MCS Advisory

FEDERAL HEALTH · BEHAVIORAL HEALTH

Veterans *Behavioral Health*

Reaching veterans where they are

Most veterans lost to suicide were not in VA care. Federal policy is pushing behavioral-health care into the community — through COMPACT, suicide-prevention grants, and community-care contracts. This is where competent, veteran-serving providers meet the mission.

60%	~9M	COMPACT
Suicides outside VHA care	Unenrolled veterans reachable	Free community crisis care

Prepared by MCS Advisory · Med Consulting Solutions LLC · 2026

THE GAP · WHERE THE NEED IS GREATEST

Most veterans who die by suicide were not in VA care

The hardest fact in veteran mental health is also the most clarifying: the majority of veterans lost to suicide had no recent VA behavioral-health contact. The need is real, and much of it sits outside the VA's own walls.

THE NUMBER THAT REFRAMES THE PROBLEM

60% were not in VHA care

Roughly **60% of veterans who die by suicide were not in VHA care** at any point in the two years prior. Reaching them requires meeting veterans where they are — in the community — not only inside VA facilities. Roughly half of all U.S. veterans don't receive services from the VA at all.

60%
Suicides among veterans not in VHA care (prior 2 yrs)

~9M
Unenrolled veterans now eligible for crisis care

~50%
Of U.S. veterans don't use VA services

If most of the risk sits outside VA care, then **community-based behavioral-health capacity** — reaching veterans where they live — is not a supplement to the VA's mission. It is central to it.

Source: MCS Advisory. Suicide and enrollment figures per VA press materials and VA Mental Health / suicide-prevention resources (2026). Educational use.

THE POLICY TAILWIND · COMPACT & COMMUNITY

Federal policy is pushing care into the community

Two federal moves widen the door for community behavioral-health providers serving veterans: the COMPACT Act's crisis-care expansion and a growing grant and community-care apparatus.

THE COMPACT ACT

Free crisis care, anywhere

Under COMPACT, veterans in suicidal crisis can go to **any** health care facility — VA or community — for free emergency care: up to 30 days inpatient/residential and 90 days outpatient, regardless of enrollment. This extends acute suicide care to an estimated 9 million unenrolled veterans.

SUICIDE-PREVENTION GRANTS

$112M opportunity

The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program channels federal funding to community organizations serving veterans — nonprofits, state and local governments, and tribes with capacity to reach veterans the VA doesn't.

COMMUNITY-CARE RECOMPETE

2026 reset

The 2026 community-care contract recompete reshapes how behavioral-health services are purchased and delivered in the community for the next decade.

THE BEACON ACT & ACCESS PUSH

Widening non-VA options

Congress continues to introduce proposals expanding evidence-based, non-VA behavioral and TBI care — the legislative direction favors community capacity.

The federal posture is unmistakable: **fund and enable community providers** to reach veterans the VA cannot. Providers who can serve this population — competently and compliantly — are aligned with where the policy and the dollars are moving.

Source: MCS Advisory. COMPACT Act per VA COMPACT materials; grant program per VA press release (2026); legislative items per Military.com (2026). Educational use.

THE MODEL · SERVING VETERANS COMPETENTLY

Community behavioral health that actually reaches veterans

Serving veterans is not the same as serving the general behavioral-health population. Military competence, the right contracting pathway, and outcome discipline separate providers who help from those who merely bill.

What veteran-serving behavioral health requires

- **Military cultural competence** — clinicians trained in the specific stressors, experiences, and language of the military and veteran community.
- **Evidence-based protocols** — Columbia Protocol risk assessment, problem-solving therapy, dialectical behavior therapy, and the clinical guidelines VA endorses.
- **Community-care & COMPACT alignment** — credentialed and contracted to accept veteran crisis and outpatient care through the right federal pathways.
- **Access & reach** — after-hours and community-based delivery that meets the 60% who are not walking into a VA facility.
- **Warm-handoff coordination** — connection back to VA suicide-prevention coordinators and benefits, not a silo.

WHY THE FEDERAL SYSTEM BENEFITS

Reaches the unreached

Community providers extend suicide-prevention reach to veterans outside VA care — the population where the majority of loss occurs — which is the VA's stated strategic priority.

WHY THE MODEL IS DURABLE

Aligned funding

COMPACT reimbursement, suicide-prevention grants, and community-care contracts create multiple, mission-aligned funding streams for competent veteran-serving providers.

The bar is high, and it should be. Veteran behavioral health done well saves lives and aligns with federal funding; done poorly, it fails the population that most needs it. Competence and compliance are the price of entry.

Source: MCS Advisory. Clinical protocols and coordination per VA Mental Health provider resources (2026). Educational use; not clinical or legal advice.

WHERE MCS ADVISORY FITS

Veteran-owned advisory for veteran-serving behavioral health

We help behavioral-health operators, investors, and health systems build or scale competent, compliant, veteran-serving capacity — at the intersection of behavioral health, transaction advisory, and federal health.

WHAT WE BRING

Strategy to structure

Market and needs assessment, community-care and COMPACT contracting strategy, proforma and capital structuring, compliance and FMV discipline, and partnership design with VA and community stakeholders.

THE CREDIBILITY

Veteran-owned, federal-scale

A veteran-owned firm with senior federal-health experience, including a $1.5B DoD healthcare program. We understand both the clinical mission and the federal buyer.

Who this is for

- Behavioral-health platforms expanding into veteran-serving lines of care.
- Investors evaluating veteran behavioral health as a mission-aligned, policy-supported segment.
- Health systems and nonprofits pursuing suicide-prevention grants or community-care contracts.

Build behavioral health that reaches veterans.

MCS Advisory helps operators and investors develop competent, compliant, veteran-serving behavioral-health capacity — aligned with COMPACT, community care, and federal suicide-prevention funding. Veteran-owned, senior-led, confidential.

medconsultingsolution.com · kays@medconsultingsolution.com

Educational overview; not clinical, legal, or investment advice. If you or a veteran you know is in crisis, call 988 then press 1. MCS Advisory · 2026.