

2025 Annual Report

STATE OF THE VETERAN COMMUNITY



California Association of Veteran Service Agencies

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EXECUTIVE SUMMARY



Surf for Vets Long Beach and Make Camo Your Cause, photo courtesy of U.S.VETS

The 2025 CAVSA Annual Report documents the conditions facing California’s veterans, the systems designed to support them, and the policy choices shaping access to care. Drawing on statewide data, current research, and the on-the-ground experience of veteran-serving organizations, the report examines how social conditions, behavioral health needs, and public policy intersect—and how those intersections either stabilize or endanger veteran wellbeing.

Interconnected Needs Require Integrated Solutions

Veterans’ challenges rarely occur in isolation (see [Part I California Veteran Data](#)). Housing instability, food insecurity, untreated trauma, substance use, and chronic illness interact in ways that compound risk and undermine recovery. Improvements in one domain can strengthen

another; failures in one often trigger decline across several.

For example, California has made progress reducing veteran homelessness, yet most veterans who remain homeless are unsheltered, and the population is aging. Housing instability among older veterans coincides with higher rates of serious illness and mortality—reinforcing the growing evidence that housing is a determinant of health, not simply a social service outcome.

Food insecurity illustrates this interdependence clearly. Roughly one in five California veterans experience food insecurity. Research shows that hunger substantially increases suicide risk. Hunger, trauma, and suicidality are not separate problems; they compound one another.

Together, the data presented in this report, point to a central conclusion – fragmented systems produce fragmented outcomes.

Serving Veterans at Scale: Member Contributions in Practice

CAVSA member agencies translated these principles into action in 2025 (see [Part II Serving Veterans](#)). Across regions, members expanded access to behavioral health care, strengthened housing pathways, and delivered services in settings designed to reduce barriers for veterans with high-acuity needs.

Member agencies leveraged significant federal and state resources into California, including nearly \$53 million in Supportive Services for Veteran Families funding. These dollars supported homelessness prevention, rapid rehousing, and stabilization for veterans and their families.

Importantly, these efforts are more than individual programs. CAVSA members operate as part of California's

Veterans in California

1.5M

1 in 5

California veterans experience food insecurity

\$53M

Federal SSVF funding leveraged by CAVSA members for homelessness prevention, rapid rehousing, and stabilization

behavioral health and housing infrastructure—coordinating with counties, the VA, and state agencies to ensure services are accessible, veteran-informed, and aligned with Behavioral Health Transformation goals.

Federal Constraints and California's Responsibility to Veterans

While California continues to advance an equity-centered approach to behavioral health reform, federal policy decisions are altering access to care for some veterans, particularly those from historically underserved groups. Changes affecting gender-related care, inclusion standards, and eligibility definitions introduce new barriers that stand in tension with CalVet's 2025 Strategic Plan and California's broader reform agenda.

At the same time, not all veterans are eligible for Department of Veterans Affairs (VA) benefits; access to VA care is neither automatic nor universal. Even for veterans who are eligible, the VA system has been weakened by staffing cuts, capacity constraints, and increased reliance on community-based care. These realities mean that federal systems alone cannot meet the full scope of veterans' needs.

For a state that is home to nearly 1.5 million veterans, the divergence in state and federal priorities matters. Together, misalignment, eligibility gaps, and system capacity limitations intensify California's responsibility to ensure that veterans can access care through coordinated state and local systems. Behavioral Health Transformation will succeed only if implementation accounts for policy mismatches and actively mitigates their effects on access, continuity of care, and trust in public systems.

Elevating Veteran Voices and Shaping What Comes Next

We are grateful to have received funding from the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) Veteran Stakeholder Grant for our work to elevate veteran voice within systems change. CAVSA led its members and community partners across California to: 1) participate in the county planning processes, 2) host mental health summits, 3) organize community convenings and advocacy training, 4) partner with community colleges, and 5) make legislative site visits. Knowing veterans as we do, we embedded civic participation within trusted spaces where veterans already gather for care, connection, and support. Importantly, we helped veterans engage directly with planners and policymakers to inform priorities and identifying service gaps. Read more about this work in [Part III, Engaging Veteran Voices](#).

As California moves from reform to implementation, decisions made in 2026 will shape whether veterans achieve their fair share of behavioral health resources. CAVSA and its members will continue to advocate for veteran inclusion in BHSA Integrated Plans, expanded veteran-reserved housing and services, and culturally competent care across urban and rural communities. Recommendations to the Legislature on these points are detailed in our concluding section, [Part IV Advocating for Veteran Focused Policy](#).

Behavioral Health Transformation is not abstract policy. Its success will be measured in whether veterans experience stability, dignity, and access to care that meet the full reality of their lives.



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