



MENTAL HEALTH SERVICES ACT COUNTY PLAN REVIEWS

californiaveterans.org



California Association of Veteran Service Agencies

INTRODUCTION

The California Association of Veteran Service Agencies (CAVSA) reviewed Mental Health Services Act (MHSA) three-year plans and annual updates from 13 counties with grant funding from the Mental Health Services Oversight and Accountability Commission (MHSOAC)¹. We assessed how well counties are meeting their obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree they are designating MHSA funds to provide a continuum of services to veterans and their families.

Counties were selected from each of the 5 mental health regions in the state to obtain a variety of geographic locations, veteran population sizes, and catchment area characteristics. Humboldt, Lassen, and Shasta were selected from the Superior Region; Placer, Sacramento and Yolo from the Central Region; Santa Cruz, Solano, and Sonoma from the Bay Area; Kern, Orange, and San Diego from the Southern Region; and Los Angeles County from the Los Angeles Region.

¹ The [Behavioral Health Services Act](#) and Proposition 1, passed in 2024 to replace the MHSA with the BHSa. With the changes, entities such as the MHSOAC is now called the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) or the Commission on Behavioral Health. Our review was funded before the changes and will use the original nomenclature. More importantly though, the County documents that we reviewed were prepared under the requirements of the MHSA. It is beyond the scope of this report to describe the differences between the MHSA and BHSa. Where important we will include a note or clarification. For more information on the changes that BHSa and Proposition 1 brought about, refer to the Department of Health Care Services ([Proposition 1 - An Overview, Behavioral Health Transformation](#)).

Figure 1. Map of 2023-2026 MHSA Plan Review Counties



Past Reviews: Contract Years 2018 - 2020

MHSOAC awarded CAVSA its first 3-year veteran stakeholder advocacy group contract in 2017. We began assessing counties' planning efforts and funding commitments to mental health services for veterans and their families using a check list of 23 criteria and assigning each a point score of 0-4. We pored over each plan for evidence of veteran and veteran serving organization involvement. We assessed the degree to which county MHSA funds were spent on programming that targeted veterans and their families. At the end of that contract, we had reviewed plans from 17 counties – 2018: Kern, Monterey, Orange, Riverside, Shasta; 2019: Alameda, Butte, Fresno, Los Angeles, Napa, Ventura; 2020 Imperial, Mendocino, Nevada, San Diego, San Francisco, and San Joaquin.

We found that most counties only nominally mentioned the needs of veterans and their families in planning for mental health services. There were very few examples of specific programs being tailored toward meeting the needs of veterans and their families. At that time, we noted that in each of the top three scoring counties – Los Angeles, San Diego, and Orange County – a CAVSA member agency is active. Each of our 3 annual reports that include MHSA reviews and the 2020 three-year summary of all county reviews is available on the [Publications](#) page of the CAVSA website.

We learned an important lesson from doing these original reviews; the plans followed few standardized reporting requirements, making it very difficult to assess county compliance with MHSA requirements, resulting in inconsistent attention to veterans and their families.

Current Reviews Contract Years 2024 – 2027

As part of our current BHSOAC grant, we reviewed MHSA plans to support our state and local level advocacy efforts. This report outlines our methodology, key findings, and a detailed review of the 13 selected county plans. Each review document included in this report is designed as a tool to be used in bringing veterans, their family members, and decision-makers together, for it will spotlight areas where Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming are noteworthy and where additional attention is needed.

MHSA Plan Review Methodology

Since the last time we reviewed county plans, the state asked for additional accountability from counties. 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 three-star Veteran Honor Score. This method will yield a better tool for our work to facilitate self-advocacy by veterans and their families and stakeholder organizations.

Domains of Assessment

The three domains we assessed 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 and summarized in Figure 2.

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 or 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 higher 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 or 3 stars based on the 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 populations, reduce stigma and discrimination, and prioritize suicide prevention. Stars ratings (0, 1, 2 or 3 stars) are based on the number of programs (veteran-targeted and veteran-relevant) and the of breadth and depth of their descriptions.

Figure 2. Criteria Assessed in MHSA Three-Year Plans and Annual Updates

Domains	Elements considered to assess each domain
VETERAN STAKEHOLDER ENGAGEMENT	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.
Veteran Salute	
Veteran Recognition	
Veteran Acknowledgement	
MEDAL OF HONOR	

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 with a county plan meets minimum standards. Veteran needs and the requirement to address them are mentioned, but there is 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. There is an additional designation of distinction, the Veteran MEDAL OF HONOR. It is awarded when a specific veteran-targeted initiative is described in the plan and there is evidence of an MHSA funding allocation for it.

This approach provides a standardized way to compare County MHSA planning efforts and their 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.

Overall Findings

- 1. Counties are involving veterans in planning efforts.** Nearly every county mentioned veterans being at least minimally involved in planning.
- 2. Attention to providing veteran target-services is scarce.** Only 5 out of 13 county plans described specific veteran-targeted programs with MHSA budget allocations.
- 3. Descriptions of program impact is largely absent from MHSA plans.** When counties discussed veteran-targeted programs, detailed information about outcomes is absent.
- 4. 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.
- 5. Recognition of veterans in county planning is improving.** In CAVSA’s previous reviews of selected plans in

2018, 2019, and 2020, mostly nominal mention of the needs of veterans and their families in planning for mental health services; There were very few examples of specific programs being tailored to and budgeted for. See CAVSA’s 2020 report, [The California Veteran Community: Three Year Review](#).

As shown in Figure 3, counties with the largest number of veterans, Los Angeles, San Diego, and Orange, received Veteran Recognition or better in all three domains for their plans. Each showed a high level of veteran stakeholder engagement, demonstrated veteran-centeredness to their work, and even described specific, veteran-targeted programs with MHSA budget allocations, earning them MEDALS OF HONOR.

Veteran Stakeholder Engagement.

All counties, except one, received at least Veteran Acknowledgement, meeting a minimum threshold of veteran stakeholder participation in their community planning processes. In the Placer County’s Plan, our search found veterans only nominal mention (merely 7 times across 131 pages, mostly in a demographic references). The most substantive instance named veteran needs in a list of possible referral options by Nevada Sierra Connecting Point, 211 Referral Line, e.g., “Types of referrals could include ... supplemental food and nutrition programs; shelter and housing options; utilities assistance: emergency information; employment and education opportunities; resources for veterans; health care; addiction rehabilitation services; support groups; domestic abuse resources; and/or human trafficking supports” (p. 34).

Veteran Centeredness.

This aspect was the least effectively demonstrated in the plans. When reviewing a plan, we looked for attributes to demonstrate counties adopted 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.

Four plans showed little in this area, Kern, Lassen, Placer, Solano, and Yolo. Minimal efforts were acknowledged in Sacramento, Santa Cruz, and Sonoma. Humboldt County was recognized for hosting the wellness training, Be Sensitive Be Brave for Mental Health & Mental Illness, and for their

Figure 3. MHS Plan Review Scorecard

County	Veteran Stakeholder Engagement	Veteran Centeredness	Veteran Relevant Programing	Medal 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	★★	★★	★★★	🏅🏅

Parent Partner Program. Los Angeles and San Diego both received recognition for extensive community collaboration with veteran organizations. Veteran Recognition was given to Orange County's plan for demonstrating a commitment to retaining veteran-driven programming by minimizing reductions to veteran-specific programming despite countywide budget cuts.

Veteran Relevant Programing.

All counties, received at least Veteran Acknowledgement, meeting a minimum threshold of describing programs and services with high relevance to veterans, e.g., early recognition outreach, access improvement, and suicide prevention in their plans. The San Diego and Los Angeles County plans receive the highest score, Veteran Salute. Both described multiple specific programs and service that targeted the needs of veterans.

Although Veterans comprise a small percentage of each County population, they are disproportionately represented in underserved populations in need of mental health services at all levels of care – prevention, early intervention, and treatment. Military service in both war and peacetime has consequences for service members at all stages of their life transitions – from active duty to civilian, and through the course of their life trajectories through retirement - and for their families intergenerationally.

With California's good fortune to have an ongoing source of Mental Health Services Act funds to develop mental health services, it is imperative that the Veteran community takes its place at the table to help shape County Mental Health Plans for the benefit of veterans, their families, and communities in each of California's 58 counties. CAVSA will use the results of this work to further engage veterans and additional stakeholder organizations.

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 three-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 three most concerning findings from this 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.
- 2. Descriptions of program impact is largely absent from MHSA plans.** When counties discussed veteran-targeted programs, detailed information about outcomes is absent.
- 3. 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

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.”

Humboldt County’s 2024 MHSA Annual Update Review of Findings

Purpose

The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County’s 2023-26 Mental Health Service Act (MHSA) plan and FY2024-25 update on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA’s core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans’ voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

Humboldt County Description

Eureka is the county seat and the county’s most populous city. The next two population hubs are Arcata and McKinleyville. The [Veterans Service Office](#) is in Eureka. Health needs are met through the [Eureka VA Clinic](#). The clinic provides a range of medical and mental health services.

Plan Highlights

- The county published a [Community Program Planning Process Report](#) after hosting stakeholder meetings. Veteran specific input was included.
- Humboldt Suicide Fatality Review (SFR) lists Veteran Service agencies as target population (p. 92, p. 218).

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Read the full description of how we conducted the review in the full report on CAVSA’s webpage.

Areas for Growth

- Future reports would be improved by addressing feedback received about veteran services.
- Include veteran-specific programs and services that have MHSA budget allocations.
- The creation of an advisory board with at least one veteran member could improve the meaningful engagement of veterans in the MHSA plan.

Humboldt County Population: 110,000 (18 years+) Veterans: 7,346	Scorecard
Veteran Stakeholder Engagement Veterans involved in planning	
Veteran Centeredness <ul style="list-style-type: none"> • Community collaboration with veteran organizations • Veteran client-driven planning or programming 	
Veteran Relevant Programming Programs with high relevance and reference to Veterans: <ul style="list-style-type: none"> • Outreach for increasing recognition of early signs of mental illness • Stigma and discrimination reduction • Suicide prevention 	
2024 MHSA Annual Update	

Humboldt County MHSA Plan Review of Findings

Veteran Stakeholder Engagement. One star - Veteran Acknowledgement.

The Humboldt MHSA plan update states there were no veteran stakeholders (p. 8). However, their separate stakeholder report shows that 3% of participants were veterans. The stakeholder report also listed specific feedback about services for veterans, such as a need for more mental health services targeting veterans.

The Plan provided no further description of veteran stakeholder involvement nor county partnership on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, or budget allocations.

Veteran Centeredness. Two stars - Veteran Recognition.

The Humboldt MHSA plan specifically included mention of veterans needs and included veteran service organizations as a target population for specific programming. The county hosts trainings and provided demographic reports indicating the number of veterans in attendance for the Prevention and Early Intervention Training, Be Sensitive Be Brave for Mental Health & Mental Illness and Parent Partner Program.

Veteran Relevant Programming. One star - Veteran Acknowledgement.

The Humboldt MHSA Plan had a few stand-alone programs that were highly relevant to veterans and referenced Veterans. The Humboldt Suicide Fatality Review (SFR) program focuses on suicide prevention but also included recognizing early signs of mental illness and addressing stigma. Most programs only referenced veterans in screening tools, and none of them included veterans as a target population. The county did not offer more detailed plans for how these standalone programs will meaningfully impact veterans.

The Humboldt County Mental Health Services Act (MHSA) 3 Year Plan 2023-2026 is published at <https://humboldt.gov/430/Mental-Health-Services-Act-MH-SA>. See their separated stakeholder report at <https://humboldt.gov/ArchiveCenter/ViewFile/Item/1549>.

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development and implementation of statewide and local mental health programs, policies, and legislation.

“I think providing better VA Mental Health groups and one on one counseling for our Vets is essential and providing a safe haven for them when they are on the streets and providing an outreach team specifically to locate our veterans that are unable to function on their own to seek out services.”

—Stakeholder comment

Kern County's MHSA Three-Year Plan, 2023-26

Review of Findings

Purpose

The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County's 2023-26 Mental Health Service Act (MHSA) plan on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA's core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans' voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

Kern County Description

Kern County comprises the southern end of the Central Valley and spans from Delano to Frazier Park. Veterans in Kern County can access both the Veterans Service Officer (VSO) and VA clinic in Bakersfield, which serves as the county seat.

Plan Highlights

- Veteran engagement in MHSA stakeholder meetings doubled from FY19-20 to FY21-22.
- Included a success story illustrating the impact of a veteran-targeted, budgeted innovation program

- (p. 149). "The guest reported to the Recovery Station that he didn't know what he would have done without their help."
- Veterans identified as population of interest in adult homeless outreach program.

Kern County Population: 643,000 (18 years+) Veterans: 34,212	Scorecard
Veteran Stakeholder Engagement Veterans involved in planning	
Veteran Centeredness	
Veteran Relevant Programming Programs with high relevance and reference to Veterans: <ul style="list-style-type: none"> • Outreach for increasing recognition of early signs of mental illness • Access to treatment • Improving timely access to services for underserved populations • Stigma and discrimination reduction • Suicide prevention 	
2023-26 MHSA Plan	

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Read the full description of how we conducted the review in the full report on CAVSA's webpage.

Areas for Growth

- Include veteran-specific programs and services that have MHSA budget allocations.
- Ensure veteran integration into existing programming through recognition of veterans as a priority population.
- The creation of an advisory board with at least one veteran member could improve the meaningful engagement of veterans in the MHSA plan.

Kern County MHSA Plan Review of Findings

Veteran Stakeholder Engagement. One star – Veteran Acknowledgement.

The Kern MHSA Plan showed a positive trend in veteran engagement, successfully doubling veteran participation in quarterly stakeholder meetings from FY19-20 to FY21-22. This improvement in representation, while promising, was not yet matched with descriptions of stakeholders' impact on veteran outcomes. The Plan provided no evidence of county partnerships regarding mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, or budget allocations.

Veteran Centeredness. No stars.

The Plan did not describe specific community collaboration with veteran organizations. Little evidence of an emphasis on client/veteran/family-driven planning. Fur-

thermore, there was no mention of how the county plans to assist veteran families.

Veteran Relevant Programming. One star – Veteran Recognition.

The Kern MHSA Plan lacked veteran-specific programs and did not clearly measure veteran participation in existing services. While veterans likely accessed general services, evidence was limited to a homeless outreach program that mentioned veteran service referrals (p. 93), an adult wraparound services program that mentioned offering outreach at a veterans service agency (p. 94), and an Innovation program that shared a veteran success story (though this program will be discontinued for low enrollment).

The Kern County Mental Health Services Act (MHSA) 3 Year Plan 2023-2026 is published at <https://www.kernbhrs.org/about-us/mental-health-services-act>.

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development and implementation of statewide and local mental health programs, policies, and legislation.

“The Kern County MHSA Plan highlights an increase in veteran engagement, but still lacks dedicated veteran-specific programs and clear integration of veterans as a priority population in existing mental health services.”

Lassen County's 2024-26 MHSA Plan Review of Findings

Purpose

The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County's 2023-26 Mental Health Service Act (MHSA) plan and FY2024-25 update on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA's core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans' voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

Lassen County Description

The county seat is Susanville, the only incorporated city in the county. It is home to [Veterans Service Office](#) and [VA clinic](#). While not providing emergency care, the clinic operates by appointment and offers primary care, simple lab tests, and mental health services. Existing patients are usually able to get an appointment in three days, while new patients may face waits of 46 days.

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Read the full description of how we conducted the review in the full report on CAVSA's webpage.

Plan Highlights

- The plan included a partnership on suicide prevention evaluation.
- Acknowledged past difficulties reaching Veterans and a plan to improve engagement.

Lassen County Population: 643,000 (18 years+) Veterans: 34,212	Scorecard
Veteran Stakeholder Engagement <ul style="list-style-type: none"> • Veterans involved in planning • County demonstrates partnership on evaluation. 	
Veteran Centeredness	
Veteran Relevant Programming Programs with high relevance and reference to Veterans: <ul style="list-style-type: none"> • Outreach for increasing recognition of early signs of mental illness • Access to treatment • Improving timely access to services for underserved populations • Suicide prevention 	
2024-26 MHSA Plan	

Areas for Growth

- Include veteran-specific programs and services that have MHSAs budget allocations.
- Ensure veteran integration into existing programming through recognition of veterans as a priority population.
- The creation of an advisory board with at least one veteran member could improve the meaningful engagement.

Lassen County MHSAs Plan Review of Findings

Veteran Stakeholder Engagement. One star – Veteran Acknowledgement.

The Lassen MHSAs Plan appears to have included veteran stakeholders in their planning process, as noted by including Veterans Stand Down in their outreach. However, the plan did not include demographic data for the stakeholders involved in their community planning process. Additionally, descriptions of stakeholders' impact on outcomes for veterans were non-existent. The Plan described moderate to low engagement in their stakeholder meetings and listed that no feedback on the plan was received from the community. The Plan did not show evidence of county partnership on mental health policy, program planning, implementation, monitoring, quality improvement, or budget allocations

Veteran Centeredness. No stars.

The Lassen MHSAs Plan did not include any veteran-specific programs, and veterans were not described as being integrated into programming. The Plan did not describe an

emphasis on client/veteran/family-driven services. Furthermore, there was no mention of how the county plans to assist veteran families.

Veteran Relevant Programming: Two stars – Veteran Recognition.

While the Plan included several programs relevant to veterans - addressing early mental illness recognition, treatment access, timely service delivery, stigma reduction, and suicide prevention - veterans were only identified as a target population in the Outreach and Engagement program. This program acknowledged past challenges in reaching veterans and outlined plans to collaborate with Lassen County Veteran Services to improve engagement (p. 32, p. 57). Other relevant programs, including suicide prevention, neither identified veterans as a target population nor tracked their participation.

The Lassen County Mental Health Services Act (MHSAs) Plan is published at <https://www.lassencounty.org/dept/behavioral-health/mental-health-services-act>

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development and implementation of statewide and local mental health programs, policies, and legislation.

“The Lassen County MHSAs Plan recognizes the challenges in reaching veterans and outlines efforts to improve engagement, yet it lacks dedicated veteran-specific programs and integration of veterans as a priority population in existing mental health services.”

Los Angeles County's 2024-26 MHSA Plan Review of Findings

Purpose

The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County's 2024-26 Mental Health Service Act (MHSA) plan on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA's core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans' voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

Los Angeles County Description

Los Angeles County is home to the largest number of veterans of any county in California. Of its 7.8 million civilian inhabitants over the age of 18, veterans are 2.9% of the population. The county has 10 [Veteran Service Offices](#)

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Read the full description of how we conducted the review in the full report on CAVSA's webpage.

Los Angeles County Population: 7.8 million (18 years+) Veterans: 230,282	Scorecard
Veteran Stakeholder Engagement <ul style="list-style-type: none"> • Veterans involved in planning • Veteran organization involved • Veteran family member stakeholder • County demonstrates partnership on Mental health policy, Program planning, Implementation, Monitoring, Equality improvement, Evaluation, and Budget allocations. 	
Veteran Centeredness <ul style="list-style-type: none"> • Community collaboration with Veteran organizations • Military/Veteran cultural competence awareness/training • Veteran client-driven • Veteran/Military family-driven • Wellness, recovery, and resilience-focused for Veteran/military 	
Veteran Relevant Programming Programs with high relevance and reference to Veterans: <ul style="list-style-type: none"> • Veteran program or services • Veteran family member program or service • Early recognition outreach • Access to treatment • Improving timely access for underserved populations • Suicide prevention 	
MEDAL OF HONOR <ul style="list-style-type: none"> • Ongoing funding for Veteran Peer Access Network 	
<ul style="list-style-type: none"> • Funded partnership with Steven Cohen Military Family Clinic 	
2024-26 MHSA Plan	

dispersed around the county, the [West Los Angeles VA Medical Center](#), and multiple [VA Clinics](#).

\$778.2 million allocated toward supportive housing projects, including 250 units for veterans.

Plan Highlights

- Ongoing funding has been allocated for Veteran Peer Access Network with demonstrated service outcomes.
- Partnership with Steven Cohen Military Family Clinic expands veteran mental health services.
- Includes a comprehensive capacity assessment addressing veteran needs.
- Active workgroups focused on implementing veteran-specific service improvements. Example recommendation: “Develop or integrate mental health services into existing programming for women veterans who have experienced trauma.”

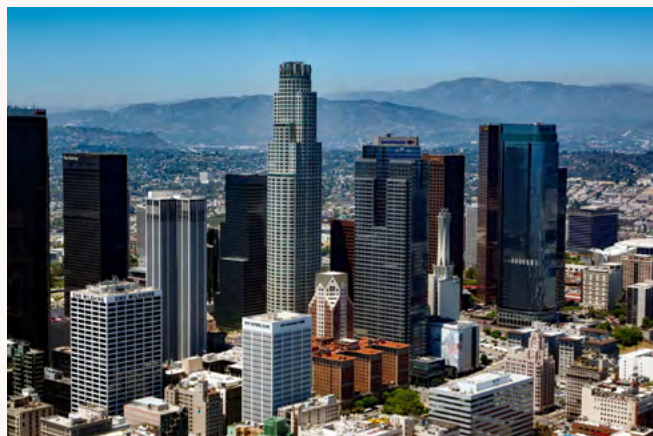
Areas for Growth

- Providing demographic information of existing programs would clarify the degree of integration of veterans within them.
- Veterans should be more clearly integrated into homeless programs, given their representation in the homeless community
- While mentioned, funding allocation amounts for veteran-targeted programs was unclear.
- Including detailed plan for how veteran concerns will be addressed would strengthen.

Los Angeles County MHSa Plan Review of Findings

Veteran Stakeholder Engagement. Two stars – Veteran Recognition.

The Los Angeles MHSa Plan demonstrated meaningful veteran participation through the Community Planning Team, where stakeholders contributed to and approved



Plan recommendations meeting CCR § 3300. Veteran stakeholder recommendations were clearly documented, although detailed implementation plans were limited. The county showed strong partnerships with veteran-serving organizations across planning, implementation, monitoring, quality improvement, and evaluation. Financial commitment was evident through expanded funding for veteran-specific programming.

Veteran Centeredness. Two stars – Veteran Recognition.

The County maintained collaboration with veteran organizations. The plan documented veteran participation rates in various general programs and services.

Programming Relevant to Veterans. Three stars – Veteran Salute.

The Plan featured two key veteran-focused programs: the Veterans Peer Access Network (VPAN) and the Steven A. Cohen Military Family Clinic. VPAN provided comprehensive peer-staffed services including outreach, education, referrals, and support line access, serving 13,642 veterans and families in FY21-22. The Cohen Clinic offered specialized mental health services. Veterans were also integrated throughout other MHSa-funded programs addressing veteran needs, focusing on early mental illness recognition, treatment access, timely service delivery, stigma reduction, and suicide prevention.

The Los Angeles County Mental Health Services Act (MHSa) Plan, 2024-2026 is published at <https://dmh.lacounty.gov/about/mhsa/>

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development and implementation of statewide and local mental health programs, policies, and legislation.

Orange County's 2024 MHSA Plan Update

Review of Findings

Purpose

The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County's 2023-26 Mental Health Service Act (MHSA) plan and FY2024-25 update on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA's core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans' voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

Orange County Description

Orange County is home to 94,517 veterans, which is 3.8% of the county's 2.49 million civilian inhabitants over the age of 18 (Census, 2022. ACS 5-Year Estimates Data Profiles). It is the third most populous county in the state with the cities of Anaheim, Santa Ana, and Irvine. The [Veterans Service Office](#) is in Santa Ana, the county seat. Mental Health needs can be met in non-medical settings at the [North Orange County Vet Center](#) in Garden Grove and the [South Orange County Vet Center](#) in Mission Viejo. Medical settings providing a wider range of services can be found at several VA clinics, [West Santa Ana](#) and [Laguna Hills](#).

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSAOAC. Read the full description of how we conducted the review in the full report on CAVSA's webpage.

Orange County Population: 2.5 million (18 years+) Veterans: 94,517	Scorecard
Veteran Stakeholder Engagement <ul style="list-style-type: none"> • Veterans involved in planning • Veteran organizations involvement • Veteran family members involved • County demonstrates partnership on Mental health policy, Program planning, Implementation, Monitoring, Equality improvement, Evaluation, and Budget allocations. 	
Veteran Centeredness <ul style="list-style-type: none"> • Community collaboration with Veteran organizations • Military/Veteran cultural competence awareness/training • Veteran client-driven • Veteran/Military family-driven • Wellness, recovery, and resilience-focused for Veteran/military • Integrated service experiences for Veteran clients and their families 	
Veteran Relevant Programming <ul style="list-style-type: none"> • Veteran program or services • Veteran family member program or service • Programs with high relevance to Veterans: • Outreach for increasing recognition of early signs of mental illness • Access to treatment • Improving timely access to services for underserved populations • Suicide prevention 	
MEDAL OF HONOR <ul style="list-style-type: none"> • OC4Vets veteran-focused early intervention programs with funding allocation 	

Plan Highlights

- Clearly specified veteran-specific funding allocations (\$2.6M for veteran services).
- Plan describes [OC4VETS](#), strong comprehensive program with demonstrated outcomes; planned expansion FY24-25.
- Strong partnerships with veteran-serving organizations across planning, implementation, monitoring, and evaluation.
- Veterans are integrated into multiple MHSA-funded programs as target populations.

[OC4VETS](#) served 697 veterans in FY22-23; 61% of participants reported reduced distress.

Areas for Growth

- Strengthen veteran-specific components in suicide prevention programming.
- Build on established foundation within the area of Veteran Centered criteria.

Veteran Stakeholder Engagement. Two star – Veteran Recognition.

The Orange County MHSA Plan incorporated veteran representation through monthly community meetings, though it lacked description of stakeholders' impact on veteran planning outcomes across planning, implementation, monitoring, quality improvement, and evaluation.

Veteran Centeredness. Two star – Veteran Recognition.

The county maintained strong partnerships with veteran-serving organizations. Despite countywide budget cuts, the Plan demonstrated retaining veteran-driven commitment by minimizing reductions to veteran-specific programming.

Veteran Relevant Programming. Two star – Veteran Recognition.

The Plan featured OC4VETS, a prevention and early intervention program providing assessment, counseling, case management, and peer support. The program served 697

veterans and families in FY 22-23, with projected growth to 750 in FY 24-25. Program effectiveness was demonstrated with 61% of participants reporting reduced distress levels. Multiple standalone programs addressed veteran needs, focusing on early mental illness recognition, treatment access, timely service delivery, and stigma reduction, with veterans explicitly identified in their target audiences. Also, a sub-contractor specifically serves older adult veterans (p.162). While the Plan included suicide prevention programming, it notably did not identify veterans as a priority population for these services.

The Orange Mental Health Services Act (MHSA) Plan is published at <https://www.ochealthinfo.com>

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development and implementation of statewide and local mental health programs, policies, and legislation.

“The Orange County MHSA Plan demonstrates strong commitment to veteran mental health, with programs like OC4VETS serving hundreds of veterans and families, though there's room to strengthen veteran-specific components, especially in suicide prevention.”

Placer County's 2023-26 MHSA Plan Review of Findings

Purpose

The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County's 2023-26 Mental Health Service Act (MHSA) plan on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA's core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans' voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

Placer County Description

Placer County, part of the Greater Sacramento metropolitan area, extends from the Sacramento suburb of Rocklin to Carnelian Bay on Lake Tahoe. Veterans in Placer County can access [Veteran Service Officers](#) in three locations: Auburn (the county seat), Rocklin, and Carnelian Bay. For medical care, veterans can utilize a [Sierra Foothills VA Clinic](#) in Auburn or at the neighboring [Sacramento VA Medical Center](#).


Plan Highlights

It includes detailed demographics on veterans in the County (6.4% of the population). Compares the percent of county suicide deaths attributed to veterans (9.25%); a rate lower than for veterans statewide (15%).

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Read the full description of how we conducted the review in the full report on CAVSA's webpage.

Areas for Growth

- Include veteran-specific programs and services that have MHSA budget allocations.
- Ensure veteran integration into existing programming through recognition of veterans as a priority population.
- The creation of an advisory board with at least one veteran member is needed to create meaningful engagement among veterans in the MHSA plan.
- Provide military cultural-competency training and resources to providers.
- Demonstrate understanding of veteran needs for homeless intervention.

Placer County Population: 316,000 (18 years+) Veterans: 29,333	Scorecard
Veteran Stakeholder Engagement	
Veteran Centeredness	
Veteran Relevant Programming Programs with high relevance and reference to Veterans: <ul style="list-style-type: none"> • Outreach for increasing recognition of early signs of mental illness • Access to treatment • Improving timely access to services for underserved populations • Suicide prevention 	
2023-26 MHSA Plan	

Placer County MHSA Plan Review of Findings

Veteran Stakeholder Engagement. No stars.

The Placer County MHSA Plan included veterans in a list of target populations that “should still be prioritized” (p. 12), but failed to demonstrate or measure any actual veteran stakeholder participation in the community planning process.

Veteran Centeredness. No stars.

There was no emphasis on client/veteran/family-driven services and no discussion of support mechanisms for veteran families. Veterans were integrated into existing services demographics.

Veteran Relevant Programming. One star – Veteran Acknowledgement.

The Plan included several standalone programs relevant to veterans, addressing early mental illness recognition, treatment access, timely service delivery, stigma reduction, and suicide prevention. Veteran participation was recorded in CSS Crisis Services (45 veterans). Additional veteran participation was noted in housing services and Prevention and Early Intervention programs. However, veterans were only mentioned in screening tools rather than identified as

“While veterans comprise 6.4% of Placer County’s population, their involvement in mental health services remains underrepresented.”



target populations, and the Plan lacked specific strategies for meaningful veteran impact across these programs.

The Placer County Mental Health Services Act (MHSA) Plan 2023-2026 is published at <https://www.placer.ca.gov/2179/Mental-Health-Services-Act>

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development and implementation of statewide and local mental health programs, policies, and legislation.

Sacramento County’s 2024-26 MHSA Plan Review of Findings

Purpose

The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County’s 2024-26 Mental Health Service Act (MHSA) plan on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA’s core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans’ voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

Sacramento County Description

Sacramento County is among the ten most populous counties in California and is unique in that a large percentage of its residents live in unincorporated areas. The [Veterans Service Office](#) is in the city of Sacramento. Health needs are met through the [Sacramento VA Medical Center](#), which is open 24/7 and has 81 in-patient beds.

County of Sacramento MHSA Highlights

- Veterans are included in MHSA Steering Committee.
- Demonstrates clear veteran-specific funding allocations: \$425,000 allocated to Nations Finest ([p. 292](#)) and \$423,000 allocated to NAMI.
- Clear tracking and data collection on veteran status.

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Read the full description of how we conducted the review in the full report on CAVSA’s webpage.

County of Sacramento MHSA Areas of Growth

- Include reporting the impact or outcomes of veteran-specific programs.
- Bolster veteran and military family support.
- Demonstrate understanding of veteran needs for suicide prevention and homeless intervention.

Sacramento County Population: 1.2 million (18 years+) Veterans: 72,693	Scorecard
Veteran Stakeholder Engagement <ul style="list-style-type: none"> • Veteran stakeholders involved • Veterans involved in planning • County demonstrates partnership on evaluation. 	★
Veteran Centeredness <ul style="list-style-type: none"> • Community collaboration with Veteran organizations • Integrated service experiences for Veteran clients and their families 	★
Veteran Relevant Programming <ul style="list-style-type: none"> • Veteran-targeted program or services <p>Programs with high relevance and reference to Veterans:</p> <ul style="list-style-type: none"> • Outreach for increasing recognition of early signs of mental illness • Access to treatment • Improving timely access to services for underserved populations • Suicide prevention 	★★
MEDAL OF HONOR Nation’s Finest veteran-focused early intervention programs with funding allocation	
2024-26 MHSA Plan	

Sacramento County MHSA Plan Review of Findings

Veteran Stakeholder Engagement. One star – Veteran Acknowledgement.

The Sacramento MHSA Plan included veteran representation through steering committee participation, though descriptions of stakeholders' impact on veteran outcomes were minimal. The county demonstrated partnerships with veteran-serving organizations through budget allocations to NAMI (\$422,778) and Nation's Finest (\$425,000).

Veteran Centeredness. One star – Veteran Acknowledgement.

The plan included some evidence of veteran-driven planning or programming. Veteran participation was highest (8%) in a caregiver support program for those caring for people 60 and older, while most other programs showed 0-2% veteran involvement.

Programming Relevant to Veterans. Two stars – Veteran Recognition.

The Sacramento MHSA plan documented a veteran-specific program through collaboration with veteran-specific mental health services were also provided by Nation's Finest. Veterans were also integrated into existing programming. The Plan included several standalone programs relevant to veterans, addressing early mental illness recognition, treatment access, timely service delivery, stigma reduction, and suicide prevention. Veteran participation was noted in aging-focused services, including Senior Link and a 24-hour suicide hotline. Veterans were primarily referenced



in screening tools rather than as target populations, and the Plan lacked detailed strategies for meaningful veteran impact across these programs.

The Sacramento County Mental Health Services Act (MHSA) Plan 2024-2026 is published at <https://dhs.saccounty.gov/BHS/Pages/GI-BHS-Reports.aspx>

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development and implementation of statewide and local mental health programs, policies, and legislation. Veterans were not described as being integrated into programming. The Plan did not describe an emphasis on client/veteran/family-driven services. Furthermore, there was no mention of how the county plans to assist veteran families.

“While Sacramento County has allocated over \$800,000 toward veteran-specific services, veteran participation in most programs remains low, highlighting the need for stronger integration and targeted outreach.”

San Diego County's 2023-26 MHSA Plan Review

Review of Findings

Purpose

The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County's 2023-26 Mental Health Service Act (MHSA) plan on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA's core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans' voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

San Diego County Description

San Diego County is home to the second largest number of veterans of any county in California, behind Los Angeles County. Combining veterans with the more than 100,000 active-duty service members at 16 naval and military installations, San Diego is by far the most concentrated military community in the United States. The VA San Diego Healthcare System is vast, with [Jennifer Moreno Department of Veterans Affairs Medical Center](#), at least 8 [VA Clinics](#), and 3 Vet Centers in [Chula Vista](#), [San Marcos](#), and on [Truxtun Road](#).

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Read the full description of how we conducted the review in the full report on CAVSA's webpage.

San Diego County Population: 2.5 million (18 years+) Veterans: 194,517	Scorecard
Veteran Stakeholder Engagement <ul style="list-style-type: none"> • Veteran stakeholders involved • Veteran organization representative stakeholder • County demonstrates partnership on Mental health policy, Program planning, Implementation, Monitoring, quality improvement, Evaluation, and Budget allocations. 	
Veteran Centeredness <ul style="list-style-type: none"> • Community collaboration with Veteran organizations • Military/Veteran cultural competence awareness/training • Veteran client-driven • Veteran/Military family-driven • Wellness, recovery, and resilience-focused for Veteran/military • Integrated service experiences for Veteran clients and their families 	
Veteran Relevant Programming <ul style="list-style-type: none"> • Veteran program or services <p>Programs with high relevance and reference to Veterans:</p> <ul style="list-style-type: none"> • Outreach for increasing recognition of early signs of mental illness • Access to treatment • Improving timely access to services for underserved populations • Suicide prevention 	
MEDAL OF HONOR Courage to Call veteran-focused wrap-around services with annual budget allocation. San Diego Veterans Coalition coordinates county-wide care.	
2023-26 MHSA Plan	

Plan Highlights

- Describes a dedicated veteran-specific program, Courage to Call, providing wrap-around services. It is funded with \$1.4 million annually and serves approximately 2,000 veterans.
- Strong partnership with San Diego Veterans Coalition, which facilitates the county-wide coordination of care and stakeholder engagement.
- Active veteran participation in focus groups.

San Diego County MHSA Areas of Growth

- The level of integration of veterans into existing programs was clear, providing program demographic information would strengthen.
- Data is given on veterans experiencing homelessness; additional information on homeless program access needed.

San Diego County MHSA Plan Review of Findings

Veteran Stakeholder Engagement. Two stars – Veteran Recognition.

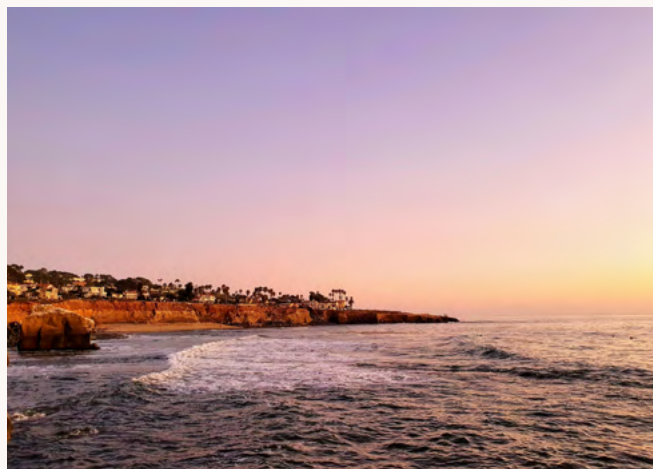
The San Diego MHSA Plan demonstrated strong veteran participation in planning focus groups, tracking engagement via demographic surveys. The 24-26 Plan clearly documented veteran feedback and its community impact, while showcasing robust partnerships with veteran-serving organizations. These partnerships spanned planning, implementation, monitoring, quality improvement, and evaluation of veteran-specific programming.

Veteran Centeredness: Two stars – Veteran Recognition.

Community collaboration with veteran organizations was described in multiple instances, for example in developing the Suicide Prevention Action Plan (p. 121). Efforts for outreach and education to veterans and their families were described. Veterans were enumerated in Demographic information, however less so related to funded programs making overall veteran participation more difficult to assess.=

Veteran Relevant Programming. Three stars – Veteran Salute.

Several standalone programs specifically addressed veteran needs. Veterans were identified as a focus population for



the Psychiatric Emergency Response Team, emphasizing timely service access and suicide prevention. The Plan also recognized veterans as a vulnerable community in its Suicide Prevention Plans and Stigma and Discrimination initiatives. It featured [Courage to Call](#), a program serving veterans and their families through confidential peer-staffed services. The program served 2,037 veterans and families in FY21-22, with similar projections for the upcoming year.

The San Diego County. Mental Health Services Act (MHSA) Plan 2023-2026 is published at https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development

“Some funds only cover between 70 and 80 percent of what it actually costs to provide critical housing, mental health, and supportive services [to veterans].”

—Focus group comment

Santa Cruz County's 2023-26 MHSA Plan Review of Findings

Purpose

The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County's 2023-26 Mental Health Service Act (MHSA) plan on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA's core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans' voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

Santa Cruz County Description

There are four incorporated cities in the county: Santa Cruz, Watsonville, Scotts Valley, and Capitola. Santa Cruz is the largest city and the county seat. [Veterans Service Offices](#) are located in Watsonville and Santa Cruz. Mental health services are provided through the [Santa Cruz County Vet Center](#) and several satellite locations. Primary care services are provided at the [Capitola VA Clinic](#). The closest VA Hospital is [Palo Alto VA Medical Center](#).

Santa Cruz County Population: 267,000 (18 years+) Veterans: 9,165	Scorecard
Veteran Stakeholder Engagement <ul style="list-style-type: none"> • Veteran stakeholders involved • Veteran organization representative stakeholder • County demonstrates partnership on Mental health policy, Program planning, Implementation, Monitoring, quality improvement, Evaluation, and Budget allocations. 	
Veteran Centeredness <ul style="list-style-type: none"> • Community collaboration with Veteran organizations 	
Veteran Relevant Programming <ul style="list-style-type: none"> • Veteran program or services <p>Programs with high relevance and reference to Veterans:</p> <ul style="list-style-type: none"> • Outreach for increasing recognition of early signs of mental illness • Access to treatment • Improving timely access to services for underserved populations • Suicide prevention 	
MEDAL OF HONOR Veterans Advocate Agency connects at-risk veterans and their families to services.	
2023-26 MHSA Plan	

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Read the full description of how we conducted the review in the full report on CAVSA's webpage.

Plan Highlights

- Established veteran-specific programming through Veteran Advocacy Agency program.
- Included clear documentation of expected outcomes for veteran services.
- The plan detailed veterans as target population in senior and suicide prevention programs.

Areas for Growth

- Develop clear strategies for improving integration and participation of veterans across programs.
- Creation of an advisory board with at least one veteran member to improve the meaningful engagement of veterans in the MHSA plan.

Santa Cruz County MHSA Plan Review of Findings

Veteran Stakeholder Engagement. Two stars – Veteran Recognition.

The Santa Cruz MHSA Plan outlined veteran participation in the community needs assessment through surveys and focus groups, measuring engagement with demographic surveys. However, it offered limited detail on how stakeholders impacted veteran outcomes. The county demonstrated strong partnerships with veteran-serving organizations and highlighted significant engagement across planning, implementation, monitoring, quality improvement, and evaluation of a veteran-specific program, including its potential impact.

Veteran Centeredness. One star – Veteran Acknowledgement.

The Plan also showed veteran participation in other MHSA-funded programs through demographic data. However, it lacked emphasis on veteran-driven services and cultural competency training.

Veteran Relevant Programming. Two stars – Veteran Recognition.

The Santa Cruz MHSA Plan detailed a veteran-specific program, the Veterans Advocate Agency, as part of the county's prevention and early intervention initiatives. This program connects at-risk veterans and their families to services like housing, economic stability, incarceration diversion, health-

care, and mental health (p. 78). It served approximately 237 unique clients in FY21-22. It also included several programs with high relevancy and reference to veterans. Veterans participation was noted in the Suicide Prevention Plan and Senior Outreach Plan as a vulnerable community. However, in FY21-22, senior-focused programs only served 1-2 veterans, while the suicide prevention program served no veterans.

The Santa Cruz County Mental Health Services Act (MHSA) Plan 2023-2026 is published at <https://www.santacruzhealth.org/HSASHome/HSADivisions/BehavioralHealth/MentalHealthServicesAct.aspx>

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development and implementation of statewide and local mental health programs, policies, and legislation.

“Although Santa Cruz County has a dedicated veteran-specific program serving over 230 clients, veterans still represent a minimal portion of the senior and suicide prevention programs, highlighting a need for better integration across all mental health services.”

Shasta County's 2023-26 MHSA Plan Review of Findings

Purpose

The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County's 2023-26 Mental Health Service Act (MHSA) plan on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA's core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans' voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

Shasta County Description

There are three incorporated cities in the county: Redding, Anderson, and Shasta Lake. Redding is the county seat and serves as the economic and cultural hub. It is home to a [Veterans Service Office](#) and [VA clinic](#) in Redding. The clinic provides a range of medical and mental health services.

Plan Highlights

- The plan detailed two suicide prevention events that directly targeted veterans.

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Read the full description of how we conducted the review in the full report on CAVSA's webpage.



Shasta County		Scorecard
Population: 143,000 (18 years+) Veterans: 13,423		
Veteran Stakeholder Engagement	• Veteran stakeholders involved	★
Veteran Centeredness		
Veteran Relevant Programming	Programs with high relevance and reference to Veterans: <ul style="list-style-type: none"> • Outreach for increasing recognition of early signs of mental illness • Access to treatment • Improving timely access to services for underserved populations • Suicide prevention 	★
2023-26 MHSA Plan		

Areas for Growth

- Include veteran-specific programs and services that have MHSA budget allocations.
- Ensure veteran integration into existing programming through recognition of veterans as a priority population.
- The creation of an advisory board with at least one veteran member could improve the meaningful engagement of veterans in the MHSA plan.

Shasta County MHSA Plan Review of Findings

Veteran Stakeholder Engagement. One star – Veteran Acknowledgement.

The Shasta MHSA Plan demonstrates initial steps toward engaging veteran stakeholders. The county has intentionally sought to include veteran perspectives in its planning process, recognizing the importance of diverse community input. The plan includes the Veteran Administration among its community organizations and shows a commitment to gathering stakeholder feedback, although the measurement of veteran stakeholder involvement could have been more robust. For example, a survey of stakeholder demographics reported that >77% of participants had never been in the military, but it did not report on the percentage of veterans. The Plan provided no further description of veteran stakeholder involvement nor county partnership on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, or budget allocations.

Veteran Centeredness. No stars.

The Plan did not describe specific community collaboration with veteran organizations. Little evidence of an emphasis on client/veteran/family-driven planning. Furthermore, there was no mention of how the county plans to assist veteran families.

Veteran Relevant Programming. One star – Veteran Acknowledgement.

The Shasta MHSA Plan had several stand-alone programs that were highly relevant to veterans and referenced veterans. These programs focused on increasing recognition of

early signs of mental illness, access to treatment, improving timely access to service, stigma and discrimination reduction, and suicide prevention. The suicide prevention program held two events targeting veterans. However, many programs only referenced veterans in screening tools, and none of them included veterans as a target population. The county did not offer more detailed plans for how these standalone programs will meaningfully impact veterans.

The Shasta County Mental Health Services Act (MHSA) Plan 2023-2026 is published at <https://www.shastamhsa.com>.

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development and implementation of statewide and local mental health programs, policies, and legislation.

“Although Shasta County hosted two suicide prevention events specifically targeting veterans, there is still no clear veteran-focused programming integrated into the broader mental health services.”

Solano County's 2023-26 MHSA Plan

Review of Findings

Purpose

The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County's 2023-26 Mental Health Service Act (MHSA) plan on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA's core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans' voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

Solano County Description

Solano County has a larger proportion of veterans than California, which is comprised of 5% veterans. The county seat, Fairfield, has a [Veterans Service Office](#) and [VA Clinic](#).²

Plan Highlights


- Veterans comprised 4% of the community planning meetings, equating to about 10 veterans.
- Veterans are included as members of the steering committee.

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Read the full description of how we conducted the review in the full report on CAVSA's webpage.

² <https://www.va.gov/northern-california-health-care/locations/fairfield-va-clinic/>

Areas for Growth

- Include veteran-specific programs and services that have MHSA budget allocations.
- Strengthen county partnerships regarding mental health policy, program planning, and implementation.

Solano County Population: 348,000 (18 years+) Veterans: 29,941	Scorecard
Veteran Stakeholder Engagement <ul style="list-style-type: none"> • Veteran stakeholders and family member involvement 	
Veteran Centeredness	
Veteran Relevant Programming Programs with high relevance and reference to Veterans: <ul style="list-style-type: none"> • Outreach for increasing recognition of early signs of mental illness • Access to treatment • Improving timely access to services for underserved populations • Suicide prevention 	
2023-26 MHSA Plan	

Solano County MHSA Plan Review of Findings

Veteran Stakeholder Engagement. Two stars – Veteran Recognition.

The Solano MHSA Plan included meaningful veteran representation through participation in the steering committee and community planning meetings. Family members of veterans were documented as attending community planning meetings. The Plan did not describe stakeholders' impact on veteran outcomes and provided no evidence of county partnerships regarding mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, or budget allocations for veteran services.

Veteran Centeredness. No stars

The Plan did not describe specific community collaboration with veteran organizations. Little evidence of an emphasis on client/veteran/family-driven planning. Furthermore, there was no mention of how the county plans to assist veteran families.

“Veterans make up 4% of the community planning meetings in Solano County, but their needs are still not fully addressed within the mental health services available.”



Veteran Relevant Programming. One star – Veteran Acknowledgement.

The Solano MHSA Plan lacked veteran-specific programs and showed no integration of veterans into existing programming. However, it did include several programs relevant to veterans - addressing early mental illness recognition, treatment access, timely service delivery, stigma reduction, and suicide prevention. It neither identified veterans as a priority population nor tracked their participation in these services.

The Solano County Mental Health Services Act (MHSA) Plan 2023-2026 is published at <https://www.solanocounty.com/depts/bh/mhsa/default.asp>

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development and implementation of statewide and local mental health programs, policies, and legislation.

Sonoma County's 2023-26 MHSA Plan Review of Findings

Purpose

The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County's 2023-26 Mental Health Service Act (MHSA) plan on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA's core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans' voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

Sonoma County Description

Sonoma County is the northernmost county in the San Francisco Bay Area. It's county seat, Santa Rosa, houses a Veterans Services Office and two VA clinics – one in [North Santa Rosa](#) and [South Santa Rosa](#).

Plan Highlights

- Strong veteran participation in key programs, including Senior Peer Counseling, Positive Images, and the suicide prevention hotline.

- Comprehensive Crisis Intervention Team training featuring dedicated modules on local veteran resource navigation and specialized response protocols for veterans with PTSD.

Sonoma County Population: 393,000 (18 years+) Veterans: 22,189	Scorecard
Veteran Stakeholder Engagement • Veteran stakeholders involved	
Veteran Centeredness • Military/Veteran cultural competence awareness/training	
Veteran Relevant Programming Programs with high relevance and reference to Veterans: • Outreach for increasing recognition of early signs of mental illness • Access to treatment • Improving timely access to services for underserved populations • Suicide prevention	
2023-26 MHSA Plan	

The Sonoma County MHSA Plan shows strong veteran participation in key programs, with 17% of veterans involved in Senior Peer Counseling.

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Read the full description of how we conducted the review in the full report on CAVSA's webpage.

Areas for Growth

- Develop clear veteran-specific programs and services with budget allocation.
- Enhance client/veteran/family-driven services.
- Strengthen county partnerships regarding mental health policy, program planning, and implementation.
- Develop clearer pathways for veteran stakeholder input to influence program outcomes.

“Veterans represent a unique and vital population, yet less than 20% of existing mental health services specifically address their needs.”

Sonoma County MHSA Plan Review of Findings

Veteran Stakeholder Engagement. One star – Veteran Acknowledgement.

The Sonoma MHSA Plan incorporated veteran representation through multiple channels: steering committee participation, capacity assessment process surveys, and inclusion of the Office of Veteran Affairs in a suicide prevention coalition. However, the Plan failed to describe stakeholders' impact on veteran outcomes and provided no evidence of county partnerships regarding mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, or budget allocations.

A commitment to trauma informed care was central to Sonoma’s MHSA plan.

Veteran Centeredness. One star – Veteran Acknowledgement.

The Plan's Crisis Intervention Training program featured veteran-specific cultural competence segments, addressing both veteran services and PTSD in veterans to improve officer response during mental health crises. The Plan did not describe specific community collaboration with veteran organizations.

Veteran Relevant Programming. Two stars – Veteran Recognition.

The plan did not indicate dedicated veteran programs, however some existing services showed notable veteran participation: 17% in a senior peer counseling program and 6% in a suicide prevention/early intervention program. The Plan also included several standalone programs addressing veteran-relevant needs, including early mental illness recognition, treatment access, timely service delivery, and suicide prevention. The VA was included in the development of a suicide prevention strategic plan as a member of the suicide prevention coalition, and veteran participation in the suicide prevention program is significant. Crisis team members are also specifically trained to work with veterans. For other programs, veterans were primarily mentioned only in screening tools rather than identified as target populations. The Plan lacked specific strategies for meaningful veteran impact across these programs.

The Sonoma County Mental Health Services Act (MHSA) Plan 2023-2026 is published at <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/behavioral-health/mhsa-material>

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development and implementation of statewide and local mental health programs, policies, and legislation.

Yolo County's 2023-26 MHSA Plan Veteran Review

Purpose



The California Association of Veteran Service Agencies (CAVSA) systematically reviewed the County's 2023-26 Mental Health Service Act (MHSA) plan on three domains – Veteran Stakeholder Engagement, Veteran Centeredness, and Veteran Relevant Programming.¹ These reviews assess how well the County is meeting its obligation to include veterans and veteran serving organizations in the MHSA community planning process, as well as to what degree plans describe programming to meet the needs of veterans and their families.

CAVSA's core state and local advocacy strategy includes building opportunities for veterans, their family members, and decision-makers to connect. Our review is a tool to amplify veterans' voices in local advocacy for additional MHSA funding targeted toward enhancing the mental health of veterans and their families.

Yolo County Description

Woodland is the county seat and also the location of the [Veteran Service Offices](#). Nearby satellite VSOs are located in senior centers in North Sacramento and Davis. No VA medical clinics are located in Yolo County. Therefore, residents are serviced by the [VA Hospital](#) in neighboring Sacramento County and a [VA outpatient clinic in Solano County](#).

¹ Each domain was derived from elements described in California Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and guidance provided to counties by MHSOAC. Read the full description of how we conducted the review in the full report on CAVSA's webpage.

Yolo County Population: 172,000 (18 years+) Veterans: 6,664	Scorecard
Veteran Stakeholder Engagement <ul style="list-style-type: none"> • Veteran involved in planning 	
Veteran Centeredness	
Veteran Relevant Programming Programs with high relevance and reference to Veterans: <ul style="list-style-type: none"> • Outreach for increasing recognition of early signs of mental illness • Access to treatment • Suicide prevention 	
2023-26 MHSA Plan	

The Yolo County MHSA Plan highlights the demographics of veterans, noting that the percentage of veterans is largest in West Sacramento and Esparto, where 6% of the population is veterans.

Plan Highlights

In the Community Characteristics section (p. 49), the Yolo plan shows demographics, noting West Sacramento and Esparto where the percent of veterans is largest (6%).

Areas of Growth

- Include veteran-specific programs and services that have MHSA budget allocations.
- Ensure veteran integration into existing programming through recognition of veterans as a priority population.
- Provide military cultural-competency training and resources to providers
- Demonstrate understanding of veteran needs for suicide prevention and homeless intervention

Yolo County MHSA Plan Review of Findings

Veteran Stakeholder Engagement. One star – Veteran Acknowledgement.

The Yolo MHSA Plan described some involvement of veteran stakeholders; however, descriptions of stakeholders' impact on outcomes for veterans were described. The plan noted that a focus group was held with two staff from the VSO. The Plan provided no further description of veteran stakeholder involvement nor county partnership on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, or budget allocations.

Veteran Centeredness. No stars

The Plan did not describe specific community collaboration with veteran organizations. Little evidence of an emphasis on client/veteran/family-driven planning. Furthermore, there was no mention of how the county plans to assist veteran families.

Veteran Relevant Programming. One star – Veteran Acknowledgement.

The Yolo MHSA Plan did not indicate veteran-specific programs, and veterans were not described as being integrated into programming. The Yolo MHSA Plan had several stand-alone programs that were highly relevant to veterans and referenced veterans. These programs focused

on increasing recognition of early signs of mental illness, access to treatment, improving timely access to service, stigma and discrimination reduction, and suicide prevention. The plan includes a designated crisis support number for veterans. (Veterans text call 988 dial 1 or text 838255). However, many programs only referenced veteran as a category recorded in screening tools or applications (tables indicating how many veterans participated), and none of them included veterans as a specifically targeted population. The county did not offer more detailed plans for how these standalone programs will meaningfully impact veterans.

The Yolo County Mental Health Services Act (MHSA) Plan 2023-2026 is published at <https://www.yolocounty.gov/government/general-government-departments/health-human-services>.

This work is made possible through funding from the Mental Health Service Oversight and Accountability Commission to increase the representation and involvement of Veteran Communities in development and implementation of statewide and local mental health programs, policies, and legislation.

“The true measure of a community's health is not only in its services, but in how well it listens to and addresses the needs of its most vulnerable members.”

Plan Reviews Authored by:

Ethan J. Evans
Liz Benton
Mahalia LeClerc
Sophia Ugarkovich

CALIFORNIA ASSOCIATION OF VETERAN SERVICE AGENCIES

Sacramento California

Copyright 2025 by the California Association of Veteran Service Agencies.
Please contact CAVSA for permission to duplicate contents.



California Association of Veteran Service Agencies
Sacramento, California
californiaveterans.org