

24/7 Access to Interim Housing for Homeless Veterans
An Innovative Practice in VHA Homeless Program Operations

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White Paper

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Introduction

Homelessness is a traumatic experience with destructive effects, and it should be rare, brief, and non-recurring. Unsheltered homelessness, i.e., living in places not meant for human habitation, is particularly harmful to a person's health. Unsheltered homeless Veterans have more significant health challenges than those who are sheltered, increasing their vulnerability to negative health outcomes.¹ Due to this, the mortality rate of unsheltered homeless Veterans is three times higher than sheltered Veterans.² Despite concerted efforts to connect unsheltered Veterans to interim housing services, such as emergency shelters and transitional housing, unsheltered Veterans still represented 42% of homeless Veterans counted in the 2024 Point-in-Time (PIT) Count.³

Reducing the number of Veterans experiencing homelessness in America hinges on VA's ability to move more homeless Veterans into permanent housing each year. However, the length of time it takes to move Veterans into permanent housing varies greatly by community and can often take longer than 90 days. Unsheltered Veterans frequently need interim housing where they can safely live while they work on their permanent housing goals.

VA offers interim housing through two programs: Health Care for Homeless Veterans (HCHV) Contract Residential Services (CRS), and Homeless Providers Grant and Per Diem (GPD).^{4,5} These programs provide emergency shelter and transitional housing, respectively, with varying degrees of supportive services (e.g., case management, clinical treatment). HCHV CRS provides these services through contracts awarded to community-based treatment providers, while GPD provides them through grants awarded to nonprofit organizations and local and tribal governments.

To ensure homeless Veterans interested in these programs are "good fits," contractors and grantees often rely on various processes such as lengthy referral forms, preadmission interviews, tuberculosis tests, and other health assessments. While well-intended, these processes often have the unfortunate side effect of delaying admission and potentially

¹ [The Negative Health Impacts of Unsheltered Homelessness](#)

² [Unsheltered Homelessness and Health: A Literature Review](#)

³ [2024 AHAR: Part 1 - PIT Estimates of Homelessness in the U.S.](#)

⁴ [Health Care for Homeless Veterans \(HCHV\) Program](#)

⁵ [Grant and Per Diem Program](#)

prolonging unsheltered Veterans' homelessness. Furthermore, admissions times for these programs (i.e., the time from when a referred Veteran is ready to enter the interim housing to the actual placement in a CRS or GPD bed) vary widely by locality.

In response to this urgent nationwide issue, in Fiscal Year (FY) 2024, the VA Homeless Programs Office issued new requirements and guidance to ensure unsheltered Veterans have timely admission to HCHV CRS and GPD. Specifically, each VA healthcare system must develop local procedures to facilitate same-day admission to these programs.

Recognizing the challenges that VA healthcare systems may have in implementing new national mandates, the Network Homeless Coordinator (NHC) for the VA Heartland Network (VISN 15) identified an opportunity to ensure same-day access was effectively implemented in her region.

Practice Overview

Emboldened by the national guidance on same-day access but wanting to go further, in November 2023, the VISN 15 NHC committed to 24/7 access to interim housing, expanding from traditional business hours to also include nights, weekends, and federal holidays. She anticipated that broadening the scope of this operational change would reveal longstanding structural barriers that her role as a regional leader uniquely positioned her to help overcome. She also expected most of these barriers could be addressed with minor operational adjustments or small shifts in organizational culture.

Data Collection and Benchmarking

To establish a baseline from which she could evaluate progress, she began to gather data on interim housing occupancy rates using the *Homeless Operations Management and Evaluation System (HOMES) Management Report (MR)2: Occupancy*, as well as requesting regular data from the VA healthcare systems in her region on the total number of actively homeless Veterans and the number of those Veterans who were unsheltered. With this data reported every month, the VISN 15 NHC was able to track whether unsheltered homelessness among Veterans was decreasing because of these operational improvements.

Task Assignment and Action Planning

To implement these improvements, the VISN 15 NHC issued a formal task assignment to all seven healthcare systems in her region, requiring each system to develop and submit an

implementation action plan along with a corresponding standard operating procedure for 24/7 access. The action plan documented elements such as how HCHV CRS contractors, GPD grantees, and relevant VA homeless program staff would:

- Rapidly verify Veteran eligibility.
- “Flip” beds and rooms so they are immediately ready for new occupants when Veterans are discharged.
- Complete required assessments and data collection when Veterans are admitted outside of normal business hours.
- Create a process to admit Veterans on nights and weekends.
- Transport Veterans to contractor and provider locations after hours.

Working Through Concerns and Finding Solutions

Once the formal task was issued, the VISN 15 NHC began working with VA staff, contractors, and grantees to address their concerns with implementing the new 24/7 access requirements.

Common issues and corresponding solutions are detailed in Appendix A of this paper.

Conclusion

Between November 2024 and April 2025, VISN 15 saw a 38.5% decrease in unsheltered Veteran homelessness. Interim bed occupancy rates stayed largely consistent. However, due to the focus on “flipping” beds and rooms, sites in VISN 15 saw a 34.9% increase in Housing and Urban Development-VA Supportive Housing vouchers that were “in use” from February 2025 to April 2025. These improvements were accompanied by positive feedback from VA emergency medical clinicians who appreciated the enhanced access resources to support homeless Veterans in the emergency department. These results demonstrate the powerful impact of 24/7 interim housing access—offering improved Veteran access and system performance.

We would like to thank the dedicated staff within VISN 15 for sharing their practice with us. For more information, please contact HomelessVets@va.gov.

Appendix A: Concerns and Solutions

Concern Solution

<p><i>We don't have case management staff on nights and weekends for admissions. Do we need to hire more staff? Evening or weekend staff are not trained to do intakes, treatment plans, and data entry.</i></p>	<p>No need to complete the full admission process after hours. Can wait till next business day. Just get the Veteran a bed!</p>
<p><i>Transportation to the site: How do we get the Veteran here?</i></p>	<p>Taxi vouchers, donated bus passes, rideshare, contractor/grantee staff vehicles, emergency department resources.</p>
<p><i>What about medical clearance?</i></p>	<p>VA medical clearance is not a requirement for admission.</p>
<p><i>How do we verify eligibility? We have never used SQUARES⁶. What if the Veteran is not eligible after staying all weekend?</i></p>	<p>Assist the contractors and grantees in getting access and training staff on how to use SQUARES.</p> <p>Contractor/Grantee will still get paid for the bed if it is found out later the Veteran is not eligible (e.g., agency checked SQUARES but it was incorrect)). VHA Directive 1162.04 says, "When a Veteran is admitted to a HCHV CRS program and found to be ineligible for HCHV CRS, VA will pay for a maximum of 4 days from the day of admission to allow the provider and HCHV CRS Liaison time to locate and arrange alternate placement."⁷</p>
<p><i>What if we find the Veteran is not a "good fit" for our program?</i></p>	<p>VA homeless services should be low-barrier. If the Veteran is homeless and eligible for a bed, give them one!</p> <p>VHA Directive 1162.04 states that Directive says the Liaison's role is to, "Ensure a Veteran is not denied entry to HCHV CRS based solely upon length of current abstinence from alcohol or non-prescribed controlled substances, the number of previous treatment episodes, the time interval since the last program entry, the use of prescribed controlled substances, or legal history."</p>

⁶ [Status Query and Response Exchange System](#)

⁷ [VHA Directive 1162.04: Health Care for Homeless Veterans Contract Residential Services Program](#)

We don't have case management staff on nights and weekends for admissions. Do we need to hire more staff? Evening or weekend staff are not trained to do intakes, treatment plans, and data entry.

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Won't this increase the use of our VA's Emergency Department?

Homeless Veterans are already showing up after hours with nowhere to go. We are now providing VA after hours staff with resources so they do not have to send Veterans back to the streets.

Won't this generate excessive work for the Emergency Department or other after-hours and on-call clinical staff?

They do not need to do the "full" intake (e.g., HOMES). They can complete a quick triage screen to determine if homeless and call the contractor/grantee for an available bed. This can also be done by administrative (i.e., non-clinical) staff.

Do homeless programs' staff need to be on call 24/7?

After-hours staff do not have to be from the Homeless Program. Facilities do not have to hire any new staff, this is just a new resource for existing after hours staff to use.