STATE OF THE VETERAN COMMUNITY

2018 SUMMARY REPORT

California Association of Veteran Service Agencies
Kathleen M. West, DrPH, CAVSA Consultant

"Recognizing that California's veterans have many identities as civilians, CAVSA is eager to work beyond the veteran "silo" to better meet the needs of our veterans and their families - at all times and in all circumstances."

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

"Knowing is not enough; we must apply. Willing is not enough; we must do."

-- Goethe*

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The purple in the shaded map of California represents all branches of service in which California's diverse veterans have served. The blue shading represents California's vigilance, perseverance and justice in serving veterans. The red lettering symbolizes the honor and valor with which our veterans have served. The white background symbolizes the purity and sacrifice of our nation's veterans and their families.

Additional copies of this Report Summary and full Report are available from CAVSA at the above address and in PDF format for download at http://californiaveterans.org/

**This quote by Johann Wolfgang von Goethe, famous 18th century German scientist and statesman, is used in the opening page of the Institute of Medicine's landmark 2010 report "Returning Home from Iraq and Afghanistan - Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families" which outlined the needs of U.S. veterans – it still applies.*

ACKNOWLEDGMENTS

As Executive Director, on behalf of the Board of the California Association of Veteran Service Agencies (CAVSA), and as the CAVSA consultant charged with drafting this first State of the Veteran Community-Report 2018 for the Mental Health Services Oversight and Accountability Commission (MHSOAC), we are grateful for the opportunity to engage with such a meaningful task. The support of CAVSA agency leadership in conceptualizing the scope of work for the report and ultimately distilling it to focus on five of the most critical issues for consideration in Year 1 has been very important. (See Table 2 Recommendations, p. 11)

Equally important has been the cooperation of several key organizations, staff, and 201 individuals who participated in the Veteran Mental Health Services Survey which came together in record time from May to July 2018. The organizations that deserve special thanks for encouraging their community's participation in the survey include: the California Department of Veteran Affairs (CalVet), the California Association of Collaborative Courts, the California Association of County Veteran Service Officers, STAR Behavioral Health, the Steinberg Institute, the Center for Judicial Education and Research at the California Judicial Council and each of the CAVSA member agencies: Swords to Plowshares, U.S. VETS, Veterans Village of San Diego, the California Veterans Assistance Foundation, Veterans Resource Centers of America, Veterans Housing Development Corporation, and New Directions for Veterans. During the peak season for graduations and vacations, we are grateful for everyone who took the time to respond to our survey and share your thoughts and knowledge about your local community's experience with veteran and veteran family mental health concerns.

CAVSA plans to widely share this Report to help close the gaps in services for our veteran communities and honor your shared insights that importantly contribute to our advocacy agenda. By improving cross-agency and multidisciplinary communication, we can reduce our silo-ed thinking and expand our stakeholder communities to improve California's public mental health services system for veterans and all Californians. Recognizing that our veteran constituents and their families are members of multiple groups, we are eager to collaborate with other mental health advocates across sectors and look forward to developing effective strategies to deliver improved services for California veterans and their families in the coming years.

Chuck Helget
Executive Director

Kathleen M. West, DrPH
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PREFACE

As this report is published, we will be commemorating the 17th anniversary of the infamous "9-11" attacks that ushered in the "Global War on Terror" (GWT) and launched the U.S. and its All-Volunteer Force (AVF) on an uncharted and arduous path. With its series of Operations* that are ongoing to this day and in which about three million service men and women have served, the GWT is now the United States' longest war. Children born in 2001 are now preparing for adulthood in a nation that has been at war their entire lives.

* Operation Enduring Freedom (OEF), Operation Iraqi Freedom, (OIF) Operation New Dawn (OND) and Operation Freedom's Sentinel (OFS) – the latter to which 400 California National Guard most recently deployed in August 2018.

California has played a leadership role in these nearly two decades of combat deployments with more military installations than any other state and the largest National Guard force in the U.S. This report challenges California to continue its key role in the deployment cycle by competently and compassionately receiving home our service members as they transition to civilian life as veterans. As home to the largest veteran population in the U.S., California has the unique opportunity to lead the nation with our demonstration of the will and allocation of the means to "do right by" our veterans and their families who served in our stead. If the AVF model is to persist and succeed, our efforts to support our veterans and their families is not only a moral obligation, but an AVF imperative, essential to recruiting a socio-economically diverse and high-quality military of the future.

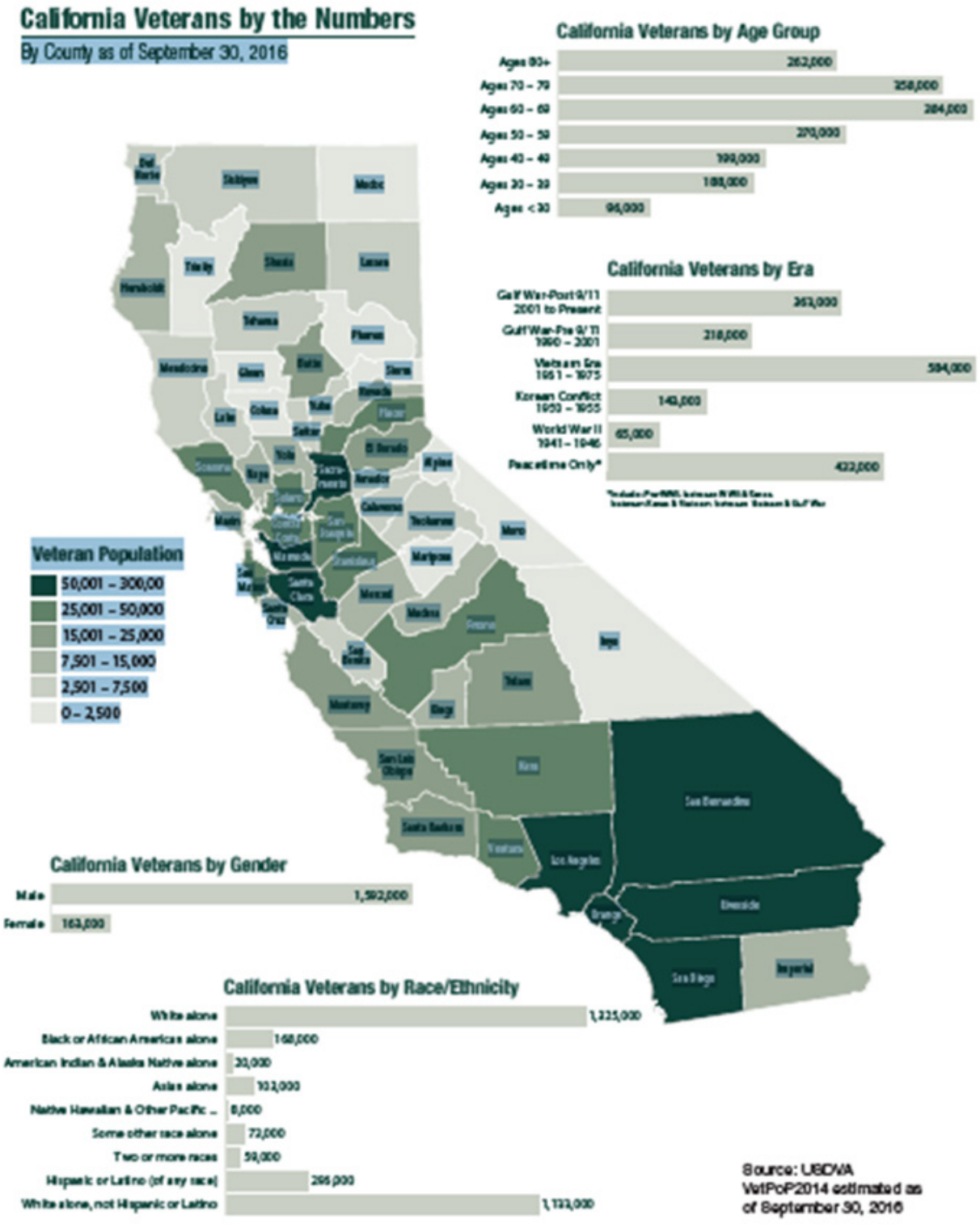
Unlike the Vietnam-era, there is now a broad societal recognition that wars often cause ongoing adverse effects for the service members who were engaged with the war effort – whether in combat or not. Paralleling the years of war, we now have years of research that point us in the direction of "what to do", as well as literally thousands of new non-profits and trillions of new private funds dedicated to veteran and military issues. There has been less societal acknowledgement of the economic commitment required to help former service members reconstruct their lives and the reality that "an ounce of prevention is worth a pound of cure." Many of our aging Vietnam, Korean, and WWII veterans who failed to receive timely care upon their return have suffered for decades. Society and their families have often suffered alongside them as they've occupied alcohol and drug treatment programs, unemployment lines, homeless shelters, and jail cells over the years. Many thousands more have demonstrated their resilience and with support, have reclaimed productive civilian and fulfilled lives to the benefit of us all.

As our Post-9/11 veterans become the largest war era population, it is critical that California steps up to ensure that their life trajectory and that of their families is as healthy as possible. Although the U.S. Department of Veterans Affairs (USDVA) currently does not have a website or accessible data base dedicated to OEF, OIF, OND, and OFS veterans, reliable data about this population is essential for program planning, implementation, and accountability. The absence of reliable California-specific data is noted throughout this report, but should not deter from taking purposeful steps to remedy the identified challenges, while simultaneously working toward better data to inform programs and improve transparency. Findings here about the ***State of the Veteran Community in California*** make it clear that long after the "last shot is fired" our veterans require our long-term commitment to help rebuild their lives and thank them for their service with more than words.

"An ounce of prevention is worth a pound of cure"

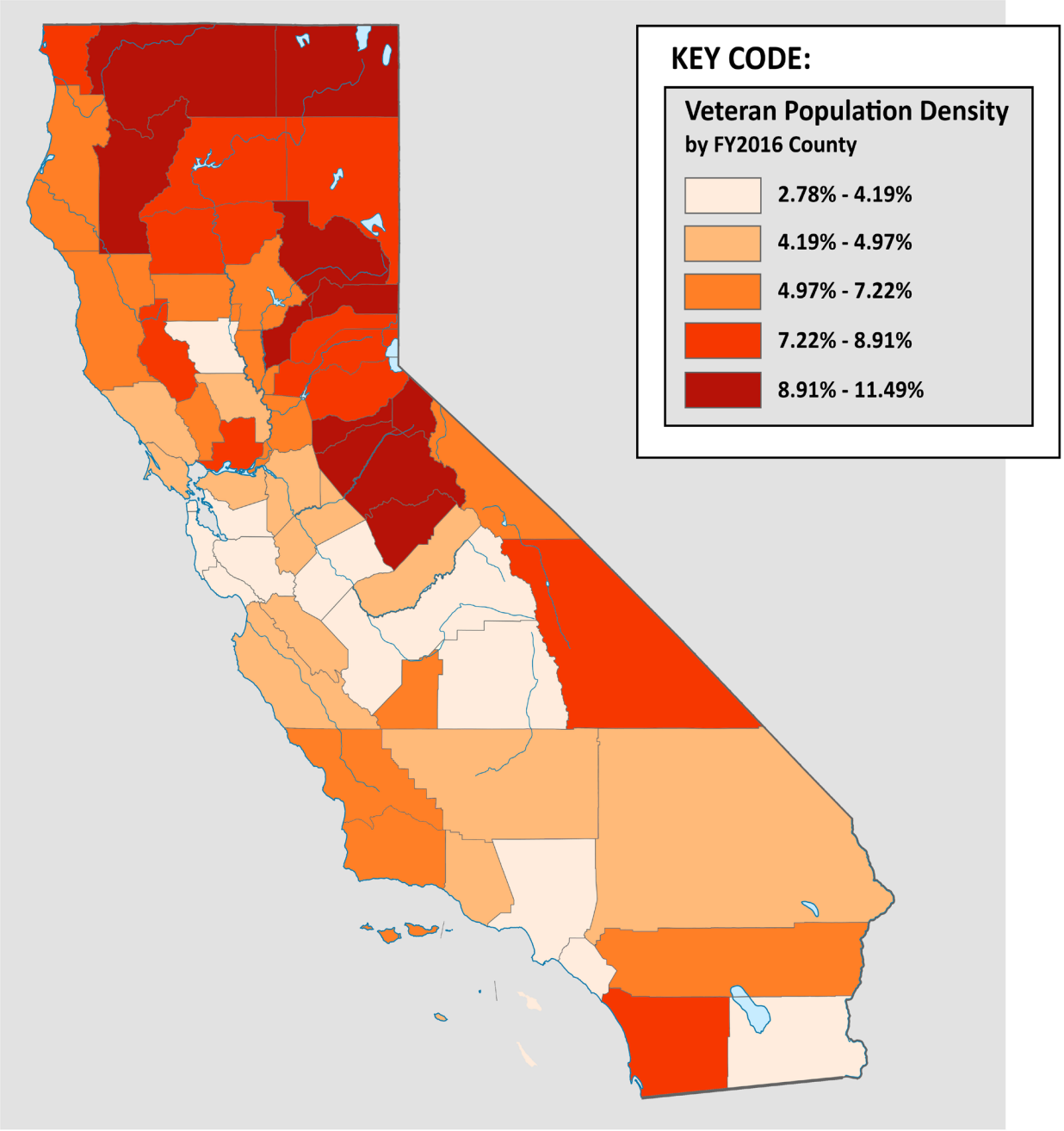
MAP 1. California Veterans Overview

As **Map 1** below indicates, Southern California has the largest number of California's veterans, with about 290,000 in Los Angeles County, 225,000 in San Diego County, 133,000 in Riverside County, 117,000 in Orange County, and 111,000 in San Bernardino County – 876,000 total veterans – comprising nearly half of California's total veteran population – the largest in the nation.



MAP 2. Veterans as Percentage of California County Population – FY 2016

Looking at **Map 2** however, it's clear that although more than a quarter million veterans live in Los Angeles County, they constitute less than 3% of Los Angeles's total County population, whereas in Trinity County veterans comprise 12% of the total population. These kinds of veteran population variations across California have significant implications and must be taken into account as service needs are assessed, services deployed, and as constituent influence and advocacy is leveraged among veteran stakeholder groups statewide.



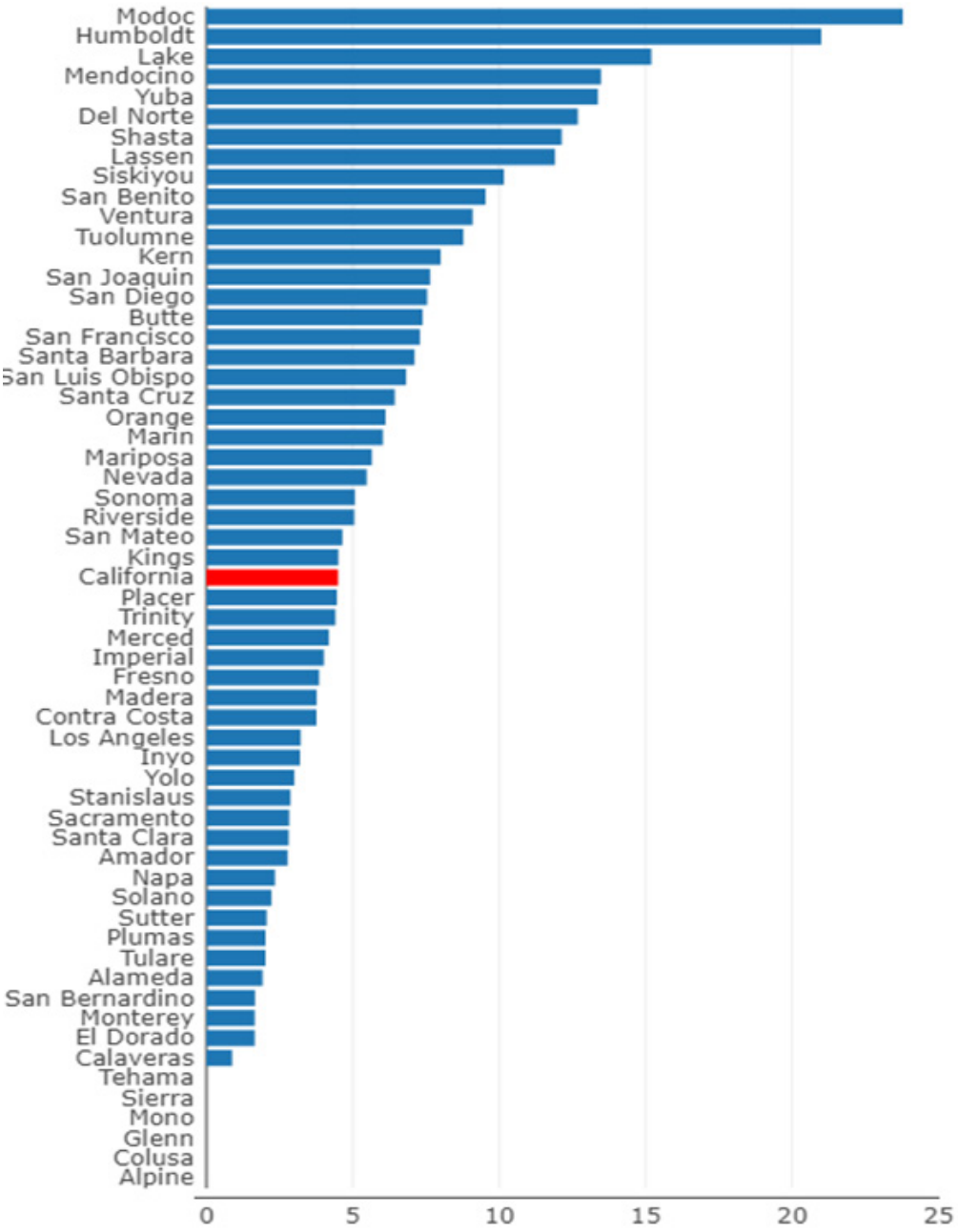
Thanks to the Mental Health Services Oversight and Accountability Commission's (MHSOAC) recognition of California's veterans and their families as a priority population for mental health services, the California Association of Veteran Service Agencies (CAVSA) has been able to compile this first report on the ***State of the Veteran Community*** in California with regard to mental health services. This Summary Report includes the critical issues for which we must step up our advocacy, services, and education in the coming year.

Table 1. 2018 Report Card: Comparative Markers of Concern for California Veterans *(See page 14 for references and notes)*

MEASURE *Unless specified all rates are age-adjusted*	NATIONAL GENERAL U.S. POPULATION	NATIONAL VETERAN	CALIFORNIA GENERAL POPULATION	CALIFORNIA VETERAN
1. HOMELESSNESS *(PIT Count 2017)* *AHAR* *	**T= 553,742** (.17% of total U.S. pop) 438,913 Adults 193,900 (35%) unsheltered	**40,056** (9% of all homeless adults) 15,366 (38%) unsheltered	**134,278** (24% U.S. total) .34% of CA total pop 91,642 (68%) unsheltered	**11,472** (29% of all homeless U.S. veterans) .63% of CA total veteran Population 7,657 (67%) unsheltered
2. SUICIDE *Rates cited indicate est. range. Top row data from 2015. Bottom row data from 2016.*	**17.3/100K** ‡ (13.4/100,000 † 2016 Population)	**29.7/100K** ‡	**13.6/100K** ‡ (10.5/100,000 † CA 2016 Population)	**28.8/100K** ‡
3. OPIOID OVERDOSE DEATHS	**13.3/100,000** ‡ Population (2016 data)	**19.85/100,000** § Person Years 2005 VHA Patient Data	**4.49/100,000** ◊ CA Population (2017 data)	*No California-specific Data or Estimate is Available*
4. JUSTICE INVOLVEMENT (INCARCERATION)	**2.3 million** **	**181,500** ※ 8% of total U.S. Adult Inmates, 2011-12 Data (Most Current) Also about 8% of Total U.S. Population, 2016	**138,000** ⁂ (Adult Inmates Under CDCR) 2017 Data	*No California-specific Data or Estimate is Available*

Table 1 is CAVSA's "2018 Report Card" that provides a snapshot of some key issues for California veterans. These four measures of mental health and well-being of California veterans compared to veterans nationally and their non-veteran Californian counterparts show a mixed picture of California veterans. It emphasizes the need for better California-specific information on potentially life-threatening and life-changing indicators about veterans than is currently unavailable.

Figure 1. Total California Population, All Opioid Overdose Deaths, Age Adjusted Rate per 100,000 Residents



CHALLENGES DUE TO LACK OF VETERAN-SPECIFIC DATA

Two issues of major concern that emerged in developing this report but that are not reflected in Table 1 due to lack of data are:

1) A notable absence of partnerships, shared knowledge, and formal communication between Veteran Service Organizations (VSOs) and non-veteran service organizations.

Between May-July 2018 CAVSA sent a Veteran Mental Health Services Survey to a broad array of social service agencies, including those that do not explicitly serve veterans, as well as Veteran Service Organizations. The purpose was to both learn more about local issues regarding veteran mental health services, as well as an effort to better understand the degree to which non-veteran service agencies are aware of veterans in their client populations. Since veterans, by definition, are civilians who at one time served in the U.S. military (some of whom may continue to serve as members of the Select Reserve), they and their families are eligible for the same services as other civilians. In addition to which they are sometimes eligible for certain services and benefits from the U.S. Department of Veteran Affairs (USDVA) and the California Department of Veterans Affairs (CalVet). A notable survey finding was that 56% of all respondents believe that the VA is the "primary provider of mental health services for veterans in California" and 85% of those who are not at veteran-specific agencies said that they refer veterans to the VA for mental health services when they become aware of their veteran status.

Additional open-ended responses to questions throughout the survey suggest that neither VSO staff nor those at non-veteran service agencies are familiar with each other's services and do not tend to share clients. This situation is particularly problematic for veteran family members who are not typically eligible for care at the VA, but may need special mental health care related to their family's veteran status.

The survey findings suggest an urgent need for services to veterans and their families to become less "silo-ed." Toward that end, CAVSA will work to actively expand its partnerships and expand its stakeholder base in the coming year, as Recommendation 5 in **Table 2** describes.

2) The absence of up-to-date California veteran-specific data on a wide range of issues and categories of veteran populations.

For example, data on women veterans, veterans in substance use disorder treatment, and justice-involved and incarcerated veterans is either missing or varies so widely so as to be called into question. The absence of California veteran-specific data is obvious in **Table 1** itself.

Related to the absence of veteran-specific data is the concern that neither numbers nor rates of opioid overdose deaths for veterans in California are known although historically veterans have been shown to be at increased risk for fatal overdose deaths compared to the general population. Changes in VHA opioid prescribing practices have improved this situation, however this must be monitored closely. **Figure 1** shows that about a dozen California counties have opioid overdose death rates that are more than twice the overall State rate. By comparing these counties to **Map 2** which depicts counties with high percentage veteran populations, we see a substantial and concerning overlap of high opioid overdose deaths in counties with high percentages of veterans. This leads CAVSA to conclude that special outreach, education, opioid and benzodiazepine prescribing practice monitoring, and prevention efforts should be directed to veterans and providers in these communities as noted in Recommendation 3 in **Table 2**.

CHALLENGES SUBSTANTIATED BY NATIONAL AND STATE DATA

Major concerns that were substantiated by available data include:

1) Increased rates of homelessness.

California has had a large increase of veterans who are not only homeless, but are also unsheltered. **(Table 1)** Homelessness in itself is associated with multiple threats to physical and mental health, but unsheltered settings, including streets, parks, abandoned buildings, riverbeds, freeway underpasses, etc. that are "unfit for habitation", constitute even graver threats. This increasing number is unacceptable and will be a priority action for CAVSA in 2019.

Also of increasing concern is the fact that women veterans across the U.S. constitute a growing number of the homeless veteran population. According to the National Coalition for Homeless Veterans, the rate of female veteran homelessness is at least three times greater than their non-veteran civilian peers. CAVSA will prioritize programming for women veterans to help reverse this trend.

2) Increased rates of suicide compared to non-veteran counterparts. (Table 1)

The 2014 suicide rate was 21% higher among Veterans when compared with U.S. civilian adults, includ ing 18% higher among male Veterans and 2.4 times higher among female Veterans. (USDVA. Office of Mental Health and Suicide Prevention). Women veterans' increased risk for suicide compared to their non-veteran peers is cause for targeted action by CAVSA as noted in **Table 2**.

3) Lack of access to Veteran Treatment Courts and/or alternative sentences for justice-involved and incarcerated veterans.

Although the number of justice-involved and incarcerated veterans in California is not known, it is clear that not all eligible veterans are being diverted to treatment settings in Veteran Treatment Courts (VTCs) nor taking advantage of California laws, such as PC § 1001.80 and PC § 1170.9 which permit sentences to therapy instead of incarceration.

Only 53% of California counties currently have VTCs or comparable Collaborative Courts for veterans. CAVSA's Veteran Mental Health Survey conducted in May-July 2018 found that just 40% of respondents perceived that VTCs "receive the support of relevant systems in their counties". Even among respondents who are involved with VTCs, there was considerable confusion about their operation. Because these programs actively engage veterans to address their mental health and related problems, substantially reduce State and County jail and prison costs, and dramatically reduce recidivism among veteran offenders, CAVSA will work to expand their reach in the coming year and increase education about their efficacy.

4) A need for inclusion of veterans and their families in the County Mental Health Services Act (MHSA) Planning.

Veterans and their families are a priority population that must be included in County Mental Health Services Act (MHSA) program and funding plans. Despite this requirement, CAVSA's in-depth review of five County plans found that just three had programs targeting veterans, one had a very brief mention, and one had no mention (even though that county has a Veteran Treatment Court, it was not noted in their MHSA County Plan). A summary review of all 58 counties found that only 19 County Plans even mention the veteran or "military-connected" population in any of their plans. CAVSA will therefore work to expand county-based stakeholders to support county's awareness and efforts to become culturally competent in serving veterans and their families, as required by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

Table 2 below provides 5 categories of Recommendations to tackle the challenges described above with 22 Proposed Actions to remedy these problem areas that have an adverse impact on services for California veterans and their families.

This summary of the State of the Veteran Community 2018 Report is CAVSA's effort to establish a baseline understanding of how California veterans and their families are faring on key measures of critical importance. Using the best data available, coupled with the insights and experiences of on-the-ground veteran advocates and mental health providers gleaned from CAVSA's Veteran Mental Health Survey, we see that there is room

Table 2. State of the Veteran Community 2018 - 2019 Recommendations

RECOMMENDATION	PROPOSED ACTIONS
1. Address Housing Challenges for Veterans	A. Actively engage in state and federal housing policy initiatives. Support an extension of and additional funding for the Veteran Housing and Homelessness Prevention (VHHP) Program. B. Work to improve Veteran Housing and Homelessness Prevention Guidelines and No Place Like Home (NPLH) Guidelines. C. Focus on older veterans, women veterans, and Post-9/11 veteran families with children as priority populations for housing. D. Seek funding for mental health services and other supportive services to better serve VHHP and NPLH Projects.
2. Expand Suicide Prevention, Intervention, and Postvention Activities	A. Engage with judicial personnel (Veteran Treatment, Family, Dependency, Domestic Violence, Mental Health, and Homeless Collaborative Courts) to educate about veteran and veteran family suicide. B. Connect with the Military Tragedy Assistance Program for Survivors (TAPS) program and the California Transition Assistance Program to explore postvention/prevention strategy for veteran families and possible collaboration. C. Train first responders, emergency room staff, county veteran service officers, and Employment Development Department personnel on veteran cultural competency and suicide care activities. D. Advocate for veteran- and veteran family member-specific mental health funding at local, state, and federal levels.
3. Expand Advocacy Capacity and Data Collection Efforts	A. Become a more effective voice for veterans in the development of veteran mental health related legislation. B. Develop key variables and promote the adoption of required demographic and other relevant information (including substance use disorder treatment and opioid overdose data) for veteran mental health indicators across California programs C. Ensure tools to collect mental health treatment & referral data through relational data base; i.e.: necessary access and data linkages (shared with permissions through networks and MOUs). Focus on improved data collection for women veterans, veteran opioid addition, aging veterans and veteran incarceration.

for much improvement. Armed with this information, CAVSA plans to galvanize our current stakeholders and expand our base to ensure that these five Recommendations with their 22 measurable actions are implemented in the coming year.

We welcome the participation of all reading this report to join our efforts to support those who have served our nation and their families who served alongside them, even as CAVSA vows to improve access to mental health services for our veterans and all our fellow Californians.

RECOMMENDATION	PROPOSED ACTIONS
3. Expand Advocacy Capacity and Data Collection Efforts, cont.	D. Work with VA and rural counties to develop targeted data on opioid addiction rates and programs in high risk rural counties. E. Monitor the October 2018 release of mental health expenditures by the Department of Health Care Services and prioritize in 2019 - 2020.
4. Engage with California Judicial Council on Shared Interest Areas	A. Coordinate with Judicial Council's Collaborative Courts Committee Mental Health Subcommittee and Subcommittee on Veterans and Military to support ongoing education regarding veterans and veteran family mental health and related justice issues. B. Connect with Family Courts at State and County levels to build diversion programming and co-calendars with Veteran Treatment Courts and Family Court dockets and family treatment programs. C. Continue to explore legislative and policy paths to help expand Veteran Treatment Courts in California.
5. Build Community and Agency Partnerships	A. Continue review of County Mental Health Plans to determine level of program and funding support for veterans in MHSA-funded agencies. B. Engage more effectively with County mental health plan development to ensure veteran representation. C. Develop Veteran Agenda materials for MHSA Stakeholder meetings on how to adapt programs to be more effective for veteran and veteran family populations and how to include veterans and their families in the program planning process. D. Build connections with community-based non-veteran-specific providers of mental health and social services to provide technical assistance on veterans and military-connected family issues. E. Engage proactively with Veteran Service Organizations (VSOs) to build stakeholder base. F. Collaborate with CalTAP to put veteran and veteran family mental health curriculum online and outreach to military installations to provide mental health transition information prior to discharge.

POSTFACE

Founded in 1995, the California Association of Veteran Service Agencies (CAVSA) is a consortium of seven non-profit veteran service providers working in partnership to address the needs of California's veterans. CAVSA's geographic diversity facilitates the delivery of direct services in both urban and rural regions throughout the state, stretching from Eureka to San Diego.

As community-based direct service providers, we draw upon our experience working directly with veterans to inform policy and advocate for adequate and accessible services and support. We understand that the obstacles veterans face — including homelessness, poverty and disability — are interrelated and require an integrated network of support within the community and a continuum of mental health and health care. Together we work to improve services for California's veterans and educate our communities about the unique needs of military veterans and their families.

As CAVSA Board Members we are very pleased to share this ***State of the Veteran Community*** – 2018 Report Summary with our constituent groups, as well as the public at large. Simultaneously, we are deeply concerned at the sobering picture it reveals about the many challenges our veterans and their families are facing today. Although our agencies have been, and will continue to, work diligently to address the critical issues identified here, clearly CAVSA cannot solve these problems alone.

We are eager to embark on the actions proposed in Table 2 Recommendations, including the "Building Community and Agency Partnerships" described in Recommendation 5. CAVSA agencies understand that California's veterans are a very diverse group, sometimes with U.S. military service being their only common denominator. Recognizing that our veterans have many identities as civilians, CAVSA is eager to work beyond the veteran "silo" to better meet the needs of our veterans and their families at all times and in all circumstances. We also hope to help non-veteran service agencies become more aware of the veteran clients they are already serving, and, in that process, help us gather better data to understand where California veterans and their families are receiving care, how they're faring, and what needs are yet unmet.

As the CAVSA Board prepares for 2019, we do so with high hopes and with deep appreciation to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for their commitment to veterans as a priority population with regard to mental health services. MHSOAC's vision of equitable access to mental health care for California's veterans has been matched by their willingness to explore how to best fund such care and for that we are very grateful. We are confident this Report will move us closer to achieving improved care for our veterans and their families and look forward to a productive year ahead.

Sincerely,

Stephen J. Peck, CAVSA Board President
U.S. VETS, President & CEO
www.usvetsinc.org

Report Card References and Notes

1. HOMELESSNESS:

* https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf

http://worldpopulationreview.com/states/california-population/
California's estimated total population is 39.78 million according to the World Bank and US Census Bureau

2. SUICIDE:

https://www.mentalhealth.va.gov/docs/data-sheets/2015/California_2015.pdf
Data from the top row under "suicide" is not age-adjusted.

† Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) (2017). Accessed June 7, 2018. Available from URL: www.cdc.gov/injury/wisqars. Data in parentheses is 2016 age-adjusted data, suggesting suicide rates may be declining. Veterans and non-veterans are included.

3. OPIOID OVERDOSE DEATHS:

‡ 2016 WONDER data released 2017 by CDC. Accessed at http://wonder.cdc.gov/mcd-icd10.html on January 31, 2018

§ "Nearly twice the rate of the general U.S. population", https://www.ncbi.nlm.nih.gov/pubmed/21407033 Bohnert, et al. "Accidental Poisoning Mortality Among Patients in the Department of Veterans Affairs Health System.

◊ California Department of Public Health 2017 Preliminary Data. https://discovery.cdph.ca.gov/CDIC/ODdash/

4. JUSTICE INVOLVEMENT:

** https://www.prisonpolicy.org/reports/pie2018.html

※ https://www.bjs.gov/content/pub/pdf/vpj1112.pdf

⁂ https://lao.ca.gov/Publications/Report/3595

CAVSA MISSION STATEMENT

To address and promote the employment, training, education, housing, medical and business needs of veterans and their families.

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