2019 ANNUAL REPORT SUMMARY

The California Veteran Community: Looking Forward to Change

California Association of Veteran Service Agencies
(CAVSA)

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Additional copies of this 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. The quote still applies.

https://californiaveterans.org

> ***"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*

ACKNOWLEDGEMENTS

On behalf of the Board of the California Association of Veteran Service Agencies (CAVSA), we are grateful for the opportunity to deliver this 2019 State of the Veteran Community Report to our statewide community. This is our second annual report prepared through the support of the Mental Health Services Oversight and Accountability Commission (MHSOAC).

CAVSA agencies' leadership and dedicated staff work on last year's (2018-19) Action Recommendations has been nothing short of inspiring. This past year has focused on working in partnership with an array of federal, state, and local elected officials, organizations, and agencies on strategies that will benefit veterans and their families. We are committed to working with a wide diversity of advocates, stakeholders and policy makers to elevate veteran and veteran family well-being and mental health to a priority position on multiple policy, program, and budgetary agendas.

Legislators at the state and federal levels have been key allies, as have mental and behavioral health agencies—both those that explicitly serve veterans and those that have not been aware of serving veterans in years past. Although considerable progress has been this past year to help close service gaps for our veteran communities, there is still much to be done.

This report strives to celebrate and honor the successes of those who work tirelessly to serve our military veterans, while also highlighting unmet needs and identifying the challenges ahead.

CAVSA continues to believe that by working together, with the unparalleled support of public officials and stakeholders, Californians have the unique opportunity to compassionately and competently address the mental health and welfare needs of our veterans and all Californians.

As CAVSA expands our veteran mental health agenda, we are reminded veterans and their families have unique needs that require a culturally competent approach to services and treatment. However, we also recognize that our veteran constituents and their families are members of multiple groups with very diverse interests. Crossing barriers and working with other mental health stakeholders must be a critical component of our action agenda.

Even as we work to reduce the unacceptably high number of veterans who live in unsheltered homelessness, burdened by poor mental and physical health, we are also dedicated to celebrating and honoring the many veterans who are attending college, exiting from justice involvement to make better lives for themselves and their families, or serving in the National Guard, and as first responders, putting their military skill set to much-needed use in the civilian sector.

As you read this report containing activity updates, new data, and accomplishments, we hope you will be inspired to join us as we forge new partnerships and strengthen collaborations to support California's diverse veteran community.

We look forward to positive change in the coming years.

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

PREFACE

More veterans live in California than any other state

California continues to lead the nation as home to more veterans than any other state—about 8% of all U.S. veterans live here. California's estimated 1,578,509-strong veteran community is more than four times the average number of veterans living anywhere else in the United States. California is also home to the largest Selected Reserve population, with 57,031 members including the Army National Guard, Air National Guard, Army Reserve, Air Force Reserve, Navy Reserve, Marine Corps Reserve, and Coast Guard Reserve. Although exact numbers are unavailable, it is estimated about half of California's National Guard are prior-enlisted and, as veterans and citizen-soldiers, warrant attention from CAVSA and all Californians.

USDVA population projection model.
https://www.va.gov/vetdata/Veteran_Population.asp
https://download.militaryonesource.mil/12038/MOS/Reports/2017-demographics-report.pdf

Nearly half of California's veterans are senior citizens

Even with this large population of veterans, California has nearly 104,000 fewer veterans in 2019 than in 2017. This decline is projected to continue because **nearly half of California's veterans in 2019 are 65 years or older.** This demographic reality has clear implications: there is a need for targeted elder-care services that are not adequately in place in California's veteran care portfolio today. As California's most senior veterans are living longer—into their eighth decade or older—they, and their caregivers, require support.

TABLE 1

CALIFORNIA VETERAN AGE PROFILE

Under 30	30-44	45-64	65-74	75-84	85+	TOTAL
90,780 (5.8%)	262,495 (16.6%)	458,952 (29.1%)	371,520 23.5%	245,313 15.5%	149,449 9.5%	**1,578,509 100%**
812,227 CA Veterans Ages under 20 to 64 (approx. 46 year age span) ***51.5% of total***			**766,282 CA Veterans** Ages 65 to 85+ (approx. 35 year age span) ***48.5% total***			

Table 6L: VETPOP2016 LIVING VETERANS BY STATE, AGE GROUP, GENDER, 2015-2045
Numbers accurate within 1000 population.
https://www.va.gov/vetdata/veteran_population.asp
(USDVA, National Center for Veterans Analysis and Statistics, 2019)

Mental health challenges affect veterans of all ages

The public often associates Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD) with the experiences of post-9/11 veterans. However, the demand for PTSD treatment has steadily increased among Vietnam veterans as they age. As of 2013, older veterans 75 years and older sustained the highest number of TBIs among any age group. Major depression is the most frequent psychiatric disorder post-TBI, affecting nearly 30% of post-injury patients in the first year alone, and may play a role in older veterans having the greatest number of suicides among all veteran age groups.

WIFE HELPS VIETNAM VETERAN TO WHEELCHAIR
https://www.militarytimes.com/news/pentagon-congress/2019/04/11/here-are-12-big-changes-veterans-caregivers-will-see-in-the-next-year/

GULF WAR ERA (AUGUST 1990 – PRESENT) COMPRISES CALIFORNIA'S LARGEST "ERA" VETERAN POPULATION

Nearly 300,000 California veterans have served in our nation's longest-running conflict: "Post-9/11". Many have had multiple deployments in these 18 years during which more than 7,000 service members have died and 52,865 were wounded in action.

https://dod.defense.gov/News/Casualty-Status/

As casualties continue, both during service and on the homefront, many young and elderly veterans alike have experienced the loss and injury of friends. These contribute to the invisible wounds of war that can continue to challenge veterans and their families long after they have removed the uniform.

This **2019 State of the Veteran Community and Annual Report Summary** will introduce new data on topics of concern and provide 2019 updates on key measures from CAVSA's 2018 Report Card, as well as CAVSA's Action Agenda for 2019-2020. Although dramatic changes in numbers and trends are rare from year-to-year, CAVSA recognizes progress on complex mental health and multi-causal problems such as suicide, homelessness, and opioid-related deaths requires a sustained commitment.

Our strategy is therefore to continue to press for success with our 2018-19 Action Agenda and pursue multi-year efforts to achieve lasting results. As a non-governmental independent organization with members throughout the State, CAVSA also recognizes both its obligation and privilege to advocate for the veteran community from the ground up, by bringing emerging or neglected issues to the attention of policy makers and the larger community. Three such topics of mental health concern include:

California's rural veterans – experiencing higher opioid misuse, growing homelessness, and high suicide rates.

California National Guard – many of whom are veterans – whose high suicide rates have recently come to light, and whose access to VA and mental health care is variable. Especially as California National Guard have deployed to some of California's most historic and tragic disasters in 2017-18 (Camp Fire in Butte County, Thomas Fire in Ventura and Santa Barbara Counties, and Woolsey Fire in Ventura and Los Angeles Counties), they and their families may increasingly be in need of mental health and other supports. However, publicly available data is very limited both at state and federal levels.

California's veteran family caregivers – subject to burnout, secondary post-traumatic stress, depressive disorders, and lower than average rates of health insurance. This is particularly problematic since veteran caregivers are the "first line of defense" for veterans' care and well-being upon whom the VA, and society at large, heavily rely.

Findings in this second annual report will likely be familiar to many service providers who work with California's veterans and their families on a daily basis. For readers outside the "veteran space", it is our hope this report will raise both awareness and concern about the disparities between the mental health and well-being of our veterans and the civilian society they have rejoined after military service. This report on the **State of the Veteran Community** does not have all the answers to the challenges identified. Rather, it provides data and a perspective that illuminates CAVSA's 2020 Action Agenda Recommendations. We also hope it will strengthen our collective resolve to work together to reduce and eliminate the identified disparities to improve the lives of California veterans and their families.

CAVSA 2019 REPORT CARD

Table 1 on the following page provides a snapshot of the status of California veterans with regard to issues that emerged as leading topics of concern in the 2018 report and remain relevant in 2019 and beyond. The four measures of Persons in Homelessness, Suicide, Opioid Overdose Deaths, and Justice Involvement (Incarceration) are gross indicators of mental health at the population level and have been shown to be amenable to programmatic interventions at the individual, community, and policy levels to improve well-being.

Discerning year-to-year changes for large populations like California's nearly 1.6 million veterans can be difficult. (USDVA, National Center for Veterans Analysis and Statistics, 2019) Interpreting data trajectories can be challenging, especially when variable definitions and available data sets can change from year to year. Because CAVSA seeks to highlight trends of what's working and what's not, this report employs a color system using a recognizable "red-yellow-green" scale to help identify trends in data at a glance.

The colors signify the following:

1) progress occurring, measurable success (green)

2) stable, but still needs attention (yellow)

3) source of concern, not going well (red)

As in 2018, the situation of California veterans compared to veterans nationally and their non-veteran Californian counterparts continues to show a mixed picture. Because the data sets from which 2019 data has expanded from that of the 2018 Report Card, the findings cannot be presented as a one-to-one comparison, but the 2018 Report Card is included in the full report to assist readers in making year-to-year comparisons. The colors are intended to serve as a shorthand for this type of comparison.

TABLE 1

2019 REPORT CARD
California Veteran Mental Health and Well Being Indicators

	U.S. Population	U.S. Veteran Population	California Population	California Veteran Population
PERSONS IN HOMELESSNESS	**552,830** .17% of total U.S. population – 35% Unsheltered 194,467	**37,878** 9% of all U.S. homeless adults – 38% Unsheltered 14,566	**129,972** 24% U.S. total; .34% of CA total – 69% Unsheltered 89,543	**10,836** 29% of all homeless U.S. veterans; 8.3% of all CA homeless – 67% unsheltered 7,214
SUICIDE	**47,173** – Age-adjusted Rate 14.5/100K* Male: 22.9/100K; Female: 6.3/100K	**6,079** – Age-adjusted Rate 26.1/100K Unadjusted Rate 30.1/100K	**4,312** – Age-adjusted Rate 10.5/100K Unadjusted Rate 10.9/100K	**640** – Age-adjusted Rate unavailable Unadjusted 2016 Rate 28.2/100K
OPIOID OVERDOSE DEATHS	**47,600** – Age-adjusted Rate 14.9/100K – 67.8% of all drug overdose deaths	**Missing numeric data** – Extrapolated Unadjusted Rate 21.08/100K	**2,196** Range = 2,193-2,199 – 5.23/100K 5,308 total overdose deaths, 2018, not exclusively opioid	**No California Veteran-specific data is available** – The absence of data is itself a negative indicator
JUSTICE INVOLVEMENT (INCARCERATION)	**2.3 million** – 698/100K	**181,500** – Estimated just under 8% of U.S. incarcerated population, 2016	**138,000** Adult Inmates Under CDCR 2017 Data – 581/100K	**5,769** Veteran inmates + 2,200 under parole supervision or in transition – About .34% of total CA veteran population

■ = Progress occurring, measurable success ■ = Stable, but still needs attention ■ = Source of concern, not going well

Data sources on page 27

Where California Veterans Live

To determine how to best allocate resources and design programs, policy makers and program staff must understand where to find California's veterans and what kind of interventions and supports to deploy. As Map 1 below shows, California's veteran population is heavily concentrated in Southern California, but veterans reside throughout the state in very diverse communities and situations.

VA predictive population projections show 52% of California veterans live in just five Southern California counties (see Table 2 below). More than 70% of California's estimated 1,578,509 veterans live in these twelve (21%) out of California's 58 counties; more than half live in the first five counties cited below in Table 2.

TABLE 2

VETERAN POPULATION BY COUNTY OF RESIDENCE, 9/2019

Data considered accurate to the nearest thousand; percentage is to whole number

COUNTY	VETERAN POPULATION
1. Los Angeles	255,625 (16%)
2. San Diego	238,352 (15%)
3. Riverside	124,144 (8%)
4. Orange	100,210 (6%)
5. San Bernardino	96,018 (6%)
6. Sacramento	78,412 (5%)
7. Santa Clara	48,164 (3%)
8. Alameda	46,748 (3%)
9. Contra Costa	45,884 (3%)
10. Kern	37,531 (2%)
11. Ventura	37,447 (2%)
12. Fresno	37,371 (2%)

MAP 1

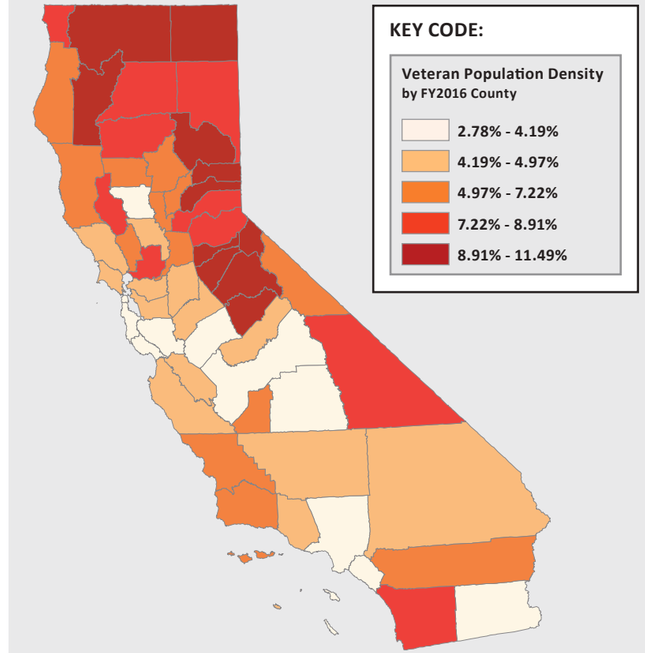
GEOGRAPHIC CONCENTRATION OF CALIFORNIA'S VETERAN POPULATION, FY 2016

www.va.gov/vetdata National Center for Veterans Analysis & Statistics. (most current mapped data)

MAP 2

VETERANS AS PERCENTAGE OF CALIFORNIA COUNTY POPULATION, FY 2016

www.va.gov/vetdata National Center for Veterans Analysis & Statistics. (most current mapped data)



Although Map 1 and Table 2 show Southern California counties are home to most of our state's veterans, Map 2 clarifies that veterans comprise a greater percentage of the total population in northern California's more rural counties. For example, the VA Predictive Analytics and Actuary Office data estimates that about 9% of California's three northernmost county populations (Modoc, Siskiyou, and Del Norte) are comprised of veterans. Because of the lower population density in these rural counties, this translates to a population of about 7,000 veterans. Even though veterans comprise only about 2.5% of Los Angeles County's population, this translates to about 256,000 veterans.

The challenges of California's rural veterans are more likely to be obscured because of their dispersed residence and sometimes isolating behaviors, related to a reluctance to ask for help. The more visible problems of urban veterans therefore often take precedence. For example, a still-unknown number of veterans are among the nearly 35,000 residents displaced from the Camp Fire in Butte County in 2018. Hundreds were left jobless and, as of June 2019, more than 1,000 families were still only temporarily housed according to Butte County officials. Other natural disasters in 2017-18, including the Tubbs Fire in Sonoma, Napa, and Lake Counties, are reported to have forced more rural veterans into substandard housing or "under-housed" situations in non-urban settings. As a result, the growing problem of homelessness and unsheltered homelessness among suburban and rural veterans, with its attendant mental and physical health problems (as shown in Table 3), is an increasing concern for CAVSA in 2020.

Both the relative density of veterans in the community as well as the population numbers must be taken into consideration when planning and deploying mental health and auxiliary services such as justice outreach, supportive housing, veteran family supports, etc. Differences in geography and veteran residence require flexible program models and varied systems of mental health care delivery, including telemental health. Veteran representation in California's more rural counties may also be an avenue for self-help advocacy and community action to engender support for veterans and veteran family care going forward.

Homelessness Among California Veterans

According to our most recent data on veteran homelessness captured by the Point in Time (PIT) count in January 2018, veteran homelessness in California decreased by about 5% (600 veterans) between 2017 and 2018. Unfortunately, this does not represent a significant improvement and is not statistically significant.

Despite California's many innovative programs and considerable attention to veterans' issues, California leads the nation with the greatest number of "Unsheltered Homeless" veterans. This represents a major concern for all of CAVSA's member agencies and CAVSA overall, because this status confers a multitude of problems. Table 3 shows roughly two-thirds of all California veterans who are experiencing homelessness are unsheltered across a wide geographic array.

MAP 3

CALIFORNIA VETERANS EXPERIENCING HOMELESSNESS AND UNSHELTERED SITUATIONS

Annual Homeless Assessment Report (AHAR), 2018
https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf

TABLE 3

HOMELESS AND UNSHELTERED VETERANS IN CALIFORNIA, 2018

Continuum of Care (COC) Type and Place	Veterans in Homelessness	2018 Percent Unsheltered
Major Cities COCs		
Los Angeles City and County	3,538	75.4%
Oakland, Berkley/Alameda County	526	71.9%
San Jose/Santa Clara City and County	658	68.7%
Sacramento City and County	492	66.5%
Fresno City and County/Madera County	211	59.2%
Other Largely Urban COC		
Vallejo/Solano County	124	84.7%
Largely Suburban COCs		
Imperial County	130	97.7%
Watsonville/Santa Cruz City and County	245	88.6%
Santa Ana, Anaheim/Orange County	419	85.2%
San Bernardino City and County	170	73.5%
Largely Rural COC		
Chico, Paradise/Butte County	109	73.4%

2018 AHAR Part 1. CoCs with Highest Percentage of Homeless Veterans who are Unsheltered, by CoC Category.

The increase in the percentage of "unsheltered" homeless veterans over time signifies a major threat to the mental health and physical welfare of our veterans. "Unsheltered homelessness", often defined as living in a "place not designed for... sleeping accommodation for human beings" (HUD, 2018), such as under freeway overpasses, on river embankments or sidewalks, etc., is associated with markedly worse health and mental health outcomes. Unique veteran mental health challenges worsen in homeless and unsheltered settings. As affordable housing is lacking at crisis proportions across California, CAVSA recognizes the need for appropriate housing for all veterans in all settings and circumstances as a continuing priority in 2020. Housing is increasingly perceived as a medical necessity to maintain or restore patients' heath and mental health, so it occupies a central place in CAVSA's 2020 Action Agenda.

Suicide

Maps 4 and 5 show the highest rates of overall (veteran and non-veteran) deaths due to suicide and opioid overdose in California are concentrated in the more rural Northern counties. Because reliable data on veteran population suicides in California is not available, the California Department of Public Health was not able to calculate veteran suicide rates, and locations of veteran suicide can only be inferred by the general location of veterans and comparisons of maps.

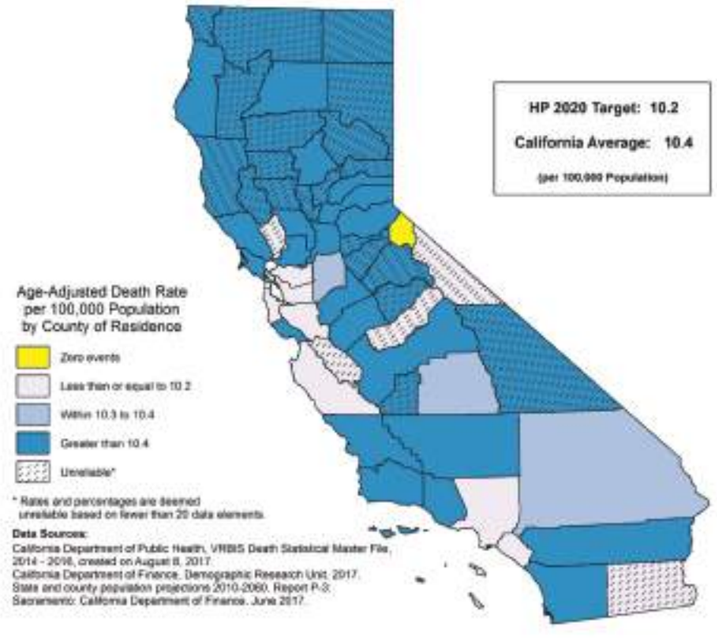
Achieving the goal of suicide reduction among the veteran community in particular may require a two-pronged strategy that:

- **addresses individuals in rural areas who are at highest risk, and**
- **implements evidence-based prevention and monitoring programs in the most populated areas that account for the greatest numbers (but lower rates) of suicides.**

In 2017, white males over the age of 65 were at highest risk, constituting 54% of all California veteran suicides, 64% of whom used a firearm to take their life, compared to 33% of non-veterans. This data points to the necessity of expanding our public health dialogue about management of "access to means" (of lethality) and improved provider and community education on this potentially life-saving topic. Counseling at-risk veterans to safely store their firearms is a required component of the national VA's Suicide Prevention Safety Plan and an element in the VA's 2018 National Strategy for Preventing Veteran Suicide. CAVSA is committed to exploring all paths to suicide prevention efforts and evidence-based interventions with veterans, veteran families, and friends. Because California's older, more rural, and National Guard members are particularly at risk for suicide, CAVSA will engage with efforts to address these populations in 2020.

MAP 4

CALIFORNIA SUICIDE DEATHS, 2014-16



https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP-County%20Profiles%202018.pdf

In this past year, the VA promoted that the often-cited statistic of "20 veteran suicides per day" is not just "veterans". According to the VA, it has always included "Active Duty Service Members, Non-Activated Guardsmen or Reservists, and Other Veterans". A 2018 report displayed data showing that 16.8 veterans and 3.8 "active-duty service members, guardsmen or reservists" died on average each day by suicide in 2015, the most current verified national as of 2019. This information has implications for interventions with service members prior to discharge from military service and to ongoing interventions with National Guardsmen and Reservists.

https://www.mentalhealth.va.gov/docs/data-sheets/2015/OMHSP_National_Suicide_Data_Report_2005-2015_06-14-18_508.pdf

New DoD data that distinguished rates of suicide for Guard and Reserve from the Active component showed that, across all military service branches and regardless of duty status, the 2017 Reserve component suicide rate was 25.7 per 100,000, National Guard component was 29.1 per 100,000, and Active component rate was 21.9 per 100,000 population. These high rates for the Select Reserve at the national level are concerning, but of even more concern is the lack of publicly available comparable data for California's National Guard, which warrants CAVSA's attention in the coming year.

https://www.pdhealth.mil/sites/default/files/images/docs/TAB_B_DoDSER_CY_2017_Annual_Report_508_071619.pdf

Additional important suicide data that emerged in 2019 is the accumulating evidence that a history of traumatic brain injury (TBI) increases the risk of death by suicide. This has particular significance for the care of post-9/11 veterans for whom the signature injury is TBI. Additional research on the "polytrauma clinical triad"—a co-occurring diagnosis of TBI, post-traumatic stress disorder (PTSD), and chronic pain—was associated with suicide, other violence, and opioid use, which offers another opportunity for CAVSA to advocate for improved cultural competence in mental and physical health risk assessment and treatment for veterans in the context of suicide prevention.

https://www.ncbi.nlm.nih.gov/pubmed/30909230
https://www.ncbi.nlm.nih.gov/pubmed/29526669

Opioid Overdose

Overall opioid overdose deaths in California show a geographic pattern similar to deaths due to suicide, and indeed research has shown up to 30% of opioid overdose deaths may actually be suicides. Suicides involving opioids quadrupled in those aged 55-64 from 1999 to 2014, and increased significantly in all other age groups except for 15-24 year olds.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5296683/pdf/AJPH.2016.303591.pdfhttps://www.nimh.nih.gov/about/director/messages/2019/suicide-deaths-are-a-major-component-of-the-opioid-crisis-that-must-be-addressed.shtml

Due to poor national and state data on veteran opioid overdose deaths (see Table 1), information about the location of veteran opioid deaths can only be inferred by comparing Maps 1, 2, and 5 about the nature of this problem in California. CAVSA will continue to advocate for improved information about the opioid epidemic's impact on the veteran community and their families and explore ways to improve veteran-serving agencies' knowledge about life-saving medication assisted treatment (MAT) and naloxone as a component of cultural competence in serving veterans.

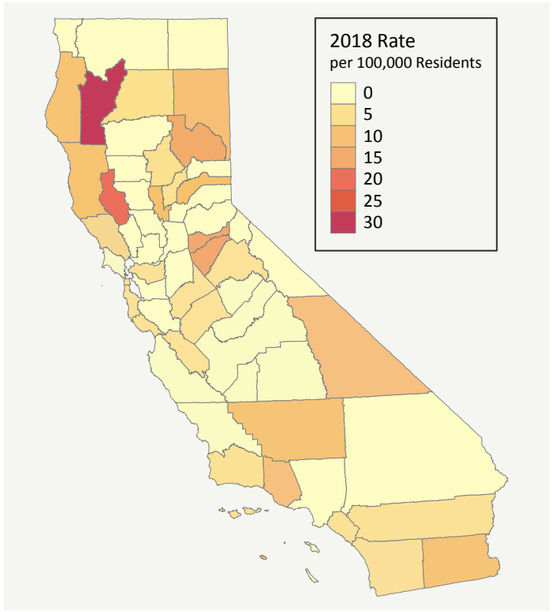
The VA, once a leading prescriber of opioids to address chronic pain, has reduced opioid dispensing by more than 50% over the past 6 years due to its innovative approaches to chronic pain management, which is a disproportionate problem among veterans. Most of this reduction has been achieved by not initiating new, long-term opioid therapy in veterans with chronic pain.

Complementary therapies include care such as acupuncture, yoga, chiropractic medicine, and mindfulness practices. The VA strategy to address the opioid epidemic among veterans has successfully employed behavioral pain management techniques, risk mitigation, education, use of medication assisted treatment, and substance use disorder counseling.

https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5237

MAP 5

DEATHS DUE TO OPIOID OVERDOSE, 2017



California Opioid Overdose Surveillance Dashboard
https://discovery.cdph.ca.gov/CDIC/ODdash/

Veteran Family Caregivers

There are an estimated 5.5 million veteran caregivers in the U.S., about 20% of whom are caring for post-9/11 veterans, with a long future of potential caregiving needs ahead. The majority of caregivers are family members, many of whom are aging, and all of whom require support to maintain their own mental and physical health while providing care for their veteran family member. Among post-9/11 caregivers, 38% met the criteria for depression, with only 34% of those receiving any mental health services.

https://www.rand.org/well-being/social-and-behavioral-policy/projects/military-caregivers.html

Although the purpose of the federal MISSION Act, implemented in June 2019 is primarily to expand choice of care in the private sector for veterans, it also significantly expands the caregiver stipend program in the Program of Comprehensive Assistance for Family Caregivers. Monitoring the Act's implementation and caregivers' access to stipends is on CAVSA's 2020 agenda as an important step to caring for the caregivers who support the well-being of thousands of California's disabled and needy veterans of all ages.

https://missionact.va.gov

California Justice-Involved Veterans and Veteran Treatment Courts

SB 339 (2017) Judicial Council Assessment and Survey of Veterans Treatment Courts (VTCs), was implemented this past year resulting in new findings about the successes, barriers, and issues to be addressed as VTCs develop in California.

MAP 6

VETERAN TREATMENT COURTS IN CALIFORNIA

Source: California Judicial Council, 2018.

NOTE: Kern County has a "Veteran Justice Program" that operates like a VTC, but is not officially recognized.

https://www.bakersfield.com/news/veterans-justice-program-provides-second-chance-for-those-who-have/article_2686094e-fd6a-11e7-8d35-d7405f413a6a.html

Map 6 shows 34 counties have VTCs and Kern County has a program similar to a VTC. About 90% of California veterans reside in those 35 counties, but creative strategies are needed to ensure statewide access. In 2019, the California Judicial Council established a VTC Strategic Plan Working Group to address issues related to a mental health "nexus" between military experience and criminal behavior, the wide variability in VTC capacity, eligible case types, mentor training, and related topics that are critical to improving veterans' opportunities to take advantage of California's Penal Code §1170.9, §1170.91, or §1001.80 in order to receive treatment instead of punishment for legal infractions. CAVSA will continue to engage with the Judicial Council in 2020 to support VTC development and expansion, and to also explore cutting-edge programming that provides services for families of justice-involved veterans.

MHSA COUNTY PLAN REVIEWS AND MHSA FUNDING UPDATE

As part of its full State of the Veteran Community 2019 Annual Report, CAVSA completed a stand-alone analysis and report that examined MHSA 2018 funding allocations and conducted a thorough review of the MHSA 3-Year County Program, Expenditure Plans, and Annual Updates for six selected counties.

The 2019 counties reviewed included Alameda, Butte, Fresno, Los Angeles, Napa, and Ventura Counties with regard to their MHSA mental health services for veterans and veteran family members. Taken together, these six counties account for about 27% of California's total veteran population and vary from accounting for less than 3% to 7% of their respective county's overall population. This report found that, out of a possible review score of 92 (based on criteria from the Mental Health Oversight and Accountability Commission's [MHSOAC] instructions for Plan development and stakeholder inclusion), the scores ranged from 0 to 21 (roughly 23% compliance from maximum score) for veteran and veteran family programming. Because MHSA funding and programming occurs at the county level where California's veterans and their families live, this low level of attention to veteran-specific care at the local level continues to be a major concern for CAVSA and is reflected in its Action Agenda for 2020.

Because of challenges counties and MHSOAC faced in monitoring and spending MHSA funds in the recent past, nearly $400 million in mental health funds from FY 2005-06 to FY 2014-15 were deemed reverted and were scheduled to be reallocated in June 2017 to non-county funding. Through special legislative action (CA AB114), counties were allowed to submit plans to restore their reverted funds for specific local allocations, thereby increasing available MHSA funds by more than $390 million for future use starting in 2019. This reprieve offered a renewed opportunity for CAVSA and veteran services stakeholders to engage with MHSA community planning at the county level to articulate the needs of veterans and increase allocation of MHSA funds for veteran and veteran family mental health services and supports. Going forward, CAVSA plans to engage more closely with local county MHSA planning to provide support for veteran and veteran family care services at the local level. *https://www.auditor.ca.gov/pdfs/reports/2017-117.pdf*

Table 3 below provides an at-a-glance review of the status of CAVSA actions taken in the previous year, using the color-coding used in Table 1 and described on page 4. As described earlier, most of these actions require sustained, multi-year work and will be continued in the coming year. Comments about shifts in emphasis and additional concerns are noted in the Recommendation column and reflect data summarized here and expanded upon in the full report.

TABLE 16

ACTION AGENDA 2019-2020 RECOMMENDATIONS

Recommendation	Proposed Actions
1. Address Housing Challenges for Veterans *Increase focus on older veterans and added attention to rural veteran housing and services.*	A. Actively engage in state and federal housing policy initiatives. Support extension of and additional funding for the Veteran Housing and Homelessness Prevention Program. B. Work to improve Veteran Housing and Homelessness Prevention (VHHP) Guidelines alongside 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 Project.
2. Expand Suicide Prevention, Intervention, and Post-vention Activities *Increase attention on older rural veterans, National Guard members, and specific support for veteran family caregivers in Item D.*	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. **Activity DISCONTINUED in 2019-20 due to Military TAPS inability to expand to veteran families at this time.** 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 *Reliable data is essential to informed policy and programs. Items B,C and D will be re-evaluated in 2019-20 to explore opportunities for CAVSA to expand its current scope of work and funding to collaborate with key agencies on these tasks whose job it is to implement 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 and 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. 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 DHCS and prioritize in Y2. **COMPLETED.**
4. Engage with California Judicial Council on Shared Interest Areas *Explore additional ways to share positive results of Judicial Council's work with CAVSA stakeholders.*	D. 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. E. Connect with Family Courts at state and county levels to explore diversion programming and co-calendars with Veteran Treatment Courts, Family Court dockets, and family treatment programming. F. Continue to explore legislative and policy paths to help expand Veteran Treatment Courts in California.
5. Build Community and Agency Partnerships *Item D will focus on county-specific advocacy since counties have varying protocols for community engagement and stakeholder involvement.*	A. Build connections with community-based non-veteran-specific providers of mental health and social services to serve as their Technical Assistance support on veteran- and military-connected family issues. B. Engage proactively with Veteran Service Organizations (VSOs) to build stakeholder base. C. Collaborate with CalTAP to a) put the veteran and veteran family mental health curriculum online and b) outreach to military installation family readiness officers to provide transition information prior to discharge. **COMPLETED**. D. Develop Veteran Agenda materials for MHSA Stakeholder meetings on how to adapt programs to be more effective for veteran and veteran family population and how to include veterans and their families in the program planning process. E. Continue review of county Mental Health Plans to determine level of program and funding support for veterans among all MHSA-funded agencies. F. Engage more effectively with county mental health plan development to ensure veteran representation.

This second **Annual Report Summary (2019)** provides updates on CAVSA's work in 2018-19, as well as summarized updates on some of the key measures and issues CAVSA will continue to engage with in the coming year. Full details on these issues are available in the 2019 Mental Health Services Plan Reviews Report and 2019 Annual Report, The California Veteran Community: Looking Forward to Change available online at *https://californiaveterans.org*

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TABLE 1 DATA SOURCES

Homelessness:

1. https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf
2. California's estimated total population is 39.78 million according to the World Bank and US Census Bureau: http://worldpopulationreview.com/states/california-population/

Suicide:

3. National Vital Statistics Reports, Vol. 68, No.9, June 24, 2019. https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09_tables-508.pdf CA data: p.69; U.S. data: p.33.
4. Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention. Veteran Suicide Data Report, 2005–2016. September 2018.
5. National Veteran data https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf
6. CA Veteran data https://www.mentalhealth.va.gov/docs/data-sheets/2016/California_2016.pdf
7. https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Violence%20Prevention%20Initiative/CA%20Veteran%20Suicides%202017%20FINALa%203%2011%2019.pdf

Opioid Overdose Deaths:

8. https://www.cdc.gov/drugoverdose/data/statedeaths.html
9. https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/california-opioid-summary
10. https://discovery.cdph.ca.gov/CDIC/ODdash/
11. https://discovery.cdph.ca.gov/CDIC/ODdash/_w_641392b96442624a78da7148e46c304a55f9619567a2fcec/Opioid%20Overdose%20Deaths%202011-2017.pdf
12. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
13. https://www-sciencedirect-com.libproxy1.usc.edu/science/article/pii/S0749379719300765#sec0010
14. Mainly synthetic opioids other than methadone; primarily by illicitly manufactured fentanyl (IMF). Synthetic opioids were involved in 59.8% of all opioid-involved overdose deaths; from 2016-17, this rate increased by 45.2% nationwide. CA was one of 23 states that experienced a statistically significant increase in drug overdose deaths from 2016 to 2017.
15. NOTE: This data is based on VHA patients only; specifically, 6,485 veterans who died from opioid overdose from 2010-2016. Verified data on this variable is lacking in other data sets.

Justice Involvement:

16. https://www.prisonpolicy.org/reports/pie2019.html
17. https://www.prisonpolicy.org/global/2018.html
18. https://www.bjs.gov/content/pub/pdf/vpj1112.pdf
19. https://lao.ca.gov/Publications/Report/3595
20. DVA Reentry Search Service System (VRSS). Data as of June 6, 2019. (Includes 134 female veterans.)
21. 2019 data for California Justice Involved (Incarcerated) Veterans is from the Veterans Re-Entry Search Service (VRSS). VRSS was designed to improve the ability to locate incarcerated veterans for purposes of accelerating their re-entry post-release. The VRSS became available to Veteran Justice Programs at the VA, Correctional Facilities, and Court Systems across the U.S. in 2015. However, many of the roughly 1,300 federal and state, and 3,000 city/county correctional facilities, and 3,000 to 4,000 courts in the U.S. do not routinely use it. CAVSA acknowledges the assistance of the Veterans Integrated Service Network (VISN) 21 who shared the June 2019 number.

2019 ANNUAL REPORT SUMMARY

THE CALIFORNIA VETERAN COMMUNITY: LOOKING FORWARD TO CHANGE

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