding.**
- » **Treatment facilities and housing.**
- » **Diverse workforce to meet demand.**
- » **Advanced equity and reduced disparities.**

WHAT IS AN FSP?

Full-service partnerships evolved from advocacy efforts in the 1990s to reduce the number of people who were sent to locked state mental hospitals when they could be served in the community. Under the MHSA, FSP programs are team-based and recovery-focused, typically based on intensive case management or assertive community treatment. The approach to FSPs is not manualized or standardized. In an FSP, a personal services coordinator/case manager is required to respond to the client or family 24 hours a day, 7 days a week to provide after-hours support when necessary.

MHSOAC — [Report to the Legislature](#)

BEHAVIORAL HEALTH INFRASTRUCTURE BOND ACT

In conjunction with SB 326, transformation of the mental health service system includes [AB 531](#) (Irwin). The proposal places a \$6.38 billion general obligation bond on the March 2024 ballot for construction of behavioral health treatment and residential care settings and permanent supportive housing. CAVSA actively worked with the bill’s author and the Governor’s office to secure \$1.065 billion

OVER \$1 BILLION of BHIBA funds will be used for supportive housing for veterans

from the bond to invest in supportive housing for veterans who are at risk of homelessness, experiencing homelessness, or experiencing chronic homelessness who have behavioral health needs or substance use disorder. If the voters approve the bond measure, these funds couldn’t come at a better time. As we reported in the [2021-2022 report](#), Veterans Housing and Homelessness Program ([VHHP](#)) funds were nearly exhausted.

“California continues to reduce the number of veterans living on our streets—a feat to be celebrated—but there are still thousands more who won’t have a place to sleep tonight. Governor Newsom’s successful legislative push to reform the Mental Health Services Act will allow providers to attack this problem head on.

—Stephen Peck, U.S. Vets President and CEO

CAVSA’S SUPPORT AND ADVOCACY FOR BHSA

Our members are on the front lines, with veterans that experience homelessness and who seek help for mental illness and substance abuse disorder. Under MHSA, we have engaged our local communities through county mental health boards and the state through the MHSAOAC. In all our efforts, we bring the unique needs of veterans and their families into MHSA planning and funding allocation. That’s why we have been so active and supportive of reform and modernization this year. Of course, with the magnitude of the changes included in this legislative package, there are elements that concern us, but for now we are taking a wait-and-see approach as we plan our advocacy agenda for 2024.

Wait-and-See Elements

Full-Service Partnerships. The full-service partnership model is placed center stage in this reform; FSPs will receive 35% of county-allocated dollars. Many of our members share the “do whatever it takes” approach to serving the behavioral health needs of veterans; however, none have been able to obtain FSP designation, nor have they found a pathway to partner with an existing FSP Program. Each of the 58 counties in California has their own set of guidelines and regulations. So, designation in one county does not assure designation in another. As the modernized elements of the BHSA take hold, we will pursue this issue. It is vitally important that veteran-serving organizations can bring their specialized understanding of veterans and their best practices for culturally competent care to counties implementing the BHSA.

Getting veterans experiencing homelessness off the streets has long been a priority for California, but getting some of our most vulnerable veterans into needed treatment for behavioral health challenges will be transformative. I look forward to working with the Governor and veteran organizations, like CAVSA, to put these important advances before the voters.”

*—Jacqui Irwin,
Assemblymember*

Youth Concentration. The BHSA prioritizes expanding early intervention, a goal we share. It designates 51% of Behavioral Health Services and Supports (BHSS) funding to it. Veterans will benefit from expansion of early intervention services. However, that funding is further cut in half, with the requirement that 51% of the early intervention services be used to serve only people 25 years and younger. From a purely demographic standpoint, less than 2% of California veterans are under the age of 25, and thus excluded.

We support reform and even prioritizing early intervention for youth. Our larger concern is that the cumulative effect of these two reform elements will make it less possible for veterans to be served under BHSA modernization. We will continue to work with and educate the Administration, the Departments, and the new Behavioral Health Services Accountability and Oversight Commission throughout BHSA implementation, highlighting the needs of California Veterans and the agencies that serve them.

These factors will make it all the more important that veterans at the county level advocate for their fair share of behavioral health supports. CAVSA stands ready to engage in these efforts.

2022-23 LEGISLATIVE SESSION RECAP

A Strong Voice for Veterans

CAVSA brings together the collective experience of stakeholders throughout the state who understand the unique challenges faced by our veterans and the agencies that serve them. Legislation we supported this year will increase the number of veterans who are housed, demonstrating CAVSA's **strong voice for veterans in California**.

2023 Budget and Legislative Successes

Like the 2022-23 budget, the 2023-24 budget again includes \$50 million for the Veterans Housing and Homelessness Prevention Program (VHHP). In early 2023, this program funded 9 projects that include 304 assisted units designated for veteran households.

In addition to the two bills discussed above, three more of our priority bills were signed into law by Governor Newsom.

AB 1386 (Gabriel) **Veteran's Housing: Tenant Referrals**

Status: Signed by Governor
Chaptered by Secretary of State – Chapter 760,
Statutes of 2023.

This bill gives flexibility to entities referring veterans for income-restricted housing units that are funded to be affordable to extremely low-income households, such as those by the Veterans Housing and Homeless Prevention Program. A higher income veteran tenant may be referred if an extremely low-income homeless veteran cannot be placed in the unit within 28 days, ensuring full utilization.



Chris Johnson, Nation's Finest. CAVSA lobby day, March 2023

AB 1474 (Reyes) **California Statewide Housing Plan**

Status: Signed by Governor
Chaptered by Secretary of State - Chapter 762,
Statutes of 2023.

This bill adds veterans to the list of population groups that must be included in the [California Statewide Housing Plan](#). Other populations groups include, but are not limited to, elderly persons, persons with disabilities, and other specific population groups as deemed appropriate by the Department of Housing and Community Development (HCD). The bill requires HCD to also consult with the Department of Veterans Affairs in developing the housing strategy, to the extent possible.

AB 1462 (Patterson) **Veteran overdose deaths**

Status: Signed by Governor
Chaptered by Secretary of State - Chapter 844,
Statutes of 2023.

This bill requires the State Department of Public Health to access data within the electronic death registration system to compile a report on veteran drug overdose deaths in California. The Department must then report to the Legislature and the Department of Veteran Affairs on or before March 15 each year.

2024 STATE AND LEGISLATIVE PRIORITIES

Looking forward, CAVSA will use the data and research to advocate for:

- Increased general funding and increased allocation of Behavioral Health Services Act funding for veterans' mental health, substance abuse treatment, and suicide prevention.
- Expanded state and federal support service funding for veterans experiencing or exited from homelessness, especially to improve utilization of HUD-VASH vouchers.
- Expanded education and employment opportunities for veterans and their families, including establishing a veterans' employment preference in policy.
- Increased resources and services for aging veterans.
- Enhanced veteran suicide prevention measures.
- Expanded attention to the needs of veteran families.

IMMEDIATE PRIORITY: Help pass Proposition 1, the Behavioral Health Infrastructure Bond measure, in March 2024

ADVOCACY ACTION IN OUR COMMUNITIES

Our collective of veteran service agencies has been working both at the state level and also in our local communities to foster the best possible mental and behavioral health system for all Californians. We believe that all Californians benefit when veterans, LGBTQ+ allies, race- and ethnicity-focused associations, and people with lived experience organize and collaborate. Therefore, CAVSA will increase our efforts to engage many more local and statewide stakeholders to hear and convey an even stronger voice for veterans and all in 2024 and beyond.

LOCAL SPOTLIGHT

- » **Swords to Plowshares** received MHPA dollars and \$95,416 from the Alameda County Veteran Service Office (CVSO) and \$114,000 from the San Francisco CVSO to provide two years of technical assistance and direct legal services in veterans benefits and discharge upgrade claims.
- » **Nation's Finest** joined with Sacramento Area Bike Advocates ((SABA) to provide free bike repairs and bikes for transportation to veterans at the former Mather Air Force Base near Sacramento.

2024 Local Priorities

- Educate providers and other constituencies about veteran cultural competency.
- Expand CAVSA's local community impact.
- Increase local BHPA funding for veterans.

2024 COMBINED STATE AND LOCAL ACTION ITEMS

- **Implementation of MHPA Reform:** Actively represent veterans in ongoing state agency implementation of BHPA, specifically to secure housing and behavioral health services funding.
- **Local Networks and CAVSA Membership:** Establish CAVSA member participation in local veteran collaboratives. Recruit additional veteran service agencies.
 - Join with former MHPA Coalition members such as Disability Rights California, civil and business leader groups, California Pan-Ethnic Health Network, Nami California, #Out4Mental Health, California Association of Mental Health Peer Run Organizations, the Racial and Ethnic Mental Health Disparities Coalition, and CalVoices to advance modernization of the behavioral health system.
- **Improve the Linkage Between Local and State Advocacy:** Leverage CAVSA's stakeholder network for action on key state and local advocacy priorities.

We have our work cut out for us. That's why we are so eager to join with many local and statewide partners in the "California Mental Health Movement" and the Governor's sweeping plan to address the mental health and substance use disorder crises happening across the state. CAVSA and its members have long been working to help the veterans of California, many of whom have the deepest mental health needs, are living in encampments, or are suffering the worst substance use issues. Please join us in our work for veterans and their families!

APPENDIX A

Facts and Figures

Persons Experiencing Homelessness

- The number of veterans experiencing homeless in California decreased 9% from 11,401 in 2020 to 10,395 in 2022.
- Veterans Housing and Homelessness Program (VHHP) has produced over 88 affordable housing developments, producing roughly 5,665 units since 2014 – 3,058 for veterans and 2,607 for non-veterans.
- Roughly 1/3 of the nation’s veterans experiencing homelessness are in California.
- In California, about 71% homeless veterans are unsheltered (41% nationally).

Suicide Deaths

- Fewer veterans, 559, died by suicide in California in 2021 than in 2020, 583.
- The [Staff Sergeant Parker Gordon Fox Grant Program](#) funds local community programs up to \$750,000 per funding year to provide or facilitate suicide prevention services and resources to veterans and their families (\$1.5 million awarded in CA).

Veteran Nonsuicidal Self-Injury

- Roughly 4.2% of veterans nationally report an incidence of nonsuicidal self-injury in their lifetime. Applied in California, an estimated 57,960 veterans have performed self-harming behavior.

Drug Overdose Deaths

- 10,901 veterans in California died by a drug overdose in 2021.
 - 5,961 involve fentanyl.
- [Assembly Bill 1462](#), introduced by Jim Patterson (AD 08), now requires the Department of Public Health to track veteran overdose deaths and report annual trends.

Persons Experiencing Post-Traumatic Stress Disorder

- An estimated 96,600 California veterans have PTSD (nation rate applied to CA 7%).

Persons Experiencing Food Insecurity

- 22.5% of Californians were food insecure in 2022. That is 310,500 veterans when applied to the veteran population.
- 1 in 6 military and veteran families experienced food insecurity in 2021.

Veteran Traumatic Brain Injury

- From 2000 to 2019 over 414,000 veterans were hospitalized for traumatic brain injuries and nearly 350,000 incident diagnoses have been recorded in the military since 2000.
- TBIs may impact veterans' confidence, relationships with others, and community reintegration after military service.
- Homelessness, suicide, substance abuse, and mental illness are all more common among veterans diagnosed with TBI or PTSD.

CAVSA Member Accomplishments, 2022-2023

- Combined, members brought over \$81 million from federal sources to the state to help veterans.
- Combined, members deployed over \$78 million from multiple sources to build housing for veterans in need.
- 3 CAVSA members received VSSR grants – Nation’s Finest, U.S.Vets, Swords to Plowshares.
- Swords served 3,141 veterans, about 30% of whom were 65 and older.
- Nation’s Finest partners with housing subsidiary Veterans Housing Development Corporation (VHDC) are building 10 two-bedroom, two-bath homes and 2 three-bedroom, two-bath homes for veterans who qualify for CalVet home loans.
- California Veterans Assistance Foundation (CVAF) provided 17,520 bed nights in transitional housing, and 36,500 in permanent housing.
- Veterans Village of San Diego (VVSD) helped house 800 people, 141 of whom received HUD-VASH vouchers.
- U.S.VETS helped 269 veterans land employment.
- New Directions for Veterans (NDVets) has a 96% retention rate in their permanent supportive housing sites and provided 29,718 transitional housing bed nights.

Advocacy Victories, 2023

- Passage of CAVSA-supported legislation.
 - [AB 531](#) (Irwin) places the \$6.8 billion Behavioral Health Infrastructure Bond Act on the March 2024 ballot for voter approval.
 - [AB 1386](#) (Gabriel) broadens placement eligibility for veterans in supported housing.
 - [AB 1474](#) (Reyes) brings veterans in to the [California Statewide Housing Plan](#).
 - [AB 1462](#) (Patterson) requires the state to track veteran drug overdose deaths.
 - [SB 326](#) (Eggman), the Behavioral Health Services Act (BHSA), modernizes and reforms California’s behavioral health system.
- \$50 million included in the 2023-24 state budget for the Veterans Housing and Homelessness Prevention Program (VHHP).

APPENDIX B

References

Listed here are additional references not included in the text but accessed in our drafting of this report and Table 1, California Veteran Data.

Persons Experiencing Homelessness

Table 1

- [State of Homelessness, National Alliance to End Homelessness](#)
- [The 2022 Annual Homelessness Assessment Report to Congress, The U.S. Department of Housing and Urban Development](#)

Table 2

- [Full Summary Report, HUD 2022 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations](#)

Table 3

- [2022 Annual Homelessness Assessment Report, Housing Inventory Council](#)

Throughout text

- [HUD, Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, 2022](#)
- [HUD Continuum of Care Homeless Assistance Programs Housing Inventory Count Report, 2022](#)

Suicide Deaths

Table 1

- [Centers for Disease Control and Prevention \(CDC\) Data & Statistics Fatal Injury Report, American Foundation for Suicide Prevention](#)
- [California Department of Public Health: EpiCenter California Injury Data Online](#)

Throughout text

- [America's Warrior Partnership: Deep dive](#)

All Drug and Opioid Overdose Deaths

Table 1

- [Provisional Drug Overdose Death Counts, Centers for Disease Control and Prevention](#)
- [California Overdose Surveillance Dashboard, California Department of Public Health](#)
- [Drug Overdose Mortality by State, CDC \(2021\)](#)
- [Veteran drug overdose mortality, 2010–2019. \(2022\) Mark Begley, et al.](#)

Throughout text

- [CDC, Understanding the Opioid Overdose Epidemic.](#)
- [U.S. Military veterans and the opioid overdose crisis: a review of risk factors and prevention efforts](#)

Persons Experiencing Post-Traumatic Stress Disorder

Table 1

- [National Center for PTSD, US Department of Veteran Affairs](#)

Throughout text

- [CalVet. Post Traumatic Stress Disorder \(PTSD\)](#)
- [VA. National Center for PTSD](#)

Persons Experiencing Food Insecurity

Table 1

- [Key Statistics & Graphics, US Department of Agriculture; Hunger Data, CA Association of Food Banks](#)
- [Research and Reports, Military Family Advisory Network](#)

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- [Legislation to Prevent Food Insecurity Among Military Families Passes Senate](#)
- [Military Family Support Programming Survey Results, 2021](#)
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Veteran Traumatic Brain Injury

- [CDC. Traumatic Brain Injury & Concussion](#)
- [Traumatic Brain Injury in Iraq and Afghanistan Veterans: New Results from a National Random Sample Study](#)

Veteran Nonsuicidal Self-Injury

- [Direct and Indirect Self-Harm Inventory \(DISH\)/ A New Measure for Assessing High-Risk and Self-Harm Behaviors Among Military Veterans](#)
- [Nonsuicidal Self-Injury and Interpersonal Violence in U.S.: Veterans Seeking Help for Posttraumatic Stress Disorder](#)
- [Nonsuicidal self-injury in U.S. military veterans: Results from the National Health and Resilience in Veterans Study](#)

Aging Veterans

- [2020 AHAR: Part 2 - Annual Estimates of Homelessness in the U.S.](#)
- [VA. Veteran Suicide Data and Reporting.](#)
- [Suicide among Patients in the Veterans Affairs Health System: Rural-urban Differences in Rates, Risks, and Methods. \(2023\). McCarthy, et. al.](#)



2023 ANNUAL REPORT

California Veterans Community Report
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