2019 ANNUAL REPORT SUMMARY

The California Veteran Community:

Looking Forward to Change

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

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

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-- Goethe*

Report Development Team

Kathleen M. West

Charles Helget

Joan Purser

CAVSA Agency Members

Graphic Design and Report Production

Sector 360 Productions

California Association of Veteran Service Agencies
980 Ninth Street, 16th Floor
Sacramento, California 95814

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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 – it still applies.*

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 the 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 that 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-skillset to much-needed use in the civilian sector.

As you read this report with the 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.

Looking forward to positive change in the coming years.

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

PREFACE

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 veteran community is more than 4 times the average number of veterans living anyplace else in the U.S. California is also home to the largest Selected Reserve population with 57,031 members which includes 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 that about half of California's National Guard are prior-enlisted and, as veterans, may warrant attention from CAVSA.

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

But even with this large population, California has nearly 104,000 fewer veterans in 2019 than in 2017. This decline in California's veteran community will continue because **about 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. As our senior veterans are living longer - into their eighth decade or older – they, and their caregivers, require support.

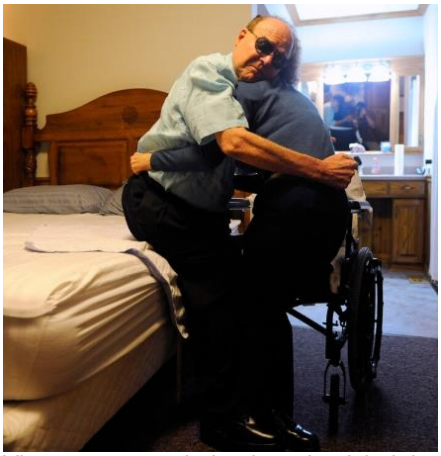
CALIFORNIA VETERAN AGE PROFILE

projected population September 2019

Under 30 (aprox 12 yr age span)	30-44 (15 yr age span)	45-64 (20 yr age span)	65-74 (10 yr age span)	75-84 (10 yr age span)	85+ (aprox 15 yr age span)	TOTAL
90,780	262,495	458,952	371,520	245,313	149,449	1,578,509
5.8%	16.6%	29.1%	23.5%	15.5%	9.5%	100%

812,227 CA Veterans age less than 20 to 64 51.5% total	766,282 CA Veterans age 65 to 85+ 48.5% total

Table 6L: VETPOP2016 LIVING VETERANS BY STATE, AGE GROUP, GENDER, 2015-2045
These numbers are estimated to be accurate within 1000 population.
https://www.va.gov/vetdata/veteran_population.asp



Vietnam veteran helped to wheelchair by wife
https://www.militarytimes.com/news/pentagon-congress/2019/04/11/here-are-12-big-changes-veterans-caregivers-will-see-in-the-next-year/

Simultaneously, California's Gulf War Era veterans (8/1990-present) now comprise California's largest era veteran population, nearly half of whom are Post-9/11 veterans (over 296,000). Since 9/11, 7,009 service members have died, and 52,865 were counted as "wounded in action" https://dod.defense.gov/News/Casualty-Status/ but the "invisible" wounds of war in the form of life-altering physical and mental health challenges continue to unfold in our veterans lives long after they remove the uniform.

Troops receiving remains 11/27/18, Dover, Delaware. Photo: Mark Makela.
https://www.nytimes.com/2018/11/27/world/asia/us-soldiers-killed-afghanistan.html

Although dramatic change in numbers and trends are rare from year-to-year, this **2019 Annual Report Summary** provides updates on the following:

- key measures in CAVSA's Report Card,
- analysis of selected county Mental Health Services Act (MHSA) plans with regard to veteran services, and
- updates on CAVSA's 2018 Action Agenda, and
- highlights of new state and national data about veterans and their families.

CAVSA recognizes that progress on complex mental health and multi-causal problems facing veterans, 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, CAVSA also recognizes both its obligation and privilege to advocate for the veteran community by bringing emerging or neglected issues to the attention of policy makers and the community. Three such topics of mental health concern include:

- **California's rural veterans** – experiencing higher opioid misuse and high suicide rates
- **California National Guard** (many of whom are veterans) – with poor or no access to mental health and VA care, high suicide rates, and about whom there is poor publicly available data
- **California's veteran family caregivers** – subject to "burnout", secondary post traumatic stress, and poor health

Elderly veteran at Memorial in Washington D.C.
Photo by Honor Flight. 2018.

The 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 that this report will raise both awareness and concern about the disparities between the mental health and well-being of our veterans and the rest of civilian society that they have rejoined after their military service. Importantly, this report does not have all the answers to the challenges identified. Rather, it provides new data that we hope will shed light on our next action steps. 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

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 well, and what's not, this report employs a "flag system" using a recognizable "red- yellow-green" scale 🚩🚩🚩 to help identify trends in data at a glance. **The flags signify the following:**

1) progress occurring, measurable success (green) 🚩,

2) stable, but still needs attention (yellow) 🚩

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

Table 1 below 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. The four measures of homelessness, suicide, opioid overdose deaths, and justice involvement (incarceration) are indicators of mental health at the population level and are amenable to programmatic interventions at the individual, community, and policy levels to improve well-being.

As in 2018, the situation of California veterans compared to veterans nationally and their non-veteran Californian counterparts continues to show a mixed picture.

Table 1 -- 2019 Report Card
California Veteran Mental Health & Well Being Indicators

Measure *(data sources on report end page)*	**U.S. population**	**U.S. Veteran Population**	**California Population**	**California Veteran population**
Persons in Homelessness Data Source: Point In Time Count 2018 AHAR)~	**T= 552,830** (.17% of total U.S. pop) **194,467** 35% unsheltered	**37,878** (9% of all U.S. homeless adults) **14,566** 38% Unsheltered	**129,972** (24% U.S. total; .34% of CA total) **89,543** 69% unsheltered	**10,836** (29% of all homeless U.S. veterans; 8.3% of all CA homeless) **7,214** 67% unsheltered
Suicide Data Sources: CDC **2017*** U.S. DVA **2016**^ & CA Veteran Data^^ & CA DPH ʾ	**47,173*** **14.5/100**K* (age-adjusted rate) (Male: 22.9/100K; Female: 6.3/100K age-adjusted rates)	**6,079^** **26.1/100**K^ (age-adjusted rate) **30.1/100**K^ (unadjusted rate)	**4,312*** **10.5/100**K* (age-adjusted rate) **10.9/100**K* (unadjusted rate)	**640ʾ** (2017 CA DPH) Age-adjusted rate unavailable **28.2/100**K^^ (unadjusted 2016 rate)
Opioid Overdose Deaths Data Sources: CDC, CDPH, & NIH ¥ Ω ϟ **2017 & 2018** Lin, et al **2016**ⴰ	**47,600** ¥ **14.9/100**K ¥ (age-adjusted rate) (67.8% of all drug overdose deaths)	Missing numeric data **21.08/100**Kⴰ (extrapolated unadjusted rate; see NOTE below re: data source)	**2,196** Ω (range = 2,193-2,199) **5.23/100**K Ω (5,308 total overdose deaths, 2018, not exclusively opioid) ϟ	No California Veteran-specific data is available (the absence of data is itself a negative indicator)
Justice Involvement ***(Incarceration)*** Data Sources: Prison Policy.org, **2018 & 19** BJA, **2015** CA LAO, **2017** DVA RSSS, **2019**	**2.3 million**◊ **698/100**K◊◊	**181,500**ǂ (Estimated just under 8% of U.S. incarcerated pop, 2016)	**138,000***^* (adult inmates under CDCR) 2017 data **581/100**K◊◊	**5,769**₪ (veteran inmates + 2,200 under parole supervision or in transition) (about .34% of total CA veteran population)

WHERE CALIFORNIA VETERANS LIVE

To determine how to best allocate resources and design programs, policy makers and program staff need to 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 that 52% of California veterans live in just five Southern California counties shown in **Table 2.** below. Nearly 75% of California's estimated 1,578,509 veterans live in these twelve (21%) of California's 58 counties.

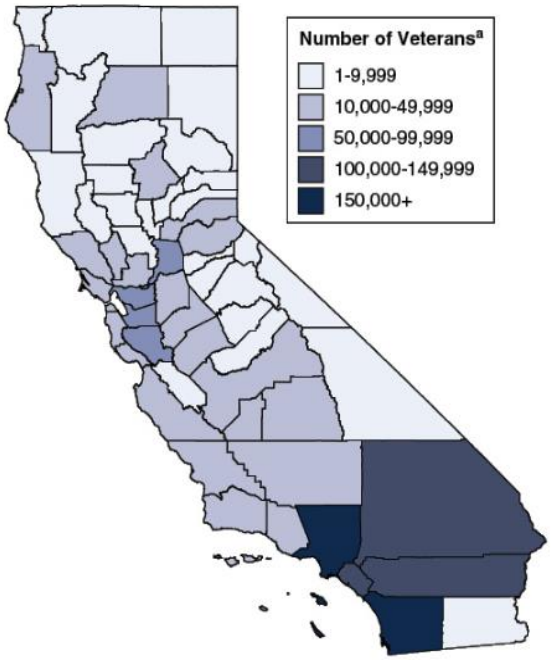
Table 2. Veteran population by county of residence, 9/2019.

(Data considered accurate to the nearest one-thousand; percentage is to whole number)

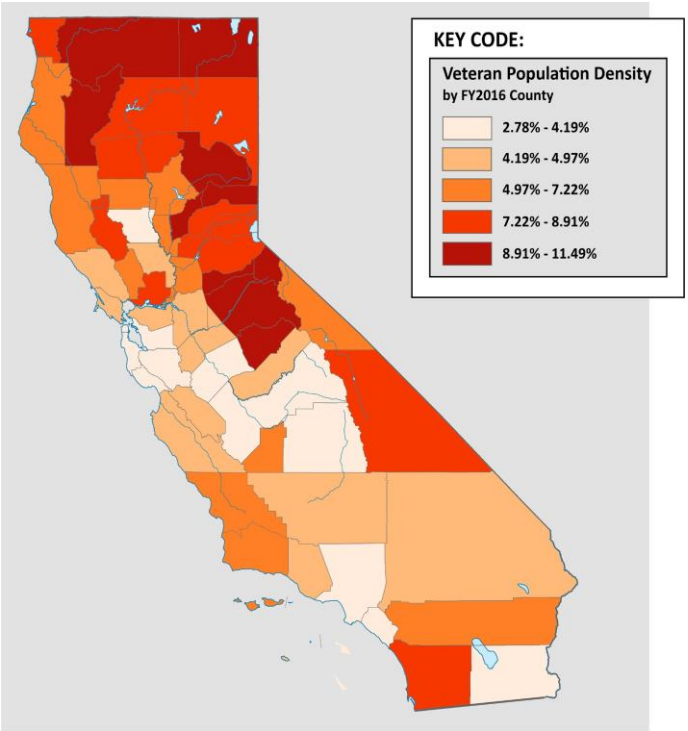
County	Veteran Pop	County	Veteran Pop
1. Los Angeles	*255,625 (16%)*	7. Santa Clara	*48,164 (3%)*
2. San Diego	*238,352 (15%)*	8. Alameda	*46,748 (3%)*
3. Riverside	*124,144 (8%)*	9. Contra Costa	*45,884 (3%)*
4. Orange	*100,210 (6%)*	10. Kern	*37,531 (2%)*
5. San Bernardino	*96,018 (6%)*	11.Ventura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

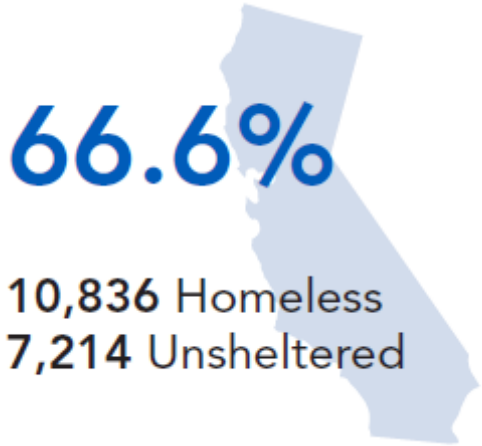


Map 2 makes clear that veterans comprise a greater percentage of the total population in northern California rural counties than Southern California. For example, the VA Predictive Analytics and Actuary Office data estimates about 9% of California's three northernmost counties (Modoc, Siskiyou and Del Norte) are veterans, which translates to about 7,000, whereas veterans comprise only about 2.5% of Los Angeles County, which translates to about 256,000.

Because of their sparse number, frequent isolating behaviors, and other characteristics, challenges faced by California's rural veterans are often hidden and put on hold while more visible urban problems take precedence. A still unknown number of veterans are among the nearly 35,000 residents who were displaced from the Camp Fire alone in Butte County. Hundreds were left jobless and as of May 2019, more than 1,000 families are still only temporarily housed, according to Butte County officials. Other natural disasters in 2017-18 are reported to have forced more rural veterans into substandard housing or "under-housed" situations in non-urban settings. As a result, homelessness among rural veterans is an increasing concern for CAVSA in 2019-20.

HOMELESSNESS AMONG CALIFORNIA VETERANS

MAP 3. California Veterans Experiencing Homelessness and Unsheltered Situation



AHAR 2018 Report. https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf

Although veteran homelessness in California decreased by about 5% (600 veterans) between 2017 and 2018, this change is not statistically significant. In addition to having the largest population of veterans, California also leads the nation with the greatest number of Unsheltered Homeless veterans. Two-thirds of all veterans across a wide geographic array are unsheltered as **Table 3** shows. This situation is reflective of multiple factors, including veteran mental health challenges, which only worsen in homeless and unsheltered settings, as well as affordable housing options that are at crisis proportions across California and the U.S. Addressing the need for housing for all veterans in all settings and circumstances will therefore remain top priority of CAVSA in 2019-20.

TABLE 3
Homeless & Unsheltered Veterans in California, 2018

Continuum of Care (COC) Type & Place	Veterans in Homelessness	2018 Percent Unsheltered
Major Cities CoCs		
Los Angeles City & County	3,538	75.4%
Oakland, Berekely/Alameda County	526	71.9%
San Jose/Santa Clara City & County	658	68.7%
Sacramento City & County	492	66.5%
Fresno City & 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 & County	245	88.6%
Santa Ana, Anaheim/Orange County	419	85.2%
San Bernardino City & County	170	73.5%
Largely Rural CoC		

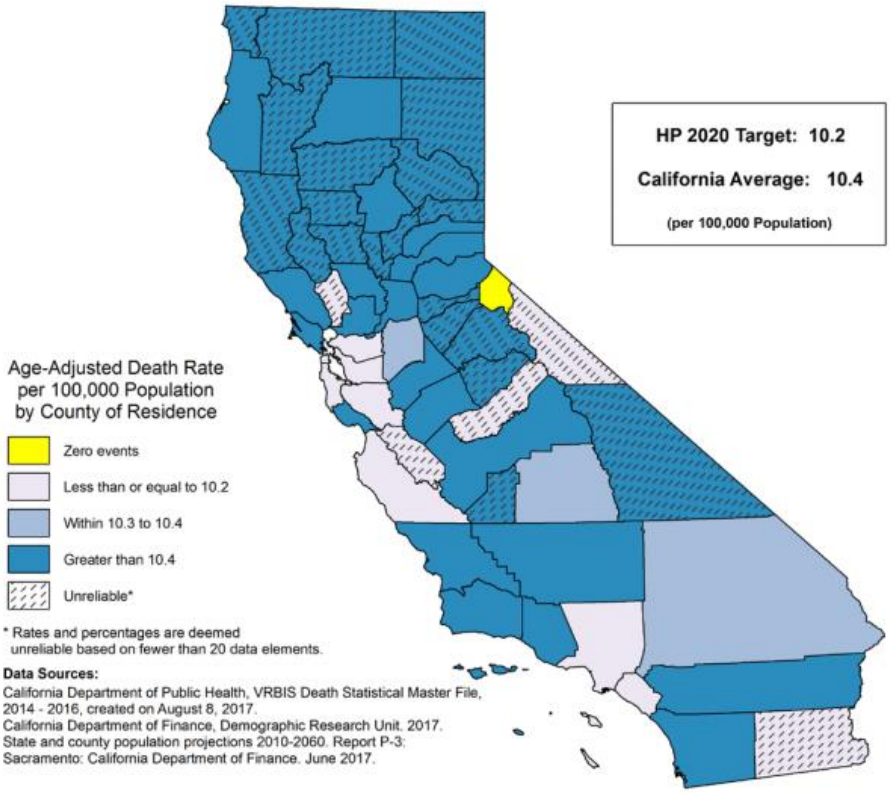
Chico, Paradise/Butte County	109	73.4%

SUICIDE

Maps 4 and 5 show that 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 the veteran population is not available, the California Department of Public Health was not able to calculate suicide rates, and locations of veteran suicide can only be inferred by the general location of veterans and comparisons of maps.

Map 4. CALIFORNIA SUICIDE DEATHS, 2014-16

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



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 suggests that improved management of "access to means" should be a more prominent element in preventive mental health efforts interventions with veterans, and more widely discussed with veteran families and friends.

Other information that shed light on suicide last year is that the often-cited VA statistic of "20 veteran suicides per day" is *not* just "veterans", rather, according to the VA, it has always included "Active Duty Service Members, Non-Activated Guardsmen or Reservists, and Other Veterans". In the new 2018 report, this data was displayed showing that 16.8 veterans, and 3.8 "active-duty service members, guardsmen or reservists" died on average each day by suicide in 2015. This has implications for interventions prior to discharge from military service.
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 alarming rates for the Select Reserve nationally and the lack of such data for California's Guard is concerning and 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

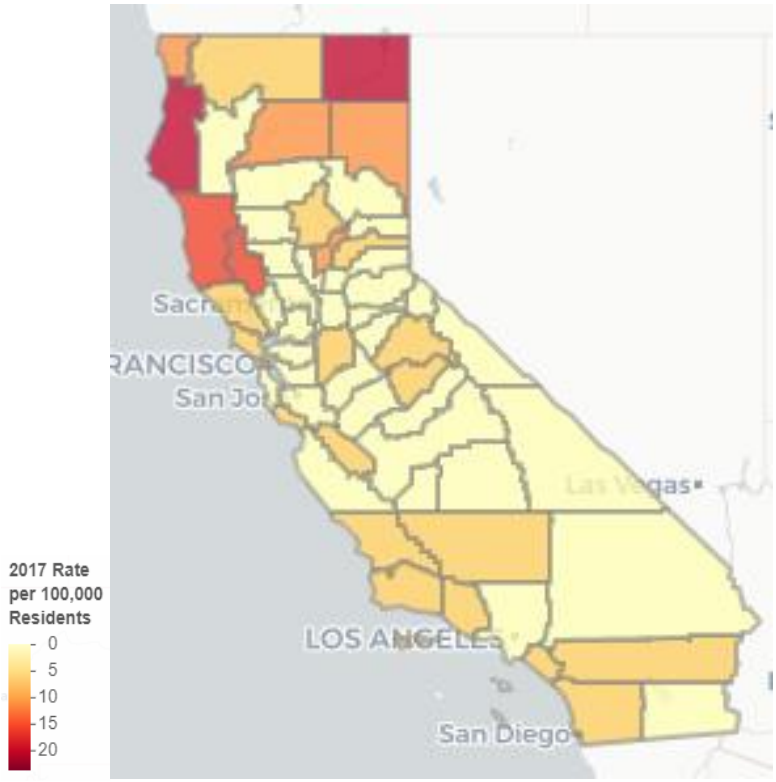
Additional important data that emerged in 2019 about suicide is the accumulating evidence that a history of traumatic brain injury (TBI) increases the risk of death by suicide. This has particular significance for the care of Post-9/11 veterans for whom the signature injury is TBI. Additional research on the "polytrauma clinical triad" - a co-occuring diagnosis of TBI, Post traumatic stress disorder (PTSD) and chronic pain - demonstrated association with suicide, other violence, and opioid use, and offers another opportunity for CAVSA to advocate for improved cultural competence in risk assessment and treatment for veterans. 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. Due to poor 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**. CAVSA will continue 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)

Map 5. DEATHS DUE TO OPIOID OVERDOSE, 2017

Age adjusted rate per 100,000 residents https://discovery.cdph.ca.gov/CDIC/ODdash/



The VA, which was once a leading prescriber of opioids, 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 such care as acupuncture, yoga, and chiropractic medicine.
VA strategy to address the opioid epidemic among veterans employs: education, pain management, risk mitigation, and addiction treatment.
https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5237

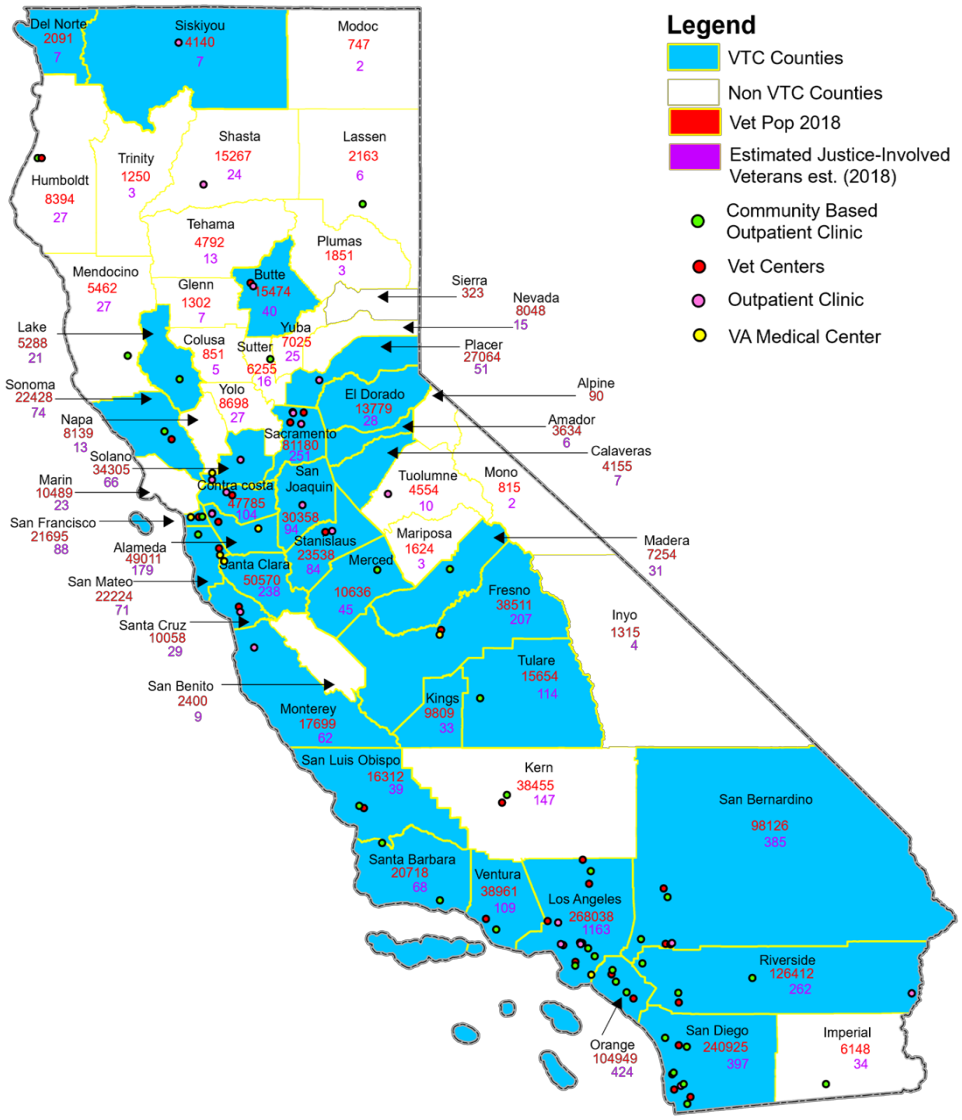
VETERAN FAMILY CAREGIVERS

There are an estimated 5.5 million veteran caregivers in the US, 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.
In recognition of this challenge, Congress enacted the MISSION Act, which began implementation in June 2019. The Act is primarily a way to expand choice of care in the private sector for veterans, but also significantly expands the caregiver stipend program in the Program of Comprehensive Assistance for Family Caregivers. Monitoring of the implementation of this and access to stipends is

on CAVSA's 2019-20 agenda as an important step to caring for the caregivers who support the health and well-being of thousands of California's aging and disabled veterans. https://missionact.va.gov

CALIFORNIA JUSTICE-INVOLVED VETERANS & VETERAN TREATMENT COURTS

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

SB 339 (2017) Judicial Council Assessment and Survey of Veterans Treatment Courts (VTCs), was implemented this past year resulting in **Map 6**, which shows that about 90% of California veterans live in counties with a VTC or comparable program. In 2019, the Judicial Council separately established a working group to develop a Strategic Plan for California VTCs which will address issues about a mental health "nexus" between military experience and criminal behavior, wide variability in

VTC's capacity, eligible case types, mentor training, and related topics that CAVSA will engage with in 2019-20.

MHSA County Plan Reviews and MHSA Funding Update

As part of its full Annual Report, CAVSA has a full side report that examines MHSA 2018 funding allocations, as well as the review of the MHSA 3-Year County Program and Expenditure Plans and Annual Updates for six selected counties, including Alameda, Butte, Fresno, Los Angeles, Napa and Ventura with regard to mental health services for veterans and veteran family members. These six counties comprise 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. The 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 for veteran or veteran family programming. This continues to be a concern for CAVSA and is reflected in its Action Agenda for 2019-20.

Because of challenges counties and MHSOAC faced in monitoring and spending MHSA funds, nearly $400 million in mental health funds from FY 2005-06 to FY 2014-15 was deemed reverted and schedule to be reallocated in June 2017. Through special legislative action (CA AB114), counties were allowed to submit plans to restore their reverted funds, thereby increasing available MHSA funds by more than $390 million for future use starting in 2019. This offers a renewed opportunity for CAVSA and veteran services stakeholders to engage in 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. 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-coded "flag system" used in **Table 1** and described on p. 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 3. ACTION AGENDA 2019-20 Recommendations

Recommendation	Proposed Actions
1. Address Housing Challenges for Veterans **Increase focus on older veterans and added attention to rural veteran housing & 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 and No Place Like Home (NPLH) Guidelines. C. Focus on older veterans, women veterans, and Post-9/11 veteran families with children as priority populations for housing D. Seek funding for mental health services and other supportive services to better serve VHHP and NPLH Project
2. Expand Suicide Prevention, Intervention, & Post-vention Activities **Increase attention on older, rural veterans and National Guard 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 & D will be re-evaluated in 2019-20 to explore opportunities for CAVSA to expand its current scope of of work & funding to collaborate with key agencies on these**	A. Become a more effective voice for veterans in the development of veteran mental health related legislation. B. Develop key variables and promote the adoption of required demographic and other relevant information (including substance use disorder treatment and opioid overdose data) for veteran mental health indicators across California programs C. Ensure tools to collect mental health treatment & referral data through relational data base; i.e.: necessary access and data linkages (shared with permissions through networks and MOUs). Focus on improved data collection for women veterans, veteran opioid addition, aging veterans and veteran incarceration. D. Work with VA and rural counties to develop targeted data on opioid

tasks whose job it is to implement data collection efforts.	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.**
Recommendation	**Proposed Actions**
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**	A. Coordinate with Judicial Council's Collaborative Courts Committee Mental Health Subcommittee and Subcommittee on Veterans and Military to support ongoing education regarding veterans and veteran family mental health and related justice issues. B. Connect with Family Courts at State and County levels to explore diversion programming and co-calendars with Veteran Treatment Courts and Family Court dockets and family treatment programming. C. 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 Veterans and Military-connected family issues. B. Engage proactively with Veteran Service Organizations (VSOs) to build stakeholder base. C. Collaborate with CalTAP to a) put 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**. Discontinue activity in 2019-20. 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 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 **2019 Mental Health Services Plan Reviews Report** and the **2019 Annual Report,The California Veteran Community: Looking Forward to Change** available online at https://californiaveterans.org

Data Sources for Table 1

Homelessness:

~ https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf

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:

*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.

^ Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention. Veteran Suicide Data Report, 2005–2016. September 2018.

^ https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf National Veteran data

^^https://www.mentalhealth.va.gov/docs/data-sheets/2016/California_2016.pdf CA Veteran data.

ʾhttps://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:

ˠ https://www.cdc.gov/drugoverdose/data/statedeaths.html

Ω https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/california-opioid-summary

Ω https://discovery.cdph.ca.gov/CDIC/ODdash/

Ωhttps://discovery.cdph.ca.gov/CDIC/ODdash/_w_641392b96442624a78da7148e46c304a55f9619567a2fcec/Opioid%20Overdose%20Deaths%202011-2017.pdf

ϟ https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

ϑ https://www-sciencedirect-com.libproxy1.usc.edu/science/article/pii/S0749379719300765#sec0010

ˠMainly 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.

ϑ**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:

◊ https://www.prisonpolicy.org/reports/pie2019.html

◊◊ https://www.prisonpolicy.org/global/2018.html

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

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

₪ DVA Reentry Search Service System (VRSS). Data as of June 6, 2019. (includes 134 female veterans)

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 the Veterans Integrated Service Network (VISN) 21 who shared the June 2019 number.

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