Veterans Health Administration (VHA) Homeless Programs Office (HPO)

The United States (U.S.) Department of Veterans Affairs (VA) remains committed to 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 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 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 2019, 37,085 Veterans were experiencing homelessness, which is 2.1 percent fewer compared to 37,878 reported in January 2018.

As of December 2020, HUD has not released the PIT Count for January 2020.
Since 2010, more than 850,000 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 2019 PIT Count, as of December 8, 2020, 84 communities — which includes three states — have effectively ended Veteran homelessness, based on criteria established by VA, HUD, and the 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.

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

**Preventing and 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 prevent and 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.

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2 Delaware, Connecticut, and Virginia.
• 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 (VAMCs) to workforce investment boards and employers so that Veterans can be quickly connected to jobs.

VHA Homeless Programs

All data on this fact sheet are as of the end of Fiscal Year (FY) 2020 (September 30, 2020) 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. CRRCs 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 2020:
• There were over 67,200 visits to 32 CRRCs.

For more information, please visit: 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 2020:
• The DCHV program provided services to over 4,500 Veterans. (Note: DCHVs typically serve over 6,000 Veterans each year. However, in response to the pandemic, admissions were curtailed with programs closed to support surge capacity or operating at significantly reduced capacity for a portion of the year. As such, the reduction in unique Veterans served reflects Coronavirus Disease 2019 (COVID-19) related interruptions in care).
• The DCHV program offered more than 2,000 operational beds at 44 sites in support of homeless Veterans.

For more information, please visit 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 (CRS), 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 2020:
- Over 5,100 Veterans exited HCHV CRS programs to permanent housing. The average length of stay in a HCHV CRS program is 68 days. 64 percent of Veterans exiting CRS programs engage in VA mental health services and 80 percent receive ongoing VA medical services.
- HCHV supported 214 Stand Downs providing outreach to over 49,100 Veterans.
- HCHV provided outreach services to over 120,000 total Veterans.
- HCHV provided case management services to over 10,400 Veterans.

For more information, please visit 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 2020:
- The HCRV program served over 7,400 Veterans.

For more information, please visit www.va.gov/homeless/reentry.asp.

Homeless Patient Aligned Care Teams (HPACTs): HPACTs provide a coordinated “medical home” designed around the unique needs and distinct challenges homeless Veterans face both accessing and engaging in health care. At selected VA facilities, Veterans are assigned to a HPACT 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 HPACT provides and coordinates the health care that Veterans may need while helping them obtain and stay in permanent housing.

Program highlights, FY 2020:
- Nationally over 17,100 homeless and at-risk Veterans are actively enrolled in the HPACT model of care; about 22,000 were served annually. There are over 80 HPACT teams and providers operating at 54 VAMCs, Community Based Outpatient Clinics (CBOC), and CRRCs across the country.
- Program evaluations:
  - HPACT program demonstrates substantial reductions in emergency department visits and hospitalizations.
  - The HPACT team model of care facilitates accelerated placement into
permanent housing. Veterans in HPACTs were housed in permanent housing 81 days faster than those not enrolled in a HPACT.

- HPACT care more effectively engages Veterans in ambulatory care.
- The average HPACT patient cost approximately $9,379/year less to care for compared to a homeless Veteran enrolled in a PACT, driven largely by fewer hospitalization in VA and the community.
- After six months of care within a HPACT, Veterans show a 19 percent reduction in Emergency Department use and a 35 percent reduction in inpatient hospitalizations.
- Enrollment in a HPACT results in significantly higher patient satisfaction, reversing previously negative interactions with VA primary care.
- HPACT patients are more likely than PACT patients to report positive experiences with access, communication, office staff, and their providers.

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 VAMCs by augmenting or supplementing care.

**Program highlights, FY 2020:**
- VA’s largest transitional housing program with over 12,300 beds nationwide.
- 17,700 Veterans entered GPD transitional housing.
- Over 25,500 Veterans were served by GPD grants.
- Over 10,600 homeless Veterans exited GPD to permanent housing.
- In August 2020, VA announced it would award 426 grants to community organizations through the GPD program.
  - Per Diem only grants are used to provide transitional housing beds and operate service centers for Veterans experiencing homelessness. A total of 369 grants to organizations will be awarded to provide 12,138 beds and 18 service centers totaling approximately $221 million.
  - VA renewed $2.4 million for 11 GPD special need grants to fund operational costs for community organizations that serve the most vulnerable Veterans
  - VA awarded $55.3 million for 46 transition in place grants to organizations to provide 723 beds totaling.

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

**Homeless Veterans Dental Program (HVDP):** HVPD 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 2020:**
- Approximately 12,000 Veterans were provided dental care through HVPD.
For more information, please visit 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 2019 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 2020:
- Employment outcomes for homeless Veterans have continued to trend in an upward direction, exceeding the national targets.
- Approximately 6,547 Veterans exited homeless residential programs with competitive employment (i.e., GPD, Low-Demand Supportive Housing (LDSH), and HCHV CRS.
- Employment rates for Veterans housed through HUD-VASH exceeded the national target despite the impact of COVID-19 on employment nationally.
- There were over 15,489 newly documented, unique instances of employment for Veterans engaged in or who exited from VA Homeless Programs or Services.
- In response to COVID-19, HVCES staff increased the use of telehealth and telephone visits and developed strategies for providing employment services and supports through virtual platforms by more than 50 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 2020:
- Vouchers active: 94,782
- Vouchers in use: 84,991
  - Veterans housed: 79,133
  - Vouchers issued to Veterans seeking housing: 4,465
  - Vouchers reserved for Veterans undergoing PHA Validation: 1,393
Active vouchers available: 9,971

For more information, please visit www.va.gov/homeless/hud-vaish.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; VAMCs; Federal, state, and local partners; community agencies; service providers; and others in the community.

Program highlights, FY 2020:
- The NCCHV received over 131,200 total actionable contacts, which includes over 15,500 web-based chats.
- VAMC homeless program staff have responded to over 61,600 referrals from the call center.

For more information, please visit: https://www.va.gov/HOMELESS/NationalCallCenter.asp

National Center on Homelessness among Veterans (NCHAV): 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 polices, 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 2020:
- Expanded our pool of affiliated researchers from 22 to 36. Through these partnerships, the Center provides a forum for researchers focused on the causes of homelessness to network and discuss opportunities to partner on research projects.
- Generated 30 peer-reviewed research publications on homeless Veterans and 10 research briefs.
- Organized and sponsored the VA’s Health Services Research and Development Service (HSR&D) State of the Art (SOTA) event on Homelessness and Suicide.
- Presented 25 research-focused educational events to various stakeholder groups across the country which included research to practice webinars and special presentations.
- Sponsored a special issue of the Journal Medical Care on "Multimorbidity in Homeless Populations" which is expected to be released in FY 2020.
- Oversaw 19 studies covering a range of topics from epidemiology of homeless Veterans, employment, predictive analytics, rapid rehousing, dementia, financial literacy, and suicide.
- Our homeless certificate program went live in September 2019 which will offer VA staff and those VA staff in all homeless programs nationally (over 4,500 employees)
providing care to Veterans experiencing homelessness an opportunity to obtain a certificate that demonstrates competency in working with homeless populations.

- Provided clinicians with training on evidence-based psychotherapies. Specifically, we trained 28 homeless program clinicians who treat Veterans experiencing homelessness and two training consultants in Cognitive Based Therapy for Homeless (CBT-H) Veterans and are currently pursuing a train-the-trainer program in that network. We also trained 14 homeless program clinicians in Motivational Interviewing. Future plans include soliciting other networks for similar training opportunities.

- Provided twelve national educational webinars that were attended by over 7000 participants. Topics included Ethics, Working with Veterans Required to Register as Sexual Offenders; Behavior Management; Opioids in Rural America; Traumatic Stress and Organizational Dynamics; Race and Homelessness: Principles of Leadership in the Community; Evidence-Based Practices; Mooney Management for Veterans; Whole Health Approaches; Military Culture.

- Recorded and produced, in collaboration with Employee Education System (EES), a series of self-help COVID-19 focused podcasts: (over 3500 downloads to date)

- Developed a public-facing website on COVID-19 and homelessness.

- Developed an on-line Resource Center on issues related to homelessness.

For more information, please visit: www.va.gov/homeless/nchav/index.asp.

**Office of Analytics and Operational Intelligence (OAOI):** OAOI’s mission is to provide visibility and insights into homeless program operations, with the goal of improving program performance, strategic management, and operational efficiency. OAOI leads and provides consultative support around the development of strategies, data collection platforms, tools, and initiatives that support data-driven, enterprise-wide decisions and actions. The team also provides intensive guidance, consultation and support to internal stakeholders at all levels of the organization (VISN, VAMC, Program Offices and leadership) and external stakeholders, including community and federal partners. Additionally, this team is responsible for national evaluation efforts, homeless program performance measurement, technical assistance and operational analysis focused on improving homeless program service delivery, targeting, expedited access to services and homeless program sustainment.

**Program highlights, FY 2020:**

**Homeless Program Operations, Initiatives & Technical Assistance**

- The Homeless Operations, Management, and Evaluation System (HOMES) Support Team provided technical assistance and support to homeless program staff to address approximately 9,500 inquiries submitted to the HOMES Help Desk.

- Lead for managing and developing HPO’s COVID-19 response team, which reviews all inquiries from field staff and partner offices, confers with program subject matter experts, and develops and disseminates vetted guidance. The COVID-19 response team has received and/or issued nearly 2,500 digital communications related to COVID-19 policies, technical assistance, and requests for assistance since mid-March 2020.
• Lead for a national hiring effort to fill homeless program vacancies, which assisted in the targeting and intervention of VAMCs and VISNs with hiring rates less than 90 percent.

• Lead for HPO’s CARES Act Veteran Smartphone initiative, which resulted in the procurement and dissemination of over 25,000 disposable smartphones with unlimited data plans for Veterans in VA homeless programs to ensure that Veterans remain connected with caregivers and supports, participate in telehealth, and have access to employment and housing resources. This initiative will continue through FY 2021.

• In collaboration with VA’s Office of Information and Technology’s (OIT), developed and managed logistics for a centralized, national process to prioritize and quickly disseminate over 2,000 laptops and iPhones to VA Homeless Program staff to provide virtual clinical services to Veterans during the national pandemic.

• In collaboration with the Secretary’s Office of Strategic Partnerships, secured a donation of 429 laptops for Veteran use. 339 laptops were allocated to Greater Los Angeles (GLA’s) project-based HUD-VASH Program and 90 were allocated to 9 VAMC Veteran School at Work (VSAW) program, which combines education with career planning to prepare Veterans for employment or higher education.

• Redesigned the Homeless Program Hub’s main page to feature COVID-19 announcements, memos, references and resources. This content is updated daily.

• In collaboration with the Office of Connected Care and the Veterans Justice Program, provided over 900 iPads to expand the Homeless Program Mobile Technology Pilot and support VAMCs’ use of technology to engage with local jails, prisons, and treatment courts, specifically while in-person visits have been restricted due to the pandemic.

• HPO lead for productivity, including providing a Productivity Tool to capture workload for all homeless programs with current calendar year (CY) 2020 work relative value units (wRVUs) values and providing accompanying technical assistance resources to assist program managers and field staff with accurate procedure coding, clinic set up, and Veterans Equitable Resource Allocation (VERA) reimbursement for homeless programs.

• HPO lead for electronic health record modernization (Cerner), including developing forms and accompanying reports for use by homeless program staff and creating technical assistance in collaboration with each program office to address program-specific documentation standards.

Operational Analysis, Reports & Program Evaluation

• OAOI produced over 300 ad-hoc data requests solicited by Homeless Program leadership, field staff, and other internal and external stakeholders, providing specialized and personalized insights into homeless program operations and outcomes.

• Utilizing data from the Gap Analysis, resources were targeted towards VAMCs with identified gaps & needs. As needed, technical assistance was provided to VAMCs regarding potential strategies to close remaining gaps. Community By-Name List (BNL) data was collected from several sites including 34 VAMCs and 67 Continuums of Care (CoC), as OAOI continues to explore ways to further integrate community data within the analysis.
• OAOI and the Office of Healthcare Transformation (OHT) disseminated de-duplicated permanent housing placement reports, which provide insights into how many Veterans are placed in housing. In FY 2021, over 40,000 Veterans obtained permanent housing in VHA homeless programs (GPD, HCHV CRS/LDSH, HUD-VASH, and SSVF).

• Lead for updating and disseminating the monthly Homeless Program At-A-Glance report comprised of key homeless program metrics at the national level to inform Homeless Program leadership and VA Central Office (VACO) by providing a high-level overview of homeless program outcomes and Veterans served.

• Increased insight into the VERA program status as it pertains to the HPO and homeless cohorts of Veterans through extensive analyses. This insight could potentially guide future decisions that will result in a positive impact on patient care services.

• OAOI developed, validated and deployed the 11 new reports during FY 2020:
  o COVID-19 At-risk Report: real-time visibility for VAMC clinical staff into Veterans in homeless programs most at-risk for COVID-19 based on CDC guidelines.
  o Homeless Program Care Assessment Need (CAN) Score Report: insights for VAMC clinical staff into Veterans who are highest risk, to be used as an aid for ensuring high risk Veterans are linked with appropriate services.
  o HUD-VASH Utilization National Summary: provides Homeless Program and HUD-VASH leadership with visibility into HUD-VASH monthly utilization trends during the COVID-19 pandemic.
  o Monthly Face-to-Face vs Telephone and Telehealth Encounters Report: high-level overview of clinical encounters in Homeless Programs and insights with the impact that the COVID-19 pandemic has made on clinical workload and operations.
  o Tribal HUD-VASH Report: insights into overall program history, current FY activity, and current census data for VAMC Tribal HUD-VASH staff, HUD-VASH program office and HUD (entries, exits, housed, graduated, etc.).
  o HOMES/HMIS UDE Report: to support VA and community partner data sharing, this report contains HUD’s Homeless Management Information System (HMIS) HUD-VASH Universal Data elements for direct import into HMIS.
  o HOMES COVID-19 Documentation Report: Overview of COVID-19 tracker compliance for VAMC and VACO staff and leadership based on 10N memo requirements.
  o VISN Hiring Report: Network Homeless Coordinator visibility into VISN and VAMC level hiring rates, unfilled position status, and program specific vacancies to support hiring efforts.
  o GPD Case Management (CM) Reports: congressional report for GPD Program office leadership, detailing activity and outcomes.
Data Collection & Management

- In collaboration with VHA Support Service Center Capital Assets (VSSC), OAOI is rebuilding and modernizing HOMES, to include more sophisticated analytics capabilities, streamlined documentation processes and integration with external data sources to reduce administrative burdens on field staff. Projected national deployment date is August 2021.
- Nationally deployed programming updates to HOMES to collect information on COVID-19 testing and hotel/motel stays, accommodate FY 2021 GPD Notice of Funding Availability (NOFA) changes, enable documentation of services for HUD-VASH pilot programs and increase visibility into instances where SSVF is providing a subsidy to house Veterans in HUD-VASH who are not yet vouchered.
- Built a GPD Case Management (CM) data collection tool to capture non-VA provided case management services and outcomes in response to congressional reporting requirements.
- Built an Administrative Data Tracking System (ADTS) so clinical staff can documents non-clinical activities that help develop, maintain, or expand Veterans Justice Programs (VJP) and HVCES locally, including projects and presentations that are often coordinated with judicial and community partners.
- In collaboration with OHT, built and developed the HUD-VASH Project Based Voucher (PBV) tracker, which automated and streamlined national tracking of active PBV projects.
- Updated the backend data structure and reporting platform to support HOMES modernization efforts, in addition to implementing Power BI solutions for advanced homeless program reporting and analytics.
- Developed Data Validation Business Rules and automation scripts to maintain and improve data integrity throughout OAOI.
- In an effort to enhance customer service and communication, transitioned all OAOI reports to a more robust and visually appealing SharePoint Online site; as well as, updated data access security measures and report functionality.
- Developed a road map for continuous Database performance improvements which include Database restructuring, performance fine-tuning, advanced security measures, and multi-layer data validation.

Data Sharing

- In collaboration with HUD’s Special Needs Assistance Programs (SNAPs) Office, revised HMIS requirements for HUD-VASH programs and in collaboration with HUD and the Partnership Center, developed a web-report designed to display the HOMES HUD-VASH data consistent with the HMIS requirements to support seamless information sharing between VAMCs and CoCs for direct import in HMIS.
- Developed Structured Query Language (SQL) data sharing with partner offices via Data Object Exchanges (DOEX), allowing for seamless data sharing of specific, de-identified information between other workgroups on the Corporate Data Warehouse (CDW).

For more information, please email: VHA10NC1HPOAnalyticsTeam@va.gov.

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 2019: (CHALENG data for calendar year 2020 will be available in spring 2021).

- In 2019, 4,618 individuals completed a CHALENG Participant survey. This included 2,754 homeless Veterans and 1,864 providers and other stakeholders (VA staff, state and public officials, community leaders, volunteers).
- Ten percent of the homeless Veteran survey participants were women. Forty-five percent of the homeless Veteran participants were between the ages of 45-60 with another 40 percent 61 or older.
- There were 1,864 provider and other stakeholder participants. Of these, 49 percent were VA staff, two percent were other Federal employees, 37 percent were state/local official or community providers, and 11 percent were interested members of the community.
- All of the top ten unmet needs were the same for male and female Veterans: child care, discharge upgrade appeals, family reconciliation assistance, housing for registered sex offenders, tax issues and legal assistance in five areas: child support, court fees and fines, credit issues/debt collection, criminal record expungement, and family law.
- Seven 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, and food.
- Consistent with 2018 data and with the previous 19 years of CHALENG data, in 2019 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.

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.

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 pages 3-4.
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 2020:
- On August 7, 2020, VA announced $400 million in SSVF grants to 266 non-profit organizations in all 50 states, the District of Columbia, Guam, Puerto Rico and the Virgin Islands. This includes an additional $13.1 million to extend SSVF’s new Shallow Subsidy grants through September 30, 2022. Shallow Subsidies provide 2 years of rental subsidy in selected high-need areas.
- SSVF launched its national Rapid Resolution initiative, offering homeless diversion through reunification with family and friends.
- For FY 2020 and 2021, VA provided an additional $601.5 million in CARES Act funding to SSVF grantees to support COVID-19 public health efforts. Between March and September 2020, SSVF grantees placed over 17,400 homeless Veterans in hotels and motels to reduce their risks of contagion.
- SSVF assisted over 112,000 individuals; with over 77,500 Veterans assisted.
- Over 19,900 children assisted in over 10,500 households with children.
- Of the Veterans assisted, over 10,100 or roughly 13 percent, were female.
- 82 percent of those discharged from the SSVF program obtained permanent housing.

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 2020:
- The VJO program provided services to over 42,300 justice-involved Veterans.
- VA provided support to 575 Veterans Treatment Courts and other Veteran-focused court programs.
- VA partnered with legal providers to offer 170 pro-bono legal clinics to Veterans on site at VAMCs.

For more information, please visit 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.

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.