

# 2025 Annual Report

STATE OF THE VETERAN COMMUNITY



California Association of Veteran Service Agencies

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# BOARD PRESIDENT'S MESSAGE

# Behavioral Health Transformation for California's Veterans



California stands at a pivotal moment in its effort to modernize behavioral health care. With the passage of Proposition 1 and the transition from the Mental Health Services Act to the Behavioral Health Services Act (BHSA), the state has committed to a more integrated, accountable, and equity-driven system of care. For California's veterans—who experience disproportionately high rates of homelessness, suicide, substance use disorder, and untreated trauma—this transformation carries profound promise, and real risk if implementation fails to account for veteran-specific needs.

The California Association of Veteran Service Agencies (CAVSA) is a consortium of five non-profit veteran service providers working in partnership to address the needs of California's veterans across urban and rural communities. Our members deliver housing, behavioral health care, employment support, outreach, and advocacy to veterans from Eureka to San Diego. Collectively, we are both a service delivery backbone and a policy partner, ensuring that the lived realities of veterans inform the systems designed to support them.

This 2025 Annual Report documents the conditions veterans face, the systems that serve them, and recommends policy choices that will help actualize California's behavioral health transformation and fulfills its promise to veterans.

**Michael Blecker, CAVSA President**  
*Swords to Plowshares Executive Director Emeritus*

# 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



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.

PART I:  
**CALIFORNIA  
VETERAN DATA**



## Introduction

For seven years, CAVSA has tracked the evolving needs of California's veterans, identifying where social conditions, (e.g., housing instability, food insecurity) and behavioral health challenges intersect to threaten well-being. In this section, we present the most current data available on homelessness, food insecurity, suicide, overdose, and post-traumatic stress disorder (PTSD) among veterans nationally and in California. Core indicators are summarized in Table 1: California Veteran Data 2023–2024. We also highlight related special topics, illustrate intervention trends, and provide context to inform California's behavioral health transformation and guide policy and program decisions.

Too many veterans in California struggle. The material assembled here illustrates another simple truth: improvements in one domain can strengthen another. Stable housing improves survival after serious illness; nutrition security reduces suicide risk; and access to behavioral health care supports recovery, employment, and family stability. The systems which influence social conditions and wellness are interdependent—and effective responses, like those envisioned through the Behavioral Health Service Act, must be, too.

Table 1. California Veteran Data 2023-2024

Measure	National Population N= 340,110,988 <sup>1</sup>	U.S. Veterans N=17,921,241 <sup>2</sup>	California Population N= 39,509,657 <sup>3</sup>	California Veterans N= 1,426,860 <sup>2</sup>
<b>Persons Experiencing Homelessness</b>	<b>771,480</b> Approximately 0.2% of National Population	<b>32,882</b> Approximately 0.2% of U.S. Veterans	<b>187,084<sup>4</sup></b> Approximately 0.47% of California Population	<b>9,310</b> Approximately 0.8% of California Veterans
<b>Persons Experiencing Food Insecurity</b>	<b>45,914,983<sup>5</sup></b> Approximately 13.5 % of National Population	<b>3,584,248<sup>6</sup></b> Approximately 20% of U.S. Veterans	<b>9,087,722<sup>7</sup></b> Approximately 23% of California Population	<b>285,372<sup>8</sup></b> Approximately 20% of California Veterans
<b>Suicide Deaths</b> (Data from 2022)	<b>49,316<sup>9</sup></b> Age-adjusted rate: 14.12 per 100,000 individuals	<b>6,407<sup>10</sup></b> Age-adjusted rate: 35.7 per 100,000 individuals	<b>4,346<sup>11</sup></b> Age-adjusted rate: 11.0 per 100,000 individuals	<b>570<sup>12</sup></b> Age-adjusted rate: 29.1 per 100,000 individuals
<b>Drug-Related Overdose Deaths</b>		No data is available		
Any drug				<b>601<sup>15</sup></b>
Opioid	<b>79,358<sup>13</sup></b>		<b>7,847<sup>14</sup></b>	<b>361</b>
Fentanyl	<b>72,776</b>		<b>7,137</b>	<b>310</b>
<b>Persons with Post-Traumatic Stress Disorder (lifetime)</b>	<b>20,094,893</b>	<b>1,267,000</b>	<b>2,350,365<sup>16</sup></b>	<b>99,880<sup>17</sup></b>

<sup>1</sup> Estimate population by U.S. Census Bureau: [Annual estimate of the Resident Population for the US, Regions, States Districts and Puerto Rico 2020-2024](#)<sup>2</sup> [VetPop2023](#) Projection Model National Population Estimate for 2024<sup>3</sup> Estimate population by CA State Department of Finance: [Population Estimates and Components of Change by County 2024](#)<sup>4</sup> Estimation from the 2024 [HUD Annual Homeless Report PIT 2024](#)<sup>5</sup> Estimate calculated by applying the percentage of Americans experiencing food insecurity (13.5% according to USDA) to the 2024 population (N=340,110,988)<sup>6</sup> Estimate calculated by applying the percentage of Veterans experiencing food insecurity (20% according to MFAN) to the 2023 population of veterans (N=17,921,241)<sup>7</sup> Estimate calculated by applying the percentage of Californians experiencing food insecurity (23% according to CAFB) to the 2024 California population (N=39,509,657)<sup>8</sup> Estimate calculated by applying the percentage of California veterans experiencing food insecurity (20% according to MFAN) to the 2024 population of California veterans (N=1,426,860)<sup>9</sup> [CDC WISQARS Fatal and Non-Fatal Injury Report 2023](#)<sup>10</sup> [VA 2024 Annual Report on National Veteran Suicide Prevention](#)<sup>11</sup> [CDC Suicide Rates Per State](#)<sup>12</sup> [CDPH Injury Data Brief Suicide Deaths Among Veterans in California 2022](#)<sup>13</sup> [NIH Drug Overdose Facts & Figures 2023](#)<sup>14</sup> [CDPH California Overdose Surveillance Dashboard 2023](#)<sup>15</sup> [CDPH Drug Overdose Deaths among Veterans in CA 2022-2023](#)<sup>16</sup> Estimate calculated by applying the percentage of people diagnosed with PTSD nationally (6% according to the USDVA) to the 2024 California population (N=39,509,657)<sup>17</sup> Estimate calculated by applying the percentage of veterans diagnosed with PTSD nationally (7% according to the USDVA) to the 2024 population of California veterans (N=1,426,860)

# Social Conditions

## Homelessness

On a single night in January 2024, an estimated [32,882 veterans nationwide](#) experienced homelessness—a [7.5% decrease](#) from the year prior. California remains home to approximately 28% of the nation’s homeless veterans; however, the state also achieved the largest numeric drop in the country, with 1,279 fewer homeless veterans year over year. Yet, 9,310 veterans were reported experiencing homelessness from the 2025 Point-in-Time count. As reflected in Table 2, most California veterans experiencing homelessness were unsheltered (6,424 of 9,310). The share of the state’s overall and veteran homeless population who were unsheltered—while still high—declined modestly from 70.2% to 69% between 2023 and 2024.

**Table 2. Sheltered and Unsheltered Veterans 2024**

Veterans	Sheltered Homelessness	Unsheltered Homelessness	Total
U.S. Veterans	19,031	13,851	32,882
California Veterans	2886	6424	9,310

**Table 3. Percentages of Veterans Experiencing Unsheltered Homelessness 2023 vs 2024**

Veterans	2023	2024
U.S. Veterans	43.6%	42.3%
California Veterans	70.2%	69%

## Special Topic: The Rise in Homelessness Among Aging Veterans

California’s homeless population is growing older. According to the [California Statewide Study of People Experiencing Homelessness](#) (CASPEH), 48% of adults were age 50+ and 41% of single adults first became homeless after age 50 in 2023 (Kushel, et al., 2023). Six percent of those interviewed for the study reported prior military service, however only 19% of them received VA benefits and just 2% reported VA income support.

For older adults, housing instability coincides with rising incidence of cancer and cardiac disease, compounding risk. New VA research underscores that housing is health care. In a national cohort of more than 108,000 veterans

with lung, colorectal, or breast cancer, losing housing after diagnosis [was associated with 10–20% lower survival](#) compared with consistently housed peers. Regaining stable housing restored survival to near parity (Decker, et al., 2024). Similarly, a multicenter VA analysis of coronary artery bypass graft (CABG) patients found homelessness to be the strongest non-clinical predictor of 30-day mortality, with additional independent risk observed among African American veterans ([Chandra, et al.](#), 2024). These findings point to the need for embedded housing navigation, medical respite, and continuity supports within oncology and cardiac care—particularly in high-cost, geographically dispersed regions of California.

## Intervention Bulletin

### Clinical Models that Work for Homeless Veterans.

A [2024 VA evaluation](#) of 29 Homeless Patient-Aligned Care Teams (H-PACT) identified common organizational characteristics of success: strong team identity, engaged leadership, and services that extend beyond clinic walls. Clinics that paired primary care with outreach, housing coordination, and interdisciplinary engagement reported better patient experiences and outcomes. These results align with what CAVSA agencies see statewide—flexible, veteran-aware, mission-driven teams are essential to recovery and long-term housing stability.

### Regional Progress:

Los Angeles County. Los Angeles County recorded a [22.9% decline](#) in veteran homelessness between 2023 and 2024 (from 3,878 to 2,991). This improvement reflects sustained collaboration among local government, the VA, housing authorities, and nonprofit partners—a shared accountability model that CAVSA continues to champion and scale.



Veterans Village of San Diego Stand Down, August 2025

22.9%

29

H-PACT teams evaluated.  
Coordinated care yields  
better patient outcome  
(VA, 2024)

Decline in veteran homelessness in  
Los Angeles County (2023–2024)

## Food Insecurity

Food insecurity remains widespread yet often hidden. Table 1 estimates that approximately 20% of California veterans—about 285,000 individuals—experience food insecurity. Qualitative research with food-insecure veterans in 2024 found that many could not recall being screened for hunger, even after years of clinical visits ([Kamdar, et al., 2024](#)). Military culture, pride, and stigma often deter veterans from seeking help. As one participant described not being screened for food assistance, because “on the outside, we won’t look like people who struggle.”

Despite the VA’s universal screening initiative launched in 2017, a 2023 national analysis estimated that one in five income-eligible veterans and military households are not enrolled in Supplemental Nutrition Assistance Program (SNAP), the U.S. federal program providing food assistance to low-income individuals and families. In rural settings, only about one in four likely eligible veterans report CalFresh participation. These findings point to an “eligibility-to-participation gap” that is larger among veterans than civilians ([Qin et al., 2023](#)).

For California, the path forward is clear: broaden where screening occurs—beyond primary care into housing programs, mental health clinics, and community-based settings—and embed warm handoffs to CalFresh navigators who can provide hands-on application support.

## Data Bulletin

### Links Between Food Insecurity and Suicide Risk.

A 2024 national longitudinal study of VA patients found that [veterans who experienced food insecurity were four times more likely to report suicidal ideation](#) one year later, and nine times more likely when food insecurity co-occurred with a mental health condition ([Elbogen et al., 2024](#)). Given the suicide counts and rates reported in Table 1, integrating hunger screening into behavioral health workflows is a practical and necessary prevention strategy. Positive screens should trigger assessment for depression and PTSD, lethal-means safety counseling, and same-day linkage to nutrition assistance.

*Many food-insecure veterans report never being screened for hunger even after years of clinical visits.*

# Behavioral Health Concerns

Behavioral health is inseparable from material well-being (Cohen et al., 2020; Elbogen et al., 2024). Veterans facing housing or food instability are more likely to experience depression, PTSD, and suicidal ideation; untreated mental illness in turn worsens economic and housing stability. CAVSA members frequently engage veterans at moments of crisis—eviction, overdose, hospitalization—when earlier screening and support might have prevented escalation.

Screening for basic needs should function as a behavioral health vital sign. A positive housing or food insecurity screen should prompt immediate assessment for trauma and mood disorders; conversely, every behavioral health intake should include inquiry into social risk. Trauma-informed, harm-reduction, and culturally competent models—linking primary care, behavioral health, and housing—represent the most effective strategies for prevention and recovery. These integrated approaches reflect the intent of California’s Behavioral Health Transformation Initiative and Proposition 1.

## Suicide Deaths

The numbers and rates of suicide death provided in [our 2024 report](#) remain the most up to date. As shown in Table 1, 570 California veterans died by suicide, corresponding to an age-adjusted rate of 29.1 per 100,000 veterans. Nationally, the U.S. Department of Veterans Affairs estimates [6,407 veteran deaths by suicide](#) (35.7 per 100,000). While overall suicide counts remained relatively stable, the composition of suicide deaths shifted in significant ways, particularly across gender lines. According to the [2024 U.S. Department of Veterans Affairs analyses](#), from 2021 to 2022 female veterans experienced a 24.1% decrease in age-adjusted suicide rates, compared to a 1.6% increase



Veteran residents in Swords to Plowshares' supportive housing program visited the Monterey Bay Aquarium. In 2025, trips like these improved social wellbeing and encouraged veterans to connect with peers and support staff. Photo courtesy of Swords to Plowshares

among male veterans. The use of firearms in suicide deaths among women veterans declined by 12%, following expansion of [Lethal Means Safety Counseling](#).

## Overdose Deaths

Overdose deaths nationally and in California, have increased since CAVSA's last report. According to the [2025 California Department of Public Health \(CDPH\) brief](#), fentanyl is now involved in about half of veteran overdose deaths. As summarized in Table 1, 601 California veterans died due to drug-related overdoses; 361 were from opioid with 310 (86%) involving fentanyl. The total is 6% higher than the year before. The number associated with opioids was 11.5% higher than the year before. The [California Department of Public Health reports](#) that fentanyl and psychostimulants such as methamphetamine were co-involved in more than half of veteran overdose deaths—marking a shift from “opioid-only” fatalities to complex polysubstance use. This shift requires integrated treatment models that address opioids, stimulants, and co-occurring mental health conditions.

Demographically, most veteran overdose decedents are male, non-Hispanic White, and age 60–69. The overlap of substance use, chronic pain, and aging underscores the need for co-located medical and behavioral health services tailored to older veterans. Harm reduction strategies—naloxone distribution, fentanyl test strips, and low-threshold treatment—remain essential.

## Post-Traumatic Stress Disorder (PTSD)

Table 1 estimates that 99,880 California veterans—about 7% of the state's veteran population—live with PTSD. Nationally, rates remain steady at 6% among civilians and 7% among veterans. PTSD shapes mental and physical health trajectories, particularly for older adults.

## Intervention Bulletin

### Naloxone Outreach in West Los Angeles.

For veterans experiencing substance use disorder, bringing care directly into interim housing is essential. Naloxone—a non-addictive medication that rapidly reverses opioid overdose—is a core harm-reduction tool, especially for homeless veterans who face elevated overdose risk.

On the West Los Angeles VA (WLA VA) campus, clinicians launched a [proactive Naloxone outreach](#) effort within the Care, Treatment and Rehabilitative Services (CTRS) tiny-shelter community. This program operates in partnership with several community organizations, including U.S.VETS, a CAVSA member, which helps support the shelter environment where outreach occurs. While the Naloxone work was led by VA clinical staff, CAVSA members contribute to the broader service setting that enables these efforts

Among Vietnam-era veterans, PTSD is associated with higher rates of hypertension and other cardiometabolic conditions even after adjusting for demographic and behavioral factors ([Serier et al.](#), 2025). These findings reinforce the need to pair PTSD assessment with blood pressure and metabolic monitoring, and to expand access to trauma-informed care.

## Intervention Bulletin

### Screening Breakdowns

**PTSD Diagnosis Awareness.** The quality of screening can vary across the veteran service system and sometimes veteran patients remain unaware of their condition. In a 2024 VA sample, [only 62% of veterans with a positive PTSD screen reported being told they had PTSD](#). Women and economically unstable veterans were least likely to receive confirmation of diagnosis, suggesting gaps in communication at critical moments of care. Knowing about one's PTSD diagnosis is the first step to veterans requesting needed services, advocating for their mental health needs, and accessing ancillary support services (e.g., self-help, community resources). This is why CAVSA members conduct comprehensive assessments with veterans who enter their care.

Also, where and when assessment is given is key to getting a quality assessment. Food insecure, psychologically unwell, traumatized veterans are not likely to tell a provider until a second or later visit, after a relationship is established. Suggesting

screening be done in follow up visits or checked more in depth by providers where rapport is strongest (Cohen et al., 2020).

**Underreported Military Sexual Trauma (MST).** Veterans Health Administration (VHA) screening may not capture more than half of women who reported MST on an anonymous survey ([Hargrave et al., 2022](#)). Approximately 60% of women who did not have MST documented in their electronic health records screen reported MST on the study survey.

The [2025 California Women Veterans Survey Report](#) found that 78% reported experiencing sexual harassment and 51% reported experiencing sexual assault while serving. However, most of these incidents went unreported (68%). Considering this information, those working with female veterans ought to conduct repeated and context-sensitive screenings to better support women who experience MST.

The data above describe a veteran population whose needs are becoming more complex. Housing instability among aging veterans, persistent food insecurity, rising polysubstance overdose deaths, and gaps in PTSD and MST detection all highlight the critical importance of a coordinated behavioral health and social-care system. [California's Behavioral Health Transformation](#) and [CalVet's 2025 Strategic Plan](#) seek to strengthen this system through equity-driven outreach, integrated care, and expanded access for historically underserved groups.

**78%** women reported experiencing sexual harassment.

**51%** reported experiencing sexual assault while serving.

## PART II: SERVING VETERANS

## Member Agency Highlights

Across California, CAVSA's member agencies continued to strengthen the state's veteran-serving infrastructure through expanded behavioral health services, large-scale community outreach, and targeted investments in housing and employment pathways. The achievements of 2025 reflect not only the dedication of each organization but also the growing power of coordinated veteran-centered systems that align with California's behavioral health transformation and the goals of the Behavioral Health Services Act (BHSA).

### Veterans Village of San Diego

#### Stand Down 2025: Expanded Outreach, Compassion in Action

The 37<sup>th</sup> annual Stand Down Resource Event brought together 125+ community partners at Liberty Station to deliver no-cost, comprehensive services to veterans, families, and — for the first time — active-duty service members.

Services available onsite included:

- » Housing navigation and benefits enrollment
- » Employment workshops & on-the-spot interviews
- » Mental health and substance use supports; medical, dental, and vision screenings

Stand Down demonstrates what is possible when public agencies, nonprofits, and volunteers unite behind a single goal: ensuring no veteran falls through the cracks.

### Changing Landscape of Veterans Benefits in California

TUESDAY MARCH 25, 2025

The Assembly Committee on Military and Veteran Affairs hosted CAVSA members with state and county leaders for an [informational briefing](#) to discuss programs offering essential support in areas like job training, education, mental health, and community integration.

We supported Committee Chair Schiavo's call, *"Now is the time we need to expand on the progress that we have made, not let the careless decisions made by the federal Administration erase our progress and send us backwards."*

A video is available from [the California Assembly](#).

This event continues to serve as San Diego's leading model of low-barrier, community-anchored outreach, strengthening the regional safety net and reducing barriers to stability.



U.S.VETS Ventura location Grand Opening, photo courtesy of U.S.VETS

## U.S.VETS

### Significant Funding Wins Expanded Mental Health & Workforce Development

In 2025, U.S.VETS secured two major funding awards that significantly expanded its ability to support veterans' behavioral health and economic mobility:

1. Six-figure Call of Duty Endowment Grant
  - » Enhancing job readiness and skills training
  - » Broadening career counseling and placement supports
  - » Increasing veteran access to living-wage employment opportunities
2. \$400,000 Homelessness Prevention Grant from the Bob & Dolores Hope Foundation & \$100,000 Women Vets on Point grant from Boeing
  - » Supporting homelessness prevention programs in Southern California
  - » Enhancing access to early intervention mental health services
  - » Bringing wraparound services together so women vets can stabilize and rebuild their lives

These investments build a behavioral health and workforce pipeline that supports veterans from crisis through recovery, growth, and economic independence.

## Nation's Finest

### Expanding Access to Care in Underserved Communities

In 2025, Nation's Finest strengthened access to supportive services for Veterans and their families living in geographically isolated communities. Through community-based programs, expanded Mobile Service Units, and strategic grant support — including the California Veterans Health Initiative (CVHI) Mental Health Support Grant — Nation's Finest continued to meet Veterans where they are.

Efforts focused on expanding access to case management, housing support, and therapeutic services, while deepening

culturally responsive outreach and stronger support for women Veterans, aging Veterans, and Veteran families facing barriers to care.

This work reflects Nation's Finest's ongoing commitment to closing service gaps and ensuring compassionate, high-quality care is available close to home for those who need it most.

## Swords to Plowshares

### Veterans Connect 25: Direct Services and Community Belonging

In mid-2025, Swords to Plowshares convened Veterans Connect 25, a one-day event providing coordinated housing, benefits, legal, employment, and wellness services to more than 150 veterans. With 30+ service providers in attendance, the event demonstrated the value of integrated, veteran-centered engagement and accessible community spaces.

**Veterans Connect is more than a resource fair – it is a place where veterans are seen, valued, and connected to a community committed to their wellbeing.**

### Collaborative Innovation: Veterans Support to Self-Reliance (VSSR) Pilot

In partnership with fellow CAVSA members, Swords to Plowshares continued implementation of the Veterans Support to Self-Reliance (VSSR) Pilot, a statewide integrated-care initiative supporting veterans living in permanent housing.

2025 outcomes from Report to the Legislature Veteran Support to Self-Reliance Pilot Grant:

- » Alcohol use showed a significant decline of 65 percent
- » The rate of veterans eating three meals a day almost doubled.
- » Emergency medical visits declined by more than two-thirds
- » Participation in community life and peer supports increased – those participating in 3-4 group programs increase by more than double

The VSSR Pilot exemplifies the scalable, evidence-informed models needed under California's behavioral health transformation.

## New Directions for Veterans

### Expanding Housing Stability and Veteran-Centered Support

In 2025, New Directions for Veterans (NDVets) continued to advance its mission to end veteran homelessness in Los Angeles County by strengthening its continuum of housing and supportive services. NDVets sustained operations across its transitional housing programs while expanding access to permanent supportive housing, providing stable pathways for veterans with complex behavioral health, substance use, and reintegration needs.

2025 focus areas included:

- » Transitional housing and bridge programs supporting veterans exiting homelessness
- » Permanent supportive housing with integrated case management and recovery-oriented services
- » Wraparound supports including counseling, employment readiness, and life skills development

By combining housing stability with veteran-centered services, NDVets continues to play a critical role in helping veterans move from crisis toward long-term independence and community integration.

**Table 4. 2025 Federal Grants Awarded to CAVSA Members**

Recipient Agency	Federal Program	Award Amount
<b>Nation's Finest</b>	SSVF	\$22,942,240
<b>U.S.VETS</b>	SSVF	\$12,816,401
<b>Swords to Plowshares</b>	SSVF	\$11,271,944
<b>Veterans Village of San Diego</b>	SSVF (via Able-Disabled Advocacy)	\$5,857,724
<b>Totals</b>		<b>\$52,888,309</b>

## Statewide Impact

### Economic Engine: CAVSA Members Marshal Millions of Federal Dollars into the State Economy

**Supportive Services for Veteran Families (SSVF).** The SSVF program provides case management and supportive services designed to prevent homelessness for veterans at imminent risk, or to rapidly rehouse those who are already homeless. These funds are used for services such as housing counseling, financial planning, childcare, and temporary financial assistance. The VA announced over \$818 million in SSVF grants nationwide in August and September 2025, with over \$164 million directed to California organizations alone. A Unified Commitment to Veteran Wellbeing

During 2025, CAVSA members collectively advanced:

- » **Holistic behavioral health access**, including crisis intervention and outpatient care.
- » **Employment and economic mobility pathways.**
- » **Community-based outreach** capable of meeting veterans at points of greatest need.
- » **Cross-sector partnerships** that leverage state, county, philanthropic, and community resources.

These activities represent the system-level change needed to ensure every veteran in California has access to housing, behavioral health care, employment opportunities, and the dignity of community belonging.



**Serving veterans is not a program – it is a statewide commitment to equity, connection, and opportunity.**

**Table 5. CalVet Strategic Goals Undermined by Federal Action and Implications**

CalVet Goal / Objective	Federal Action That Undermines It	Implication for California Veterans
<b>Goal 1: Ensuring exceptional care and benefits access for all veterans, including underserved groups (women, minority, LGBTQ+, etc.)</b>	Ending gender-affirming care for new transgender patients; rolling back gender-inclusive policies.	Loss of medically necessary care for transgender and gender-diverse veterans; reduced equity and access
<b>Goal 3: Advance DEIA in all policies and programs</b>	Federal elimination of DEIA mandates for contractors.	Weaker cultural competency and reduced support for marginalized veteran groups
<b>Goal 4: Modernize policies and practices to meet evolving veteran population needs</b>	Restrictive definitions of sex and reduced coverage for identity-specific care	Limits system adaptability to changing demographics, (e.g., younger, more gender-diverse veterans).

## Federal Policy Shifts in 2025: A Divergence from California's Veteran Strategy

In 2025, new federal directives reshaped who can receive care, what services are offered, and the operational environment of the VA. These changes contrast sharply with the state-level vision laid out in [California Department of Veterans Affairs \(CalVet\)'s 2025 Strategic Plan](#), which emphasizes inclusive access, culturally competent care, and support for underserved veteran populations. For California — with nearly 1.5 million veterans — the divergence presents real risks to access, equity, and long-term health outcomes for vulnerable subgroups.

These federal actions stand in tension with CalVet's Goals 1 and 3, which prioritize expanding outreach to underserved communities, including LGBTQ+ veterans, and embedding DEIA principles into state systems of care. In addition, the current administration has cut VA staff. Together, misalignment and diminished system capacity intensifies California's responsibility to ensure that veterans can access care through coordinated state and local systems.

## Population Bulletin

### Gender-Related Care Restriction.

In March 2025, the [VA announced](#) it would phase out most medical treatments for gender dysphoria, including hormone therapy and related services, for veterans who were not already receiving such care. The change follows [Federal Executive Order 14168](#) redefining "sex" as strictly biological for federal programs. This policy shift directly undercuts CalVet's objective to **expand access and outreach to underserved groups** — including LGBTQ+ veterans — and its commitment to equity through DEIA principles.

**Why this matters:** Research shows that transgender and gender-diverse veterans who access VA care face significantly elevated risks. Transgender veterans die by suicide at twice the rate of non-transgender veterans. Some evidence also indicates higher rates of homelessness and housing instability among transgender veterans, compounding risks associated with mental health and lack of stable care.

PART III:  
**ENGAGING VETERANS'  
VOICES**



## Elevating Lived Experience Through Community-Embedded Advocacy

Through funding from the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) Veteran Stakeholder Grant, CAVSA member organizations are collaborating to advance a shared vision: ensuring that veterans are not merely recipients of behavioral health services, but active contributors to the systems and policies that shape their lives. As California transitions to the Behavioral Health Services Act (BHSA), counties are required to develop Integrated Plans by June 2026 that reflect meaningful community stakeholder engagement, including the perspectives of veterans and veteran-serving organizations. Across California, CAVSA members engaged veterans in county planning processes, mental health summits, community convenings, advocacy trainings, and legislative site visits—embedding

*Mental health summits emerged as a primary vehicle for elevating veteran voice through education, dialogue, and visibility.*

civic participation within trusted spaces where veterans already gather for care, connection, and support.

Taken together, these activities reflect a shared shift toward normalizing civic voice as part of veteran recovery, empowerment, and systems change. CAVSA is grateful for the opportunities afford by BHSOAC's commitment to supporting civic engagement of veterans but also a diverse set of voices and stakeholders.

## BHSA County Integrated Plans

To support this effort, CAVSA took on a coordinating and capacity-building role to strengthen veteran inclusion across diverse county planning contexts. CAVSA developed county-specific data sheets for 16 counties—Alameda, Humboldt, Kern, Lassen, Los Angeles, Orange, Placer, Sacramento, San Diego, San Francisco, Santa Cruz, Shasta, Solano, Sonoma, and Yolo—to reduce barriers for veteran service agencies and advocates navigating county systems. These data sheets consolidated key information in one place, including Boards of Supervisors, behavioral health directors and BHSA contacts, advisory board memberships, and notes on county-specific planning context, serving as practical reference tools to support engagement.

### HUMBOLDT COUNTY INSIGHT

**371**

**veterans engaged**

(515 total participants)

#### TOP PRIORITIES IDENTIFIED

- Mental health access
- Housing stability
- Benefits navigation



Veteran receives help putting on a jacket, photo courtesy of U.S.VETS



A veteran takes advantage of Swords to Plowshares' community space at their San Francisco Veterans Center. In 2025, the community space served 21,500 community meals to veterans - a majority of them unhoused. Photo courtesy of Swords to Plowshares.

## ADVOCACY ENGAGEMENT

Direct outreach to 13 counties to inquire about stakeholder participation pathways.

CAVSA also created an engagement opportunities calendar and outreach tracking log compiling publicly available planning meetings, advisory sessions, and community input surveys across the same counties. Where engagement opportunities were not clearly posted, CAVSA conducted direct outreach to 13 counties to inquire about stakeholder participation pathways. Six counties responded, most sharing meeting information or adding CAVSA to notification lists for future planning activities. Santa Cruz County specifically requested CAVSA's assistance in recruiting veteran participation for its BHSA planning process. In parallel, CAVSA is drafting a formal letter to county behavioral health directors sharing lessons from the [CAVSA 2024 County MHSA Plan Review](#) and offering support in identifying and engaging veteran-serving stakeholders. Collectively, these efforts positioned CAVSA as a connector and technical resource.

Building on this foundation, CAVSA members engaged directly in county-level BHSA planning and related community input sessions, contributing veteran-informed perspectives. In Orange County, U.S.VETS participated in early stakeholder meetings convened to inform the County Integrated Plan, supporting alignment among veteran-serving stakeholders particularly around mental health access and suicide prevention.

In San Francisco, Swords to Plowshares facilitated direct veteran input by organizing a BHSA veteran focus group in November 2025 at its Veteran Community Center. Moderated by staff from the San Francisco Department of Public Health, the session engaged nine veteran clients, who identified housing instability, long wait times, staffing shortages, and lack of cultural competency as key barriers to behavioral health care. Complementing this effort, Swords to Plowshares leadership also met directly with

Dr. Daniel Tsai (San Francisco Department of Public Health) and Dr. Hillary Kunins (San Francisco Department



U.S.VETS Camo to Careers Veteran Hiring Fair, photo courtesy of U.S.VETS.

of Behavioral Health) to address misconceptions about VA eligibility, advocate for culturally appropriate community-based services, and raise concerns about the absence of ongoing BHSA funding for veteran-specific providers.

In Humboldt County, Nation's Finest leveraged the 2025 North Coast Stand Down as both a service delivery and feedback mechanism. Registration and survey data captured input from 371 unique veterans (out of 515 total participants), documenting that mental health access, housing instability, and benefits navigation were the issues veterans most wanted addressed. This information provided both quantitative and qualitative insight aligned with behavioral health priorities relevant to BHSA planning.

## Mental Health Summits and Public Awareness

Mental health summits emerged as a primary vehicle for elevating veteran voice through education, dialogue, and visibility.

In San Diego, Veterans Village of San Diego (VVSD) launched the inaugural Stand Down Mental Health Summit on August 8, 2025, embedding three structured panels within its long-standing Stand Down Resource Event at Liberty Station. The Summit—attended by approximately 600 veterans and family members, with around 100 veterans and advocates participating directly in panels—addressed PTSD, civic advocacy, and the realities of post-service transition. Panelists included clinicians, veteran advocates,

and policymakers such as San Diego City Councilmember Stephen Whitburn and former CAVSA Executive Director Andrea Deveau, grounding policy discussions in lived experience.

In Sacramento, Nation's Finest hosted a Veterans Mental Health Summit in October 2025 that convened more than 50 community partners and engaged veterans through education, peer interaction, and community-based activities. The event combined mental health awareness with fundraising and outreach, reinforcing that public engagement and mental health support can coexist in accessible, community-friendly formats

**Veteran advocacy is most effective when embedded within trusted, mission-aligned spaces rather than isolated as stand-alone policy events.**

### SUMMIT & ADVOCACY ENGAGEMENT

**600+** attendees (San Diego)

**100+** veterans & advocates in panels

**50+** community partners (Sacramento)

**40** advocacy training participants

**20** new CAVSA Connect sign-ups

In Orange County, California Veterans Assistance Foundation (CVAF) partnered with VFW Post 3173 to host the Women Veterans Mental Health Symposium at Orange Coast College in March 2025. The event centered woman veterans' lived experience and featured participation from Orange County Supervisor Katrina Foley, CalVet Deputy Secretary Xychitl Rodriguez Murillo, Orange Coast College President Dr. Angelica Suarez, and Dr. Veronica Kelley, Director of the Orange County Health Care Agency. By reserving space for women veterans to introduce themselves and shape the dialogue, the symposium modeled how civic presence and mental health discussion can be integrated into trusted community settings.



U.S. Representative Derek Tran, far left visits Coastline College and speaks to Tom Boscamp, Veteran Services Coordinator and U.S. Army Veteran, far right.

## Rallies, Local Meetings, and Advocacy Training

CAVSA members engaged veterans in local meetings, rallies, and advocacy trainings designed to lower barriers to civic participation.

Across San Diego, VVSD, in partnership with the San Diego Veterans Coalition, integrated advocacy training directly into Stand Down programming for the first time. Approximately 40 participants attended the training, 20 signed up for CAVSA Connect, and 10 completed post-training surveys, reflecting increased interest in continued engagement. Survey responses emphasized the importance of accessible, “bite-sized” advocacy opportunities and clearer pathways to contacting elected officials.

Swords to Plowshares conducted multiple advocacy training efforts across San Francisco and Alameda County, experimenting with in-person, remote, and action-oriented formats. While attendance varied—and in some cases was minimal—these efforts yielded important insights: many veterans expressed skepticism toward advocacy due to prior experiences of being unheard, underscoring the need for relationship-based, incentive-supported, and timely engagement strategies rather than traditional “training” models.

## Community Colleges as Advocacy Hubs

Community colleges served as critical venues for embedding veteran advocacy within everyday civic life. Through partnerships facilitated by U.S.VETS, CAVSA, and CVAF, campuses such as Coastline College and Orange Coast College hosted mental health summits, advocacy discussions, and outreach events that engaged student veterans in policy dialogue alongside education and support services.

## Legislator Tours and Direct Policymaker Engagement

Legislative site visits allowed veterans to engage directly with elected officials in service environments.

U.S.VETS hosted tours for Assemblymember Steve Bennett in Ventura County and for State Senator Lena Gonzalez and Assemblymember Josh Lowenthal at its Long Beach campus, where legislators met veterans and observed integrated housing, workforce, and behavioral health services in action.



CAVSA representatives pose with the "Bacteria Bear" outside of the Governor's office in Sacramento during their annual lobby day, August 2025.

Nation's Finest facilitated site visits for Assemblymember Stephanie Nguyen in Sacramento County and Senator Roger Niello at Mather Veterans Village, engaging veterans and staff in discussions about housing models, women veterans' services, and the Veterans Support to Self-Reliance (VSSR) approach.

Swords to Plowshares hosted State Senator Scott Wiener at the Jon W. Paulson Veterans Permanent Supportive Housing site in San Francisco, where veteran staff and residents shared experiences related to chronic homelessness and aging, high-acuity needs.

New Directions for Veterans welcomed Los Angeles Mayor Karen Bass and City Councilmember Traci Park in 2025 to its VA campus facility, where approximately 10 veterans engaged directly with city leadership regarding funding challenges, homelessness, and mental health access.

## Systems Impact: Embedded Advocacy as a Best Practice

Across regions and organizations, a consistent lesson emerged: veteran advocacy is most effective when embedded within trusted, mission-aligned spaces rather than isolated as stand-alone policy events. Whether through Stand Down, mental health summits, community colleges, or housing sites, CAVSA members normalized civic participation as part of healing, connection, and empowerment.

Veterans engaged not only as storytellers, but as system informants—shaping BHSA planning, educating policymakers, and influencing how behavioral health systems respond to real-world needs. This integrated approach strengthened relationships between veterans, providers, and decision-makers, and laid the groundwork for sustained engagement beyond the grant period.

*Veterans engaged not only as storytellers, but as system informants—shaping BHSA planning, educating policymakers, and influencing how behavioral health systems respond to real-world needs.*

PART IV:

# ADVOCATING FOR VETERAN FOCUSED POLICY

In 2025, CAVSA and its member organizations engaged in the legislative and budgetary process to advance policies that reduce financial burden, expand educational access, strengthen consumer protections for veterans and address the intersecting challenges of housing instability and behavioral health needs. This section highlights key legislative victories secured during the 2025 session, outlines priority bills that will continue into 2026, and documents immediate progress achieved through statewide investments such as Proposition 1. Together, these efforts reflect a sustained commitment to translating advocacy into measurable improvements in the lives of California's veterans.

## 2025 Veteran Legislative Victories

### [SB 694 \(Archuleta\) Deceptive Practices Service Member and Veterans.](#)

Signed by Governor Newsom February 10, 2026. This bill was referred to the Senate Rules Committee after passing an Assembly floor vote late in the session. It is designed to provide additional protections for veterans in California in connection with fees charged for assistance applying for veterans' benefits and the privacy of their information. AB 694 requires persons to be federally accredited before preparing, presenting, or prosecuting a veteran's claim for benefits under federal law.

### [AB 53 \(Ramos\) Personal Income Taxes Exclusion Military Services Retirement Act.](#)

Although this was made a two-year bill, tax relief was won for veterans and their families for FY 2025 - 2029.

Bill language was included in 2025/26 Budget Bill to exclude from gross income up to \$20,000 of retirement pay for qualified individuals who have served in the uniformed services.

### [AB 1509 \(Military and Veterans Committee\) Veterans Educational Assistance.](#)

Approval cements into law the authority of CalVet to administer and promulgate, amend, or repeal regulations related to approving educational institutions where GI Bill funds may be used through the already established California State Accrediting Agency for Veterans Education (CSAAVE).

### [SB 67 \(Seyarto\) Cal Grants and Middle Class Scholarship Program Eligibility for Military Dependents.](#)

Guarantees that dependents, including spouses, of active-duty military members can access Cal Grant or MCSP benefits, even if they graduate from high schools outside of California, as long as the service member has maintained California as their legal residence and the dependents meet other eligibility criteria.

## Legislation Continued into 2026

### [AB 264 \(Carrillo\) Veterans State and Federal Benefits.](#)

Two-year bill. Current law provides educational benefits for dependents of veterans who were either killed during military service or are totally disabled. However, these dependents, including spouses, are not allowed to receive these benefits if they are already

eligible for specific federal educational benefits or other similar government assistance. This bill would remove this restriction, allowing dependents to access both state and federal educational benefits simultaneously. This bill was ordered to the inactive file.

## Immediate Progress: Proposition 1 and Homekey+

Homekey+ was created to rapidly expand and sustain housing for veterans and individuals who are experiencing or at risk of homelessness, and who have a behavioral health challenge. In 2025, [Homekey+ awarded \\$636.1 million to create 31 affordable housing communities](#) with wrap-around services. These communities will add 1,784 new homes, with 454 reserved for veterans. As shown in Table 5, two CAVSA members are involved in projects that were awarded funding from Proposition 1 as of September 25, 2025.



Table 6. CAVSA Member Involvement in Proposition 1 Funded Projects, 2025

CAVSA Member	Swords to Plowshares	Nation's Finest
Role	Co-Applicant	Lead Service Provider
Project Name	1035 Van Ness	Mather Veterans Village P4
Total Homekey+ Funded Units	124	70
Veteran-Reserved Units	124	69
Capital Award	\$32,800,000	\$31,500,000
Operating Award	\$2,524,030	\$0
Veteran Operating Award	\$3,720,000	\$2,070,000
<b>Total Award Amount</b>	<b>\$39,044,030</b>	<b>\$33,570,000</b>

It is important to CAVSA members that the state's behavioral health system ensure additional resources continue to be made available for veteran-reserved housing units. Equally important are the operating dollars for veteran-tailored social services. Therefore, we applaud the California Departments of Housing and Community Development's (HCD) amendment to the Homekey+ NOFA that made an additional operating award of \$30,000 per veteran-serving unit available.

## Proposition 1 Improvement and Recommendations

CAVSA continues to engage with the Governor's Office and state agencies to ensure Prop 1 funds benefit veteran communities to the fullest extent possible. We strongly support Proposition 1 and the Behavioral Health Services Act. However, we remain deeply concerned that the current design and implementation of the Prop 1 bond funding is not reaching veterans as intended, despite statutory language prioritizing veterans.

Based on our collective experience and feedback from veteran-serving providers across the state, we would like to underscore several key concerns and recommendations:

### 1. Current implementation is structurally excluding veterans

Accelerated NOFA timelines and capital-only funding have made it extremely difficult for counties and veteran-serving organizations, particularly smaller, rural, and community-based providers, to participate. This has resulted in undersubscription of veteran-designated funds, which we want to be clear does not reflect a lack of need among the veteran population.

### 2. Lack of operating and service dollars undermines project viability

Housing and stabilizing a population of veterans who are aging and have high-acuity behavioral health needs, many facing homelessness with serious mental illness, substance use disorders, and

complex medical needs, requires sustained operating and service funding. The recent Homekey+ NOFA amendment adding per-unit operating funding for veteran units reflects the State's recognition that capital alone is insufficient to sustain permanent supportive housing. This policy shift offers a clear model for extending operating funding eligibility to VHHP projects that pre-date Homekey+, strengthening long-term stability and increasing the effective use of veteran-designated resources.

### 3. Undersubscription places veteran funds at risk of redirection

We are concerned that structural barriers are creating a false signal of disinterest, potentially leading to the reallocation of funds away from veterans. This outcome would directly conflict with the intent of Proposition 1.

To ensure Prop 1 achieves its intended outcomes for veterans, CAVSA respectfully recommends:

- » **Expanding operating subsidies to existing veteran housing**, including extending operating funding currently available through Homekey+ to all existing VHHP properties.
- » **Amending NOFA timelines and requirements** to allow counties adequate time to complete environmental review, financing coordination, and service planning. Limitations on layering financing—such as constraints on tax credits, bonds, or other long-term subsidy mechanisms—make veteran-focused projects harder to underwrite and discourage participation from lenders and equity partners.
  - » Homekey's compressed timeline, slow turnaround from award notification to contract execution, and requirements tied to award dates rather than construction, start to place projects at risk of noncompliance due to external partner delays and increase the likelihood that providers will incur additional interest.
- » **Implementing near-term NOFA amendments** that address the structural causes of undersubscription, with urgency, to prevent the permanent loss of veteran-designated funds.

- » **Strengthening the State and CalVet's role** in guiding counties through education, technical assistance, and clear expectations regarding veteran prioritization in Proposition 1 program funding.
- » **Targeting workforce training funds** to bring more veterans into behavioral health professions and to bolster awareness among existing providers of veteran-specific cultural competence.

## 2026 State and Legislative Priorities

- » Bolster advocacy activities at the state level that elevate the behavioral health needs of veterans and uplift community voice and local stories to the State Legislature.
- » Expand state and federal support service funding for veterans experiencing homelessness, especially to improve utilization of HUD-VASH vouchers.
- » Maintain on-going communication with the Governor's Office, CalVet, and Military and Veterans Committees of the Legislature on all issues related to the veteran population.
- » Monitor and, where possible, increase general funding and Behavioral Health Services Act funding for veteran specific behavioral health programs.
- » Monitor and highlight CAVSA member use of Proposition 1 and Homekey+ funding to house and serve veterans.
- » Expand funding for Veterans Housing and Homelessness Prevention (VHHP) program.

## 2026 Local Priorities

- » Lead member agency and veteran participation in the county BHSA Integrated Plan planning processes to ensure veterans achieve their fair share of behavioral health services funding.
- » Coordinate local advocacy meetings between veterans and local officials to educate on needs and service gaps related to veterans in their community and the need for veteran specific support in their local BHSA plans.
- » Educate providers and other constituencies about need for veteran cultural competency in local mental health services and community programs.
- » Increase attention on behavioral health need and challenges of veterans in rural communities.
- » Expand CAVSA's local community impact through advocacy, outreach, and training.

## APPENDIX

### Population Estimates

#### Table 1

California Department of Finance. (2025). [E-6 Population estimates for cities, counties, and the state](#).

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