



**COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF VETERANS SERVICES**

15 New Chardon Street
One Bowdoin Square, Suite 400
Boston, MA 02114
TEL: (617) 210-5480 | FAX: (617) 210-5883 |
TTY: (617) 210- 6883
www.mass.gov/vets



MAURA T. HEALEY
GOVERNOR

JON SANTIAGO, MD, MPH
SECRETARY

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

December 19, 2025

Timothy Carroll
House Clerk
State House, Room 145
Boston, MA 02133

Michael D. Hurley
Senate Clerk
State House, Room 335
Boston, MA 02133

Dear Clerk Carroll and Clerk Hurley,

Pursuant to Section 152 of Chapter 178 of the Acts of 2024, please find attached a report from the Veterans Quality of Life Commission.

Sincerely,

Jon Santiago

CC:

Senator Michael Rodrigues, Senate Chair of the Joint Committee on Ways and Means
Representative Aaron Michlewitz, House Chair of the Joint Committee on Ways and Means
Senator John Velis, Senate Chair of the Joint Committee on Veterans and Federal Affairs
Representative Joe McGonagle, House Chair of the Joint Committee on Veterans and Federal Affairs

Legislative Mandate

The following report is issued pursuant to Section 152 of Chapter 178 of the Acts of 2024, summarized as follows:

... There shall be a special commission to study and develop proposals for ways to improve the quality of life of veterans in the commonwealth, including, but not limited to, employment opportunities for veterans. The commission shall collaborate with veterans' organizations in the commonwealth to develop such proposals. The commission shall consist of: the secretary of veterans' services or a designee, who shall serve as chair; the veteran advocate or a designee; a representative from BRAVE for Veterans, Inc.; 2 persons appointed by the governor with experience in veterans' advocacy; 3 persons appointed by the senate president with experiencing working with veterans; 1 person appointed by the speaker of the house of representatives who is a veteran or the spouse or family member of a veteran; 1 person appointed by the senate minority leader who is a veteran or the spouse or family member of a veteran; and an attorney with experience in veterans issues in the commonwealth, appointed by the minority leader of the house of representatives... the commission shall submit a report of its findings to the joint committee on veterans and federal affairs, the clerks of the senate and house of representatives and the senate and house committees on ways and means...

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Massachusetts Veterans Quality of Life Commission 2025 Report

Executive Summary

The Massachusetts Veterans Quality of Life Commission (VQOLC) is charged with assessing and advancing the well-being of veterans and their families across the Commonwealth. In partnership with the Executive Office of Veterans Services (EOVS), the Office of the Veteran Advocate (OVA), local Veterans' Service Officers (VSOs), federal, state, and local government partners as well as community-based organizations, the Commission has examined conditions across eleven key domains: employment and education, suicide prevention and behavioral health, food insecurity, health care access, housing and homelessness, caregiver support, transportation, family life and community connection, women veterans, aging veterans and long-term care, and recently discharged and transitioning veterans.

Overall, Massachusetts veterans experience lower unemployment rates than the statewide general population average, but underemployment and credentialing barriers remain persistent challenges. Veteran homelessness has continued to decline yet rising housing costs threaten long-term stability. At the same time, suicide remains the leading preventable cause of veteran death, with veterans facing a higher risk of suicide than their non-veteran peers. Aging veterans, caregivers, and rural veterans encounter particular barriers in accessing timely care, transportation, and social connection.

The Commission's recommendations emphasize cross-agency coordination, targeted investments, and data-driven policy reforms. These include expanding SkillBridge-like employment pathways, accelerating and simplifying licensing reciprocity, strengthening peer and crisis response networks, screening for food insecurity in veteran-facing settings, building a Veterans Health Navigation Network, increasing veteran-designated housing credits and eviction-prevention funds, creating a caregiver registry with respite and tax relief, scaling successful transportation models like Merrimack Valley Transit Authority (MeVa), expanding family and recreation supports, elevating women veteran-specific infrastructure, modernizing long-term care options, and launching coordinated outreach to recently discharged veterans.

The analysis and recommendations in this report are designed to equip executive and legislative leaders with a clear, actionable roadmap for ensuring that every Massachusetts veteran, regardless of era, branch, identity, or geography, can thrive in civilian life with dignity, purpose, and opportunity.

Commission Overview and Methodology

The Veterans Quality of Life Commission (VQOLC) is comprised of appointed representatives from state government, veteran advocacy organizations, and subject-matter experts. Members during the 2025 reporting period included:

- Cory Ahonen, Assistant Secretary, EOVS (Chair)
- Scott Pitta, Chief of Staff, OVA (OVA Designee)
- Senator Dylan Fernandes (Senate President Appointee)
- Sarah Bateman (Senate President Appointee)
- Sergeant Ryan Puzzo (Senate President Appointee)
- Bill LeBeau, VFW Adjutant (House Speaker Appointee)
- Robert Breaker (Senate Minority Leader Appointee)
- Melissa Alden (House Minority Leader Appointee)
- Ashley Booker (Governor Appointee)
- Al Tenorio (Governor Appointee)
- Leroy Ashwood (BRAVE for Veterans, Legislative Appointee)

The Commission met ten times between January 1, 2025, and December 31, 2025, receiving testimony and input from veterans, family members, service providers, academic partners, and agency leaders. They reviewed federal data (including VA, HUD, and Bureau of Labor Statistics datasets), state reports from EOVS and OVA, and local needs assessments. Quantitative findings are supplemented with qualitative input from regional listening sessions, stakeholder submissions, and case-based examples drawn from EOVS, OVA and municipal VSOs.

Wherever possible, findings in this report are accompanied by references to federal and state data sources, academic research, or official guidance documents. These references are listed as footnotes for ease of review by policy and budget decision-makers.

Summary Chart Categories & Recommendations

Category	Top Recommendations
Employment, Education & Economic Stability	<ul style="list-style-type: none"> • Expand SkillBridge MA • Create Veteran Business Accelerator • 30-day licensing reciprocity & MOS-to-license crosswalk • Tuition/fee waivers for all reserve components • Credit-for-Service framework • Annual employment & licensing outcome reporting
Suicide Prevention & Behavioral Health	<ul style="list-style-type: none"> • Expand peer navigators & crisis teams • Encourage suicide-prevention training • HERO Act inclusivity • Firearm safety & harm-reduction education • Survivor support networks • Centralized statewide behavioral health data system
Food Insecurity	<ul style="list-style-type: none"> • Screen for food insecurity at VSOs/clinics • Fund mobile food markets • Cross-agency data sharing for automatic referrals
Health Care Access	<ul style="list-style-type: none"> • Build Veterans Health Navigation Network • Support expansion of mobile/telehealth clinics • Support women's health services at VA Boston, Providence & Worcester
Housing & Homelessness	<ul style="list-style-type: none"> • Increase veteran-designated housing credits • Expand eviction-prevention funds • Strengthen veteran homeownership/wealth-building programs • Encourage 40B / Affordable Home projects to accept VA backed mortgages.
Caregiver Support	<ul style="list-style-type: none"> • Create Caregiver Registry • Establish/create a repository of veteran caregiver support groups, fund respite care & training • Provide tax credits or stipends for 20+ hrs/week care
Transportation	<ul style="list-style-type: none"> • Create statewide Veterans Transportation Fund • Scale MeVa model statewide • Provide VSO vehicles or shuttle grants • Centralized veteran booking platform like: https://massridematch.org/ • Multilingual outreach
Family Life & Community Connection	<ul style="list-style-type: none"> • Expand family counseling & school liaisons • Equal custody/support treatment for veterans with PTSD/disabilities • Expand recreation access (parks, museums, YMCA)
Women Veterans	<ul style="list-style-type: none"> • Women Veteran Coordinator in each region • Remote/extended hours & childcare support • Gender-responsive training for all programs • Track gender-specific outcomes annually
Aging Veterans & Long-Term Care	<ul style="list-style-type: none"> • Expand home-based care • Invest in modernization & workforce • Launch companionship/volunteer programs
Transitioning Veterans (First 18 Months)	<ul style="list-style-type: none"> • Launch 'Welcome Home Massachusetts' outreach • Integrate DoD TAP data into EOVS • Fund or develop volunteer regional peer navigators

1. Employment, Education, and Economic Stability

Stable employment and educational opportunity are central to a successful transition from military to civilian life. Massachusetts veterans experience relatively low unemployment, approximately 3.3 percent in 2022 compared to 4.0 percent for non-veterans, yet underemployment and skills mismatch remain significant. Nationally, the unemployment rate for all veterans was 2.8 percent in 2023, below the rate for non-veterans.¹ These topline figures, however, mask substantial variation by age, gender, era of service, and region within the Commonwealth.

Veterans entering civilian professions frequently report that military credentials are not fully recognized, especially in healthcare, skilled trades, and information technology fields. Women veterans and post-9/11 veterans are more likely to experience job changes and instability; many seek entrepreneurship but face barriers in accessing capital and state procurement opportunities.¹ Credentialing delays of 90 to 120 days can prevent a seamless transition, reducing income and increasing the risk of financial stress.

Key findings include:

- Military training and occupational specialties are often not mapped cleanly to Massachusetts licensing and certification standards, particularly in health care, emergency services, and skilled trades.
- Women veterans experience higher rates of job turnover and underemployment relative to male veterans, despite comparable or higher educational attainment.
- Post-9/11 veterans demonstrate strong interest in entrepreneurship but face obstacles accessing capital, technical assistance, and state supplier diversity programs.
- Credentialing and licensing reciprocity delays of 90–120 days hinder rapid re-entry into civilian careers.
- Skills mismatches, persistent mental health stigma, and discrimination contribute to underemployment and job loss.
- Rural and gateway city veterans face compounded barriers due to transportation challenges and lack of proximate high-quality employment.

The Commission recommends the following actions:

- Expand a “SkillBridge Massachusetts” model to connect transitioning service members with state agencies, municipalities, and private employers for paid internships and apprenticeships prior to discharge.
- Develop a Veteran Business Accelerator program, with grants and technical assistance to support veteran-owned businesses and increase participation in state procurement and supplier diversity initiatives.
- Partner with the Department of Higher Education to create a comprehensive “Credit for Service” framework that recognizes military training and experience toward degrees, certificates, and state licenses.
- Implement a 30-day licensing reciprocity standard for veterans and military spouses following relocation or discharge and create an online crosswalk database that maps military occupational specialties (MOS/AFSC/NEC) to civilian licenses.

- Amend M.G.L. c. 115 to formalize pathways for veterans to work directly with Department of Unemployment Assistance specialists, with verification support from VSOs, to streamline employment plans.
- Extend tuition and mandatory fee waivers to all reserve component service members (not just the National Guard) and expand partnerships between EOVS, higher education institutions, and trade unions to build apprenticeships in high-demand fields such as health care, renewable energy, IT, and construction.
- Support annual public reporting on veteran employment, training, licensing, and entrepreneurship outcomes, coordinated by EOVS in partnership with the Department of Labor (DOL) and the Office of the Veteran Advocate.

BRAVE Research and Student Engagement for Veterans' Employment

- To deepen the evidence base on veteran employment, the Commission is partnering with Brandeis University's BRAVE program to conduct applied research and student engagement. BRAVE will:
- Conduct evidence-based research on veteran employment barriers, program effectiveness, and workforce outcomes.
- Engage graduate and undergraduate interns in designing, analyzing, and publishing data related to veteran employment and well-being.
- Examine employer engagement and retention strategies, with attention to regional and demographic disparities (including women, disabled, and justice-involved veterans).
- Develop interactive data dashboards and maps to support policy analysis and public transparency.
- Produce a comprehensive policy report with actionable recommendations and a public presentation to inform future Commission initiatives.

2. Suicide Prevention and Behavioral Health

While Massachusetts has made progress in reducing veteran suicide, it remains the leading preventable cause of veteran death. Nationally, veterans continue to experience higher suicide rates than non-veterans, though the most recent VA data show modest declines in overall veteran suicide counts. State-level data indicate an 8 percent decline in veteran suicide in Massachusetts since 2020, yet veterans remain at significantly elevated risk compared to civilians, and female veterans experience particularly high relative risk.

Key findings include:

- Social isolation, cumulative trauma exposure, and financial distress are among the most frequently reported risk factors in state veteran suicide prevention programs.
- Only a minority of veterans who die by suicide have had recent contact with VA or state behavioral health services, underscoring the importance of community-based and upstream interventions.
- Rural veterans face longer travel times to counseling, limited peer-support networks, and fewer specialty providers.
- Recent data show veteran suicide rates around 18–20 per 100,000 in Massachusetts, compared to lower statewide averages for the general population.¹¹

- For every confirmed veteran suicide, there are an estimated 2–3 additional deaths that may represent suicide attempts but cannot be verified, as they often involve overdoses or other causes that could be accidental in nature.¹¹
- Female veterans face significantly higher suicide risk compared to nonveteran women, reflecting the impacts of military sexual trauma, combat exposure, and post-service stressors.¹¹
- Outreach to National Guard, Reserve, and family members remains inconsistent, and there is no unified statewide behavioral health data system integrating VA, state, and community provider outcomes.

The Commission recommends:

- Expanding peer-to-peer navigator programs statewide and embedding veteran peer specialists in community mental health centers, emergency departments, and primary care practices.
- Increasing funding for regional crisis response teams trained in veteran-specific de-escalation and trauma-informed care, coordinated with 988 and local public safety agencies.
- Encouraging evidence-based suicide prevention training (such as gatekeeper and lethal-means safety training) for all state-funded veteran service organizations.
- Ensuring that all prevention programs are inclusive of active duty, Guard, and Reserve members and their families, consistent with the HERO Act’s focus on the veteran family unit.
- Using trusted veteran messengers and community-based campaigns to normalize help-seeking, particularly during high-risk transition periods and anniversaries.
- Providing firearm safety, harm-reduction education, and non-law enforcement crisis response options for veterans and families.
- Collaborating with established survivor support providers, including the Tragedy Assistance Program for Survivors (TAPS), to strengthen and scale survivor support networks
- Offering short-term financial relief and streamlined access to substance use and mental health recovery services to address crises driven by economic and addiction factors.
- Creating a unified statewide behavioral health data and coordination hub under EOVS to integrate VA, state, and community data for continuous improvement.

3. Food Insecurity and Basic Needs

Food insecurity remains a significant challenge for many veterans, particularly those on fixed incomes or facing housing instability. National research suggests that veterans experience higher rates of food insecurity than the general population, and Massachusetts estimates indicate that approximately 12 percent of veterans experience food insecurity compared to roughly 8 percent of the statewide population.³

Key findings include:

- Veterans in Western and Southeastern Massachusetts experience the highest reported levels of food insecurity, correlating with lower income and higher housing cost burdens.³
- Many eligible veterans are unaware that they qualify for SNAP, WIC (for eligible family members), or local food pantry and community fridge programs.
- Food insecurity is closely tied to housing instability, unemployment or underemployment, and co-occurring mental health and substance use challenges.

The Commission recommends:

- Implementing routine food security screening (for example, using the validated two-item Hunger Vital Sign) at VSOs, veteran housing sites, VA clinics, community health centers, and social service touchpoints.
- Supporting mobile food markets and delivery models that partner with veteran housing providers, senior centers, and rural communities.
- Expanding cross-agency data sharing, within appropriate privacy safeguards, so that veterans who engage with state benefit systems are proactively referred to nutrition programs.
- Integrating nutrition and food access education into veteran employment, housing, and behavioral health programming.

4. Veterans Health Care Access

Access to timely, coordinated health care remains one of the most significant factors affecting veteran quality of life. Massachusetts veterans are served by VA facilities (including VA Boston, VA Providence VA Bedford, and VA Central Western Massachusetts), community-based outpatient clinics, and a wide array of civilian providers. Yet many veterans report difficulty navigating between VA and community care systems, understanding referral pathways, and coordinating benefits.

Key findings include:

- Approximately one in six veterans report difficulty accessing appointments or navigating referrals between VA and community care providers.⁹
- Telehealth access expanded dramatically during and after the COVID-19 pandemic, but adoption remains lower among veterans age 65 and older due to technology access, comfort, and connectivity gaps.⁴
- Veterans identify mental health care access, especially for PTSD, depression, and substance use recovery as a top concern.⁶
- Women veterans continue to experience barriers to gender-specific and trauma-informed care, particularly outside of major urban centers.⁸

The Commission recommends:

- Developing a Massachusetts Veterans Health Navigation Network to connect state systems (EOVS, MassHealth, Department of Public Health), VA, and community providers, ensuring warm handoffs and clear care pathways.
- Expanding mobile and telehealth clinics for rural veterans, including co-located physical and behavioral health services at community hubs.
- Embedding benefits counselors and peer navigators in high-volume civilian health care settings to identify and connect veterans who may not be enrolled in VA care.

5. Housing Stability and Homelessness Prevention

Massachusetts has made meaningful progress in reducing veteran homelessness, consistent with national trends driven by targeted federal, state, and local investments. Nationally, veteran homelessness has decreased by more than 50 percent since 2009.⁵ In Massachusetts, state and local efforts combined with HUD-VASH, SSVF, and other programs have contributed to an estimated 14 percent reduction in veteran homelessness since 2019.⁵

Key findings include:

- Over 500 veterans remain in unstable housing or transitional programs at any given time, with higher concentrations in urban centers.⁵
- Average rental costs in many Massachusetts communities have risen by more than 20 percent since 2020, outpacing most veterans' fixed incomes and disability benefits.⁵
- Significant strides are being made through the End Veteran Homelessness (EVH) Program through EOVS, but suitable, affordable housing shortages persist.
- Coordination between HUD-VASH providers, Continuums of Care (COCs), and community-based organizations has improved, but capacity remains constrained, especially for veterans with complex behavioral health needs.
- This committee gathered a sampling of 40B listings and found that more than half of the 40B / Affordable Home purchase projects in the Commonwealth expressly prohibit the use of VA Home Loan benefit available to veterans. Some applications state that VA Home Loan benefits may not be used for deed-restricted properties; however, federal guidance (38 CFR 36.4354(b)(5)(iv)(A)) allows their use in certain low- or moderate-income programs.

The Commission recommends:

- Increasing state affordable housing tax credits and incentives for developments that include veteran-designated units, with deep affordability and supportive services where needed.
- Expanding eviction-prevention funding, legal aid partnerships, and rapid-rehousing supports targeted to veterans and surviving spouses.
- Strengthening veteran homeownership and wealth-building programs, including financial coaching, down-payment assistance, and outreach to first-generation homeowners.
- Coordinating data across EOVS, housing authorities, and Continuums of Care to track inflow and outflow from veteran homelessness and identify upstream prevention opportunities.

- Clarifying that mortgages obtained through the VA Home Loan program may be used for eligible 40B / Affordable Home purchases and discouraging their exclusion in program rules.
- Update the Massachusetts Veterans' Long-Term Care and Housing Master Plan Commission Report last completed in March 2016.¹²

6. Veteran Caregiver Support

Caregivers, including spouses, partners, adult children, parents, and close friends play an essential role in maintaining veteran health, safety, and independence. National studies estimate that millions of Americans provide unpaid care to veterans with physical and behavioral health conditions. In Massachusetts, more than 45,000 individuals are estimated to provide unpaid care to veterans, often at significant financial and emotional cost.⁶

Key findings include:

- Caregivers report high levels of stress, burnout, and lost income associated with reducing work hours or leaving employment to provide care.⁶
- Only a minority of caregivers are aware of available federal and state caregiver assistance programs, such as VA's Program of Comprehensive Assistance for Family Caregivers or respite grants.⁶
- Caregivers of veterans with co-occurring physical and behavioral health conditions face additional strain navigating fragmented systems.⁶

The Commission recommends:

- Creating a Massachusetts Veteran Caregiver Registry to facilitate outreach, education, and connection to resources.
- Funding respite care grants and training workshops through EOVS in partnership with community organizations, aging service agencies, and VA caregiver support coordinators.
- Providing tax credits or stipends for caregivers who provide more than 20 hours of weekly support, with program design that complements but does not displace federal benefits.
- Developing caregiver-focused mental health and peer support groups, accessible both in person and virtually.

7. Transportation Access

Transportation limitations continue to isolate veterans, particularly older adults, disabled veterans, and those in rural or transit-poor regions. Reliable transportation is a prerequisite for accessing health care, employment, education, and community engagement. The Merrimack Valley Transit (MeVa) system, and specifically its mini MeVa and Medi-MeVa services, offers one of the only structured, veteran-inclusive transportation models in the Commonwealth.

Key findings include:

- A significant number of veterans report difficulty reaching medical as well as non-medical appointments due to affordable/suitable transportation barriers.
- Volunteer programs such as DAV Rides and Mass Mobility's veterans-focused shuttles remain underfunded, understaffed, and geographically limited.
- Mini MeVa and Medi-MeVa provide accessible ADA and non-ADA transportation across multiple Merrimack Valley towns, with curb-to-curb service and free, shared rides that require reservations.
- Only a small portion of the Commonwealth is served by comparable veteran-specific or veteran-inclusive transit; large regions rely on fragmented options offered by Councils on Aging, VSOs, and family networks.
- Local VSOs often lack dedicated vehicles, fuel, or operating funds to support transport for veterans in need.
- Complex booking systems, limited hours, and lack of centralized information make it difficult for seniors and veterans to identify and access available services.

The Commission recommends:

- Supporting initiatives to enhance transportation access for veterans through collaboration among EOVS, MassDOT, and regional transit authorities.
- Replicating and scaling the MeVa/Medi-MeVa model across additional transit authorities, including the MBTA region and Cape Ann, with dedicated veteran medical transport routes.
- Providing grants or shared regional shuttles to equip VSOs with vehicles and operating support to reach homebound or rural veterans.
- Creating a centralized booking platform or hotline for veterans to schedule medical and other essential rides across providers.
- Ensuring multilingual outreach and plain-language materials are available so that transportation options are clear and accessible to all veterans and families.

8. Family Life and Community Connection

Strong family and social networks are vital to resilience, recovery, and long-term stability for veterans. Yet many families experience elevated stress, especially during deployment cycles, reintegration, and periods of financial or behavioral health challenge. Children of deployed or injured service members are at increased risk for academic and emotional difficulties. Family-inclusive programming improves treatment retention and satisfaction.

Key findings include:

- Family stress and divorce rates are higher among post-9/11 veterans compared with some earlier cohorts.⁷
- Children of deployed service members often experience academic disruption, behavioral challenges, and anxiety.⁷
- Programs that intentionally include spouses, partners, and children in treatment planning and support show improved outcomes for both veterans and families.⁷

- Court processes can be confusing or intimidating for veterans with PTSD or other service-connected disabilities, particularly in custody and support cases.⁷

The Commission recommends:

- Expanding veteran family counseling, marriage support, and parenting programs, delivered through VA, community providers, and faith- and community-based organizations.
- Developing school-based military family liaisons in districts with high concentrations of active duty, Guard, Reserve, and veteran families.
- Supporting community centers and nonprofits that offer intergenerational activities for veteran families, including recreation, mentoring, and peer support.
- Collecting and publishing annual data on family stability, court outcomes, and participation in wellness and recreation programs for veteran families.
- Ensuring veterans with PTSD or service-connected disabilities are treated equitably in custody and support proceedings, with clear guidance that VA disability compensation is considered similarly to workers' compensation in child support calculations, consistent with existing state guidelines.
- Providing judicial and court staff training on the unique issues facing veterans and military families.
- Partnering with DCR, EOVS, YMCAs, museums, and cultural institutions to expand free or reduced-cost access for veteran families.
- Embedding a family-unit focus across veteran programs, consistent with the HERO Act and M.G.L. c. 115, ensuring that spouses, partners, children, and caregivers are explicitly included in eligibility and outreach.

9. Women Veterans: Access, Inclusion, and Equity

Women constitute a growing share of the veteran population, approximately 9 percent of Massachusetts veterans, with higher proportions among post-9/11 cohorts. Women veterans often navigate unique challenges, including higher rates of military sexual trauma, reproductive health needs, and caregiving responsibilities. National and state data show that women veterans face disparities in health care access, economic opportunity, and housing stability.⁸

The Commission recommends:

- Designating a Women Veteran Coordinator in every EOVS regional office and at each MassHire Veterans' Center to ensure equitable access and gender-responsive service delivery.
- Expanding program hours and offering remote and hybrid appointments to accommodate veterans who are working, parenting, or caregiving.
- Partnering with YMCAs, childcare providers, and nonprofits to offer childcare support during medical appointments, training, job search activities, and court appearances.
- Encouraging all EOVS-funded programs to provide gender-responsive, trauma-informed training to staff and volunteers.

- Strengthening collaboration with the Massachusetts Women Veterans Network and the VA Center for Women Veterans to standardize outreach, collect disaggregated data, and track gender-specific outcomes.
- Including gender-specific outcomes in annual EOVS and OVA reports to the Legislature, with a focus on employment, health, housing, and justice-involved metrics.

10. Aging Veterans and Long-Term Care

Massachusetts has one of the oldest veteran populations in the nation.⁹ Recent VA state summaries estimate that more than half (approximately 51.5 percent) of Massachusetts veterans are age 65 or older.⁹ As this cohort ages, demand for home-based services, adult day health, assisted living, and skilled nursing care continues to grow. The Holyoke and Chelsea Veterans' Homes are in the midst of modernization and culture change but face ongoing challenges.

Key findings include:

- A growing share of veterans are over age 75, many living alone and at increased risk of loneliness and isolation.¹²
- Home-based care can delay or prevent institutionalization, but workforce shortages and funding constraints limit availability.¹²
- Veterans' Homes are critical safety-net providers yet must compete for nursing and direct care staff in a constrained labor market.¹²

The Commission recommends:

- Expanding home care, visiting nurse, and in-home behavioral health services for aging veterans, including coordination with state aging services and VA Home-Based Primary Care.
- Continuing investment in Veterans' Home modernization, infection control, and workforce development, including innovative recruitment and retention strategies.
- Launching volunteer companionship and friendly-visitor initiatives to reduce isolation among elderly veterans, in partnership with community and faith-based organizations and student groups.
- Establish veteran-specific database for nursing homes, long-term care facilities, and rest homes.

11. Recently Discharged and Transitioning Veterans

The first 18 months following separation from military service are a critical window for intervention. Research indicates that veterans during this period experience elevated risk of unemployment, housing instability, and mental health crises.¹⁰ Many new veterans are unaware of available state and local benefits, and may not establish timely connections with VA, EOVS, or VSOs.

Key findings include:

- An estimated one-third of recently discharged veterans are unaware of key state and local benefits and services in Massachusetts.¹⁰

- Transition stress, employment uncertainty, and housing challenges are consistently identified as top concerns in surveys and listening sessions.¹⁰
- Peer mentorship and early contact are associated with significantly lower rates of crisis events and improved stabilization.¹⁰

The Commission recommends:

- Launching “Welcome Home Massachusetts,” a coordinated outreach campaign that proactively contacts new veterans within the first months of separation, using multiple communication channels.
- Integrating DoD Transition Assistance Program (TAP) data, with appropriate privacy safeguards, into EOVS systems to enable early and targeted contact with new veterans relocating to Massachusetts.
- Funding regional peer navigator positions to provide one-on-one guidance to recently discharged veterans, including support with employment, education, housing, and health care enrollment.
- Ensuring that transition programming explicitly addresses Guard and Reserve members, including those who may not immediately identify as veterans or connect with traditional systems.

Conclusion

Massachusetts has built a strong foundation of veteran services and continues to demonstrate leadership in areas such as Chapter 115 benefits, housing, and legal protections. Nevertheless, the findings of the Veterans Quality of Life Commission reveal that significant work remains to ensure equitable outcomes for all veterans and their families, particularly women, aging veterans, caregivers, rural communities, and those in the critical first 18 months post-service.

The Commission urges continued and expanded investment in cross-agency coordination, data integration, and evidence-based programming. Implementing the recommendations in this report will require close collaboration among the Governor’s Office, Legislature, EOVS, OVA, VSOs, municipalities, federal partners, and community organizations. The Commission stands ready to support this work and to continue providing data-informed guidance in the years ahead.

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