



U.S. Department  
of Veterans Affairs

## Fact Sheet

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Media Relations

Washington, DC 20420  
(202) 461-7600  
[www.va.gov](http://www.va.gov)

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### VA Programs for Homeless Veterans

The United States (U.S.) Department of Veterans Affairs (VA) remains committed the goal of preventing and ending homelessness. We can and will get there.

No one agency or group can end Veteran homelessness alone. The effort to prevent and end Veteran homelessness is a partnership of Federal, State, local government and most importantly the local community. VA works with communities to help them develop the solutions that work best for them and their Veterans.

VA and our federal, state, and local partners, as well as non-governmental partners, recognize that ending Veteran homelessness is not a single event in time; rather, it is a deliberate effort made to achieve the goal, and continued follow-up efforts to make sure that progress toward achieving the goal is maintained.

Our goal is a systemic end to homelessness, which means communities across the country:

- Have identified all Veterans experiencing homelessness.
- Are able to provide shelter immediately to any Veteran experiencing unsheltered homelessness who wants housing.
- Provide service-intensive transitional housing in limited instances.
- Have the capacity to help Veterans swiftly move into permanent housing.
- Have resources, plans, and systems in place should any Veteran become homeless or be at risk of homelessness in the future.

The ultimate goal is to make sure that every Veteran has permanent, sustainable housing with access to high-quality health care and other supportive services and that Veteran homelessness in the future is prevented whenever possible or is otherwise rare, brief, and nonrecurring.

### State of Homelessness

Significant progress has been made to prevent and end Veteran homelessness. The number of Veterans experiencing homelessness in the United States has declined by nearly half (46 percent) since 2010, and the unsheltered homeless population – those Veterans living on the streets, in cars, abandoned buildings or other places not meant for human habitation -- declined by 53 percent since 2010. The U.S. Department of Housing and Urban Development (HUD) Point-in-Time (PIT) Count estimates that on a single night in January 2017, roughly 40,000 Veterans were experiencing homelessness and just over 15,000 were unsheltered or on the street.

Since 2010, more than 600,000 Veterans and their family members have been permanently housed, rapidly rehoused, or prevented from falling into homelessness through HUD's targeted housing vouchers and VA's homelessness programs..

In addition to the national snapshot provided by the 2017 PIT Count, as of December 29, 2017, 60 communities — which includes three states — have effectively ended Veteran homelessness, based on criteria established by VA, HUD, and U.S. Interagency Council on Homelessness (USICH). To see a full and current list of communities that have achieved an effective end to Veteran homelessness based on these guidelines, go to [www.va.gov/HOMELESS/endingVetshomelessness.asp](http://www.va.gov/HOMELESS/endingVetshomelessness.asp).

This progress illustrates what can be achieved when government agencies partner with citizens and community leaders to tailor the delivery of services in manner that meets the needs and expectations of the community.

### **Ending Veteran Homelessness Is Possible**

To achieve this goal, we need continued leadership, collaboration, commitment and a sense of urgency from communities across the country. No one entity can end homelessness among Veterans.

There has been unprecedented support from every branch of government as well as from state and local leaders and agencies to provide both the funding and human resources needed to end Veteran homelessness. Communities continue to align those resources with the most effective practices, including Housing First, to ensure rapid, safe and stable housing for Veterans who need it.

Progress comes when community leaders implement proven practices that are reducing homelessness among Veterans nationwide and ending it community by community. Practices developed and implemented locally that are common among communities that have achieved an effective end to Veteran homelessness include:

- Use Housing First practices and approaches across every aspect of services for homeless Veterans. Essential to success, Housing First is a proven model that increases the chance that a Veteran will be housed and decreases emergency room costs for Veterans. It is a humane, dignified way to help Veterans achieve the stable, permanent housing they deserve.
- Identify all homeless Veterans by name and share a list of those names across systems so that no one is forgotten.
- Use and share data to find and serve every Veteran who needs homeless services.
- Create coordinated assessment and entry systems to make sure there is no wrong door for Veterans seeking help — coordinate people and services at every level to create integrated systems of care.
- Set concrete and aspirational monthly and quarterly goals and engage the community and associated systems to meet them. This requires the direct involvement of community leaders and focused political will. Also, benchmark progress against specific criteria.

- Synchronize programs to coordinate outreach and target the right type of resource to the right Veteran at the right time.
- Make sure outreach and engagement efforts are coordinated across service providers, law enforcement personnel, prisons and jails, hospitals, libraries, and job centers to proactively seek out Veterans in need of assistance with housing.
- Focus on creating connections from homeless services, housing organizations, and VA medical centers to workforce investment boards and employers so that Veterans can be quickly connected to jobs.

### **Veterans Health Administration Homeless Programs**

*All data on this fact sheet are as of the end of Fiscal Year (FY) 2017 (September 30, 2017) unless otherwise stated. (Data for some programs are reported only by calendar year.)*

**Community Resource and Referral Centers (CRRCs):** CRRCs are a collaborative effort of VA, communities, service providers, and agency partners. Centers are located in strategically selected areas to provide both a refuge from the streets and a central location to engage homeless Veterans in services. When Veterans enter these centers, they are referred to physical and mental health care resources, job development programs, housing options, and other VA and non-VA benefits.

Program highlights, FY 2016:

- In FY 2017, a little over 29,000 Veterans received services through VA's 30 CRRCs.

For more information, please visit: [www.va.gov/homeless/crrc-list.asp](http://www.va.gov/homeless/crrc-list.asp) .

**Domiciliary Care for Homeless Veterans (DCHV):** The DCHV program provides time-limited residential treatment to homeless Veterans with mental health and substance use disorders, co-occurring medical concerns, and psychosocial needs such as homelessness and unemployment.

Program highlights, FY 2017:

- The DCHV program provided services to over 7,300 Veterans.
- The DCHV program offered more than 2,000 operational beds at 46 sites in support of homeless Veterans.

For more information, please visit [www.va.gov/homeless/dchv.asp](http://www.va.gov/homeless/dchv.asp).

**Health Care for Homeless Veterans (HCHV):** The central goal of the HCHV program is to reduce homelessness among Veterans by connecting homeless Veterans with health care and other needed services. This program provides outreach, case management, and HCHV Contract Residential Services, ensuring that chronically homeless Veterans — especially those with serious mental health diagnoses and/or substance use disorders —

can be placed in VA or community-based programs that provide quality housing and services that meet their specialized needs.

Program highlights, FY 2017:

- Over 6,300 Veterans exited HCHV CRS programs to permanent housing. The average length of stay in a HCHV CRS program is 77 days. 86% of Veterans exiting CRS programs engage in VA mental health services and 93% receive ongoing VA medical services.
- HCHV supported 360 Stand Downs providing outreach to over 80,000 Veterans.
- HCHV provided outreach services to over 138,500 total Veterans.
- HCHV provided case management services to over 10,790 Veterans.

For more information, please visit [www.va.gov/homeless/hchv.asp](http://www.va.gov/homeless/hchv.asp).

**Health Care for Reentry Veterans (HCRV):** The HCRV program is designed to address the needs of incarcerated Veterans when it comes to re-entering their community. The goals of HCRV are to prevent homelessness; reduce the impact of medical, psychiatric, and substance use problems on community readjustment; and decrease the likelihood of re-incarceration for those leaving prison.

Program highlights, FY 2017:

- The HCRV program served more than 9,700 Veterans.

For more information, please visit [www.va.gov/homeless/reentry.asp](http://www.va.gov/homeless/reentry.asp).

**Homeless Patient Aligned Care Teams (H-PACTs):** H-PACTs provide a coordinated “medical home” tailored to homeless Veterans’ needs. At selected VA facilities, Veterans are assigned to an H-PACT that includes a primary care provider, nurse, social worker, homeless program staff, and others who offer medical care, case management, housing assistance, and social services. The H-PACT provides and coordinates the health care that Veterans may need while helping them obtain and stay in permanent housing.

Program highlights, FY 2017:

- Over 19,000 homeless and at-risk Veterans are enrolled in the H-PACT program across the country.
- There are 65 H-PACT sites located at VA medical centers (VAMC), Community Based Outpatient Clinics (CBOC), and Community Resource & Referral Centers (CRRC) across the country.
- H-PACT program demonstrates substantial reductions in emergency department visits and hospitalizations.
- The H-PACT team model of care facilitates accelerated placement into permanent housing. Veterans in H-PACTs were housed in permanent housing 81 days faster than those not enrolled in an H-PACT.
- H-PACT care more effectively engages Veterans in ambulatory care.

- Care in H-PACT costs almost \$10,000 less per Veteran per year.
- H-PACT findings are supported extensively by several research studies and nearly a dozen peer-reviewed academic publications.
- H-PACT was recognized and featured by the Commonwealth Fund as an innovative practice model.
- The H-PACT practice network serves as a platform for new initiatives including: piloting Hospital-to-Housing (H2H, now a GPD bed model); Staying Housed; mobile texting platforms; screening for food insecurity; and SOAR.

For more information, please visit [www.va.gov/homeless/h\\_pact.asp](http://www.va.gov/homeless/h_pact.asp).

**Homeless Providers Grant and Per Diem (GPD):** The GPD program allows VA to award grants to community-based agencies to create transitional housing programs and offer per diem payments. The purpose of the program is to promote the development and provision of supportive housing and/or related services — with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. GPD-funded projects offer communities a way to help homeless Veterans by providing housing and other services and at the same time assist VA medical centers by augmenting or supplementing care.

Program highlights, FY 2017:

- VA's largest transitional housing program with over 12,500 beds nationwide.
- Over 23,700 Veterans entered GPD transitional housing.
- Announced awards that will provide approximately \$185 million in per diem funding for 556 projects to community agencies that provide transitional housing and supportive care for homeless Veterans.
- Approximately \$3 million in grant funding awarded to 13 community agencies that provide services for homeless with special needs.
- Approximately 400 Transition in Place model housing units operational.
- More than 14,500 homeless Veterans exited GPD to permanent housing.
- Average length-of-stay in GPD: 174 days (*lowest since 2009*).

For more information, please visit <http://www.va.gov/homeless/gpd.asp>.

**Homeless Veterans Dental Program (HVDP):** HVDP helps increase the accessibility of quality dental care to homeless and certain other Veteran patients enrolled in VA-sponsored and VA partnership homeless rehabilitation programs.

Program highlights, FY 2016:

- Over 16,600 Veterans were provided dental care through HVDP.

HVDP FY 2017 Data is pending update and review.

For more information, please visit [www.va.gov/homeless/dental.asp](http://www.va.gov/homeless/dental.asp).

**Homeless Veterans Community Employment Services (HVCES):** HVCES is

authorized by 38 U.S. Code § 2031 and 2033. To help improve employment outcomes for homeless Veterans, in 2017 VA continued to support the Vocational Development Specialists who are embedded in homeless program teams and serve as Employment Specialists and Community Employment Coordinators (CEC). HVCES staff ensure that a range of employment services are accessible to Veterans who have experienced homelessness, including chronically homeless Veterans, complement existing medical center-based employment services, and are a bridge to employment opportunities and resources in the local community.

Program highlights, FY 2017:

- In FY 2017 approximately 7,000 Veterans exited homeless residential programs with employment (GPD, CWT/TR, and DCHV). This represents a consistent upward trend in these employment rates over the past four (4) years.
- In addition, employment rates for Veterans housed through HUD-VASH exceeded the national target by four percent.

For more information, please visit [www.va.gov/homeless/employment\\_programs.asp](http://www.va.gov/homeless/employment_programs.asp).

**Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH):** Through this collaborative program between the U.S. Department of Housing and Urban Development and VA, HUD provides eligible homeless Veterans with a Housing Choice rental voucher, and VA provides case management and supportive services so that Veterans can gain housing stability and recover from physical and mental health problems, substance use disorders, and other issues contributing to or resulting from homelessness. HUD-VASH subscribes to the principles of the Housing First model of care. Housing First is an evidence-based practice model demonstrating that rapidly moving individuals into housing, and then wrapping supportive services around them as needed, helps homeless individuals exit homelessness and achieve housing stability, improving their ability and motivation to engage in treatment. The program goals are to help Veterans and their families gain stable housing while promoting full recovery and independence in their community.

Program highlights, FY 2017:

- Vouchers active: 85,085; vouchers in use: 83,459
- Veterans housed: 77,850
- Vouchers issued to Veterans seeking housing: 4,387
- Vouchers reserved for Veterans undergoing PHA Validation: 1,222
- Vouchers available: 1,626

The 2018 budget also includes additional funding to support the addition of approximately 5,500 new HUD-VASH vouchers in late 2017/early 2018. With the addition of these new vouchers, HUD-VASH will be supporting a total of approximately 93,000 vouchers as of late 2017/early 2018. It is not known if there will be additional HUD-VASH vouchers in HUD's FY 2018 budget appropriation.

For more information, please visit [www.va.gov/homeless/hud-vash.asp](http://www.va.gov/homeless/hud-vash.asp).

**National Call Center for Homeless Veterans (NCCHV):** The NCCHV — which can be reached at 1-877-4AID VET (1-877-424-3838) — was founded to ensure that homeless Veterans and Veterans at risk of becoming homeless have free, 24/7 access to VA staff. The hotline is intended to assist homeless and at-risk Veterans and their families; VA medical centers (VAMCs); Federal, state, and local partners; community agencies; service providers; and others in the community.

Program highlights, FY 2016:

- The NCCHV received more than 127,800 total calls.
- The NCCHV assisted over 38,000 Veterans or their families through the Homeless Veterans Chat.
- Responders at the NCCHV made over 64,600 referrals to the VAMC point of contact.
- Program highlights, through June 2017:
  - The NCCHV received more than 100,200 total calls.
  - Responders at the NCCHV made over 46,300 referrals to the VAMC point of contact.

NCCHV FY 2017 Data is pending update and review.

**National Center on Homelessness among Veterans (NCHAV):** The Center is established by section 713 of the Jeff Miller and Richard Blumenthal Health Care and Benefits Improvement Act of 2016. The Center works to promote recovery-oriented care for Veterans who are homeless or at-risk for homelessness by conducting and supporting research; assessing the effectiveness of programs; identifying and disseminating best practices and integrating these practices into policies, programs, and services for homeless or at-risk Veterans; and serving as a resource center for all research and training activities carried out by the Department and by other Federal and non-Federal entities with respect to Veteran homelessness. The Center is active in research, model development, education and policy analysis.

Program highlights, FY 2017:

- Hosted the Homeless Evidence and Research Synthesis Roundtable Series with events focusing on Opioid Dependence & the Homelessness Community and Rural Homeless Veterans. These virtual interagency research symposia provide a platform for researchers and providers to discuss the impact of homelessness and special needs associated with these cohorts.
- Center researchers developed professional presentations, research briefs and published numerous articles in peer-reviewed journals on issues related to Veteran homelessness.
- Developed a comprehensive database for all HPO based education for on-going access to competency development.
- Completed the second annual knowledge survey to assess knowledge gaps of employees serving homeless Veterans.

- Developed an FY17 educational series for VA staff working with homeless populations. 6481 registrations and 3193 unique employees participated from across the country.
- Developed homeless population-based competencies for VA staff working in homeless programs leading to establishing a certificate program in FY 18.
- Awarded five intramural grants to support homeless research.
- Established a “Connecting Research to Practice” series that provides a forum for researchers and homeless providers to discuss current research and implications for planning, developing, or implementing services for homeless or formerly homeless Veterans.
- Developed processes for two pilot program models (Low Demand Residential and Hospital to Housing) for transition to national implementation through the Grant Per Diem Program FY 17 Notice of Fund Availability (NOFA).
- Transitioned Safe Haven pilot initiatives (an early recovery residential housing program design) to HPO Clinical Operations
- Continued utilizing predictive analytics to achieve a population health management approach to understand the key factors that contribute to the cycle of homelessness and to predict when a Veteran is at risk for becoming homeless.

For more information, please visit: [www.va.gov/homeless/nchav/index.asp](http://www.va.gov/homeless/nchav/index.asp) .

**Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups):** This project brings together consumers, providers, advocates, local officials, and other concerned citizens to identify the needs of homeless Veterans and work to meet those needs through planning and cooperative action. Local CHALENG meetings represent important opportunities for VA and public and private agency representatives to meet and develop meaningful partnerships to better serve homeless Veterans.

Program highlights, calendar year 2016:

- In 2016, 5,280 individuals completed a CHALENG Participant survey. This included 3,191 homeless Veterans and 2,089 non-homeless Veterans (VA staff, state and public officials, community leaders, volunteers).
- Twelve percent of the homeless Veteran survey participants were women. Fifty-four percent of all homeless Veteran participants were between the ages of 45-60 with another 26 percent 61 or older. Forty-five percent were non-White or answered “Don’t know”; six percent identified their ethnicity as Hispanic/Latino.
- There were 2,089 non-homeless Veteran participants. Of these, 45 percent were VA staff, two percent were other Federal employees, 40 percent were state/local official or community providers, and 13 percent were interested members of the community.
- Eight of the top ten *unmet* needs were the same for male and female Veterans: housing for registered sex offenders, child care, legal assistance in three separate areas (prevent eviction/foreclosure, child support issues, restore a driver’s license) family reconciliation assistance, credit counseling, and financial guardianship. Two needs in the top ten unmet for male Veterans (but not female Veterans) were legal assistance for outstanding warrants and fines, and family and marital counseling.

Conversely, dental care and discharge upgrade were two needs on the female Veterans' top ten unmet list, but not on the male Veterans' needs list.

- Nine of the top ten *met* needs were also the same for male and female Veterans: medical services, testing and treatment in three separate areas (TB, Hepatitis C, HIV/AIDS), case management, services for emotional or psychiatric problems, medication management, substance abuse treatment, and food. Personal hygiene and clothing were needs unique to the top 10 lists of male and female Veterans respectively.
- For male Veterans, the nine of the top ten *unmet* needs were the same in 2015 and 2016 (discharge upgrade in 2015 was replaced by family and marital counseling in 2016). Nine of the top ten *unmet* needs for female Veterans were the also the same (legal assistance for outstanding warrants and fines in 2015 was replaced by financial guardianship in 2016.)

Consistent with 2015 data and with the previous ten years of CHALENG data, met needs primarily reflect services that Veterans Health Administration (VHA) can provide directly, and unmet needs are primarily services that require community partnership to meet. This consistency underscores the importance of collaboration between federal, state, local, and community partners to meet the needs of homeless Veterans to successfully end homelessness.

CHALENG data for calendar year 2017 will be available in spring 2018.

For more information about the project and to see the full details of the top ten unmet needs for Veterans, and the demographics of the participants, please visit [www.va.gov/homeless/chaleng.asp](http://www.va.gov/homeless/chaleng.asp).

**Stand Downs:** Stand Downs are typically one- to three-day events providing services to homeless Veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, including housing, employment, and substance use treatment. Stand Downs are collaborative events, coordinated among local VA sites, other government agencies, and community groups that serve people who are homeless.

To see Stand Down program highlights, go back to the HCHV program section on page 4.

For more information, please visit [www.va.gov/homeless/events.asp](http://www.va.gov/homeless/events.asp).

**Supportive Services for Veteran Families (SSVF):** This program, authorized by Public Law 110-387, provides supportive services to very low-income Veteran families living in or transitioning to permanent housing. SSVF is designed to rapidly rehouse homeless Veteran families and prevent homelessness for those at imminent risk of becoming homeless due to a housing crisis. Funds are granted to private nonprofit organizations and consumer cooperatives, which then provide very low-income Veteran families with a range of supportive services designed to promote housing stability.

Program highlights, FY 2017:

- \$393 million in support (through a combination of the FY 17 annual appropriation and funding remaining from 3 year "surge" grants made in FY 2015) provided to 376 organizations in all 50 states, Puerto Rico, the District of Columbia, Guam, and the Virgin Islands. An additional \$100 million available to 92 grantees in 70 high need communities (part of 3-year grant awards made in 2015).
- SSVF assisted nearly 130,000 individuals; with 84,000 Veterans assisted.
- Nearly 28,000 children assisted in over 14,000 households with children.
- Of the Veterans assisted, over 11,300, or roughly 13%, were female.
- 82% of those discharged from the SSVF program obtained permanent housing.

For more information, please visit [www.va.gov/homeless/ssvf.asp](http://www.va.gov/homeless/ssvf.asp).

**Veterans Justice Outreach (VJO):** The purpose of the VJO program is to prevent homelessness and avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans. This is accomplished by ensuring that eligible justice-involved Veterans encountered by police, and in jails or courts, have timely access to VHA mental health, substance use, and homeless services when clinically indicated, and other VA services and benefits as appropriate.

Program highlights, FY 2017:

- The VJO program provided services to over 46,500 justice-involved Veterans.
- VA provided support to 461 Veterans Treatment Courts and other Veteran-focused court programs.
- VA partnered with legal providers to offer 158 pro-bono legal clinics to Veterans on site at VAMCs.

For more information, please visit [www.va.gov/homeless/vjo.asp](http://www.va.gov/homeless/vjo.asp).

### **Contact Us and Additional Information**

To find the VA facility nearest you, please visit <http://www1.va.gov/directory/guide/home.asp>.

More details on all of VA's programs for homeless Veterans are available at [www.va.gov/homeless](http://www.va.gov/homeless).

If you are at risk of becoming homeless — or know a Veteran who is — contact VA's National Call Center for Homeless Veterans at 1-877-4AID VET (1-877-424-3838) to speak to a trained VA responder.

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