2024

ANNUAL REPORT

californiaveterans.org

California Association of Veteran Service Agencies

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EXECUTIVE SUMMARY

Behavioral Health Transformation is California's newly launched initiative to implement Proposition 1 and modernize the state's behavioral health system. California Association of Veteran Service Agencies (CAVSA), a consortium of six nonprofit veteran service providers working together to address the needs of California's veterans, is fully engaged in this great effort. Our members serve veterans throughout the state in urban and rural communities stretching from Eureka to San Diego. Collectively, we inform public policy and advocate at the state and local levels for mental health, housing assistance, employment and medical needs for veterans. Addressing these needs will lift veterans and their families out of poverty and homelessness.

> *"Every single veteran in our golden state deserves our support."*
>
> —Lindsey Sin, Secretary, CalVet

To guide our work ahead, 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. We share in both the tragedy and the resilience needed for transformation—a resilience drawn daily from the many successes of CAVSA members. Transformation demands strength, and CAVSA members demonstrate this strength every day through their achievements. Transformation also requires vision, such as that captured in CAVSA's advocacy agenda for 2025 and the words of CalVet Secretary, Lindsey Sin: *"Every single veteran in our golden state deserves our support."*

Acknowledging Veteran Needs

Homelessness.

There were 1,279 fewer veterans experiencing homelessness in California on a single night in January 2024 than in January 2023.

Food Insecurity.

23% of Californians were food insecure in 2023. That is 278,4652 veterans when applied to the veteran population.

Suicide Deaths.

More veterans, 570, died by suicide this year than last year, 559.

Overdose Deaths.

Of the 334 Californian veteran opioid overdose deaths, 278 of them were attributed to fentanyl.

Post-Traumatic Stress Disorder.

6% of veterans nationally are estimated to have PTSD. Applied to the veteran population in California, that would be 97,462 veterans.

San Diego Veterans Village participates in Veterans Day Parade, November 2024

Measure	California Veterans N= 1.4 million
Persons Experiencing Homelessness	9,310 Approximately 0.7% of California Veterans
Persons Experiencing Food Insecurity	278,465 Approximately 20% of California Veterans
Suicide Deaths	570 Age-adjusted rate: 41.0 per 100,000 individuals
Overdose Deaths Any Opioid Fentanyl	334 278
Post Traumatic Stress Disorder	97,462

Celebrating Veteran Service

Leaders gather for 35th annual Veterans Village of San Diego Stand Down, attended by San Diego Mayor Todd Gloria, August 2024

Veterans Village of San Diego Stand Down events are a vital lifeline for veterans struggling to regain stability and access to critical resources. Over $28,000 worth of dental care, more than 3,000 meals, and 3,083 pairs of socks were received by veterans and their families. **Watch a short video here**.

U.S.VETS hosted their Annual Suicide Prevention and Awareness Virtual Summit. Guest speakers provided testimonials and insights to lived experiences and clinical implications, mental health outreach and suicide prevention.

New Directions for Veterans At OASIS for Women Veterans, NDVets creates a therapeutic and safe environment where military women recover and heal through education, wellness, and recovery.

California Veterans Assistance Foundation's Covey Cottages is moving along as planned! The 12-unit village of new homes will provide permanent housing for veterans who are homeless or at-risk of falling into homelessness.

Swords to Plowshares is celebrating **five decades** of service and advocacy. Each year they support nearly 3,000 homeless, low-income and at-risk veterans in the Bay Area.

Nation's Finest, based in Northern California, hosted a veterans advocacy group in October to learn more about concerns they have accessing needed services. At the session, veterans shared stories of their trials, tribulations, and successes. Together they worked on strategies to bring these stories to state policy makers and local community leaders.

CAVSA hosted a webinar titled Serving Those Who Served: California's Mental Health Programs, featuring expert speakers discussing Proposition 1's impact on veteran mental health and housing needs.

Veteran Legislative Victories

Each year, CAVSA monitors key legislation impacting veterans and advocates on priority issues such as mental health, housing, and support services. During our June Lobby Day, we held 17 meetings with legislative offices and were honored on the Assembly Floor during the presentation of HR 104 (Reyes).

HR 104 (Reyes) Relative to Veterans.

The Legislature declared June as California Veterans Awareness Month and gave recognition to the work veteran service providers are doing statewide.

SB 1025 (Eggman) Pretrial Diversion for Veterans.

This bill includes certain felony offenses in the pretrial diversion program for veterans if their condition significantly contributed to the crime, requiring courts to make this determination unless there is clear evidence otherwise. It mandates counties to coordinate services for these veterans, creating a local program. The Governor's signing message can be found **here.**

Proposition 1.

In March 2024, California voters passed Proposition 1, the Behavioral Health Infrastructure Bond Act, which allocates $1.03 billion to housing projects specifically for veterans with behavioral health conditions. The state Notices of Funding Availability are starting to roll out for project **HomeKey+**, and funding announcements are anticipated in the summer of 2025.

"The promise of thousands of new, dedicated veteran housing units offers one of the state's most sweeping and welcome reforms in favor of vulnerable veterans."

—Stephen Peck, CAVSA Board President and U.S.VETS President & CEO

CAVSA Board Members attend the CalVet Leadership Summit in San Diego. Pictured left to right are **Leo Cuadrado**, New Directions for Veterans COO, **Akilah Templeton**, Veterans Village of San Diego President & CEO, **Deborah Johnson,** California Veterans Assistance Foundation President & CEO, **Stephen Peck**, U.S.VETS President & CEO, **Michael Blecker**, Swords to Plowshares Executive Director.

Advocating For Veteran Focused Policy

2025 State and Legislative Priorities

» Continue our efforts to educate legislators, regulators and staff on the unique needs of veterans and their families including but not limited to, mental health challenges such as post-traumatic stress disorder (PTSD) and military sexual trauma (MST).

» Increase our efforts to educate veterans on the dangers of fentanyl and other opioids.

» Continue to work with the legislature and state and local agencies on identifying increased barriers for veteran subpopulations.

» Develop an action agenda that reflects the lack of dedicated resources for veterans in the local BHSA plans and the lack of funding for veteran specific mental health programs.

» Increase general funding and Behavioral Health Services Act funding for veteran mental health, substance abuse treatment, and suicide prevention.

» Expand state and federal support service funding for veterans experiencing or exited from homelessness, especially to improve utilization of HUD-VASH vouchers.

» Continue to lead on Proposition 1 housing program implementation to ensure the programs meet the needs of homeless veterans and veterans at risk of homelessness.

"Our veterans have sacrificed so much for our country, and it is our duty to support them in return."

—Governor Gavin Newsom

Art Alvarez (of VPOP) assists a veteran during the Orange County / Long Beach VA Stand Down at the Tierney Center.

2025 Local Priorities

» Expand veteran advocacy and engagement at the local level to ensure veterans achieve their fair share of behavioral health services funding.

» Coordinate local advocacy meetings between veterans and local officials to educate on key deprivations related to veterans in their community and the need for veteran specific support in their local BHSA plans.

» Educate providers and other constituencies about need for veteran cultural competency in local mental health services and community programs.

» Expand CAVSA's local community impact through advocacy, outreach, and training.

As we reflect on the challenges and successes highlighted in this report, we remain committed to improving the lives of California's veterans. While progress is being made, the ongoing struggles many veterans face demand continued attention and action. CAVSA will keep pushing for policies that prioritize veteran care and support.

PART I: CALIFORNIA VETERAN DATA

Introduction

CAVSA member agencies proudly serve California veterans who experience crisis and often prolonged deprivation. Our local and state level advocacy is rooted in our side-by-side work with veterans and our knowledge of their needs. In each of the last six years, our annual report has begun with a presentation of data, identifying unique stressors, needs, and psychosocial concerns of veterans in this state. Here, we present the most up-to-date research on veteran demographics in areas of deep concern – material deprivation (e.g., incidence of homelessness and food insecurity), and co-occurring behavioral health needs, (e.g., mental illness, suicide, drug abuse, fentanyl overdose, and post-traumatic stress disorder). Where incident data are cited, we often provide national comparisons. Also, when fitting, we present cross-disciplinary topics such as adverse childhood experiences (ACEs), harm reduction, and trauma-informed care (TIC). In so doing, we show not just the dire experiences of some veterans, but also strides towards better care.

Unique to this year's report are sections that spotlight subpopulations. In them, we call attention to the diversity of California's veterans and dimensions of their intersectional identities, such as transgender veterans, elder veterans, and women veterans. At times, we find some veteran subpopulations more likely than the general veteran population to face a specific condition. For example, in the subpopulation spotlight section, "Post Traumatic Stress Disorder Among Women Veterans," we report on women's higher risk for the condition, the causes that are disproportionate to women – sexual harassment and assault – and the service needs these veterans have.

A Veteran attends the Veterans Village of San Diego Stand Down, August 2024

Table 1. California Veteran Data on Material Deprivation and Behavioral Health Concerns

	Measures	National Population N= 334.9 million	U.S. Veterans N=18.1 million	California Population N= 39.1 million	California Veterans N= 1.4 million
Material Deprivation	**Persons Experiencing Homelessness**	771,480 Approximately 0.2% of National Population	32,882 Approximately 0.2% of U.S Veterans	187,084 Approximately 0.5% of California Population	9,310 Approximately 0.7% of California Veterans
Material Deprivation	**Persons Experiencing Food Insecurity**	45,213,510 Approximately 13.5% of National Population	3,620,000 Approximately 20% of U.S. Veterans	8,995,300 Approximately 23% of California Population	278,465 Approximately 20% of California Veterans
Behavioral Health Concerns	**Suicide Deaths**	49,476 Age-adjusted rate: 14.21 per 100,000 individuals	6,135 Age-adjusted rate: 33.90 per 100,000 individuals	4,277 Age-adjusted rate: 10.94 per 100,000 individuals	570 Age-adjusted rate: 41.0 per 100,000 individuals
Behavioral Health Concerns	**Overdose Deaths**		No data is available		
Behavioral Health Concerns	Any Opioid	81,806		7,385	334
Behavioral Health Concerns	Fentanyl	73,838		6,473	278
Behavioral Health Concerns	**Persons with Post-Traumatic Stress Disorder**	20,094,893	1,267,000	2,346,600	97,462

Note: Links to the data sources used to compile this table are provided in Appendix A

Material Deprivation

The average veteran fares well in California, where they enjoy a higher median income than working-age, non-veterans in the workforce. Further, the unemployment rate for veterans (4.8%) is lower than for non-veterans (5.3%) and the average veteran is in better health than the average Californian. There are, however, many veterans in the state that struggle to meet their basic needs; 8.5% of veterans in California live in poverty despite job prospects and federal benefits.

Also, 20% to 30% of veterans in California have a compensable service-connected disability, i.e. a medical condition, that developed or worsened during a service member's time in the military for which they receive payments (**Congressional Budget Office**, **Legislative Analyst's Office**, n.d.). Having such a disability is an indication that they may need some form of long-term care, regardless of age. Through outreach, housing and health care support and advocacy, CAVSA members serve these veterans to meet their material needs. They provide low-cost housing, meals, transportation assistance, job training, peer and professional led counseling, and resource referrals and more.

Homelessness

In 2024, the nation's homeless population grew to the highest number ever recorded – 771,000, an 18% increase from 2023. In California, the number also increased, however by only 3% over the previous year. This is remarkable considering California home prices far exceed the rest of the country (**Legislative Analyst's Office**, 2025; **doxoINSIGHTS,** 2024).

Nationally, veteran homelessness declined 8% between 2023 and 2024 the result of targeted and sustained federal funding to reduce veteran homelessness. California had the largest reduction in the number of veterans experiencing homelessness in the nation, with 1,279 fewer veterans experiencing homelessness in California on a single night in January 2024 than January 2023. Table 2 shows, 9,310 veterans in the state experienced homelessness; roughly 69% of these people were living unsheltered.

Figure 1. Percentages of unsheltered homeless veterans

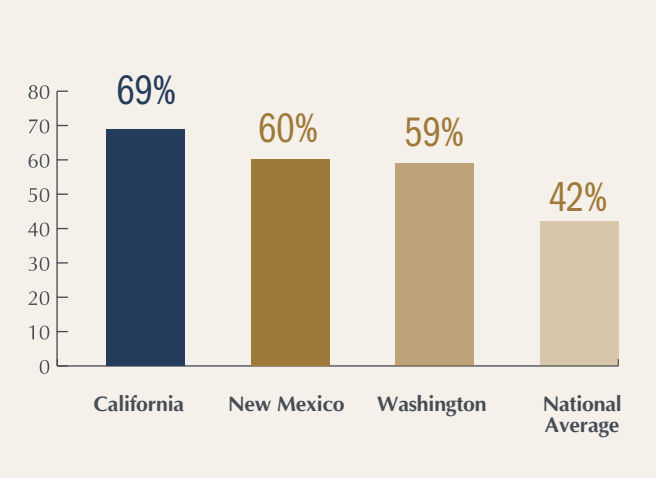

Table 2. Sheltered and Unsheltered Veterans 2024

Veterans	Sheltered Homelessness Veterans	Unsheltered Homelessness Veterans	Total
U.S. Veterans	19,031	13,851	32,882
California Veterans	2,886	6,424	9,310

California has the highest percentage of homeless veterans who are unsheltered than any other state in the nation (69% of 9,310). The next two closest states are New Mexico (60% of 298) and Washington (59% of 1,780). Within California the percentage of veterans who are unsheltered varies by county and continuum of care (CoC). Table 3 shows 2023 data on homeless veterans from 13 targeted counties – Los Angeles has the highest percent of homeless veterans living on the streets (72.4%, n=2,804).

20% to 30% of veterans in California have a compensable service-connected disability, i.e. a medical condition that developed or worsened during a service member's time in the military for which they receive payments.

Table 3. Veteran Homelessness Data for 13 California County Continuums of Care, 2023

Continuums of Care	Sheltered	Unsheltered	Total	% unsheltered
Redding/Shasta,* Siskiyou, Lassen,* Plumas, Del Norte, Modoc, Sierra Counties CoC	76	98	174	56.3
Humboldt County CoC*	51	132	183	72.1
Sacramento City and County CoC	209	415	624	66.5
Davis, Woodland/Yolo County CoC*	6	14	20	70.0
Roseville, Rocklin/Placer County CoC*	15	32	47	68.0
Santa Rosa, Petaluma/Sonoma County CoC*	36	74	110	67.2
Watsonville/Santa Cruz City and County CoC	20	139	159	87.4
Vallejo/Solano County CoC*	26	12	38	31.6
Bakersfield/Kern County CoC	59	33	92	35.9
Santa Ana/Anaheim/Orange County CoC	93	145	238	60.9
San Diego City and County CoC	341	473	814	58.1
Los Angeles City and County CoC	1,070	2,804	3,874	72.4

*Considered a rural county or CoC

Food Insecurity

One in five veteran families nationwide (20%) experience food insecurity[1], according to a 2023 study published by the **Military Family Advisory Network** (MFAN). This is up from 16.7% in 2022. Table 4 compares what we reported in our 2023 **Annual Report** to information updated for 2023-24. While the percentage of America's veterans experiencing food insecurity increased by 3.4% since last year's report, the percentage of California veterans experiencing food insecurity has since dropped by 2.5%.

Table 4. Californians Experiencing Food Insecurity, Comparing CAVSA's 2023 and 2024 Reports

Measure, Report Year	California Population	California Veterans
Persons Experiencing Food Insecurity, 2024	9.0 million Approximately 23% of California Population	278,465 Approximately 20% of California Veterans
Persons Experiencing Food Insecurity, 2023	8.8 million 22.5% of total	315,000 22.5% of total
Note: Links to the data sources used to compile this table are provided in Appendix A		

Military members and their families can apply and receive CalFresh benefits if they meet the eligibility requirements. CalFresh is known as the Supplemental Nutritional Assistance Program (SNAP) at the federal level. Military pay can be complicated; some types of pay are included in the income reported on the CalFresh application, and some are not (**California Department of Social Services,** n.d.). To maintain benefits requires frequent verification and recertification of eligibility (**Legal Services of Northern California**, n.d.). Certification periods are determined by county CalFresh offices and can be as short as one month, or as long as one year. There are also provisions for longer periods for those who are "elderly" or "disabled." Even if military families and veterans successfully apply, they may lose benefits during any recertification.

Under federal statute for the program, someone considered an able-bodied adult without dependents (ABAWD), i.e., age 18 to 52, not disabled from work, not having any dependent children, and unemployed, may be limited to three months of CalFresh benefits in any given 36-month period. In California, ABAWD's do not have to meet work requirements to maintain coverage because the USDA approved California's statewide ADAWD time limit waiver (**California Department of Social Services**, n.d.). Yet far too few veterans know that they could receive these benefits.

[1] The **United States Department of Agriculture** defines food insecurity as household-level economic and social condition of limited or uncertain access to adequate food.

Behavioral Health Concerns

Veterans who experience material deprivation, often face co-occurring behavioral health concerns. CAVSA members serve those veterans when crisis hits. The data compiled in our annual report supports this work. In 2024, CAVSA presented the most up-to-date data on suicide, opioid overdose, and PTSD prevalence to the legislature, state agencies, and the veteran community through regular presence at the Capitol. Table 5 contains information on behavioral health concerns from Table 1 for all Californians and for Californian veterans. It summarizes suicide deaths, drug overdose deaths and incidence of post-traumatic stress disorder.

Thanks to **AB 1462,** annual reports on veteran drug overdose deaths are required for the first time.
(Patterson [R], Rubio [D])

There was a slight increase in the number of California veterans who died of suicide in 2023 (570) over 2022 (559). This year CAVSA actively supported **AB 1462,** authored by Assemblymember Patterson [R] and Senator Rubio [D]; now, the State Department of Public Health is required to report veteran drug overdose deaths in California each year. Of the 334 veterans that died of overdose deaths in 2023, 278 were due to Fentanyl. Little change occurred in the number of Californians who experience PTSD – over 2.3 million Californians and more than 97,000 Californian veterans in 2023.

Table 5. Behavioral Health Concerns Data Extracted from Table 1

Behavioral Health Concern	California Population N= 39.1 million	California Veterans N= 1.4 million
Suicide Deaths	4,277 Age-adjusted rate: 10.9 per 100,000 individuals	570 Age-adjusted rate: 41.0 per 100,000 individuals
Overdose Deaths Any Opioid	7,385	334
Fentanyl	6,473	278
Persons with Post-Traumatic Stress Disorder	2,346,600	97,462

Suicide Deaths

In the past year, nationally almost 50,000 individuals died by suicide and, of that, an estimated 6,135 were veterans. In California, after a high of 640 veteran suicides in 2019, the number per year has remained generally stable with 526 reported in 2020, 559 in 2021-22, and now 570 in 2023.

Sub-Population Spotlight: Suicidality and Transgender Veterans.

Transgender veterans and active-duty service members **have higher odds of suicidality** than their cisgender counterparts. About 60% of self-identified transgender veterans report lifetime incidents of suicidal ideation (**Blosnich et al., 2014**). As illustrated in Table 6, transgender veterans complete suicide at a younger age and a higher rate than their cisgender counterparts. Stigma and gender-related discrimination are correlated with adverse mental health outcomes and increased suicidality for this group of veterans.

Transgender veterans and active-duty service members have higher odds of suicidality than their cisgender counterparts.

Data Bulletin

Veteran Suicide & Firearms

The most frequent method of suicide among veteran suicide deaths in California is firearm, 65% (Bradley & Cox, 2022). UCLA's Center for Health Policy Research conducted a study of firearm access, storage practices, and suicidal ideation among California veterans. Alarmingly, this study revealed that almost 1 in 5 (18%) of veterans who resided in households with firearms reported needing professional help in the preceding year for mental health and substance-related services. The study also showed 14.1% reported having seriously considered dying by suicide at some point in their life (2023).

"S.A.V.E. is an invaluable resource that empowers caregivers in suicide prevention while validating the thoughts, emotions and needs of both the caregiver and the Veteran."

—Dr. Colleen M. Richardson, **Caregiver Support Program**, Executive Director

According to a review of multiple studies, transgender veterans use VA services at higher rates than the general population of veterans. This may help account for the fact that the unadjusted annualized **suicide rate fell** from 267.9 per 100,000 person-years in 2011 to 84.6 per 100,000 person-years in 2020. This is a positive trend, however the burden of stigma, discrimination, and potential insensitivity or lack of awareness among providers continue to lead to disproportionate suicidality. It is vital to ensure that both the state and grassroots programs alike operate with an understanding of the complex barriers to care and intersectional needs of transgender veterans.

Table 6. National Rate of Veteran Suicide Completion by Gender Identity and Age Group

Veteran Self-Disclosed Gender Identity	Average Age at Time of Suicide Completion	Rate of Suicide Completion
Cisgender Veterans	55-60 Years	33.9 Per 100,000 Individuals
Transgender Veterans	49 Years	82.0 Per 100,000 Individuals

It is vital to ensure that both the state and grassroots programs alike operate with an understanding of the complex barriers to care and intersectional needs of transgender veterans.

Opioid Overdose Deaths

The number of overdose deaths attributed to any opioid have decreased nationally and in California since CAVSA's last report; however, more people died of fentanyl overdose in both. This year we report that roughly 83% of all opioid overdose deaths in California were attributed to fentanyl, 90% nationally. Of the 334 Californian veteran opioid overdose deaths, 278 of them were attributed to fentanyl. As fentanyl continues to claim the lives of veterans and civilians alike, it is pivotal for organizations and the state to face the opioid epidemic head-on and explore solutions and resources that reduce the grasp and harm of this drug.

Sub-population Spotlight: Opioid Use Among Aging Seniors.

The National Institute on Drug Abuse (NIDA) reports that **little is known** about the effects of drugs and alcohol on the aging brain. However, it is common to assume that aging includes social and physical changes that may increase vulnerability to substance misuse and worsen its negative impacts. The **NIDA** has shown that opioid and general substance use disorders in older adults.

Currently, older **adults are a growing share** of patients admitted for substance abuse treatment in the United States (**SAMHSA Treatment Episode Data**). The veteran population is getting older – already, the median age of male veterans is 65 years, and the median age of female veterans is 51 years. Our state and its veteran serving agencies must learn all they can about aging and drug use interactions to service them effectively. Funding opportunities exist for veteran serving organizations to expand their opioid response. For example, **Department of Health Care Service Opioid Response** regularly announces funding opportunities. The Department of Public Health issued an RFP in 2023 as part of the Overdose Prevention Initiative (OPI). Moreover, outreach and information tools are being developed that can be accessed and used for free to raise awareness of the prevalence and dangers of fentanyl and inform of naloxone, see **www.factsfightfentanyl.org**

Intervention Bulletin

VA S.A.V.E. Caregiver Support and Suicide Prevention Program.

S.A.V.E. is a comprehensive training program to educate caregivers, families, and loved ones about the importance of recognizing "warning signs" of suicidal ideation. Download the training one-pager here. It teaches how to navigate difficult conversations, identify support needs, and connect veterans to necessary mental health resources. The S.A.V.E. acronym itself stands for the basic steps to remember in suicide prevention:

- Being aware of the **Signs** of **Suicide**,
- **Asking** about suicide,
- **Validating** feelings, and
- **Encouraging** help and **Expediting** treatment.

their life (2023).

Table 7. Overdose Deaths Comparing CAVSA's 2023 and 2024 Reports

Measure	National Population N= 334.9 million	U.S. Veterans N=18.1 million	California Population N= 39.1 million	California Veterans N= 1.4 million
Overdose Deaths 2022-23 Any Opioid	81,806	No data is available	7,385	334
Fentanyl	73,838		6,473	278
Overdose Deaths 2021-22 Any Opioid	109,360	4,865	10,901	No data is available
Fentanyl	70,601		5,961	

Post-Traumatic Stress Disorder (PTSD)

While the rates of PTSD among civilians and veterans remain at the same percentages as last year's CAVSA report–6% and 7% (**VA data**), respectively–we believe this metric remains vital to the conversation of overall veteran wellbeing and this disorder has far-reaching consequences. As described by the **Mayo Foundation**, symptoms of PTSD may include flashbacks, nightmares, severe anxiety, and uncontrollable thoughts. These symptoms influence a person's cognition and put them at a heightened risk of additional mental health disorders, substance abuse, self-harm, suicide, and other unique psychosocial stressors.

Intervention Bulletin

Combatting Fentanyl Overdose through Harm Reduction.

In 2017, the Centers for Disease Control (CDC) reported that for every 1 opioid overdose death, there were:

- 18 people who had a substance use disorder involving heroin,
- 62 people who had a substance use disorder involving prescription opioids,
- 377 people who misused prescription opioids, and
- 2,946 people who used prescription opioids in the past year," (**CDC, 2017**).

The VA has pursued abstinence first models of treatment, but also has embraced harm reduction principles, instituting a three-prong approach to preventing opioid overdose deaths. According to their **website**, the VA offers naloxone to reverse opioid overdoses, sterile needles to prevent the spread of infection and disease, and test strips to identify drugs containing fentanyl. Veterans can access naloxone for free through their VA providers and are encouraged to connect with VA syringe services programs to obtain clean needles and test strips to reduce the potential harms of opioid use. The VA emphasizes that harm reduction is not an alternative to substance use cessation and treatment but rather one tool of many.

> *"The goal of 'Facts Fight Fentanyl' is to ensure Californians know the dangers of fentanyl and how to prevent an overdose with the lifesaving medication naloxone."*
>
> —Dr. Tomas J. Aragon, CDPH Director and State Public Health Officer.

Sub-population Spotlight: PTSD Among Women Veterans

Women in the military face challenges and **stressful situations** such as combat operations, military sexual trauma (MST), social isolation, familial separation, and **systemic sexism**. According to the VA, women veterans are at a significantly higher risk of developing PTSD and the VA reports that approximately 13% of women veterans will have PTSD at some point in their lives.

Military Sexual Trauma (MST) refers to sexual harassment and sexual assault that occurs during military service. This is a devastatingly common occurrence for many female service members. **A VA survey** found that while about 1 in 50 men report experiencing MST at some point during their military service, about 1 in 3 women report they have survived MST.

MST is not a diagnosis; it is an experience, but it contributes to higher risk of depression, suicide, substance use disorder, homelessness, and is a higher risk factor for PTSD than combat. In an environment of active service, in which teamwork and camaraderie are highly valued, and members are expected to depend on others for their safety, MST leads to increased feelings of powerlessness, helplessness, and betrayal. Often other trauma is exacerbated as survivors may have to continue serving in a constant state of hyperactivation and fear of re-victimization alongside their perpetrators, who sometimes serve in their direct command. Prosecution and consequences for perpetrators is extremely low, and retribution for reporting is common (see the Protect Our Defenders Collaboration with Human Rights Watch report

Embattled: Retaliation Against Sexual Assault Survivors in the U.S. Military).

Therefore, it is important to be trauma informed and recognize the unique needs of women veterans and resources for MST survivors. VA and Vet Center services are available to MST survivors regardless of service eligibility. PTSD from MST can be service connected and burdens of proof have been altered to recognize lack of contemporaneous proof or witnesses to assault. Where possible women only spaces and activities should be made available at veteran service agencies.

Intervention Bulletin

Addressing PTSD in Homeless Veterans through Trauma-Informed Care (TIC).

According to the Substance Abuse and Mental Health Service Administration (SAMHSA), TIC is more than a theoretical framework; it is also a **model of care** that emphasizes the "importance of behavioral health practitioners and organizations recognizing the prevalence and pervasive impact of trauma on the lives of the people they serve and of developing trauma-responsive services." TIC is rooted in the six key principles of safety, transparency and trustworthiness, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender intersectionality.

The VA is utilizing TIC in its service delivery to homeless veterans through the Care Coordination, Advocacy, Treatment, and Connection to Housing Program (**CATCH**). This three-year program devotes the first two years to moving veterans to stable housing and the third to ensuring the veteran can live independently with strong connections to VA and community resources and supports.

Cross-Disciplinary Topics

Adverse Childhood Experiences, Veteran Homelessness and Behavioral Health Concerns.

According to the Centers for Disease Control (CDC), Adverse Childhood Experiences (ACEs) are defined as potentially traumatic events that occur in childhood, such as experiencing violence or abuse. Environmental exposures that undermine a child's sense of safety, stability, and relational bonding are also considered ACEs, (e.g., substance abuse and mental health problems, parental instability, and parent incarceration). **ACEs are common** – about 64% of adults in the United States report having experienced at least one type of ACE before age 18. The more ACEs a child encounters, the greater the correlation between ACEs and maladaptive adult psychosocial, behavioral, and physical health outcomes.

Adults with prior military service report higher rates of ACEs than civilians (**Katon et al., 2015**) and military service more negatively impacts those with accumulated trauma. Service members exposed to deployment-related traumatic experiences with a history of ACEs have higher rates of mental health challenges compared with those who have no history of ACEs (**Sareen et al., 2013**).

ACEs and cumulative trauma are some of the strongest correlates of adult veteran homelessness (**Nichter, Tsai1 & Pietrzak, 2022**). ACE scores among veterans who have experienced homelessness are nearly three times higher than veterans who have not.

Importantly, ACEs not only correlate with veteran homelessness itself, but also with behavioral and mental health concerns. **ACE scores are predictors of homeless**, mental health problems, and physical health problems among veterans. ACEs are also associated with **elevated odds of lifetime suicide attempt**, higher rates of PTSD, major depressive disorder, generalized anxiety disorders, and drug use disorders.

Understanding material deprivation and behavioral health concerns of veterans and their likely antecedents, such as ACEs, will aid CAVSA members, state agency leaders, policy makers, community representatives and veterans develop even more effective screening tools, treatments, and programs for veterans and all Californians.

PART II: SERVING VETERANS

CAVSA Members Serve Veterans Daily

The highlights summarized below are just a few of the ways CAVSA member agencies serve veterans. Three-hundred sixty-five days a year they house thousands of veterans and feed even more. Their staff sit side-by-side with them to listen, to advise, to train, and to uplift.

Veterans Village of San Diego hosted Stand Down, a vital lifeline for veterans struggling to regain stability and access critical resources. They provided essential services including housing assistance, medical care, legal support, employment opportunities, substance abuse treatment, clothing, food, haircuts, and showers. Over $28,000 worth of dental care, more than 3,000 meals, and 3083 socks were received by veterans and their families. **Watch a short video here**.

Nation's Finest supports military veterans and their families with a comprehensive approach to housing, health and employment. In October, they hosted veterans to learn more about concerns they have accessing needed services. At the session, they collected participants' stories and worked together to devise strategies to bring concerns to state policy makers and local community leaders.

U.S.VETS hosted their Annual Suicide Prevention and Awareness Virtual Summit in November. Guest speakers gave testimonials and discussed clinical implications of lived experiences, mental health outreach and suicide prevention. In another effort to consider the importance of lived experience, U.S. VETS joined **Education Devel-**

opment Center (EDC) to learn from women veterans what challenges they face and what stands in their way of getting help. The result is **Women Vets on Point**, an independent program designed and informed by women veterans for women veterans to address critical needs and barriers to mental health care after military service. Learn more by **watching this video**.

California Veterans Assistance Foundation's construction of Covey Cottages moves forward as planned! The 12-unit village of new homes will provide permanent housing for veterans who are homeless or at-risk of falling into homelessness. Residents will be 55 years and older. The design is suitable for aging in place by including wider doors and food prep stations that work for someone in a wheelchair.

New Directions for Veterans' OASIS for Women Veterans creates a therapeutic and safe environment where military women recover and heal through education, wellness, and recovery. OASIS offers many on-site activities and groups designed specifically for military women, including wellness classes, engagement mixers, and women veteran empowerment groups. All OASIS programs and activities utilize a trauma informed care approach serving women veterans wherever they are in their journey to recovery.

Swords to Plowshares is celebrating **five decades** of service and advocacy. Swords was formed in 1974 by six Vietnam veterans concerned with the unmet needs of their peers within the community and VA. Today, the organization employs a staff of 200, and each year they support nearly 3,000 homeless, low-income and at-risk veterans in the Bay Area. Swords is a leader in developing permanent supportive housing communities for veterans. **Maceo May Apartments**, opened in 2023 on Treasure Island, is home to 104 vets. Residents are supported with mental health care, an active peer program, and VA case management.

In July, CAVSA hosted a webinar titled Serving Those Who Served: California's Mental Health Programs, featuring expert speakers discussing Proposition 1's impact on veteran mental health and housing needs. A recording of the webinar can be found **here.**

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 2024, CAVSA agencies pulled in over $81 million to the state from federal agencies, e.g., from the Department of Housing and Urban Development, Department of Labor, Department of Veterans Affairs, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Department of Homeland Security, and the Federal Emergency Management Agency. In addition, one of our members secured nearly $400,000 to build housing and service sites from multiple sources – federal, state, local and private.

Table 8. Funding Used by 4 of 6 CAVSA Members to Serve Veterans, FY2023-24

Federal Funds brought into California	$81,671,894
Construction Funding Deployed	$392,355

Year after year, the dedicated staff of veteran serving organizations pound the pavement to maintain existing funding and secure more. This year we asked members, "over the past two years, approximately how many funding sources that you relied on have been eliminated or severely reduced?" Two of the four responded 1 to 2 sources, and the other two said that 3 to 5 sources were eliminated or severely reduced. Reductions were implemented from a mix of private and public source, (e.g., foundations, health systems, endowments, public contracts and grant programs).

Michael Blecker,
Swords to Plowshares

Michael is dedicated to veteran advocacy. Blecker served in Vietnam, earning a bronze star and sergeant's stripe. Then, for the last 44 years he's led Swords in its work to support veterans as they navigate the challenges of post-military life. His tireless advocacy and engagement in the state and nation helped force recognition of post-traumatic stress syndrome and the disabling effects of Agent Orange and Gulf War Syndrome, brought about founding of the National Coalition for Homeless Veterans and focused resistance to privatizing the U.S. Department of Veterans Affairs health system. In his message to his team, Michael wrote, "I'm filled with immense gratitude for everyone who has stood with me as we've fought to remove veterans' barriers to care." He is a founding member and leader, and CAVSA honors him for his service. Learn more about his work by **watching this video**. Swords to Plowshares proudly announced its new Executive Director, Tramecia Garner.

Stephen Peck,
U.S.VETS

Steven Peck receives Judge Harry Pregerson Public Service Award, pictured with incoming president and CEO of U.S.Vets, Darryl Vincent.

A marine in Vietnam, Stephen returned to discover his life's work while filming the stories of post-war veterans. Peck earned a Master of Social Work at the University of Southern California and was recruited to U.S.VETS in 1996. What was then a small to medium size organization, now helps more than 12,000 veterans every year to access housing, mental health treatment, employment, food security and other supportive services. Of his work, Peck has said, "It's been my distinct honor to serve my fellow veterans. I'm deeply proud of what we've collectively accomplished at U.S.VETS, helping tens of thousands of homeless veterans have a place to call home and reclaim their self-worth and dignity." He is a founding member and longtime Board President and CAVSA honors his leadership and service. Hear from others who have given tribute to his work by **watching this video**.

Chuck Helget,
Executive Director of CAVSA

Chuck Helget served as an Army Officer during the last years of the Vietnam War. Since 2015, he also served as the first Executive Director of CAVSA and for more than 20 years as a Director on the Board of Nation's Finest, a CAVSA member and local veteran community service provider. He has a passion for advocacy, founding the government affairs firm Sector Strategies in 1991, representing clients in the Western States and in Washington, D.C. His years of advocacy and lived experience have made a lasting impact on the veteran community throughout California and nationwide. He has continued to keep CAVSA and its member agencies at the forefront of veteran policy and advocacy. Reflecting on his time and impact with CAVSA Chuck has said, "The memory of so many young soldiers returning from Vietnam without a support network left me with a lasting impression of the need to support our Veterans. Serving with the CAVSA Board and for the member agencies has been my single highest honor."

PART III: ENGAGING VETERANS' VOICES

> *"Listening is an attitude of the heart, a genuine desire to be with another, which both attracts and heals."*
>
> —L. J. Isham

Our core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. We are committed to expanding mental and behavioral health supports and access to services for veterans throughout the state.

Local Activities, Advocacy Grant

In 2024, CAVSA engaged veterans in their local communities with support from the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) Veteran Advocacy Grant. We partnered with our membership and allied organizations throughout the state to organize and coordinate a variety of local activities, which included advocacy trainings, listening sessions, Stand Downs, community festivals, and mental health summits (See Table 9). Adding to the direct objectives met, nearly all activity organizers reported that community bonding among participants increased. Veterans shared their personal experiences – mainly about fighting for their benefits. At each session, a few veterans expressed a desire to participate in further advocacy work, expressed gratitude that their "voices were being heard," and expressed a desire to impact the larger veteran community through political action and advocacy.

Advocacy Training

Our goals for these sessions are to train a core of veteran advocates, increase veteran participation in local behavioral health system planning, and ultimately increase Behavioral Health Service Act (BHSA) funding for veteran mental health programs. Our partners were armed with a Local Advocacy Primer created as part of this effort. At a session hosted by Veterans Village of San Diego, we described the changes coming to local mental health services under the Behavioral Health Services Act. From there, we taught attendees how to access and review their county's BHSA three-year plan.

Stand Downs

Stand Downs are outreach events, but under CAVSA's BHSOAC grant, have included an advocacy component. CAVSA is setting up booths and hosting basic advocacy training organized along themes like "Know Your Rights."

Community Festivals

The purpose of such activities was to bring veterans and their families, community members, and service partners together for health promotion and fun. Nation's Finest invited multiple organizations, their clients and staffs, to a Community Wellness Fall Festive where they had pumpkin painting, a kid zone, and several inflatable games. This and other events created a positive environment for attendees to gather resources regarding mental health care.

Veterans Mental Health Summits

With our members we brought together local community stakeholders to share information about mental health/suicide prevention, but also for group discussion and action planning. At one such event, Veteran's Village of San Diego hosted a two-hour mental health advocacy training, featuring a Thanksgiving theme designed to relieve stress and promote positivity ahead of the holiday. Attendees received a mental health advocacy packet, which included important contact numbers, emails, and resources for getting involved in advocating for mental health initiatives in their local areas.

Table 9. Sample of 2024 Veteran Engagement Activities and Attendance

Engagement Event	Host Partner	# of Veterans Attending	Total Attendance
Community Festival	Nation's Finest	47	68
Advocacy Training	San Diego Veterans Coalition	30	30
Veteran Peer Support Training, Lived Experience	U.S.VETS	78	210
Stand Down	Veterans Village of San Diego	449	554
Listening Session: Kern County	California Veterans Assistance Foundation	10	16
Listen Sessions: Eureka, Redding, Santa Rosa	Nation's Finest	33	43

County Mental Health Service Act 3-year Plans and Updates

The Behavior Health Services Act (BHSA), before this year, the Mental Health Service Act (MHSA),[2] is the primary funding mechanism for the state's behavioral health care system. According to last year's **Budget Act**, approximately $2.5 billion was to be deposited into the Mental Health Services Fund in FY 2023-24 and $2.7 billion was expected to be spent. These funds are dispersed to counties, primarily based on population size to support local implementation of California's behavioral health system. Counties are required to submit planning documents and reports to the state.

This year, under a new multi-year contract with BHSOAC we evaluated 3-year plans and annual updates from 13 counties – Humboldt, Kern, Lassen, Los Angeles, Orange, Placer, Sacramento, San Diego, Santa Cruz, Shasta, Solano, Sonoma, and Yolo County. These were selected for the diversity of their geographic locations, size of their veteran populations, and characteristics of their catchment areas. Our assessments score how well county plans are meeting their obligation to include veterans and veteran serving organizations in their MHSA community planning processes, as well as to what degree they were spending MHSA funds to plan for and meet the needs of veterans and their families. In this report, we present the overall findings. Detailed reviews for each individual county will be made available in a standalone report on the **CAVSA website**.

As shown in Figure 2, we assess three distinct coverage domains in each county MSHA plan. The 3 domains are Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming. Each was derived from attributes described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. A detailed description of the methodology is provided in **Appendix B**. Stars denote our assessment of how well counties are meeting their obligations and the degree to which they are planning for needs of veterans and their families. Three stars is marks a "Veteran Salute." It is awarded when multiple elements in the domain are present, well described and meaningful toward addressing veterans' behavioral health needs. Two stars, "Veteran Recognition," is awarded when a county plan shows promise in a domain; it goes beyond mere mention of veterans and demonstrates elements to address them. One star, or "Veteran Acknowledgement," is awarded when a county plan meets only minimum standards, for example when veteran needs and the requirement to address them are mentioned, but little more targeted attention is described. A plan that neglects to acknowledge and plan for veteran mental health needs within a domain is awarded no stars.

Veteran Salute ★★★

Veteran Recognition ★★

Veteran Acknowledgement ★

We issued MEDALS OF HONOR to plans that include specific veteran-targeted programs with MHSA fund budget allocations.

This approach provides a standard way to compare County MHSA/BHSA efforts. The goal of doing so is to inform further local advocacy and encourage local leaders to invest additional BHSA funds toward serving California's veterans.

MHSA Plan Review Findings

The three most concerning findings from our review of 13 MHSA County Plans are:

1. **Attention to providing veteran-targeted services is scarce.** Only 5 out of 13 county plans described specific veteran-targeted programs with MHSA budget allocations.
1. **Descriptions of program impact is largely absent from MHSA plans.** When counties discussed veteran-targeted programs, detailed information about outcomes is absent.
2. **Standardized veteran planning and service funding requirements are few.** Our qualitative approach provides a way to compare County MHSA planning efforts and veteran-serving MHSA funding allocations, though building a sharp and reliable quantitative assessment tool is out of reach.

2 In March 2024, California passed Proposition 1, enacting significant changes to the Mental Health Services Act (MHSA). These changes include renaming the act to the Behavioral Health Services Act (BHSA), revising funding allocations, expanding services to address substance abuse disorder, and emphasizing housing programs at the county level. Additionally, the proposition replaces the three-year MHSA plans with integrated plans and annual updates, which each County Behavioral Health Program (CBHP) must submit to the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) and the Department of Health Care Services (DHCS). The new plans retain the requirement to involve local stakeholders in the planning process. The plans we review were written under the former MHSA provisions; therefore we use the MHSA nomenclature instead of the new BHSA.

Figure 2. MHSA Plan Review Scorecard

County	Veteran Stakeholder Engagement	Veteran Centeredness	Veteran Relevant Programing	Medals of Honor
SUPERIOR REGION				
Humboldt County* 7,346 veterans, 7% of county population	★	★★	★	
Lassen County* 2,096 veterans, 8% of county population	★		★★	
Shasta County* 13,423 veterans, 9% of county population	★		★	
CENTRAL REGION				
Sacramento County 72,693 veterans, 6% of county population	★	★	★★	🏅
Placer County* 24,933 veterans, 8% of county population			★	
Yolo County* 6,664 veterans, 4% of county population	★		★	
BAY AREA				
Santa Cruz County: 9,165 veterans, 4% of county population	★★	★	★★	🏅
Solano County* 29,941 veterans, 8.6% of county population	★★		★	
Sonoma County* 22,189 veterans, 5.6% of county population	★	★	★★	
SOUTHERN REGION				
Kern County 34,212 veterans, 5.3% of county population	★		★	
San Diego County 194,517 veterans, 8% of county population	★★	★★	★★★	🏅🏅
Orange County 94,517 veterans, 4% of county population	★★	★★	★★	🏅
LOS ANGELES				
Los Angeles County 230,282 veterans, 3% of county population	★★	★★	★★★	🏅🏅

Recommendations for Future BHSA Local Planning

Proposition 1, the BHSA, requires more of counties going forward as they submit a **County Integrated Plan for Behavioral Health Services and Outcomes** at 3-year intervals. In it they must provide a budget of planned expenditures, reserves, and adjustments, overview of alignment with state and local goals and outcome measures, and outline workforce strategies. Their planning efforts must continue to be informed by local stakeholder input, including additional designated voices on the local behavioral health advisory boards, e.g. veterans and veteran service organizations.

The BHSA also requires counties to submit Behavioral Health Outcomes, Accountability, and Transparency Reports. Counties will report annually on expenditures of all local, state, and federal behavioral health funding, unspent dollars, service utilization data and outcomes with a health equity lens, workforce metrics, and other information.

We hope the additional requirements will produce a more comprehensive and transparent picture of all funds spent and of targeted behavioral health needs being met. From our thorough review of plans under the previous rules, we recommend the state and local counties:

- Establish a specific BHSA funding set-aside for veteran mental health services linked to Proposition 1 funded housing projects.
- Standardize expenditure reporting and outcome tracking for veterans.
- Follow CCR § 3300, which states that "involvement of clients and their family members be in all aspects of the [BHSA] community planning process and that training shall be offered, as needed, to stakeholders, clients, and client's family who are participating in the process."

PART IV: ADVOCATING FOR VETERAN FOCUSED POLICY

Veteran Legislative Victories

Each year, CAVSA actively tracks and monitors legislation impacting veterans. During our annual Lobby Day in June, we conducted 17 meetings with legislators, staff, and consultants to address priority issues such as mental health, housing, and support services. Our advocacy team continues to position CAVSA as a leading voice on veteran issues with the legislature and state agencies, striving to be a trusted resource for information and data. A highlight of the Lobby Day was CAVSA and our board members being honored on the Assembly Floor during the presentation of HR 104 (Reyes).

HR 104 (Reyes) Relative to Veterans.

The Legislature declared June as California Veterans Awareness Month and gave recognition to the work veteran service providers are doing statewide. The resolution specifically identified the work of CAVSA agencies in serving veterans in California.

SB 1025 (Eggman) Pretrial Diversion for Veterans.

This bill includes certain felony offenses in the pretrial diversion program for veterans if their condition significantly contributed to the crime, requiring courts to make this determination unless there is clear evidence otherwise. It mandates counties to coordinate services for these veterans, creating a local program. The Governor's signing message can be found **here.**

AB 535 (Schiavo) Veterans' Aid and Welfare: Housing

Changes the definition of a secondary tenant to a homeless veteran with an income up to 60% of the area's median income, regardless of disability benefits. It also prohibits considering service-connected disability benefits when determining eligibility.

Proposition 1: Behavioral Health Transformation

CAVSA members and our allies worked with the Legislature on the two-bill package, **Senate Bill (SB) 326** (Eggman) and **Assembly Bill (AB) 531** (Irwin) that first proposed statewide efforts to reform and expand California's behavioral health system. California voters then approved the Behavioral Health Infrastructure Bond Act which allocates $1.065 billion to housing projects specifically for veterans with behavioral health conditions.

Before passage, Governor Newsom said, "California veterans have given everything for our freedom often at extraordinary cost to themselves, Proposition 1 is for them." The executive agencies handling the next steps are holding to Governor Newsom promise. The state Notices of Funding Availability are starting to roll out for project **HomeKey+**, and funding announcements are anticipated in the summer of 2025.

We must remain diligent to ensure that designated funding is safeguarded for high-need veterans. Moreover, building supportive house must be coupled with the services that make it supportive. Our reviews show that historically, counties have not shown how they are using MHSA service dollars to meet veterans' needs. With new housing coming online, we recommend that the state move to require linking Prop 1 housing construction with BHSA service funding, establish a specific BHSA funding set-aside for veteran mental health services, and standardize expenditure reporting on behavioral health services for veterans.

"The promise of thousands of new, dedicated veteran housing units offers one of the state's most sweeping and welcome reforms in favor of vulnerable veterans."

—Stephen Peck, CAVSA Board President and U.S.VETS President & CEO

CAVSA Board Members with Assemblymembers **Pilar Schiavo** and (now Senator) **Eloise Gómez Reyes**.

2025 State and Legislative Priorities

» Continue our efforts to educate legislators, regulators and staff on the unique needs of veterans and their families including but not limited to, mental health challenges such as post-traumatic stress disorder (PTSD) and military sexual trauma (MST).

» Increase our efforts to educate veterans on the dangers of fentanyl and other opioids.

» Continue to work with the legislature and state and local agencies on identifying increased barriers for veteran subpopulations.

» Develop an action agenda that reflects the lack of dedicated resources for veterans in the local BHSA plans and the lack of funding for veteran specific mental health programs.

» Increase general funding and Behavioral Health Services Act funding for veteran mental health, substance abuse treatment, and suicide prevention.

» Expand state and federal support service funding for veterans experiencing or exited from homelessness, especially to improve utilization of HUD-VASH vouchers.

» Continue to lead on Proposition 1 housing program implementation to ensure the programs meet the needs of homeless veterans and veterans at risk of homelessness.

2025 Local Priorities

» Expand veteran advocacy and engagement at the local level to ensure veterans achieve their fair share of behavioral health services funding.

» Coordinate local advocacy meetings between veterans and local officials to educate on key deprivations related to veterans in their community and the need for veteran specific support in their local BHSA plans.

» Educate providers and other constituencies about need for veteran cultural competency in local mental health services and community programs.

» Expand CAVSA's local community impact through advocacy, outreach, and training.

As we reflect on the challenges and successes highlighted in this report, we remain committed to improving the lives of California's veterans. While progress is being made, the ongoing struggles many veterans face demand continued attention and action. CAVSA will keep pushing for policies that prioritize veteran care and support. Stay tuned for our full schedule of activities in 2025 and thank you for your continued support in honoring and serving those who have served us all.

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APPENDIX B

Mental Health Services Act (MHSA) County Plan Review Methodology

We selected 13 counties that represent each of the 5 mental health regions in the state. We paid particular attention to geographic diversity, designation as urban and rural, size of veteran populations, and socio-economic characteristics of their catchment areas. They include Humboldt, Lassen, and Shasta in the Superior Region; Placer, Sacramento, and Yolo in the Central Region; Santa Cruz, Solano, and Sonoma in the Bay Area; Kern, Orange, and San Diego in the Southern Region; and Los Angeles County in the Los Angeles Region.

MHSA Plan Review Methodology

Since the last time we reviewed county plans, additional accountability was asked for of counties by the state. However, it remains hard to point to standardized requirements from which to build a sharp and reliable quantitative assessment tool. Therefore, we revised our original methodology and rating system for these new plan reviews. We assessed three distinct coverage domains in each county MSHA plan using a 3-star Veteran Honor Score.

The 3 domains are Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming. These were derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Figure I. Includes a list of attributes to accompany these descriptions.

Veteran Stakeholder Engagement

Assessment in this domain is guided by several requirements or instructions. WIC § 5848 specifies that, "Each plan shall be developed with local stakeholders, including […] Veterans and Representatives from veterans' organizations […]." CCR § 3300 further clarifies that stakeholder involvement must be meaningful, which is defined by whether substantive changes are incorporated in a plan based on stakeholder feedback. Moreover, it stipulates that meaningful stakeholder involvement be included on "mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget allocations […]" When reviewing a plan, we looked for descriptions of these elements and rated 0, 1, 2, 3 stars based on the number of instances, and the breadth and depth of their descriptions. For example, some county plans include transcripts of stakeholder meetings and descriptions of how feedback was taken into subsequent plan development or programming. This would be awarded a high star rating than a plan that merely mentioned that veterans were present at a community meeting or simply included a demographic table of attendees.

Veteran Centeredness.

Assessment in this domain is guided by WIC § 5800 – 5886. It describes how counties will serve individuals with severe mental illness in the public sector and highlights the requirement to include vulnerable groups such as veterans. CCR § 3320 then specifies how counties can ensure they are following this mandate. It states, "[…] counties shall adopt the following standards in planning, implementing, and evaluating programs: community collaboration, as defined in CCR § 3200.060; cultural competence, as defined in CCR § 3200.100; client-driven, as defined in CCR § 3200.50; family-driven, as defined in CCR § 3200.120. When reviewing a plan, we looked for descriptions of these standards in the plan and rated 0, 1, 2, 3 stars based on number of areas within which these standards were applied and the of breadth and depth of the descriptions.

Veteran Relevant Programming

Assessment is based on whether plans included indications of existing veteran-targeted programs or services, veteran family targeted program or services, or "stand-alone programs" which have a high relevance to veterans, such as programs that address trauma, suicide, and the mental health stigma. We looked for descriptions within plans of efforts to increase recognition of early signs of mental illness, expand treatment access, improve timely access to services for underserved population, reduce stigma and discrimination, and prioritize suicide prevention. Stars ratings (0, 1, 2, 3) are based on number of programs (veteran-targeted and veteran-relevant) and the of breadth and depth of their descriptions.

Figure 3. Criteria Assessed in MHSA 3-Year Plans and Annual Updates

Domains	Elements considered to assess each domain
VETERAN STAKEHOLDER ENGAGEMENT	. Veterans involved in planning . Veteran organization involved . Veteran family members involved . County demonstrates partnership with veterans and veteran organizations in mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, budget allocations.
VETERAN CENTEREDNESS	. Community collaboration with veteran organizations . Veteran/Military cultural competence awareness/training . Veteran client-driven planning or programming . Veteran/Military family-driven planning or programming . Wellness, recovery, and resilience-focused services for Veteran/military . Integrated service experiences for veteran clients and their families
VETERAN RELEVANT PROGRAMMING	. Veteran-targeted program or services . Veteran family targeted program or services . Programs with high relevance for and reference to veterans, such as efforts to increase recognition of early signs of mental illness, expand treatment access, improve timely access to services for underserved population, reduce stigma and discrimination, and prioritize suicide prevention.

Scoring

In our new score card, three stars is a "Veteran Salute." It is awarded when multiple elements in the domain are present, well described and meaningful toward addressing veterans' behavioral health needs. Two stars, "Veteran Recognition," is awarded when a county plan shows promise in a domain; it goes beyond mere mention of veterans and demonstrates elements to address them. One star, or "Veteran Acknowledgement," is awarded when a county plan meets only minimum standards, for example when veteran needs and the requirement to address them are mentioned, but little more targeted attention is described. Veteran needs and the requirement to address them are mentioned, but little more in terms of targeted attention. No stars are awarded to plans that neglect veteran mental health needs and do not describe planning attributes that align with the domain.

This approach provides a standardized way to compare County MHSA planning efforts and targeting of MHSA funded services to veterans and their families. The goal of doing so, is to inform further local advocacy and encourage additional investment of MHSA funds toward serving California's veterans.

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