



2021-22

California Veterans Community Report

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The mission of California Association of Veteran Service Agencies (CAVSA) is to inform public policy and advocate at the state and local level for the mental health, housing assistance, employment, and medical needs that will lift veterans and their families out of poverty and homelessness.

“We need to build more affordable housing. We need to provide more mental health care, more homeless prevention, more employment assistance so we can keep veterans from becoming homeless.”

— Stephen Peck, CAVSA Board President U.S.VETS,
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President's Message

CAVSA's members are 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. On behalf of our Board of Directors, I'd like to thank you for opening our annual report. We are proud of our accomplishments and of the accomplishments of all those in California who work to improve the lives of veterans.

This past year, CAVSA member agencies – their leadership and dedicated staff – worked tirelessly to elevate veteran and veteran family well-being and mental health to a priority position within multiple policy, program, and budgetary initiatives at the state and federal level. We release this report in part to celebrate and honor their successes. Through their diligent work considerable progress has been made in 2021-2022.

Our veteran constituents and their families are members of multiple groups with very diverse interests, and for that reason we seek to work with partners in addition to our members. By working together and with necessary support of public officials and stakeholders, we have the unique opportunity to address mental health and welfare needs compassionately and competently for our veterans and all Californians.

CAVSA member agencies seek to reduce the unacceptably high number of veterans who live in unsheltered homelessness and to relieve life pressures of those burdened by mental illness and physical disability. We are also dedicated to preventing needless deaths to suicide and opioid overdose. In our programs, veterans strive toward better lives for themselves and their families.

As you read this report with activity updates, new data, and advocacy 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.

Looking forward to positive change in the coming years.



Stephen Peck

CAVSA, Board President

EXECUTIVE SUMMARY

California Association of Veteran Service Agencies (CAVSA) and our members see a future when no veteran is without a home, no veteran commits suicide, and no veteran dies from addiction. Therefore, to assist CAVSA in advocating for legislation that will help California veterans, we need data. While some data pertinent to the needs of veterans remains hard to obtain, we have seen improvement over the past three years of producing our annual report. What follows are significant data points that show the situation for veterans in our state. By reporting the rates of homelessness, suicide deaths, and opioid deaths among veterans, we highlight devastating realities that too many veterans and their families face. Further, this data is the foundation to tell the story of our efforts in 2021 – 2022.

This executive summary is designed to provide you an overview of important issues, target needed action, and highlight the great work of our members serving veterans. As an electronic document, it also provides you an entry point from which to explore items by diving into the full sections of the report.

Homelessness

Nationally, on a single night in January 2020, the number of veterans experiencing homelessness was nearly half the number it was when the data first began being collected in 2009 (see [Veterans Health Administration Homeless Programs Office](#)). In California, reduction is also significant. As shown in Figure 1, the number of veterans experiencing homelessness in 2020 is 63% the number it was in 2009.

VHHP: Successes Shared and a Call for New Funding.

Veterans Housing and Homelessness Program (VHHP) has produced over 88 affordable housing developments, producing roughly 5,665 units since 2014 – 3,058 for veterans and 2,607 for non-veterans. However, VHHP funds will soon be exhausted.

New funding via a Veterans Housing and Homeless Prevention Bond Act is needed. **We are advocating for new funding to be included in a new VHHP bill during the 2023-24 legislative session;** we expect it to extend VHHP with new general obligation bonds.

Number of Veterans Experiencing Homelessness in California

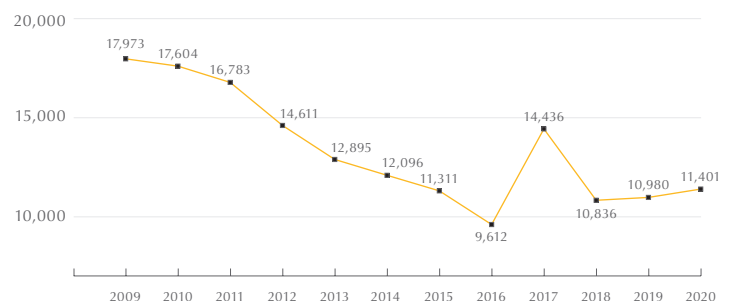


Figure 1 sources: Annual Point in Time Count Estimates, Department of Housing and Urban Development, US Census Bureau

“Veterans have bravely fought for our safety, and it is only fair that we now fight for theirs and provide them with the services and benefits that are owed to them.”

— Assemblymember Jacqui Irwin

HUD-VASH: A reason to cheer and a call for support.

The U.S. Department of Housing and Urban Development–Veterans Affairs Supportive Housing (HUD-VASH) program targets the neediest, most vulnerable homeless veterans and their immediate families, pairing a HUD rental subsidy with case management and clinical services provided by the VA. From 2008 to 2021, the federal government released at least 106,989 [HUD-VASH vouchers](#), marking a major contribution to the reduction in total homeless veterans.



Improving HUD-VASH

Contracting with community organizations for case management services would house more veterans.

CAVSA members are looking to make the program even more effective. We estimate only 65% of the vouchers issued to the state are being used. The annual average value of each HUD Voucher is about \$15,000, meaning that California is leaving roughly \$130 million federal dollars unused that could be applied to housing veterans. If all vouchers were used, 8,300 veterans could be housed. Read the full story in Part II of this report.

Serving Aging Veterans

47% of veterans in California are age sixty-five or older. Increasingly they are in need of additional medical care and help with daily living. **More is needed! CAVSA member Swords to Plowshares is advising CalVet to design a pilot program – Veterans Support to Self-Reliance (VSSR) – to serve more aging veterans in our state.**



Mr. Bobbie came to Nation's Finest while looking for a place to rent that would accept his housing voucher. With assistance Mr. Bobbie finally has a place he can call home!

Onward Past the Pandemic toward 2023

The pandemic wrought havoc on the world and neither veterans nor the organizations that serve them were spared. We surveyed our members in 2020 assessing how agencies were responding and what pressures they felt. View our in-depth summaries for details. This year our board members stressed the need to focus on retaining and hiring qualified workers. CAVSA agencies found that telehealth and mobile outreach continue to help in serving veterans where they are. **Please read on and learn more about CAVSA, our work, and our beneficiaries.**

Advocacy Action

CAVSA member agencies and our advocacy team worked tirelessly to elevate veteran and veteran family well-being and mental health to a priority position at the state and federal level. Through their diligent work and the support of the Legislature, Governor's Office, and CalVet considerable progress has been made in 2021-2022 on CAVSA's advocacy objectives.

CAVSA and our Strategies 360 (S360) lobbying team consistently engaged on issues and legislation that directly, and indirectly, impact California veterans and CAVSA member agencies. **This year, the legislature provided bridge funding of \$50 million for the Veterans Housing and Homelessness Prevention Program (VHHP) and allocated \$50 million in one-time funding for the Veterans Health Initiative to provide a comprehensive approach to veteran suicide prevention.**

Additionally, three of our priority bills were signed into law by Governor Newsom.

- AB 305 (Maienschein) strengthens information sharing and notice requirements.
- AB 325 (Irwin) establish the Veteran's Military Discharge Upgrade Grant.
- AB 738 (Nguyen) ensures veteran representation on local mental health boards.

PART I: CALIFORNIA VETERAN DATA

CAVSA presents the best available data in each annual report; sources may vary from year to year. Table 1 captures population level data on the number of persons experiencing homelessness, suicide deaths, and opioid overdose deaths. Sources are listed below. To access data compiled in our previous reports, follow the embedded links ([CAVSA 2019 Annual Report](#); [CAVSA 2020 Annual Report](#)). Please note, because the best new sources differ, 2021-22 findings cannot be presented in one-to-one comparison with the previous Report Cards.

TABLE 1
CALIFORNIA VETERAN DATA 2021-2022

Measure	National Population	U.S. Veterans	California Population	California Veterans
Persons Experiencing Homelessness	580,466 - 226,080 39% Unsheltered	37,252 - 14,204 38% Unsheltered	151,278 - 113,660 75% Unsheltered	11,401 - 7,996 70% Unsheltered
Suicide Deaths	45,979₁ Age-Adjusted Rate* 13.48 Crude Rate 13.95**	6,146₃ Age-Adjusted Rate* 35.4 Crude Rate 31.7**	4,144₁ Age-Adjusted Rate* 9.98 Crude Rate 10.53**	439₂ Age-Adjusted Rate* - Crude Rate 27.6**
Opioid Overdose Deaths	68,630[†]	4,216^{††}	6,843^{†††}	No data is Available

*The age-adjusted rate is calculated by taking the total number of deaths by suicide in each age group and dividing by the estimated population in each age group and then multiplying by a constant to 100,000, which provides the age-adjusted death rates per 100,000 population in given age-groups.

**The crude rate is calculated by taking the total number of deaths by suicide in a specific time period and dividing them by the total population in that same time period. Crude rate does not adjust for other factors such as age or sex.

Sources:

Homelessness: [The 2020 Annual Homeless Assessment Report \(AHAR\) to Congress \(huduser.gov\)](#)

Suicide: ¹ [CDC Data and Statistics \(2020 WISQARS\)](#)

² [California Veteran Suicide Data Sheet \(va.gov\)](#)

³ [2022 National Veteran Suicide Prevention Annual Report, VA Suicide Prevention, Office of Mental Health and Suicide Prevention, September 2022](#)

Opioid Overdose Deaths: [†] [Overdose Death Rates | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

^{††} [American Journal of Preventive Medicine \(2019\)](#)

^{†††} [CA Overdose Dashboard](#)

Homelessness

In a typical odd numbered year, sheltered and unsheltered counts would be collected and reported, but due to COVID-19 the 2021 Point-in-Time count did not include unsheltered individuals experiencing homelessness. With safety concerns in the forefront, the Department of Housing and Urban Development (HUD) granted exceptions for Continuums of Care¹ (CoCs) throughout the nation. Many CoCs opted to conduct a count of only people in designated shelters. Therefore, the data released in 2021 does not provide a complete picture of persons experiencing homelessness. For the sake of continuity and cohesion, Table 1 includes data from the 2020 Annual Homeless Assessment Report (AHAR), allowing comparison to data from the [2019 Annual CAVSA report](#).

California continues to hold the largest population of homeless veterans in the country—approximately 31% of the national total.

HUD asked that all CoCs do sheltered and unsheltered counts in 2022 to keep the data on homelessness current. As of September 2022, about 60% of California CoCs had released their full PIT counts. Table 2 includes the total number of veterans experiencing homelessness in five counties that have reported their PIT count for 2022.



New Directions for Veterans (NDVets) was founded by two formerly homeless Vietnam veterans and a local advocate for homeless persons. Ybarra Village includes 64 units – 36 are reserved for homeless veterans, and 27 units are set aside for seniors. They provide services, including substance abuse treatment and counseling, also education and job training.

¹ A Continuum of Care (CoC) is the group organized to carry out the responsibilities prescribed in the CoC Program Interim Rule for a defined geographic area. A CoC should be composed of representatives of organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

The Veterans Village of San Diego (VVSD) hosted its 35th Stand Down event July 29-31, 2022. The event provided three days and two overnights of shelter, respite, and comprehensive services including meals, community support, medical, legal, employment, housing referrals, and benefits counseling services for over 400 veterans and veteran families.

FIGURE 1
STATUS OF VETERANS EXPERIENCING HOMELESSNESS IN CALIFORNIA, 2020

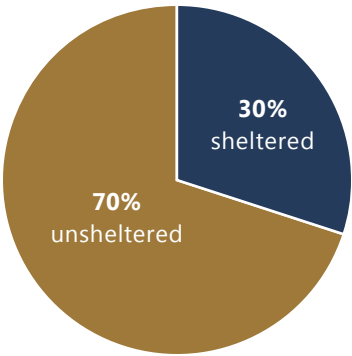


TABLE 2
PIT COUNTS FOR HIGH VETERAN POPULATION COUNTIES 2022

Counties with a Large Veteran Population	Total Veteran Homeless Population	Total Homeless Population
Sacramento	625	9,278
San Francisco	605	7,754
Alameda	550	9,747
San Diego	686	8,427
Santa Clara	659	10,028

Sources:
[2022 Sacramento Steps Forward](#); [2022 San Diego Region](#); Alameda County HDX and Survey Data; [2022 San Francisco Updated](#)

Reported Suicide

Approximately 45,979 people committed suicide across the Nation in 2020, according to the CDC’s Web-based Injury Statistics Query and Reporting System (WISQARS™). From 2019 to 2020 there was about a 3% decrease in the number of suicides nationally. About 13%, or 6,146, of the total number of suicides in 2020 were veterans². This represents a 1.8% decrease, or 115 fewer veteran suicides when compared to 2019³.

Table 1 shows that 439 veterans committed suicide in 2020⁴. When compared to the [2019 California Veteran Suicide Data Sheet](#), veteran suicide has decreased by 7% in 2020. Unfortunately, current data is not available to make a comparison to non-veteran suicide numbers in 2021 for California.

Improved Data Sharing

It is encouraging to report that data sharing between U.S. Department of Veteran Affairs, the Department of Defense and the Centers for Disease Control has improved. Instead of reporting data from 2005 to the present date, the USDVA was able to report data from 2001 to 2020. By cross-referencing and compiling data from different agencies, a broader set of data is accessible. For details see [2022 National Veteran Suicide Prevention Annual Report](#).


Table 3 shows that there has been an increase in veteran suicide deaths nationally. Also, the average number of veteran suicides per day in the U.S. increased from 16.4 in 2001 to 16.8 in 2020. While the occurrence of veteran suicide death decreased slightly by 343 from 2019 to 2020. Nevertheless, the suicide rate for veterans is approximately 57% higher than for non-veterans.

Improved data sharing between governmental agencies gives a more accurate picture of the chronic issues that veterans face, allowing for better prevention and treatment strategies.

Suicide Prevention 2.0 Update

Suicide Prevention 2.0 was highlighted in our 2020 Annual CAVSA report. It is a 10-year suicide prevention strategy, addressing how state and local entities provide community-based clinical treatments to help veterans struggling with mental health. This initiative aims to increase access to evidence-based psychotherapies for veterans inside and outside of the VA. It is supported at the state level by the Governor’s and Mayor’s Challenges to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF). **At the time of the last report only 27 states were participating in the Governor’s Challenge. Since that time 52 states and territories have joined the Governor’s Challenge⁵.**

²A This information is in the [2022 National Veteran Suicide Prevention Annual Report](#)
³ This information is in the [2021 National Veteran Suicide Prevention Annual Report](#)
⁴ This information is in the [2020 California Veteran Suicide Data Sheet](#)
⁵ For details see, [Mayor’s Challenges to Prevent Suicide Among Service Members, Veterans, and their Families](#)



There has been a
7% DECREASE
in veteran suicide deaths in California.

TABLE 3
NATIONAL VETERAN AND NON-VETERAN
SUICIDE RATES BY YEAR

	National Population	National Veteran Population
2001	23,579	6,001
2020	38,152	6,146

Sources:
[2022 National Veteran Suicide Prevention Annual Report](#)



BUDGET VICTORY
The 2022-23 budget includes \$50 million to establish the California Veterans Health Initiative to provide a comprehensive, coordinated approach to addressing veteran suicide.

Opioid Overdose Deaths

Drug overdose became the leading cause of injury-related death in the U.S., surpassing deaths from traffic accidents in 2009. According to the CDC, 107,375 people in the United States died of drug overdoses and drug poisonings in the 12-month period ending in January 2022. A staggering 67% of those deaths involved synthetic opioids like fentanyl. Fentanyl is a synthetic opioid that is 50-100 times stronger than morphine.

A new cross-sectional study details veteran drug overdose mortality from the years 2010 to 2019 (Begley, et al. 2022). The researchers used data cross-referenced from multiple sources – VA medical records, the VA/DoD Mortality Data repository, and CDC WONDER. The data shows that there was a 93.4% increase in veteran opioid overdose death from 2010 to 2019. Veteran men experienced the largest increase in opioid overdose deaths compared to women, and veterans in the 65+ age group experienced the largest increase compared to other age groups.

The study also analyzed veteran mortality by opioid type. Overall opioid overdose mortality rates for veterans increased from 1,891 in 2010 to 3,197 in 2019. Synthetic opioid overdose deaths, most often linked to fentanyl, account for much of that increase.

The Begley, et al (2022) report is very valuable, but presumably very labor intensive as researchers had to gain access to and merge data sets from multiple federal record sources. Otherwise, there is very little comprehensive data on veteran opioid overdose deaths. CAVSA has spoken repeatedly about the need for shared data in our state and national advocacy. **Tracking trends during this crisis is necessary to inform any initiatives or interventions that may help to prevent veteran opioid deaths.**



David: Navy Veteran

David, a U.S. Navy Veteran who served from 1975-1982, is 20 years sober on his recovery journey from substance abuse. However, living on a low income posed new challenges for David later in life. He came to Nation's Finest in Santa Cruz after being evicted from his home a year after his wife passed, still dealing with emotional hardships.

While staying at a local center for homeless veterans, Nation's Finest helped David find and financially secure a one-bedroom home close to the beach that he could afford with the housing voucher they helped him acquire. David is loving his new home and says he is now living a very happy life!

PART II: TOPICAL BRIEFS

1. VHHP: Successes Shared and a Call for New Funding

Veterans Housing and Homelessness Program (VHHP) funding has produced over 88 affordable housing developments, producing roughly 5,665 units for veterans (3,058) and non-veterans (2,607) since 2014. However, **VHHP funds will be exhausted later this year.**

History: In 2008, the Veterans' Bond Act authorized \$900 million to fund home-ownership loans for veterans. With the funds not having been allocated in 2013, legislators in collaboration with the State Department of Housing and Community Development (HCD), California Housing Finance Agency (CalHFA) and California Department of Veterans Affairs reduced the amount of bonds to \$300 million. A new bill, the Veterans Housing and Homeless Prevention Bond Act of 2014, passed authorizing bonds worth \$600 million to construct veteran multifamily housing.

How VHHP works: VHHP funds are allocated project-by-project to affordable housing developers who combine VHHP dollars with money from other sources to construct new multifamily housing developments targeted for lower income households.

A primary feature of this program is that at least 50% of the housing funded serve extremely low-income veteran households, i.e., those earning 30% of the area median income;⁶ 60% of those units must be coupled with supportive services. Further, project teams that include service providers with experience offering housing or services to veterans are prioritized, emphasizing cultural competency toward addressing the service needs of California's veterans.

Immediate funding need: With the last VHHP dollars to be spent this year, funding for the VHHP Bond Act is direly needed. We are grateful that the Legislature did provide \$50 million of bridge funding to support an additional round of funding. CAVSA will support a VHHP bill in the 2023-24 legislative session that will extend VHHP funding through issuance of \$600 million in general obligation bonds for the program. **It is very important that any new effort retain VHHP's original emphasis on culturally competent veteran services.**

On the following page, we share VHHP results – units built, and funding leveraged. We also highlight two developments built using VHHP dollars through CAVSA member agencies.



AB 411 (Irwin), 2022

Unfortunately, this legislation was “held” in Senate Appropriations and did not make it to the Governor's desk in 2022. The bill authorized, subject to voter approval, the issuance of \$600 million in general obligation bonds to provide affordable housing under the Veterans Housing and Homeless Prevention Bond Act of 2022. Funds would have been for acquisition, construction, rehabilitation, and preservation of affordable multifamily supportive housing, affordable transitional housing, affordable rental housing or related facilities for veterans and their families.

Action: CAVSA is planning to continue this effort in the 2023-24 legislative session.

⁶State income limits, based on the area median income and household size are updated and released by California's Department Of Housing And Community Development each year. For the latest www.hcd.ca.gov.

VHHP Results and CAVSA Member Agency Spotlights

Units Built: 88 projects have been funded with VHHP dollars, creating a total of 5,665 units. Just over half of the units are designated VHHP units, Funding has been geographically targeted to encourage the development of veteran housing in regions with high concentrations of California’s most vulnerable Veterans. Table 4 details the results of VHHP by region. Table 5 provides an overview of CAVSA Members agencies that were funded. In total, CAVSA member agencies have been awarded \$55,164,840 since the inception of VHHP.



Veterans Village of San Diego, Escondido

This community has 53 affordable units for qualified homeless veteran individuals and/or veteran households. Comprehensive resident support services are offered on-site, including a therapist, scheduled group support meetings (e.g., parenting, financial literacy, and other life skills classes), case management, and employment programs.

Many Californians, veteran and non-veteran, need help to afford housing. VHHP funding has successfully built housing, much of it with supportive services specifically for veterans, while leveraging additional funding to house many lower income non-veterans, too. VHHP is an effective template for getting much needed housing built. **VHHP funding is nearly exhausted, it is vital that California voters be asked in early 2024 to support a bond measure to extend this very important veteran housing program.**

TABLE 4
EXPECTED HOUSING UNITS BY
GEOGRAPHIC REGION

Region	Number of Projects	Total Units	VHHP Units	Percent of All Units Built
Bay Area	15	997	531	19%
Los Angeles	37	2,602	1,219	42%
Inland/Orange	10	708	411	13%
San Diego	5	315	272	7%
Other	21	1,042	625	19%
Total	88	5,665	3,058	100%

“Military service members, their families, and veterans have unique needs that require a culturally competent approach to services and treatment.”

— U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration

“Housing ... through VHHP is more than a roof and four walls.”

— Housing and Community Development past Director, Ben Metcalf

TABLE 5
CAVSA MEMBER VHHP AWARDS

CAVSA Member Agency	Project Name	Funding Award
California Veterans Assistance Foundation (resident service provider)	Residences at East Hills	\$3,544,000
Nation’s Finest (formerly, Veterans Resource Centers of America)	Eureka Veterans Village	\$37,812,765
	Windsor Veterans Village	
	Shasta Lake	
	Mather Veterans Village (Phases 1, 2, 3)	
New Directions for Veterans	Southwest View Apartments	\$2,641,536
Swords to Plowshares	Mission Bay/Ed Lee Apartments	\$20,000,000
	Maceo May Apartments	
U.S.VETS	March Veterans Village, Riverside	\$22,161,443
	E Street San Bernardino	
	300 Wellness Center	
Veterans Village of San Diego	Veterans Village of San Diego Escondido	\$6,497,000
Total		\$92,656,744

Sources: State Department of Housing and Community Development NOFA Awards, Rounds 1-6

2. HUD-VASH: A Reason to Cheer and a Call for Support

As the number of people experiencing homelessness rose over the past decade in the United States, the number of homeless veterans decreased. On a single night in January 2020, 36,115 fewer veterans were experiencing homelessness than in 2009. In California, the number of veterans experiencing homelessness has moved from 19,532 in 2008, to 11,401 in 2020.⁷

This is no accident - the U.S. Department of Housing and Urban Development–Veterans Affairs Supportive Housing Program (HUD-VASH) is has helped achieve this result. This, we can celebrate! Although, particularly in California many available HUD-VASH vouchers go unused; **HUD-VASH can be enhanced to bring more veterans home.**

Background: The HUD-VASH program targets the neediest, most vulnerable homeless veterans and their immediate families, pairing a HUD rental subsidy voucher with Department of Veteran Affairs (VA) case management and clinical services. A voucher allows its holder to pay only 30% of their income toward rent while the HUD pays the difference directly to the landlord. Referrals to receive these vouchers are facilitated through the nearest VA Medical Center (VAMC). The referring VAMC is then responsible for providing VASH case management services to the recipient.

From 2008 to 2021, the federal government released at least 106,989 HUD-VASH vouchers which are allocated to and administered by local Public Housing Agencies (PHAs) across the country. California has received just over 25% of them – a reason to cheer. These vouchers bring much needed federal funding into California.

Concern: While many veterans have been housed through this program, many vouchers go unused. Nationally, almost 80% of HUD-VASH vouchers are successfully leased-up, meaning a recipient of the voucher is actively in housing. However, in California we estimate that only 65% of vouchers are used (see Table 6 for details). If all vouchers allocated to the state were used, 8,300 veterans could be housed; that’s over 70% of the 11,401 veterans that were reported to be homeless in 2020. We estimate the annual average value of each unused HUD Voucher is worth about \$15,000, meaning that California is leaving roughly \$130 million federal dollars on the table that could be applied to housing veterans.⁸ **Thus, it is imperative that the nation and California solve the problem of unused HUD-VASH vouchers.**

VA National Response: One of the challenges making lease-up difficult is the lack of case manager capacity. Currently, the VA requires 1 case manager for every 35 VASH recipients. Even when this ratio is met at VAMCs, resources are stretched thin trying to serve California’s veterans in vastly diverse rural and urban settings. To address this, the VA has increased the FY 2023 budget for programs that address Veteran homelessness. Additional funding includes \$20 million to support Housing and Urban Development-VA Supportive Housing case management and \$1.5 million for assistance with design and development of project-based housing partnerships for aging Veterans.⁹

What could be next for California’s homeless Veterans: CAVSA and other veteran serving organizations can play a major role in helping VA Medical Centers and Housing Authorities to improve HUD-VASH lease up rates and bring more veterans inside. Together, advocates should call more attention to the underutilization of HUD-VASH. Also, the VA and VAMCs are encouraged by federal regulation to contract with community-based organizations within their catchment area to provide case management.¹⁰ Unfortunately, VAMCs in California are not extending enough contracts to local providers for this program, even though they are successfully outsourcing housing location services for the Supportive Services for Veteran Families (SSVF) program.¹¹

TABLE 6
TOP PUBLIC HOUSING AUTHORITIES TO RECEIVE
HUD-VASH VOUCHERS IN CALIFORNIA
2008-2021

Public Housing Authorities	Vouchers Received	Percent Used
City of Los Angeles	4,615	58.57%
County of Los Angeles	3,192	55.07%
Santa Clara County	1,505	67.24%
San Diego Housing Commission	1,285	77.25%
City and County of San Francisco	1,093	75.66%
Orange County Housing Authority	989	76.44%

Even with the new funding mentioned above, it is currently unclear how case management ratios will be affected. Historically, it has been difficult to fill these specialized positions at VAMCs. Outsourcing VASH case management services to local agencies could be beneficial given that local agencies are more attune to the milieu of the veterans being served. **As more money trickles down from the VA, additional case management at VAMCs and community partners can be aligned to end veteran homelessness, once and for all.**



“Nation’s Finest built me up when I was at my lowest and gave me the confidence to reach self-reliance once again,”

says Marisa.

“Without Nation’s Finest, I don’t know where I’d be. They had my six from the jump.”

Actionable Items for Homeless Veteran Advocates

- Call attention the underutilization of VASH vouchers statewide.
- Talk to your local housing authority about unused vouchers.
- Establish a relationship with your local VAMC case management hub.
- Advocate for the release of funds to local veteran agencies to support case management services.
- Ask your state legislator to contact VA and Congress regarding more flexibility for contracting case management services.

The state could put pressure on the VA to contract case management with qualified, culturally competent, veteran serving providers.



Innovation and targeting in Los Angeles

The VA has set out to end veteran homelessness in Los Angeles, which has one of the tightest housing markets in the country and has more homeless veterans than in any other city. Their goals for 2022 include enhancing and leveraging existing programs and partnerships, including HUD-VASH. Department of Veterans Affairs Secretary Denis McDonough aims to get at least 1,500 homeless veterans in LA into permanent housing and ordered the staff in Los Angeles to make certain at least 75% of the vouchers allotted to veterans in the area are used successfully to subsidize their housing.

Goals like these in Los Angeles cannot be achieved by VA efforts alone. Localities in California and the state can leverage HUD-VASH in conjunction with their own companion efforts to house more homeless veterans. For example, the Los Angeles County Development Authority (LACDA), which administers the County’s VASH Program developed the Homeless Incentive Program (HIP). Through it, current HUD-VASH Voucher holders can receive the following to facilitate lease-up: 1) application and credit check fees, 2) pre-approved/qualified units, 3) furnishing/appliances, and 4) security deposit assistance. By leveraging such efforts, LA County has stabilized the number of veterans experiencing homelessness; despite a nearly 13% increase in the number of individuals experiencing homelessness in the County, the number of veterans experiencing homelessness only increased .6% as measured in the 2020 PIT Count.

VAMCs are encouraged by federal regulation to contract with community-based organizations within their catchment area to provide case management deaths.

⁷ Information retrieved from: <https://www.usich.gov/homelessness-statistics/ca/> & <https://www.huduser.gov/portal/sites/default/files/pdf/2009AHARVeteransReport.pdf>

⁸ The following numbers are estimates from the Housing Choice Voucher Data Dashboard Summary from the July 2022 data. The dashboard indicates that the average cost per unit is \$1,263.15 in California and the number of unused VASH vouchers is 8,547.

⁹ <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5785>

¹⁰ Johnny Isakson and David Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, Section 4027.

¹¹ Find out more on the SSVF home page [here](#), as well as [here](#) for how SSVF and HUD-VASH coordinate care.

3. Serving Aging Veterans

Nearly nine million of the 19.4 million veterans in the United States are age 65 or older (46%). Almost half (48.5%) of VA health care system enrollees were age 65 or older. Table 7 shows the age distribution of veterans living in California estimated in September 2021. The percentage of veterans 65 years old in the state is consistent with the national estimate, although slightly higher (47% compared to 46%).

TABLE 7
CALIFORNIA VETERANS BY AGE
2021

Under 30	30-44	45-64	65-74	75-84	85+	TOTAL
85,357	284,966	498,662	358,037	274,431	141,504	1,642,998
Ages under 20 to 64 (approx. 46-year age span) 53% of total			Ages 65 to 85+ (approx. 35-year age span) 47% of total			

Source:

Table 6L: Vetpop2020 Living Veterans by State, Age Group, Gender, 2020-2050. USDVA, National Center for Veterans Analysis and Statistics, May 2020.
https://www.va.gov/vetdata/veteran_population.asp.

* Numbers accurate within 1000 population.

Complex needs: CAVSA members serve older veterans that often have complex care needs. One member reported that of the 529 veterans served in Permanent Supportive Housing 40% are over 62 years of age, and 100% are disabled. 47% have three or more disabilities; 30% have two or more; and 23% have one disabling condition. Unfortunately, the current veteran benefit system does not provide adequate funding for a continuum of care that can allow veterans to age in place, which places intense demand on State Veterans Homes and on VA medical centers for long-term care and skilled-nursing services.

Every five years, CalVet develops a Master Plan for Veterans Homes. Plans must include:

1. A needs assessment of current and future long-term care trends, including mental and behavioral health needs.
2. A re-evaluation of each of the 8 Veterans Home in California, including but not limited to levels of care and geographic considerations and challenges.
3. Recommendations for implementation.

In the most recent 2020 plan, CalVet reported significant demand for higher level care at most Veterans Homes, more extensive mental health services, and additional mental health staff.

Fortunately, there are efforts nationally and in California seeking to address changing needs of aging veterans. On the federal level, a partnership between the Housing and Urban Development-Veteran Affairs Supportive Housing Program (HUD-VASH) and Geriatrics and Extended Care Program (GEC) offers help. At the state level, several planning efforts are underway—[California Master Plan for Aging](#) and development of the [Veterans Support to Self-Reliance \(VSSR\) Pilot Program](#).



HUD-VASH and Geriatrics and Extended Care Program (GEC)

Partnership: The HUD-VASH program offers housing vouchers and case management to low-income or homeless veterans. The GEC program offers access to Medical Foster Homes, Assisted Living, Community Residential Care and Adult Homes. Together these two programs offer veterans who are low income or homeless, and in need of more intensive medical care, the opportunity to access in-house or community-based options before nursing home services.

Master Plan for Aging (MPA): Signed as an executive order by Governor Newsom in 2019 the Master Plan for Aging includes five goals, 23 strategies, and over 100 initiatives. This plan will act as a guide to help state and local organizations provide long-term care to all aging Californians.



The Veterans Support to Self-Reliance (VSSR) Pilot Program will provide a higher level of on-site supportive services for veterans aged 55 and over who reside in permanent supportive housing (PSH) projects throughout California. CAVSA Member, Swords to Plowshares is working with CalVet to finalize regulations and an RFP is expected soon.

More is needed! The current veteran benefit system leaves too many veterans without the level of medical care and assistance with daily living that they need.

Elements of concern:

- Veteran residents who are not eligible for HUD-VASH vouchers or GEC partnership housing units do not receive any VA supportive services.
- Veterans, especially those who have experienced homelessness, are predisposed for early onset dementia, heart disease and other age-related conditions.
- Veterans with high acuity needs cannot navigate a complex labyrinth of services, benefits, and agencies to secure necessary care.

Moreover, aging veterans with high acuity needs and multiple co-morbidities are at risk of losing housing at any time due to mental health needs, behavioral health risks, or an inability to maintain habitability, hoarding, and hygiene.

PART III: COVID-19 MEMBER UPDATE

With the onset of the pandemic, challenges quickly mounted for service agencies working with California's veterans. Therefore, we published a summary of two surveys assessing how agencies serving veterans responded to the pandemic and pressures on their work.

Our members most often discussed the following challenges:

- Housing—affordability, accessibility, availability.
- Social isolation as affecting mental health and increasing substance use.
- Clients losing income sources.
- VA offices were often closed with no in-person appointments and limited services.

The virus causing COVID-19 has changed and adapted over the course of the pandemic, so to have the risks and challenges. CAVSA members and service providers have changed and adapted, too. This year we asked our board members what lessons they had learned from the changes they made during the pandemic, and we asked them what lingering challenges persist.



“The ability to provide telehealth services is critical and a game changer, especially in southern California where we have seen the number of COVID-19 cases rise significantly in recent months,”

— Akilah Templeton,
CEO of Veterans Village of San Diego

“The isolation brought about by the pandemic is very bad for vulnerable veterans – they are not accessing the services they need.”

— Stephen Peck, President & CEO of U.S. Vets

Lessons

- VA demonstrated flexibility offering new funding concepts.
- Mobile units to reach homeless veterans where they are proved beneficial.
- Telehealth is here to stay.
- Flexible work plans helped.

Lingering Challenges

- Staff vacancies, employee recruitment.
- Funding – capacity imbalance.
- Housing inventory shortage.
- Vulnerable clients and employees still at risk of COVID-19 exposure.

Despite the challenges, our members remain optimistic and continue to provide the best possible service to veterans that come to them. As the year ends, CAVSA continues to collect stories and experiences from our membership to apply lessons and lingering challenges toward shaping our legislative and advocacy priorities for the year to come.



PART IV: COMMITMENT TO ACTION

Advocacy in California

CAVSA and Strategies 360 (S360), our advocacy team, focused on three key priorities in 2022 – veteran homelessness, mental health and suicide prevention and aging. CAVSA and our members are a valued source of policy insight and support for Legislators, the Administration, and supporting staff. Our active support in 2022 on key budget items and on key legislation is highlighted in the summary below.

2021-22 Budget and Legislative Successes

This year, the legislature provided bridge funding of \$50 million for the Veterans Housing and Homelessness Prevention Program (VHHP) and allocated \$50 million in one-time funding for the Veterans Health Initiative to provide a comprehensive approach to veteran suicide prevention. Additionally, three of our priority bills were signed into law by Governor Newsom.

AB 305 (Maienschein) – Veteran Services: Notice

Status: Signed by Governor - Chaptered by Secretary of State - Chapter 376, Statutes of 2022.

This bill would require specified governmental agencies to include, at their next scheduled update, additional questions on their intake and application forms, except as provided, to determine whether a person is affiliated with the Armed Forces of the United States. The bill would require those agencies, through the intake or application form, to request permission from that person to transmit their contact information to the Department of Veterans Affairs so that the person may be notified of potential eligibility to receive state and federal veteran's benefits.

AB 325 (Irwin) – Veterans: Discharge Upgrades (CAVSA Sponsor)

Status: Signed by Governor - Chaptered by Secretary of State - Chapter 377, Statutes of 2022.

This bill would, subject to an appropriation by the Legislature, require the department to establish the Veteran's Military Discharge Upgrade Grant Program to help fund service providers who will educate veterans about discharge upgrades and assist veterans in filing discharge upgrade applications, as specified.

AB 738 (Nguyen) – Community Mental Health Services

Status: Signed by Governor - Chaptered by Secretary of State - Chapter 378, Statutes of 2022.

This bill would require at least one member of the board to be a veteran or veteran advocate in counties with a population of 100,000 or more. In counties with a population of fewer than 100,000, the bill would require these counties to give a strong preference to appointing at least one member of the board who is a veteran or veteran advocate.

AB 2032 (Garcia) – Ending Military and Veteran Suicide Task Force (Support)

Status: Vetoed by Governor.

This bill would require the department to establish an Ending Military and Veteran Suicide Task Force within the Office of Suicide Prevention to systematically reduce military and veteran suicides and to develop a plan to eliminate all military and veteran suicides in the state, as specified. Commencing June 1, 2025, the bill would require the task force to submit a specified report to the Governor and the Legislature on the state of veteran suicide prevention, as specified, including, among other things, an analysis of the plans, activities, strategies, and programs undertaken pursuant to the task force's recommendations and their effects on reducing military and veteran suicides in the state

AB 411 (Irwin) – Veterans Housing and Homeless Prevention Bond Act (Sponsor)

Status: In committee: Held under submission Senate Appropriations Committee

This bill would enact the Veterans Housing and Homeless Prevention Bond Act of 2022 to authorize the issuance of bonds in an amount not to exceed \$600 million to provide additional funding for the VHHPA. The bill would provide for the handling and disposition of the funds in the same manner as the 2014 bond act.

2022-23 California State Budget Highlights

Affordable Housing

\$325 million over two years was allocated towards the Multifamily Housing Program (MHP). MHP provides financing for the development, rehabilitation, and preservation of multifamily affordable housing. This year's investment supplements dwindling programmatic funds initially provided by the Veterans and Affordable Housing Bond Act of 2018.

Targeted Investments and Expenditures

- \$100 million over two years towards the Veterans Housing and Homelessness Prevention Program (VHHP) to augment dwindling funds initially provided by 2018's Proposition 8.
- \$50 million shall be for the Veterans Housing and Homelessness Prevention Program.
- \$37 million one-time General Fund to support in-prison rehabilitation programs, including the creation of a veteran's hub at the Correctional Training Facility in Soledad.
- \$6 million one-time General Fund to enhance CDCR's data collection and evaluation capabilities to better understand the outcomes of formerly incarcerated individuals.
- \$39.2 million for working drawings and construction for the Steam Distribution System Renovation project at Veterans Home of California, Yountville.
- \$51 million one-time allocation to pay for settlement costs at the Veterans Home of California, Yountville related to the 2018 shooting.

California Veteran Health Initiative

The United States Department of Veterans Affairs' 2021 National Veteran Suicide Prevention Annual Report stated veterans die by suicide at a rate nearly double that of their non-veteran peers and noted an emergent rise in suicides among veterans in the 18-to-34 age group and among women veterans.

Recognizing the importance of addressing the prevention of veteran suicide, the Budget includes \$50 million one-time General Fund, to be spent over three years, for the California Department of Veterans Affairs to establish the California Veteran Health Initiative to provide a comprehensive, coordinated approach to addressing veteran suicide. Specifically, the Initiative consists of the following three components:

- Outreach and Education Campaign—\$5 million for an awareness campaign that educates veterans and the broader community to inform the knowledge, behaviors, and attitude surrounding veteran suicide.
- Veteran Suicide Surveillance and Review Program—\$5 million to establish a multidisciplinary team of professionals and stakeholders focusing on the identification and collection of veteran-specific suicide data; coordinate a statewide assessment of veteran's mental health; and provide recommendations on future prevention, intervention, and post-intervention strategies. This program will build upon the work of the Violence Prevention Initiative at the California Department of Public Health.
- Veteran Mental Health Support Network Grants—\$40 million to provide competitive grants to local jurisdictions that provide matching grants to expand mental health service capacity by supporting a network of veteran-specific mental health services throughout the state. The intent of this program is to assist in the creation of self-sustaining, ongoing programs that support veterans and maximize available federal programs (U.S. Veterans Affairs and Medi-Cal).

In 2023, CAVSA will use the data and research provided in this report to continue to advocate on policy initiatives and legislation supporting:

- Legislation authorizing a general obligation bond to fund an extension of the VHHP program.
- State and federal funding for veteran supportive services including better utilization of HUD-VASH vouchers.
- Increased funding and increased allocation of Mental Health Services Act funding for veterans mental health and suicide prevention.
- Increased resources for aging veterans.
- Targeted funding for employment services for veterans and establishing a veterans preference employment policy.

PART IV. CONCLUDING REMARKS

We hope you will be inspired to join us.

Stephen Peck, Board President and U.S.Vets CEO, began this report with those words. CAVSA and its members work face-to-face, hand-in-hand with hundreds, if not thousands of veterans in California each day. They have served us, and we now serve them. Their stories include hardship, trauma, and tragedy, while at the same time including glory, generosity, and service. Whether they find us through homelessness, mental health crisis, or substance abuse, we meet them, we salute them, and we sincerely hope you will join us!



Anthony, an Army Veteran, was homeless off and on for the last 15 years. Now that he is finally stably housed, Anthony is doing excellent and is working on his long-term goal of owning his own home.



We Care!



Carlos, a U.S. Army Veteran, worked with Nation's Finest in Eureka to find and secure a one-bedroom apartment through our Support Services for Veteran Families (SSVF) program after finishing treatment for substance abuse.



Once a week for the last four years, Bed Edmonds, Supervising Case Manager at Nation's Finest in Santa Cruz, has been opening the Vets Connect Office at the public library in downtown Santa Cruz.



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