



## 2020 ANNUAL REPORT SUMMARY

The California Veteran  
Community:  
Three Year Review

California Association of Veteran  
Service Agencies (CAVSA)



“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

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.

— Martin Luther King Jr.

#### **REPORT DEVELOPMENT TEAM**

Ethan J. Evans, PhD  
Tiffany Doyle  
Elizabeth Benton  
Charles Helget  
Joan Purser  
CAVSA Agency Members

#### **CALIFORNIA ASSOCIATION OF VETERAN SERVICE AGENCIES**

980 Ninth Street, 16th Floor  
Sacramento, CA 95814

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# ACKNOWLEDGMENTS

On behalf of our Board of Directors, we are grateful for the opportunity to deliver this 2020 Californian Veteran Community Report to our statewide partners. This is our third annual report prepared through the support of the Mental Health Services Oversight and Accountability Commission (MHSOAC).

CAVSA member agencies, their leadership and dedicated staff, worked diligently toward last year's (2019-20) action recommendations. 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—those who explicitly serve veterans and those that have not been aware of serving veterans.

This report celebrates and honors the successes of those who work tirelessly to serve our military veterans. It does so by highlighting progress made over the past three years, by discussing unmet needs, and by identifying challenges that lie ahead. Considerable progress has been made over the past three years, and there is still much to be done.

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.

We recognize our veteran constituents and their families are members of multiple groups with very diverse interests. Crossing barriers and working with other mental health stakeholders has been a critical component of our action agenda.

CAVSA and our member agencies continue to work to reduce the unacceptably high number of veterans who live in unsheltered

homelessness and those burdened by poor mental and physical health. We support expanding state and federal housing and service programs to target aging veterans. We are also dedicated to preventing needless deaths due to suicide and opioid overdose. We honor the many veterans who are exiting from justice involvement to make better lives for themselves and their families, and those that continue to put their military skill sets to much-needed use in the civilian sector.

As you read this report including 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



# EXECUTIVE SUMMARY

In late 2017, CAVSA was awarded a three-year grant by MHSOAC to research and report on the state of the veteran community in California. MHSOAC oversees the implementation of the Mental Health Services Act (MHSA) funds at the county level.

We are honored to deliver our third and final report of this project and remain committed to working to improve the lives of California's 1,752,454 living veterans. As a result of this project, we are much more informed on the challenges they face. In the following executive summary, we highlight veteran-specific data

about homelessness, suicide, opioid overdose deaths, and justice involvement among California veterans. We also review trends from our three-year review of county level MHSA Plans. In 2020, we could not ignore the impact of the COVID-19 pandemic on mental health service availability for veterans throughout the state. Therefore, we review key findings from several surveys we conducted this year to assess the impact. Finally, we conclude this executive summary with recommendations for ongoing attention based on our three years of work under MHSOAC funds.

## TRACKING THE DATA

Across the state, MHSA funding and the infrastructure created at the county level to address mental illness in California has had a profound impact. However, the three-year trends in collective challenges that many of California's veterans face—rates of homelessness, suicide, opioid overdose deaths, and justice involvement—suggest more needs to be done. For example, the number of people experiencing homelessness, both in the general and veteran

populations, is increasing. Although there was a slight decrease in the suicide rate among veterans in 2018, too many died by suicide in 2019 (526 veterans per 100,000 population). The story in relation to opioid overdose deaths and justice involvement is less clear. Unfortunately, we cannot know what we do not track. We have therefore raised the issue of insufficient data collection in each of our annual reports.

**TABLE I**  
**2020 REPORT CARD**  
**California Veteran Mental Health and Well Being Indicators**

<i>Measure*</i>	EXPERIENCING HOMELESSNESS	SUICIDE	OPIOID OVERDOSE DEATHS	CALIFORNIA VETERAN POPULATION
CALIFORNIA VETERAN POPULATION	10,980 7,719 70% unsheltered	526 Unadjusted Rate 29.2/100k (2016)	No data available	5,169

*\*Sources included in the full report*

# REVIEWING THE MHSA PLANS

As the MHSOAC-funded veteran stakeholder advocacy group, CAVSA has been reviewing County Three-Year MHSA Plans and Annual Updates to determine how well they are meeting their obligation to provide services to veterans and their families. Each year, we selected five or six counties to evaluate and developed a four-point system of scoring 13 key variables. Along with the plan assessments, we assess service accessibility by telephoning a large selection of service providers in each county, posing as veterans and requesting services to address a mental health need. Table II includes the MHSA Plan review scores along with the “positive disposition” results from survey calls made to service providers within each county (a positive disposition was indicated for each call that resulted in an appointment being offered with a mental health profession or referral to appropriate services). The review scores reflect the degree to which the county MHSA documents tailor specific planning toward the needs of veterans and their families. We code

a point each time they include specific mention of veterans and their families, include evidence that the plan was developed with local stakeholders, include veterans and representatives from veterans’ organizations, or allocate some of their budget specifically to veteran programs.

Counties with larger veteran populations tended to have higher review scores. Higher scores seem to reflect the presence of established community-based, veteran-serving organizations in the County. Of note is that an active CAVSA member agency is operating in each of the top three scoring counties. For more detailed explanation of the scores, please review the three CAVSA annual reports available at [www.CaliforniaVeterans.org](http://www.CaliforniaVeterans.org). No consistent trend is discernible from the positive disposition indicator. Some medium veteran-population counties such as Shasta and Kern outperformed larger veteran population counties such as Alameda and Los Angeles.

TABLE II

## COUNTY MHSA AND SECRET SHOPPER RESULTS

COUNTY VETERAN POPULATION PERCENT OF TOTAL COUNTY POPULATION	HHSA PLAN REVIEW SCORE (MAXIMUM 92)	SECRET SHOPPER, POSITIVE DISPOSITION	YEAR ASSESSED
<b>Los Angeles County:</b> 305,000 veterans, 3% of County population	<b>21</b>	<b>52%</b>	<b>2019</b>
<b>San Diego County:</b> 249,807 veterans, 7.5% of County population	<b>20</b>	<b>58%</b>	<b>2020</b>
<b>Orange County:</b> 117,000 veterans, 3.7% of County population	<b>18</b>	<b>80%</b>	<b>2018</b>
<b>Riverside County:</b> 133,000 veterans, 5.6% of County population	<b>17</b>	<b>68%</b>	<b>2018</b>
<b>San Francisco County:</b> 24,848 veterans, 3% of County population	<b>13</b>	<b>27%</b>	<b>2020</b>
<b>San Joaquin County:</b> 31,254 veterans, 4% of County population	<b>12</b>	<b>57%</b>	<b>2020</b>
<b>Napa County:</b> 8,525 veterans, 6% of County population	<b>6</b>	<b>55%</b>	<b>2019</b>
<b>Kern County:</b> 46,400 veterans, 5.2% of County population	<b>5</b>	<b>75%</b>	<b>2018</b>
<b>Nevada County:</b> 8,428 veterans, 8% of County population	<b>5</b>	<b>38%</b>	<b>2020</b>
<b>Imperial County:</b> 5,566 veterans, 3% of County population	<b>3</b>	<b>54%</b>	<b>2020</b>
<b>Shasta County:</b> 16,000 veterans, 9% of County population	<b>3</b>	<b>77%</b>	<b>2018</b>
<b>Ventura County:</b> 40,500 veterans, 5% of County population	<b>3</b>	<b>42%</b>	<b>2019</b>
<b>Alameda County:</b> 52,000 veterans, 3% of County population	<b>2</b>	<b>37%</b>	<b>2019</b>
<b>Fresno County:</b> 39,700 veterans, 4% of County population	<b>2</b>	<b>32%</b>	<b>2019</b>
<b>Mendocino County:</b> 5,333 veterans, 6% of County population	<b>1</b>	<b>41%</b>	<b>2020</b>
<b>Butte County:</b> 16,000 veterans, 7% of County population	<b>0</b>	<b>64%</b>	<b>2019</b>
<b>Monterey County:</b> 18,400 veterans, 4.4% of County population	<b>0</b>	<b>66%</b>	<b>2018</b>

# KEY TAKEAWAYS FROM COUNTY MHSA PLANS

Across the three years of MHSA Plan and Update Reviews, CAVSA has identified 'key takeaways' that may offer other counties a guide in implementing MHSA funds for veterans. Although not a comprehensive set of recommendations for the use of MHSA funds for veterans, the following themes were identified in counties which scored well in our reviews.

## **VETERAN STAKEHOLDER ENGAGEMENT**

- Use already existing veteran-specific programs, such as local Veteran Service Offices and Veteran Resource Centers, as a referral pathway to build stakeholder involvement
- Use targeted needs assessments to better understand special populations, like veterans
- Leverage INN funds to pilot new veteran programs

## **VETERAN/MILITARY FAMILY COMMUNITY INVOLVEMENT**

- Demonstrate clear budget allocation to veteran specific programming
- Provide military cultural-competency training and resources to providers
- Utilize veterans with lived experience as providers and peer navigators
- Bolster veteran and military family support by including families in services

## **PROGRAMS WITH HIGH RELEVANCY TO VETERANS**

- Integrate PEI funds for veteran specific programming
- Target veteran needs for suicide prevention and homelessness intervention
- Create age and population specific veteran programming
- Identify and track veterans throughout all programming

# COVID-19 PANDEMIC IMPACT

By March 2020, the COVID-19 pandemic required the State of California and veteran-serving agencies to take dramatic protective actions to stop the spread of the coronavirus. We pivoted quickly to assess the impact and the changes being made in order to capture real-time information for our 2020 report.

In the normal course of conducting our secret shopper assessment of mental health service access, we detected 45% evidence of early challenges affecting service availability in our selected MHSA plan review counties. Of note in Table III, a high percentage of contacted providers in Mendocino and San Joaquin counties indicated COVID-19 protocols, even though they were not hot spots when the calls were made.

We also conducted two additional targeted surveys assessing in more detail how agencies are responding to the pandemic and how they are adapting veteran services due to pandemic risks and protocols. The full results are available in *Veteran-Serving Providers Speak – Challenges, Adaptations, and Resilience during the Pandemic: 1) the Statewide Veteran Service Provider Survey (40 agency respondents), and 2) the CAVSA Member Agency Survey (five agency respondents).*

Generally, we found that agencies have worked diligently to make difficult but necessary adjustments. Luckily, additional resources from several sources were made available to help. The federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, Paycheck Protection Program, and the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 each provided needed resources. Project Roomkey was originally funded via state allocation and is now supported largely by FEMA. Local governments and generous donors also stepped up during the pandemic to support CAVSA members and

community-based veteran-serving agencies. However, as the pandemic drags on and as funding sources potentially dry up, more will be needed to help veteran-serving agencies and their staff maintain safe, quality services. There is also need for additional informational support, e.g., training on best practices for distance services, telehealth billing rules, and emerging forms of emergency financial support.

**TABLE III**  
**PROVIDERS WITH SPECIAL**  
**PROTOCOLS DUE TO COVID-19**

COUNTY	PROPORTION
San Diego	48% (40)
San Francisco	33% (13)
San Joaquin	73% (16)
Imperial	67% (8)
Mendocino	73% (8)
Nevada	50% (6)





# ONWARD

Over this three-year period with MHSAOC support, we reported on the state of the veteran community in California and assessed counties' commitment to provide adequate services to veterans. Moreover, we have documented progress toward our five-point action plan which includes efforts to:

- 1) Address housing challenges for veterans**
- 2) Expand suicide prevention**
- 3) Expand advocacy capacity and data collection**
- 4) Engage the California judicial council on shared interest areas**
- 5) Build community and agency partnerships**

Please see the full 2020 report for details. In the process, we have learned a lot—particularly that there is still much work to be done. CAVSA and its member agencies will continue to support California's veterans and their families, especially their health, well-being, and material security.

Given what we have learned, we offer the following action areas for ongoing attention by CAVSA and the state-wide network of MSHA stakeholders.

## **1. LEVERAGE AND INTEGRATE MSHA FUNDING STREAMS FOR INNOVATIVE PROGRAMS**

Having reviewed 17 MSHA county plans and updates, we found several examples where counties leveraged Innovation (INN) funds to pilot new veteran programs and integrated Prevention and Early Intervention (PEI) funds for veteran-specific programming. See the work described in Orange County on pages 51-53 and the other counties can be found on pages 43-45.

## **2. FOCUS ATTENTION ON VETERANS WITHIN CALIFORNIA'S MASTER PLAN FOR AGING**

Nearly half of California's living veterans are age 64 years and older (823,313 Californians), yet veterans are only mentioned twice in the recently released Master Plan for Aging. For it to be a true blueprint for an age-friendly California, more attention must be paid to the needs of veterans. For more information see pages 22-23.

## **3. REINVEST IN THE VETERANS HOUSING AND HOMELESSNESS PREVENTION PROGRAM**

Despite progress made in the state to support and house homeless veterans, the data trends show more is needed. Bond authority to fund the Veterans Housing and Homelessness Prevention Program (VHHP) will soon be exhausted. Through five rounds of funding, approximately \$394 million has been allocated to produce an estimated 2,625 housing units for veterans and their families throughout the state. CAVSA and our partners statewide are calling for additional funding through a measure to authorize that additional bonds be issued for this program. For more information, see pages 27-29.

#### **4. ALIGN STATE AND FEDERAL FUNDING AND EXPAND PROGRAMS**

Existing state and federal programs to serve veterans with complex health and material needs could be enhanced if they worked better together. For example, an enhanced HUD-VASH program—a HUD-VASH for Older Adults Program—could interlace funding<sup>1</sup> to provide services for newly-housed residents who need a higher level of care. For additional details, see page 23.

#### **5. JOIN THE GOVERNOR’S CHALLENGE ON SUICIDE PREVENTION**

Far too many veterans die at their own hands, and California has yet to join the Governor’s Challenge which provides a framework within which states create communication, collaboration, awareness, and action around veteran suicide. For a complete overview of the Department of Veteran and Department of Health and Human Services (HHS)-led effort, see pages 30-31.

#### **6. ENHANCE DATA COLLECTION AND BOLSTER PUBLIC ACCESS**

In our last two annual reports, we identified a lack of consistent and adequate data collection in key areas of general population (and, in particular, veteran) well-being. We suggest expanding efforts such as the recently initiated six-county Full-Service Partnership (FSP) Multi-County Collaborative that will develop standardization practices for FSP service programs by utilizing data-driven strategies and evaluation to better coordinate, improve, and implement FSP services statewide. For more discussion, see page 38.



<sup>1</sup>Veterans Housing and Homelessness Prevention Program (VHHP), Department of Housing and Community Development (HCD), in collaboration with the California Housing Finance Agency (CalHFA) and CalVet. HUD-VASH, Department of Housing and Urban Development and the Department of Veterans Affairs Supported Housing Program. Supportive Services for Veterans Families (SSVF), Department of Veterans Affairs.



**2020 ANNUAL REPORT SUMMARY  
THE CALIFORNIA VETERAN COMMUNITY:  
LOOKING FORWARD TO CHANGE**

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Sacramento, CA 95814