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# Veterans and Homelessness

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## Veterans and Homelessness

From the time of the Vietnam War, and continuing as veterans returned from wars in Iraq and Afghanistan, data show that veterans have experienced homelessness at rates exceeding their representation in the general population. The federal government has targeted resources specifically to assist veterans, resulting in reduced numbers of veterans experiencing homelessness and decreases in their percentage of the overall homeless population.

Researchers have identified demographic and experiential factors that may be associated with veteran homelessness. In addition to factors such as gender, race, and marital status, those including mental health, substance use, intimate partner violence, and military sexual trauma have been found to be associated with veteran homelessness.

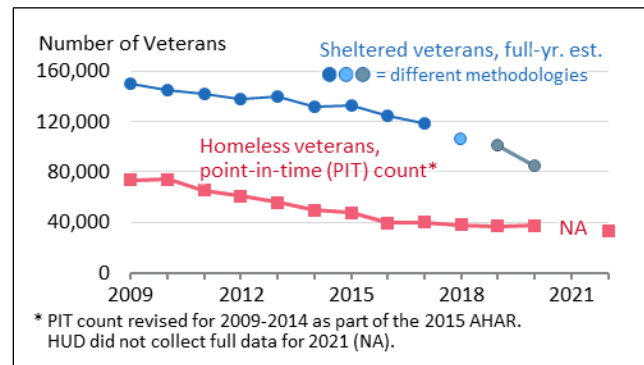
Numerous federal programs, most of which are funded through the Veterans Health Administration of the Department of Veterans Affairs (VA), are targeted to serve eligible veterans. Some of the original targeted federal programs provide health care and rehabilitation services for veterans who experience homelessness (the Health Care for Homeless Veterans and Domiciliary Care for Homeless Veterans programs) and employment assistance (the Compensated Work Therapy program). The Grant and Per Diem program funds transitional housing and services with a goal of helping veterans achieve permanent housing as quickly as possible. The Supportive Services for Veteran Families program provides services and short-term financial assistance to veterans and their families who are transitioning to permanent housing. During the COVID-19 pandemic, Congress provided additional funding to assist veterans through some of these programs.

VA also works with the Department of Housing and Urban Development (HUD) to provide permanent supportive housing to veterans experiencing homelessness through the HUD-VA Supported Housing Program (HUD-VASH). In the HUD-VASH program, HUD funds rental assistance through Section 8 vouchers while VA provides case management and connection to services. Since initially receiving congressional appropriations in FY2008, funds sufficient to support more than 100,000 HUD-VASH vouchers have been appropriated. The Department of Labor administers the Homeless Veterans Reintegration Program and the Incarcerated Veterans Transition Program, which provide assistance to veterans who are seeking employment.

In 2009, VA announced a plan to end homelessness among veterans, with 2015 as its target date. While the agency did not achieve its goal within the timeframe, it continues to focus on ending homelessness. An end to veteran homelessness, as defined by VA, means that communities will identify all veterans experiencing homelessness, be able to provide shelter immediately for veterans who want it, be able to help veterans move quickly into permanent housing, and have the capacity to help veterans who become homeless in the future. In the time since the plan was announced, the amount of funding available for VA programs has grown, with obligations between FY2009 and FY2021 increasing by nearly 500% (excluding COVID-19 specific funding), and the point-in-time estimate of veterans experiencing homelessness declined by 55% (see the figure above).

Concerns endure about the needs of female veterans. Women veterans face challenges that could contribute to their risks of homelessness. They are more likely to have experienced sexual trauma than women in the general

### Number of Veterans Experiencing Homelessness



**Source:** Created by CRS, based on HUD Annual Homeless Assessment Reports to Congress.

population and are more likely than male veterans to be single parents. Historically, few programs targeted to serve women veterans have had the facilities to provide separate accommodations for women and women with children. However, in recent years Congress and VA have made changes to some programs in an attempt to address the needs of female veterans, including funding set-asides and efforts to expand services.

# Contents

Introduction .....	1
Overview of Veterans and Homelessness .....	1
Definition of Homeless Veteran .....	2
Definition of Veteran.....	2
Definition of Homeless Individual.....	3
HUD Estimates of the Number of Veterans Experiencing Homelessness.....	4
Point-in-Time Counts.....	4
Estimates over the Course of the Year .....	6
HUD Data on Demographic Characteristics of Veterans Experiencing Homelessness .....	8
Research on Factors Associated with Veteran Homelessness .....	10
VA Programs.....	13
Health Care for Homeless Veterans .....	13
Domiciliary Care for Homeless Veterans .....	14
Compensated Work Therapy/Transitional Residence Program.....	14
Grant and Per Diem Program .....	16
Grant and Per Diem Housing Models .....	17
Grant and Per Diem Transition in Place.....	18
Grant and Per Diem for Homeless Veterans with Special Needs.....	19
Supportive Services for Veteran Families .....	19
Other VA Programs .....	21
Veterans Justice Outreach Program .....	21
Enhanced Use Leases.....	21
Legal Assistance .....	22
Dental Care .....	22
Pilot Programs Created by the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022 .....	23
HUD-VASH: Collaboration between VA and HUD .....	23
HUD-VA Supported Housing Program .....	23
Early Years of HUD-VASH .....	24
HUD-VASH from FY2008 to the Present.....	24
Project-Based HUD-VASH Vouchers .....	26
Tribal HUD-VASH .....	26
Case Management and HUD-VASH Voucher Utilization.....	27
DOL Programs.....	29
Homeless Veterans Reintegration Program.....	30
Incarcerated Veterans Transition Program .....	31
Funding for VA and DOL Programs .....	32
Selected Areas of Congressional Interest .....	32
Ending Homelessness among Veterans .....	32
Women Veterans.....	33
COVID-19 Pandemic .....	35
Supportive Services for Veteran Families .....	35
Grant and Per Diem Program.....	36
Flexible Funds for Shelter, Food, and Other Assistance .....	37

**Figures**

Figure 1. SSVF Assistance Provided..... 20  
Figure 2. SSVF Expenditures ..... 21  
Figure 3. Funding for Select VA and DOL Programs, FY1988-FY2022 ..... 32

**Tables**

Table 1. PIT Count of Veterans Experiencing Homelessness, 2009-2022 ..... 5  
Table 2. Full-Year Estimates of Veterans Experiencing Sheltered Homelessness,  
FY2009-FY2020 ..... 7  
Table 3. Data About Sheltered Veterans in the HUD Annual Homeless Assessment Report..... 9  
Table 4. VA Health and Rehabilitation Programs for Veterans Experiencing Homelessness..... 15  
Table 5. Funding and Allocations for New HUD-VASH Vouchers, FY2008-FY2023 ..... 29  
Table 6. HVRP and IVTP Participation..... 31  
  
Table A-1. Funding for Selected Homeless Veterans Programs, FY1988-FY2022..... 38

**Appendixes**

Appendix..... 38

**Contacts**

Author Information..... 42

## Introduction

The wars in Iraq and Afghanistan brought renewed attention to the needs of veterans, including the needs of veterans experiencing homelessness. The issue of veteran homelessness initially came to the country's attention in the 1970s and 1980s, when homelessness generally was becoming a more prevalent and noticeable phenomenon. At the same time that the number of people experiencing homelessness began to grow, it became clear through various analyses of homeless individuals that veterans were overrepresented in the homeless population. The first section of this report defines the term *homeless veteran*, discusses attempts to estimate the number of veterans who experience homelessness, presents the demographic characteristics of homeless veterans as reported in the U.S. Department of Housing Development's (HUD's) Annual Homeless Assessment Report (AHAR) to Congress, and summarizes research regarding factors that could be associated with veteran homelessness.

In response to the issue of homelessness among veterans, Congress has created numerous programs to fund services, transitional housing, and permanent housing specifically for veterans who experience homelessness. The second section of this report discusses these programs. The majority of programs are funded through the Department of Veterans Affairs (VA). VA also collaborates with HUD on another program to provide housing and supportive services to eligible veterans—the HUD-VA Supported Housing program (HUD-VASH)—and the Department of Labor (DOL) administers employment programs targeted to assist veterans experiencing homelessness.

In 2009, VA announced a plan to end veteran homelessness by 2015. Although VA did not reach its goal within that time, it continues to focus on reducing the number of veterans experiencing homelessness. The final section of this report discusses the VA plan and progress toward ending homelessness. The section also discusses the needs of women veterans and attempts to better serve them, and VA funding and expanded services during the COVID-19 pandemic.

## Overview of Veterans and Homelessness

Homelessness has always existed in the United States, including among veterans.<sup>1</sup> However, the issue gained prominence toward the end of the 20<sup>th</sup> Century when, in the 1970s and 1980s, the number of people experiencing homelessness increased, as did their visibility. Experts cite various causes for the increase in numbers. These include the demolition of single room occupancy dwellings in so-called skid rows where transient single men lived, the decreased availability of affordable housing generally, the reduced need for seasonal unskilled labor, the reduced likelihood that relatives will accommodate family members at risk of homelessness, the decreased value of public benefits, and changed admissions standards at mental health facilities.<sup>2</sup> The increased visibility of people experiencing homelessness was due, in part, to the decriminalization of actions such as public drunkenness, loitering, and vagrancy.<sup>3</sup>

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<sup>1</sup> Marjorie J. Robertson, "Homeless Veterans, An Emerging Problem?" in *The Homeless in Contemporary Society*, ed. Richard J. Bingham, Roy E. Green, and Sammis B. White (Newbury Park, CA: Sage Publications, 1987).

<sup>2</sup> Peter H. Rossi, *Down and Out in America: The Origins of Homelessness* (Chicago: The University of Chicago Press, 1989), pp. 181-194 (hereinafter, "*Down and Out in America*"). See also, Martha Burt, *Over the Edge: The Growth of Homelessness in the 1980s* (New York: Russell Sage Foundation, 1992), pp. 31-126 (hereinafter, "*Over the Edge*").

<sup>3</sup> *Down and Out in America*, p. 34; *Over the Edge*, p. 123.

Veterans' experiences with homelessness began to come to the attention of the public at the same time that homelessness generally was becoming more common. News accounts chronicled veterans who had served their country but were living (and dying) on the street.<sup>4</sup> Renewed attention came about in the aftermath of the conflicts in Iraq and Afghanistan in the mid-2000s. Since then, Congress has passed laws to provide additional federal resources for programs targeted to assist veterans experiencing homelessness.

## Definition of Homeless Veteran

Title 38 of the U.S. Code defines the term *homeless veteran* as “a veteran who is homeless (as that term is defined in subsection (a) or (b) of the McKinney-Vento Homeless Assistance Act).”<sup>5</sup>

The following subsections discuss the meaning of the terms *veteran* and *homeless* within this definition.

### Definition of Veteran

The term *veteran* is generally defined for programs and benefits under Title 38 of the U. S. Code (which governs benefits for veterans and their dependents). In addition, there is a separate definition for specific VA programs targeted to assist veterans experiencing homelessness.

**General Definition:** Title 38 of the U.S. Code (the title that governs veterans benefits) defines veteran as a person who “served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.”<sup>6</sup> Within this definition are requirements for active duty service, length of service, and discharge status.<sup>7</sup>

Most programs to assist veterans experiencing homelessness that are administered directly by VA follow criteria for VA health care eligibility.<sup>8</sup> These programs include Health Care for Homeless Veterans and Domiciliary Care for Homeless Veterans (for more information, see the “VA Programs” section of this report.)

- **Length of Service:** To be eligible for VA health care, the general requirement is that service must be the “full period” for which the servicemember was called or ordered to active duty or, if less, 24 months of continuous active duty.
- **Discharge Status:** VA accepts discharges that are characterized as honorable or general (under honorable conditions) as “other than dishonorable” for VA health purposes. A dishonorable discharge disqualifies a veteran from eligibility for health care. In between honorable and dishonorable discharges are other-than-honorable or bad-conduct discharges adjudicated by a special court martial, for which VA may make a character-of-discharge determination about a veteran’s eligibility for benefits and health care.<sup>9</sup>

<sup>4</sup> Marjorie J. Robertson, “Homeless Veterans, An Emerging Problem?” in *The Homeless in Contemporary Society*, ed. Richard J. Bingham, Roy E. Green, and Sammis B. White (Newbury Park, CA: Sage Publications, 1987), 66.

<sup>5</sup> 38 U.S.C. §2002(a)(1).

<sup>6</sup> 38 U.S.C. §101(2).

<sup>7</sup> 38 U.S.C. §5303A(b). For more information, see CRS Report R47299, *U.S. Department of Veterans Affairs: Who Is a Veteran?*

<sup>8</sup> For more information, see the “Eligibility” section of CRS Report R42747, *Health Care for Veterans: Answers to Frequently Asked Questions*.

<sup>9</sup> *Ibid.*

**Definition for Specific VA Homeless Programs:** Congress has established exceptions from the length-of-service and discharge requirements for three VA programs for veterans experiencing homelessness: the Grant and Per Diem (GPD) program, the Supportive Services for Veteran Families (SSVF) program, and the HUD-VA Supported Housing Program.<sup>10</sup>

- **Length of Service:** There is no length-of-service requirement to be eligible for GPD, SSVF, and HUD-VASH.<sup>11</sup>
- **Discharge Status:** The only disqualifying discharge statuses for veterans participating in GPD, SSVF, and HUD-VASH are receipt of a dishonorable discharge and by reason of the sentence of a general court martial.

## Definition of Homeless Individual

Veterans are considered *homeless* if they meet the definition of *homeless individual* codified as part of the McKinney-Vento Homeless Assistance Act (P.L. 100-77), as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (P.L. 111-22).<sup>12</sup> The law lays out several ways in which someone may be considered homeless.

**“Literal” Homelessness:** An individual or family is considered to be experiencing homelessness if they lack a fixed, regular, and adequate nighttime residence, defined to mean the following:

- Having a primary nighttime residence that is a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings. These may include a car, park, abandoned building, bus or train station, or campground.
- Living in a supervised publicly or privately operated shelter designed to provide temporary living accommodations. These include transitional housing and hotels or motel rooms paid for by charitable institutions or government entities.
- Exiting an institution (such as a jail or hospital) after a stay of 90 days or fewer, and having resided in an emergency shelter or place not meant for human habitation prior to entering the institution.

**Imminent Loss of Housing:** Individuals and families who meet all of the following criteria are also considered homeless. Those covered by the definition are individuals or families who:

- “will imminently lose their housing,” whether it be their own housing, housing they are sharing with others, or a hotel or motel not paid for by a government entity—imminent loss of housing is evidenced by an eviction notice requiring an individual or family to leave their housing within 14 days; a lack of resources that would allow an individual or family to remain in a hotel or motel for more than 14 days; or credible evidence that an individual or family would not be able to stay with another homeowner or renter for more than 14 days;
- have no subsequent residence identified; and

<sup>10</sup> Codifications are at 38 U.S.C. §2002(b), 38 U.S.C. §5303(d)(2), 38 U.S.C. §5303A(b)(3)(F), 42 U.S.C. §1437f(o)(19)(D), and 38 U.S.C. §2003(b).

<sup>11</sup> The Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 (P.L. 114-315) removed length-of-service requirements for GPD and SSVF and the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (P.L. 116-283) for them for HUD-VASH.

<sup>12</sup> Specifically, the statute defining *homeless veteran* refers to Section 103 of McKinney-Vento. The McKinney-Vento definition of *homeless individual* is codified at 42 U.S.C. §11302(a).



- lack the resources or support networks needed to obtain other permanent housing.

**Other Federal Definitions:** Unaccompanied youth and homeless families with children who are defined as homeless under other federal statutes are considered homeless if they meet all of the following criteria:

- they have experienced a long-term period (defined in regulation as 60 days)<sup>13</sup> without living independently in permanent housing;
- they have experienced instability as evidenced by frequent moves (two moves or more during the 60-day period); and
- they can be expected to continue in unstable housing due to factors such as chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

**Domestic Violence:** Section 103(b) of McKinney-Vento includes as homeless anyone who is fleeing a situation of domestic violence or some other life-threatening condition.<sup>14</sup>

## HUD Estimates of the Number of Veterans Experiencing Homelessness

HUD coordinates two methods to arrive at the number of people experiencing homelessness, including veterans, with collaboration from VA.<sup>15</sup> The first is a point-in-time (PIT) count of people living in both sheltered and unsheltered conditions. The second is an estimate of the total number of people who experience sheltered homelessness (i.e., in emergency shelter or transitional housing) at some point during the year. Both are released as part of HUD's AHAR.<sup>16</sup>

Each of the estimates—PIT and full-year—has caveats and limitations in what they represent. These include differences in the time periods in which estimates are made, the living situations of people who are considered to be experiencing homelessness, and the method used to arrive at a number.

### Point-in-Time Counts

HUD requires local grantee jurisdictions called Continuums of Care (CoCs)<sup>17</sup> to conduct a count of sheltered and unsheltered people experiencing homelessness on one night during the last week

<sup>13</sup> U.S. Department of Housing and Urban Development, "Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Homeless"," 76 *Federal Register* 75996, December 5, 2011.

<sup>14</sup> The domestic violence provision of the McKinney-Vento definition was added when the statute was amended as part of P.L. 111-22 in 2009. The VA statute was updated to include Section 103(b) when P.L. 114-315 was enacted at the end of 2016.

<sup>15</sup> Through 2009, both VA and HUD conducted separate assessments of the number and percentage of veterans experiencing homelessness over a period of years (the VA beginning in 1998, and HUD in 2006). However, beginning in 2011 the two agencies announced that they would coordinate their efforts to produce estimates. U.S. Department of Housing and Urban Development, *Guidance for Counting Veterans During 2011 Point-in-Time Counts of Homeless People*, p. 2, <https://www.hudexchange.info/resources/documents/2011PITVetGuidance.pdf>.

<sup>16</sup> The AHARs are available at <https://www.hudexchange.info/homelessness-assistance/ahar/#2021-reports>.

<sup>17</sup> CoCs are geographically based planning bodies representing cities and counties (or combinations of both), and portions of states that do not have their own CoC. Representatives from local government agencies, service providers, and other community representatives serve on CoC boards that determine priorities for assisting people experiencing homelessness. CoCs submit a unified application to HUD for CoC program funding. For more information, see CRS

of January every other year.<sup>18</sup> As part of the PIT counts, CoCs are to collect information about people experiencing homelessness, including veteran status. HUD has released reports containing PIT counts of veterans since 2009.<sup>19</sup>

- **Time Period:** The PIT counts generally occur on one day during the last week of January. Therefore, the counts are a snapshot of the number of people who experience homelessness on a given day, and they are not meant to represent the total number of people who experience homelessness over the course of a year.
- **Living Situation:** The PIT estimates are meant to capture all people who are unsheltered (living on the street or other places not meant for human habitation), as well as those living in emergency shelters and transitional housing.
- **Method of Arriving at a Number:** In general, the PIT count is meant to capture all individuals who experience homelessness and is not an estimate based on a sample.

**Table 1** contains PIT count results of veterans experiencing homelessness from 2009 through 2022. In 2021, due to the COVID-19 pandemic, the PIT count only included people living in emergency shelter and transitional housing (a total of 19,750 veterans). The table also includes, where available, the percentage of the adult homeless population who were veterans in each year.

**Table 1. PIT Count of Veterans Experiencing Homelessness, 2009-2022**

<b>One-Day Count of Veterans Living in Shelter, on the Street, or Other Places Not Meant for Human Habitation</b>		
<b>Year</b>	<b>Number of Veterans<sup>a</sup></b>	<b>Percentage of Adult Homeless Population</b>
2009	73,367	16%
2010	74,087	16%
2011	65,455	14%
2012	60,579	13%
2013	55,619	12%
2014	49,689	11%
2015	47,725	11%
2016	39,471	9%
2017	40,020 <sup>b</sup>	9%
2018	37,878	9%
2019	37,085	8%
2020	37,252	8%

Report RL33764, *The HUD Homeless Assistance Grants: Programs Authorized by the HEARTH Act*.

<sup>18</sup> 24 C.F.R. § 578.3. The requirement continues to be for a biennial count; however, HUD, through its competition for funds, encourages CoCs to conduct annual counts. See U.S. Department of Housing and Urban Development, *Notice CPD-21-12, Notice for Housing Inventory Count (HIC) and Point-in-Time (PIT) Data Collection for Continuum of Care (CoC) Program and the Emergency Solutions Grants (ESG) Program*, November 15, 2021, p. 4, <https://www.hud.gov/sites/dfiles/OCHCO/documents/2021-12cpdn.pdf>.

<sup>19</sup> Each of the reports containing PIT count data is available on the HUD Exchange website at <https://www.hudexchange.info/hdx/guides/ahar/>.

<b>One-Day Count of Veterans Living in Shelter, on the Street, or Other Places Not Meant for Human Habitation</b>		
<b>Year</b>	<b>Number of Veterans<sup>a</sup></b>	<b>Percentage of Adult Homeless Population</b>
2021	NA <sup>c</sup>	NA <sup>c</sup>
2022	33,129	7%

**Source:** HUD Annual Homeless Assessment Reports, available at <https://www.hudexchange.info/hdx/guides/ahar/>.

- The reported number of homeless veterans in the 2009-2013 PIT counts were revised in the 2014 PIT count, and again in the 2015 PIT count. See HUD, *2014 Annual Homeless Assessment Report, Part 1, Point-in-Time Estimates of Homelessness*, p. 40 and *2015 Annual Homeless Assessment Report, Part 1, Point-in-Time Estimates of Homelessness*, p. 6.
- The number of veterans originally reported in the 2017 PIT count was 40,056. The number changed due to an adjustment by the City of Los Angeles. See HUD, *2017 Annual Homeless Assessment Report to Congress, Part 2*.
- In 2021, due to the COVID-19 pandemic, the PIT count only included people living in emergency shelter and transitional housing (a total of 19,750 veterans) and did not include people who were unsheltered.

## Estimates over the Course of the Year

In estimating the number of people who experience homelessness at any point during the year, HUD uses a sample of data from CoCs across the country.

- Time Period:** The second HUD estimate is an ongoing process to produce an *annual* estimate of the number of people who experience homelessness, including veterans, through data regularly collected by housing and service providers about the people they serve. The estimate differs from the PIT count in that it is based on a full year’s worth of information (rather than one day).
- Living Situation:** The estimate only includes people residing in emergency shelters or transitional housing during the relevant time periods (i.e., the estimate does not include people living on the street or in other places not meant for human habitation).
- Method of Arriving at a Number:** The estimate is based on a sample of communities (rather than an aggregation of all communities). Data may be excluded for providers with low reporting rates or may be adjusted for missing data, and the data are weighted.<sup>20</sup>

**Table 2** shows full-year estimates of veterans experiencing homelessness and veterans as a percentage of the adult population from FY2009 through FY2020 (the most recent data available as of the cover date of this report). HUD cautions that data reported after FY2017 should not be compared to previous years’ data. In FY2018, HUD changed both the method of data collection and the methodology for calculating estimates.<sup>21</sup> Among the changes in FY2018 were the inclusion of people living in safe havens in addition to those living in emergency shelter and

<sup>20</sup> For more information, see U.S. Department of Housing and Urban Development, *Part 2 Estimates of Homelessness in the United States, Data Collection and Analysis Methodology*, October 2018, <https://www.hudexchange.info/resources/documents/2017-AHAR-Data-Collection-and-Analysis-Methodology.pdf>.

<sup>21</sup> U.S. Department of Housing and Urban Development, *The 2018 Annual Homeless Assessment Report (AHAR) to Congress, PART 2: Estimates of Homelessness in the United States*, September 2020, p. A-4, <https://www.huduser.gov/portal/sites/default/files/pdf/2018-AHAR-Part-2.pdf> (hereinafter, “2018 AHAR Part 2”).

transitional housing<sup>22</sup>; the inclusion of people living in Puerto Rico who had not been included in previous years; and one extra day's worth of data (the data were collected starting September 30, 2017, instead of October 1, 2017).<sup>23</sup> Further, due to issues with data quality in FY2018, HUD has stated that FY2018 data should not be compared to FY2019 or FY2020 data and that "2019 has now become the baseline year for tracking changes in the numbers and characteristics of people who use shelter programs at some time during a year."<sup>24</sup>

Nonetheless, the reduction in the number of veterans experiencing sheltered homelessness over the course of the year in FY2020 compared to both FY2019 and prior years is notable. Reasons suggested by HUD for the decline are related to the COVID-19 pandemic and include shelters reducing their capacity to allow for social distancing and an increase in housing-related resources targeted to veterans.<sup>25</sup>

**Table 2. Full-Year Estimates of Veterans Experiencing Sheltered Homelessness, FY2009-FY2020**

Fiscal Year	Estimate of Veterans Living in Shelter at Some Point During the Fiscal Year	
	Number of Veterans	% of Adult Sheltered Population
2009	149,635	13%
2010	144,842	13%
2011	141,449	NA <sup>a</sup>
2012	137,995	12%
2013	139,857	13%
2014	131,697	11%
2015	132,847	12%
2016	124,709	11%
2017	118,380	11%
<b>(break in methodology; subsequent data not comparable)</b>		
2018 <sup>b</sup>	105,820 <sup>c</sup>	10%
<b>(break in methodology; subsequent data not comparable)</b>		
2019	100,571 <sup>d</sup>	NA <sup>a</sup>
2020	84,667	8%

**Source:** HUD Annual Homeless Assessment Reports, available at <https://www.hudexchange.info/hdx/guides/ahar/>.

<sup>22</sup> According to regulations for HUD's CoC program, safe havens serve "hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services"; 24 C.F.R. § 578.3.

<sup>23</sup> 2018 AHAR Part 2, p. A-5. In the subsequent AHAR, HUD resumed using October 1 as the first day of the fiscal year in which data are collected, but continued to include people living in safe havens in the data.

<sup>24</sup> U.S. Department of Housing and Urban Development, *The 2019-2020 Annual Homeless Assessment Report (AHAR) to Congress, PART 2: Estimates of Homelessness in the United States*, July 2022, p. A-5, <https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-2.pdf> (hereinafter, "2019-2020 AHAR Part 2").

<sup>25</sup> *Ibid.*, p. 5-3.

- a. The FY2011 and FY2019 AHAR data did not include veterans as a percentage of the adult sheltered homeless population.
- b. FY2018 contains one extra day. Data were collected from September 30, 2017 (instead of October 1, 2017) through September 30, 2018.
- c. FY2018 estimates are not comparable to previous or subsequent years. In FY2018, HUD's Homeless Management Information System (HMIS) reporting changed, as did some ways in which the number of people experiencing homelessness are calculated.
- d. Starting in FY2019, HUD noted that changes in methodology and data quality means that "2019 has now become the baseline year for tracking changes in the numbers and characteristics of people who use shelter programs at some time during a year." See HUD, *2019-2020 Annual Homeless Assessment Report (AHAR) to Congress, PART 2: Estimates of Homelessness in the United States*, pp. A-4 to A-5.

According to HUD data, veterans have been overrepresented in the homeless population, though the degree of this overrepresentation has been declining. Veterans made up 8% of the adult homeless population in the 2020 full-year estimates, and 7% in the 2022 PIT count. In the same time period, veterans made up approximately 7% of the adult population overall.<sup>26</sup> Approximately 10 years previously, veterans made up 16% of the adult homeless population in the PIT count, 13% in the full-year sheltered estimate, and 9.5% of the adult population overall.<sup>27</sup> The degree of overrepresentation may be declining because the government has increased interventions to assist veterans experiencing homelessness. For example, funding for programs targeting veterans has more than doubled between FY2010 and FY2020 (**Figure 3**). (See the "Ending Homelessness among Veterans" section of this report.)

## HUD Data on Demographic Characteristics of Veterans Experiencing Homelessness

The AHARs to Congress include demographic data for both the PIT count and full-year sheltered estimates.<sup>28</sup> **Table 3**, below, contains data from the FY2020 AHAR full-year estimates of sheltered veterans.<sup>29</sup> Based on AHAR data, veterans who experience sheltered homelessness are predominantly men. Further, veterans who identify as African American, Hispanic, and Native American are overrepresented in the homeless veteran population relative to their percentages in the veteran population overall.

In FY2020, veterans in all age groups, except for the youngest (age 18-24) and oldest (age 65 and older), experienced homelessness at rates greater than their percentages in the veteran population overall. Sheltered veterans in the age groups 25-34, 35-44, and 45-54 are overrepresented relative to their share in population of veterans overall. Further, veterans in the 55-64 age group make up the greatest share of veterans experiencing homelessness at 38.3% and are also overrepresented, with 19.6% of all veterans falling into the age category.

<sup>26</sup> 2020 American Community Survey 5-year estimates, <https://data.census.gov/cedsci/table?q=veterans%202020&tid=ACST5Y2020.S2101>.

<sup>27</sup> U.S. Department of Housing and Urban Development, *Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress*, October 2011, p. 4, <https://www.hudexchange.info/resources/documents/2010AHARVeteransReport.pdf>.

<sup>28</sup> Until FY2012, VA published comprehensive reports to Congress about veterans served in each of its programs. More recently, however, VA has issued a single report summarizing these programs, the *Congressionally Mandated Annual Report on Specialized Programs Offering Assistance to Homeless Veterans*, and available data are limited. As a result, information in this section of the report is not as detailed as it might have been in previous versions.

<sup>29</sup> Full-year sheltered estimates were used because a wider range of data are available.

Data show a general trend of the aging of the homeless veteran population. This is consistent with evidence that the individual adult homeless population is aging.<sup>30</sup> HUD age categories in the full-year estimates shifted in FY2018 from 51-61 to 55-64, and from 62 and older to 65 and older. So while comparisons are not exact, and one must also account for the data changes mentioned previously, there is still a notable aging trend. Between FY2009 and FY2017, the percentage of veterans experiencing homelessness between the ages of 51-61 increased from 38.4% to 42.2%. Further, there have been increases in the percentage of veterans experiencing homelessness in the oldest age category (though they are not overrepresented relative to their percentage in the veteran population). Between FY2009 and FY2017, the percentage of veterans experiencing homelessness at age 62 and older increased from 8.7% of the total to 19.2%.<sup>31</sup> In the FY2020 full-year estimates, veterans age 65 and older were 17.7% of all sheltered veterans experiencing homelessness.

The majority of veterans experiencing homelessness report having a disability. According to HUD data, this percentage ranged from 50% to nearly 60% between FY2009 and FY2017. Since then, the percentage of veterans reporting a disability has exceeded 60%, and reached 71% in FY2020.

**Table 3. Data About Sheltered Veterans in the HUD Annual Homeless Assessment Report (FY2020)**

Characteristic	Sheltered Veterans	All Veterans <sup>a</sup>
<b>Gender</b>		
% Male	92.6	92.3
% Female	7.0	7.7
<b>Age</b>		
% 18-24	1.3	1.3
% 25-34	9.5	4.8
% 35-44	13.8	4.6
% 45-54	19.5	10.0
% 55-64	38.3	19.6
% 65 and older	17.7	59.7
<b>Race</b>		
% White, Non-Hispanic/Latino	53.1	76.9
% White, Hispanic/Latino	5.5	1.8
% Black or African American	34.1	11.5
% Asian or Asian American	0.5	1.4

<sup>30</sup> See, for example, Dennis Culhane, Dan Treglia, and Thomas Byrne, *The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?*, 2019, <https://aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness.pdf>.

<sup>31</sup> U.S. Department of Housing and Urban Development, *The 2017 Annual Homeless Assessment Report (AHAR) to Congress. PART 2: Estimates of Homelessness in the United States*, October 2018, p. 5-8, <https://www.hudexchange.info/resource/5769/2017-ahar-part-2-estimates-of-homelessness-in-the-us/>.

Characteristic	Sheltered Veterans	All Veterans <sup>a</sup>
% Native American/American Indian or Alaska Native	3.9	0.7
% Native Hawaiian or Pacific Islander	0.5	0.1
% Multiple Races	3.4	5.8
<b>Disability Status<sup>b</sup></b>		
% With a Disability	71.2	—
% Without a Disability	27.3	—
<b>Domestic Violence</b>		
% Domestic Violence Survivor	11.4	—
% Not a Domestic Violence Survivor	84.1	—

**Source:** 2019-2020 AHAR Part 2, p. 5-3.

- a. The AHAR uses American Community Survey data to compare to the U.S. population overall. See the “About This Report” section of the 2017 AHAR Part 2.
- b. Disability status is self-reported.

## Research on Factors Associated with Veteran Homelessness

Awareness of factors associated with veteran homelessness can be valuable for targeting assistance and identifying policy solutions, particularly for VA systems that might have contact with veterans experiencing or at risk of homelessness. Researchers have attempted to discern characteristics or life circumstances that might make veterans more vulnerable to experiencing homelessness than the general adult population—a status that may not be intuitive, as VA noted in a 2011 report:

The presence of additional risk for homelessness specifically associated with Veteran status is puzzling in that it occurs among a population that shows better outcomes on almost all socioeconomic measures and that has exclusive access to an extensive system of benefits that include comprehensive healthcare services, disability and pension assistance, and homeless services. Explanations to account for this risk go beyond the basic demographic factors explained here, and underscore the need for identifying other correlates of homelessness among the Veteran population as the basis for prevention efforts.<sup>32</sup>

Veterans face some of the same issues that can serve as risk factors for those experiencing homelessness who have not served in the military. These include factors such as substance use and family instability.<sup>33</sup> However, other factors that may be more common among veterans, such as experiences of military sexual trauma or post-traumatic stress disorder (PTSD), may also be risk factors. This section discusses selected research conducted primarily using data from veterans participating in VA health care (see text box). This is not an exhaustive look at research regarding factors that might be associated with veteran homelessness, and is meant to highlight factors that VA researchers have explored in their work. Further, while factors such as housing

<sup>32</sup> This quote appeared in preliminary VA research using 2009 Homeless Management Information System (HMIS) data. See Jamison Fargo, Stephen Metraux, and Thomas Byrne et al., *Prevalence and Risk of Homelessness Among U.S. Veterans: A Multisite Investigation*, U.S. Department of Veterans Affairs, August 2011, p. 24, [https://repository.upenn.edu/spp\\_papers/151/](https://repository.upenn.edu/spp_papers/151/).

<sup>33</sup> Zachary Giano, Amanda Williams, and Carli Hankey, “Forty Years of Research on Predictors of Homelessness,” *Community Mental Health Journal*, vol. 56, no. 4 (December 19, 2019), pp. 692-709.

availability and costs can be a factor in housing instability and homelessness, this section does not examine research in these areas.<sup>34</sup>

As discussed in the previous section, according to HUD's AHAR, Black and Hispanic veterans are overrepresented in the homeless veteran population compared to their percentages in the overall veteran population. In research involving data from veterans in the VA health system that controls for other available factors, identifying as Black was associated with veterans reporting both risk of homelessness and homelessness, particularly for men.<sup>37</sup> Veterans reporting their ethnicity as Hispanic have been found to be at greater risk of transitioning from stable housing to housing instability than those who are not Hispanic.<sup>38</sup> Further, identifying as a race other than Black or White<sup>39</sup> has been found to be associated with a greater risk of homelessness among both men and women veterans and with homelessness among men.<sup>40</sup>

### National Center on Homelessness Among Veterans

Research about the factors that might be related to veteran homelessness largely began in the 1980s and 1990s, focusing on Vietnam and post-Vietnam era veterans. Research has increased in the years since the wars in Iraq and Afghanistan, particularly in 2010 after Congress began funding the National Center on Homelessness Among Veterans at the VA, a research arm that has released dozens of publications about veteran homelessness.<sup>35</sup>

Much of the National Center on Homelessness Among Veterans' research is based on interactions with veterans seeking VA health services. The center has developed a Homelessness Services Clinical Reminder (HSCR), consisting of two questions, to be asked of veterans seeking VA health care. VA staff ask patients questions to determine if they are experiencing housing instability or homelessness.<sup>36</sup> The HSCR has allowed researchers to evaluate VA health records for conditions and demographic factors that may be associated with risk of homelessness.

Another demographic characteristic that research has identified as being associated with veteran housing instability and homelessness is being unmarried.<sup>41</sup> Studies have acknowledged unmarried status as one of the strongest predictors

<sup>34</sup> For an example of research looking at the relationship of housing costs to homelessness overall, see Chris Glenn, Thomas H. Byrne, and Dennis P. Culhane, "Inflection Points in Community Level Homeless Rates," *Annals of Applied Statistics*, vol. 15, no. 2 (June 2021), pp. 1037-1053.

<sup>35</sup> See the National Center on Homelessness Among Veterans website at <https://www.va.gov/HOMELESS/nchav/research/Publications.asp>.

<sup>36</sup> The two HSCR questions are (1) In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household? (2) Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as part of a household? Follow-up questions are asked about where a veteran has been staying. See Ann Elizabeth Montgomery, *Research Brief: Using a Universal Screener to Identify Veterans Experiencing Housing Instability*, National Center on Homelessness Among Veterans, March 2014.

<sup>37</sup> Ann Elizabeth Montgomery, Melissa E. Dichter, and Arwin W. Thomasson, et al., "Demographic Characteristics Associated with Homelessness and Risk Among Female and Male Veterans Accessing VHA Outpatient Care," *Women's Health Issues*, vol. 25, no. 1 (January-February 2015), pp. 42-48 (hereinafter, "Demographic Characteristics Associated with Homelessness and Risk"). Homelessness was assessed based on a negative response to the first HSCR question, while risk of homelessness was based on a positive response to the second HSCR question; see footnote 36.

<sup>38</sup> Ann E. Montgomery, Fazlur A.K.M. Rahman, and Meagan Cusack, et al., "Correlates of Transitions Into Housing Instability Among Veterans Accessing Veterans Health Administration Health Care," *Medical Care*, vol. 58, no. 12 (December 2020), pp. 1105-1110, 1107 (hereinafter, "Correlates of Transitions Into Housing Instability"). Housing instability was assessed based on a negative response to the first HSCR question and risk of housing instability was based on a positive response to the second question; see footnote 36.

<sup>39</sup> In the research, "other race" consisted of people who are American Indian, Alaska Native, Asian, Native Hawaiian, Other Pacific Islander, and Mixed; see "Demographic Characteristics Associated with Homelessness and Risk," p. 44.

<sup>40</sup> "Demographic Characteristics Associated with Homelessness and Risk," pp. 45-46.

<sup>41</sup> "Demographic Characteristics Associated with Homelessness and Risk," pp. 44-45; Jack Tsai, Rani A. Hoff, and Ilan Harpaz-Rotem, "One-Year Incidence and Predictors of Homelessness Among 300,000 U.S. Veterans Seen in Specialty



of homelessness and risk of homelessness among other factors examined.<sup>42</sup> This is consistent with research of veterans from the Vietnam era, which found that social isolation, including low levels of support in the year following discharge and unmarried status, were associated with homelessness.<sup>43</sup>

Behavioral health conditions have been found to have associations with housing instability and homelessness generally, and also among veterans. Among the conditions consistently associated with increased risk of housing instability and homelessness are mental health conditions including depression and PTSD,<sup>44</sup> and drug and alcohol use disorders,<sup>45</sup> including opioid use disorder.<sup>46</sup>

Intimate partner violence (IPV) and military sexual trauma (MST) may also be associated with homelessness among veterans. VA has screened patients for IPV since 2017 and for MST since 2004.<sup>47</sup> IPV involves assault, including sexual assault, against a current or former intimate partner.<sup>48</sup> An analysis of Centers for Disease Control and Prevention (CDC) survey data found that women veterans report experiencing IPV at higher rates than their counterparts in the civilian population.<sup>49</sup> MST is considered psychological trauma resulting from sexual assault, battery, or harassment while serving in the military.<sup>50</sup> An analysis of a sample of Operation Enduring

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Mental Health Care,” *Psychological Services*, vol. 14, no. 2 (May 2017), pp. 203-207, 205-206 (hereinafter, “One-Year Incidence and Predictors of Homelessness”) (examining data from veterans referred to VA mental health clinics; veterans were determined to be homeless based on participation in targeted VA homeless programs); and “Correlates of Transitions Into Housing Instability,” p. 1107.

<sup>42</sup> For example, in “Correlates of Transitions Into Housing Instability,” p. 1109, and “One-Year Incidence and Predictors of Homelessness,” pp. 205-206, veterans were more than two times as likely to experience housing instability and homelessness, respectively, as married veterans.

<sup>43</sup> Robert Rosenheck and Alan Fontana, “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” *The American Journal of Psychiatry*, vol. 151, no. 3 (March 1994), pp. 421-427, 425.

<sup>44</sup> See Ann Elizabeth Montgomery, Melissa E. Dichter, and Arwin M. Thomasson et al., “Disparities in Housing Status Among Veterans With General Medical, Cognitive, and Behavioral Health Conditions,” *Psychiatric Services*, vol. 66, no. 3 (March 2015), pp. 317-320, 318 (hereinafter, “Disparities in Housing Status”) (assessing homelessness based on a negative response to the first HSCR question and risk of homelessness on a positive response to the second question; see footnote 36) (both depression and PTSD); “Correlates of Transitions Into Housing Instability,” p. 1109 (both depression and PTSD); and Katherine A. Koh, Ann Elizabeth Montgomery, and Robert O’Brien et al., “Predicting Homelessness Among U.S. Army Soldiers No Longer on Active Duty,” *American Journal of Preventive Medicine*, vol. 63, no. 1 (July 2022), pp. 13-23, 17 (assessing homelessness based on one or more days not spent “living in stable housing that you own, rent, or stayed in as part of a household”) (both depression and PTSD).

<sup>45</sup> “Disparities in Housing Status,” p. 318 (drug and alcohol use); “Correlates of Transitions Into Housing Instability,” p. 1109 (drug and alcohol use); “One-Year Incidence and Predictors of Homelessness,” pp. 205-206 (drug and alcohol use); and Stefan G. Kertesz, Aerin J. DeRussy, and Kevin R. Riggs et al., “Characteristics Associated with Unsheltered Status Among Veterans,” *American Journal of Preventive Medicine*, vol. 61, no. 3 (September 2021), pp. 357-368 (assessing unsheltered status based on International Classification of Diseases codes and participation in VA homeless programs) (drug use).

<sup>46</sup> “Correlates of Transitions Into Housing Instability,” p. 1107.

<sup>47</sup> For IPV, see U.S. Department of Veterans Affairs, *Research into Intimate Partner Violence*, October 2017, <https://www.hsrd.research.va.gov/news/feature/intimate-partner-violence.cfm>. For MST, see Emily Brignone, Adi V. Gundlapalli, and Rebecca K. Blais, “Differential Risk for Homelessness Among US Male and Female Veterans with a Positive Screen for Military Sexual Trauma,” *JAMA Psychiatry*, vol. 73, no. 6 (June 2016), pp. 582-589, 583 (hereinafter “Differential Risk for Homelessness”).

<sup>48</sup> For more information about IPV in the context of federal law, see CRS Report R45410, *The Violence Against Women Act (VAWA): Historical Overview, Funding, and Reauthorization*.

<sup>49</sup> Melissa E. Dichter, Catherine Cerulli, and Robert M. Bossarte, “Intimate Partner Violence Victimization Among Women Veterans and Associated Heart Health Risks,” *Women’s Health Issues*, vol. 21, no. 4 (supp.) (July-Aug 2011), p. S192.

<sup>50</sup> The definition of *military sexual trauma* comes from 38 U.S.C. §1720D(a)(1). See VA Fact Sheet, *Military Sexual*

Freedom (OEF) (Afghanistan) and Operation Iraqi Freedom (OIF) veterans receiving VA health care estimated that as many as 24.5% of women veterans and 1.7% of men had experienced MST.<sup>51</sup>

Research involving women veterans participating in VA health care found that those who reported experiencing IPV had increased odds of housing instability.<sup>52</sup> Similarly, in a study of both men and women veterans using VA health care, a positive MST screen was associated with homelessness for both groups, with men having a higher risk of homelessness than women veterans.<sup>53</sup>

## VA Programs

The federal response to the needs of veterans experiencing homelessness, like the federal response to homelessness generally, began in the late 1980s. Congress, aware of the data showing that veterans were disproportionately represented among people who were experiencing homelessness,<sup>54</sup> began to hold hearings and enact legislation at that time. Among the programs enacted were Health Care for Homeless Veterans (HCHV), Domiciliary Care for Homeless Veterans (DCHV), and the Homeless Veterans Reintegration Program.

Over the years, Congress has authorized additional programs to assist veterans experiencing homelessness, and VA has used its own authority to create other initiatives. VA currently funds multiple programs to serve veterans experiencing homelessness. In addition, DOL is responsible for programs that provide employment services for veterans experiencing homelessness, while HUD collaborates with VA to administer the HUD-VASH program. Many of these programs are summarized in this section.

## Health Care for Homeless Veterans

Through HCHV, VA medical center staff conduct outreach to veterans experiencing homelessness; provide care and treatment for medical, psychiatric, and substance use issues; and engage veterans in case management, including referrals for supportive services.<sup>55</sup> In FY2020, HCHV served more than 120,000 veterans.<sup>56</sup> The program is authorized through FY2024 (P.L. 117-180).

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*Trauma*, [http://www.mentalhealth.va.gov/docs/mst\\_general\\_factsheet.pdf](http://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf).

<sup>51</sup> Adi V. Gundlapalli, Emily Brignone, and Guy Divita et al., “Using Structured and Unstructured Data to Refine Estimates of Military Sexual Trauma Status Among US Military Veterans,” *Studies in Health Technology and Informatics*, vol. 238 (July 2017), pp. 128-131.

<sup>52</sup> Ann Elizabeth Montgomery, Anneliese E. Sorrentino, and Meagan C. Cusack et al., “Recent Intimate Partner Violence and Housing Instability Among Women Veterans,” *American Journal of Preventive Medicine*, vol. 54, no. 4 (April 2018), pp. 584-590, 586. Housing instability was assessed based on participation in VA homeless programs and responses to HSCR questions (see footnote 36).

<sup>53</sup> “Differential Risk for Homelessness,” p. 585. Homelessness was assessed based on based on International Classification of Diseases codes for “lack of housing.”

<sup>54</sup> Senate Committee on Veterans Affairs, *Veterans’ Administration FY1988 Budget, the Vet Center Program, and Homeless Veterans Issues*, 100<sup>th</sup> Cong., 1<sup>st</sup> sess., S.Hrg. 100-350, February 18 & 19, 1987, pp. 2-6.

<sup>55</sup> 38 U.S.C. §§2031, 2034.

<sup>56</sup> U.S. Department of Veterans Affairs, *Report on Specialized Programs Offering Assistance to Homeless Veterans, Fiscal Year (FY) 2020*, May 2021, p. 7 (hereinafter “FY2020 Report on Specialized Programs Offering Assistance to Homeless Veterans”).

While the HCHV program itself does not provide housing for veterans who receive services, VA may enter into contracts with community providers for residential treatment beds through the Contract Residential Treatment (CRT) component of HCHV.<sup>57</sup> Although VA has used housing through CRT for a number of years, from FY2003 through approximately FY2008 VA shifted funding from CRT facilities to the VA Grant and Per Diem program (described later in this section).<sup>58</sup> However, starting in FY2008 VA again began referring veterans with mental health and substance use needs too great for the Grant and Per Diem program to housing through CRT.<sup>59</sup> (The number of veterans served through CRT is shown in **Table 4**.)

HCHV was the first federal program to specifically address the needs of veterans experiencing homelessness, and was initially called the Homeless Chronically Mentally Ill veterans program.<sup>60</sup> The program was created as part of an emergency appropriations act for FY1987 (P.L. 100-6) in which Congress allocated \$5 million to VA to provide medical and psychiatric care in community-based facilities to veterans with “chronic mental illness disabilities.”<sup>61</sup> The law was amended in 2012 so that all veterans experiencing homelessness are eligible for the program, whether or not they have mental health issues (P.L. 112-154).

## Domiciliary Care for Homeless Veterans

DCHV provides residential rehabilitative services for veterans who have physical or behavioral health conditions. Through the program, veterans receive medical, psychiatric, and substance use treatment, as well as vocational rehabilitation services. Domiciliary care is authorized along with VA hospital and nursing home care, with veteran eligibility based on criteria established in law.<sup>62</sup> The authority for domiciliary care does not expire.

Congress first provided funds for the DCHV program for veterans experiencing homelessness in 1987 through a supplemental appropriations act (P.L. 100-71).<sup>63</sup> Prior to enactment of P.L. 100-71, domiciliary care for veterans generally (sometimes referred to as Residential Rehabilitation and Treatment programs) had existed since the 1860s. The program for veterans experiencing homelessness was implemented to reduce the use of more expensive inpatient treatment, improve health statuses, and reduce the likelihood of homelessness through employment and other assistance. (See **Table 4** for data about the number of veterans served through DCHV.)

## Compensated Work Therapy/Transitional Residence Program

The Compensated Work Therapy (CWT) program connects veterans who have physical disabilities, mental health issues, and/or substance use issues to vocational training and work

<sup>57</sup> 38 U.S.C. §2032.

<sup>58</sup> FY2004 VA Budget Justifications, p. 2-163.

<sup>59</sup> Wesley J. Kaspro, Timothy Cuerdon, and Diane DiLella et al., *Health Care for Homeless Veterans Programs: Twenty-Third Annual Report*, U.S. Department of Veterans Affairs, March 25, 2010, p. 121.

<sup>60</sup> In 1992, the VA began to refer to the program by its current name. VA FY1994 Budget Summary, Volume 2, Medical Benefits, p. 2-63.

<sup>61</sup> Shortly after the HCHV program was enacted in P.L. 100-6, Congress passed another law (P.L. 100-322) that repealed the authority in P.L. 100-6 and established HCHV as a pilot program. The program was then made permanent in the Veterans Benefits Act of 1997 (P.L. 105-114). The HCHV program is now codified at 38 U.S.C. §§2031-2034.

<sup>62</sup> 38 U.S.C. §1710.

<sup>63</sup> Funding for veterans experiencing homelessness is referenced in the conference report accompanying H.R. 1827, which became P.L. 100-71. See H.Rept. 100-195.

experiences so they may re-enter the workforce and maintain employment on their own.<sup>64</sup> While CWT itself is not targeted to veterans experiencing homelessness, the Transitional Residence (TR) component provides housing to participants in the CWT program who are experiencing or at risk of homelessness.<sup>65</sup> The CWT program is permanently authorized through the VA’s Special Therapeutic and Rehabilitation Activities Fund.<sup>66</sup> The TR component is authorized through FY2024 (P.L. 117-180).<sup>67</sup>

Through the CWT program, VA employs veterans directly, finds work for veterans at other federal agencies, or enters into contracts with private companies or nonprofit organizations that then provide veterans with work opportunities. Veterans must be paid wages commensurate with wages in the community for similar work. The goal for the program is that through their experience, participants will improve their chances of living independently and reaching self-sufficiency. In 2003, the Veterans Health Care, Capital Asset, and Business Improvement Act (P.L. 108-170) added work skills training, employment support services, and job development and placement services to the activities authorized by the CWT program.

In 1991, as part of the Veterans Housing, Memorial Affairs, and Technical Amendments Act (P.L. 102-54), Congress added the TR component to the CWT program. Although the law initially provided that both VA itself or private nonprofit organizations, through contracts with VA, could operate housing, it was subsequently changed so that only VA now owns and operates housing.<sup>68</sup> The housing is transitional—up to 12 months—and veterans who reside in it receive supportive services. (For data on the number of veterans served through the TR component, see **Table 4.**)

**Table 4** provides a comparison of the number of veterans served through HCHV/CRT, DCHV, and CWT/TR in FY2009, the year in which VA announced its plan to end homelessness among veterans; and FY2020, the most recent year that data are available as of the cover date of this report.

**Table 4. VA Health and Rehabilitation Programs for Veterans Experiencing Homelessness**

Veterans Served in HCHV/CRT, DCHV, and CWT/TR

	HCHV/CRT		DCHV		CWT/TR	
	FY2009	FY2020	FY2009	FY2020	FY2009	FY2020
Number of sites	—	—	42	44	42	41
Number of beds	1,077 <sup>a</sup>	3,890	2,152	2,000 <sup>b</sup>	633	559
Veterans served	2,472	10,400 <sup>c</sup>	6,311	4,400 <sup>bd</sup>	759	755 <sup>d</sup>
Average stay <sup>e</sup>	2.3 months	2.2 months	3.7 months	3.0 months	6.2 months	5.2 months
Exit to permanent housing	38%	49% <sup>f</sup>	56%	65%	73%	74%

<sup>64</sup> The CWT program has existed at the VA in some form since the 1930s. Senate Veterans Affairs Committee, report to accompany S. 2908, 94<sup>th</sup> Cong., 2<sup>nd</sup> sess., S.Rept. 94-1206, September 9, 1976. The program was authorized in P.L. 87-574 as “Therapeutic and Rehabilitative Activities,” and was substantially amended in P.L. 94-581, an act that amended various aspects of veteran health care programs.

<sup>65</sup> The VA’s authority to operate transitional residences (referred to as “therapeutic transitional housing” in statute) is codified at 38 U.S.C. §2032.

<sup>66</sup> 38 U.S.C. §1718(c).

<sup>67</sup> 38 U.S.C. §2031.

<sup>68</sup> The provision for nonprofits was in P.L. 102-54 but was repealed by P.L. 105-114, §1720A(c)(1).

**Source:** Catherine Leda Seibyl, Sharon Medak, and Linda Baldino et al., *The Twenty-First Progress Report on the Department of Veterans Affairs Domiciliary Care for Homeless Veterans Program: Fiscal Year 2009*, U.S. Department of Veterans Affairs, March 24, 2010; Wesley J. Kaspro, Timothy Cuerdon, and Diane DiLella et al., *Health Care for Homeless Veterans Programs: Twenty-Third Annual Report*, U.S. Department of Veterans Affairs, March 25, 2010; Catherine Leda Seibyl, Sharon Medak, and Linda Baldino et al., *Compensated Work Therapy / Transitional Residence (CWT/TR) Program Fiscal Year 2009*; and U.S. Department of Veterans Affairs, *Report on Specialized Programs Offering Assistance to Homeless Veterans Fiscal Year (FY) 2020*.

**Notes:** FY2009 is included in the table because it is the year that VA declared a goal of ending veteran homelessness and devoted additional resources to serving homeless veterans. FY2020 is the most recent program data publicly available as of the cover date of this report.

- a. 2009 HCHV/CRT beds are an estimate based on VA's statement that the number of beds increased between 2009 and 2015 by 394%.
- b. VA reported "more than" 2,000 beds and "over" 4,400 unique veterans served for DCHV in FY2020.
- c. VA reported "over" 10,400 veterans receiving services for HCHV in FY2020.
- d. VA reports completed episodes of care for the CWT/TR program.
- e. VA reports average stay differently depending on the program. Where the average stay is reported in days, CRS estimated the number of months.
- f. The percentage of veterans exiting to permanent housing for HCHV in FY2020 was calculated using reported numbers of 5,100 out of 10,400 veterans.

## Grant and Per Diem Program

Through GPD program, VA awards grants to public entities and private nonprofit organizations to provide short- to medium-term housing and supportive services to veterans experiencing homelessness.<sup>69</sup> The grants portion of the program makes capital grants available for the facilities to serve veterans, while the per diem portion reimburses providers, up to a limit, for the cost of providing housing and services. GPD also provides for longer-term rental assistance through a program called Transition in Place, and there is a separately authorized GPD program for veterans with special needs. Both are described in separate subsections later in this section.

Initially called the Comprehensive Service Programs, the GPD program was introduced as a pilot in 1992 through the Homeless Veterans Comprehensive Services Act (P.L. 102-590). The program was made permanent as part of the Homeless Veterans Comprehensive Services Act of 2001 (P.L. 107-95). The GPD program is currently authorized at \$258 million for FY2015 and each fiscal year thereafter (P.L. 114-228).

- **Grants:** The grants portion of the GPD program provides capital grants to acquire, construct, expand, or remodel facilities so they are suitable for use as either service centers or transitional housing.<sup>70</sup> The capital grants can fund the costs of acquisition, construction, expansion, or remodeling of facilities.<sup>71</sup> Grants may also be used to procure vans for outreach and transportation.
- **Per Diem:** The per diem portion of the GPD program reimburses grant recipients for the costs of providing housing and supportive services to veterans

<sup>69</sup> The GPD program is codified at 38 U.S.C. §§2011-2013.

<sup>70</sup> The Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (P.L. 112-154) made construction an eligible use of funds.

<sup>71</sup> 38 U.S.C. §2011(c). Until the enactment of the Joseph Maxwell Cleland And Robert Joseph Dole Memorial Veterans Benefits And Health Care Improvement Act of 2022 (Division U of the FY2023 Consolidated Appropriations Act, P.L. 117-328), GPD capital grants would pay no more than 65% of the capital costs to develop a property. P.L. 117-328 eliminated this requirement, but gave VA the authority, five years after the law's enactment, to set the maximum amount of a grant at not less than 70% of a project's estimated cost.

experiencing homelessness. The maximum amount of time a veteran may remain in housing is 24 months, with three total stays, though clients may stay longer “if permanent housing for the veteran has not been located or if the veteran requires additional time to prepare for independent living.”<sup>72</sup> The supportive services that grantees may provide include outreach activities, food and nutrition services, health care, mental health services, substance use counseling, case management, child care, assistance in obtaining housing, employment counseling, job training and placement services, and transportation assistance.<sup>73</sup> Organizations may apply for per diem funds alone (without capital grant funds), as long as they would be eligible to apply for and receive capital grants.

- The per diem portion of the GPD program reimburses organizations for the actual costs of housing and services, but not to exceed 115% of the per diem rate for state homes for domiciliary care.<sup>74</sup> The per diem rate increases periodically; the FY2023 rate is \$54.89 per day.<sup>75</sup> The per diem portion of the program also compensates grant recipients for the services they provide to veterans at service centers. For FY2023, the reimbursement rate is \$20.58 per hour.
- In cases where veterans are caring for minor dependents, an organization can be reimbursed at 50% of the per diem rate for each dependent.<sup>76</sup>
- Any per diem payments are offset by other funds that the grant recipient receives, including from other federal programs, state and local governments, and private organizations.<sup>77</sup>

## Grant and Per Diem Housing Models

VA requires GPD grantees to administer one or more of five specific housing models, called Bridge Housing, Low Demand Housing, Hospital to Housing/Respite Care, Clinical Treatment, and Service-Intensive Transitional Housing. These models were put in place during the FY2017 competition for funds as a way of ensuring that GPD housing presents low barriers to entry and is an interim step toward finding permanent housing for veterans.<sup>78</sup> In each housing model, providers are to focus on veteran populations with specific needs. Prior to FY2017, the GPD program housing model was generally transitional housing with services. Veterans could stay in transitional housing for up to 24 months, but the focus was not necessarily on quickly finding housing for veterans.

<sup>72</sup> 38 C.F.R. §§61.80(d) and 61.33(e).

<sup>73</sup> 38 CFR §61.2.

<sup>74</sup> 38 U.S.C. §2012(2). The maximum per diem rate was increased from the domiciliary care rate to 115% of the rate as part of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315).

<sup>75</sup> U.S. Department of Veterans Affairs, Grant and Per Diem Program Provider website, [https://www.va.gov/HOMELESS/GPD\\_ProviderWebsite.asp#Rate](https://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp#Rate).

<sup>76</sup> 38 U.S.C. §2012(a)(2)(A)(iii). This provision was added to the law as part of P.L. 116-315.

<sup>77</sup> 38 U.S.C. §2012(a)(2)(A)(ii).

<sup>78</sup> U.S. Department of Veterans Affairs, “Funding Availability: Homeless Providers Grant and Per Diem Program,” 81 *Federal Register* 94487, December 23, 2016, <https://www.federalregister.gov/documents/2016/12/23/2016-30957/funding-availability-homeless-providers-grant-and-per-diem-program>.

- **Bridge Housing** serves veterans who have already obtained permanent housing assistance through another program but need a place to stay before they are able to move in.
- **Low Demand Housing** targets veterans experiencing chronic homelessness who have behavioral health issues and does not impose medication compliance or sobriety on residents.
- **Hospital to Housing/Respite Care** is meant to serve veterans who have been identified in emergency departments or inpatient settings who need assistance transitioning from the health care setting and may continue to have medical needs.
- **Clinical Treatment** serves veterans who are seeking treatment for behavioral health issues. The clinical treatment model differs from the low-demand housing model in that veterans choose to engage in treatment.
- **Service-Intensive Transitional Housing** is most like the original GPD transitional housing model, providing supportive services along with transitional housing with the goal of moving the veteran to permanent housing as quickly as possible.

In the initial awards under the current housing models (instituted in 2017), the majority of awards went to organizations providing Bridge Housing and Service-Intensive Transitional Housing—approximately 30% of grant recipients for each type of housing.<sup>79</sup>

According to VA data, 400 GPD programs were funded in FY2020. These providers had approximately 12,300 beds available for veterans and admitted more than 17,700 veterans during the fiscal year, with an average length of stay of approximately 5 ½ months.<sup>80</sup> Of those discharged, 68% moved to permanent housing, and 59% were employed.<sup>81</sup>

### Grant and Per Diem Transition in Place

As part of the FY2012 Grant and Per Diem application process, VA encouraged providers to enter into an arrangement with veterans called “transition in place.”<sup>82</sup> Under the transition in place concept, providers own or lease apartments that are used by eligible veterans, with the idea that veterans remain there and take over the lease once the transition period ends. Congress authorized additional per diem funding, up to 150% of the state home domiciliary care rate, for transition in place units.<sup>83</sup> VA GPD funds are used for housing and services during the transition period, with other funds used for rental assistance once the transition is made to permanent housing.

<sup>79</sup> FY2017 Per Diem Only Grant Award List, accessed via VA press release: U.S. Department of Veterans Affairs, “VA Awards \$188 Million in Grant Funding to Help Homeless Veterans,” press release, September 11, 2017, <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2946>.

<sup>80</sup> U.S. Department of Veterans Affairs, *Report on Specialized Programs Offering Assistance to Homeless Veterans Fiscal Year (FY) 2020*, p. 12.

<sup>81</sup> *Ibid.*, p. 11.

<sup>82</sup> U.S. Department of Veterans Affairs, “Fund Availability Under VA’s Homeless Providers Grant and Per Diem Program,” 77 *Federal Register* 12648, March 1, 2012.

<sup>83</sup> 38 U.S.C. §2012(a)(2)(B)(ii). Per diem payments for transition in place were authorized as part of the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 (P.L. 114-315).

## Grant and Per Diem for Homeless Veterans with Special Needs

The GPD program for homeless veterans with special needs (GPD-SN) serves women, veterans with children, frail elderly veterans, veterans with terminal illnesses, and those with chronic mental illnesses. The SN grant was created in 2001 (P.L. 107-95); in 2012, eligibility was expanded to include all veterans with children, not just women (P.L. 112-154). The program is authorized at \$5 million per year through FY2024 (P.L. 117-180).

## Supportive Services for Veteran Families

The SSVF program helps veterans who are experiencing homelessness or at risk of homelessness to find and maintain permanent housing.<sup>84</sup> The program targets very low-income veterans and their families who are residing in permanent housing, making the transition from homelessness to housing, or moving from one location to another. Entities eligible for funds are private nonprofit organizations and consumer cooperatives, and funds are made available through a competitive process. Organizations that assist families transitioning from homelessness to permanent housing are given priority for funding under the law. Among the eligible services that recipient organizations may provide are outreach; case management; assistance with rent, utility, and moving costs; and help applying for VA and mainstream benefits such as health care services, daily living services, financial planning, transportation, legal assistance, child care, and housing counseling.

SSVF was initially authorized as part of the Veterans' Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387). It is authorized at \$420 million per year from FY2021 through FY2024 (P.L. 117-180).

In FY2021, the SSVF program served 80,924 veterans and their family members (totaling 116,854 people).<sup>85</sup> The majority of veterans (65%) received rapid rehousing assistance, with 35% of households receiving assistance for homelessness prevention.<sup>86</sup> SSVF expenditures per household increased in FY2020 and FY2021 compared to previous years, to \$6,890 and \$7,805 respectively.<sup>87</sup> Between FY2015 and FY2019, expenditures had ranged from approximately \$3,700 to \$4,800 per household served. VA noted that expenditures have increased since the program's inception due to lack of affordable housing, and that the larger increases in FY2020 and FY2021 are related to needs that arose during the COVID-19 pandemic, including longer periods of household participation and emergency housing assistance (described in more detail in the next paragraph). (For the numbers of veterans assisted and type of assistance provided in recent years, see **Figure 1**.)

<sup>84</sup> The program is codified at 38 U.S.C. §2044.

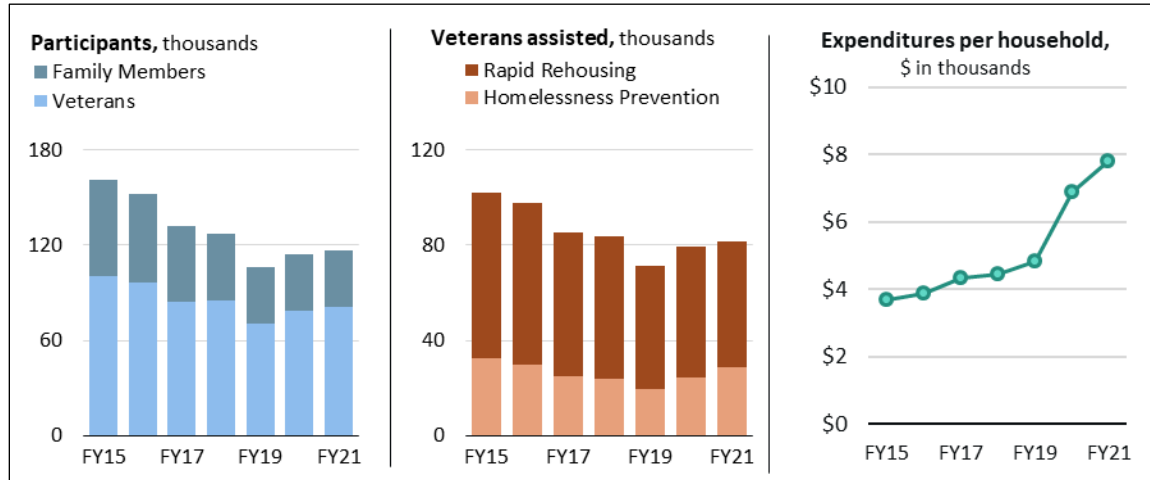
<sup>85</sup> U.S. Department of Veterans Affairs, *Supportive Services for Veteran Families (SSVF) FY2021 Annual Report*, p. 18, [https://www.va.gov/HOMELESS/ssvf/docs/SSVF\\_Annual\\_Report\\_FY21.pdf](https://www.va.gov/HOMELESS/ssvf/docs/SSVF_Annual_Report_FY21.pdf) (hereinafter, "*SSVF FY2021 Annual Report*").

<sup>86</sup> *Ibid.* Some households received assistance in both categories.

<sup>87</sup> *Ibid.*, p. 39.



**Figure I. SSVF Assistance Provided**  
FY2015-FY2021



**Source:** VA SSVF Annual Reports, available at <https://www.va.gov/homeless/ssvf/research-library/>.

VA allows grantees to use approximately 50% of funding for temporary financial assistance (TFA) for veteran families.<sup>88</sup> TFA must be necessary to help a veteran obtain and maintain permanent housing, and includes payments to third party providers for rental assistance, security deposits, utility deposits and payments, moving costs, emergency housing assistance (such as hotel/motel rooms), and child care.<sup>89</sup> Starting in FY2020, TFA increased from 34% to 49% of SSVF funding, due in part to housing needs resulting from the COVID-19 pandemic.<sup>90</sup> In FY2021, 46% of funds were used for TFA, and of that, 41% was paid for rental assistance.<sup>91</sup> However, the highest category of TFA spending in FY2021 was 43% for emergency housing assistance (EHA), specifically to pay for hotel and motel rooms for veterans in need of shelter during the COVID-19 pandemic.<sup>92</sup> Prior to FY2020, EHA had been included in an “other assistance” category, which had not previously exceeded 8% of TFA expenditures. In FY2020, the percentage of TFA funds used for EHA increased to 32%. (For a breakdown of FY2021 expenditures, see **Figure 2**.)

Rental assistance through SSVF is limited, by regulation, to a maximum of 10 months in a two-year period, and may not exceed 6 months in any 12-month period.<sup>93</sup> For extremely low-income veterans (those with incomes at or below 30% of area median income), the limits are 12 months in a two-year period and 9 months in any 12-month period.<sup>94</sup> However, starting with funding for FY2020, VA instituted a *shallow subsidy* that extended the maximum limits for rental assistance in communities with high rental costs and low vacancy rates.<sup>95</sup> Veterans may receive up to an

<sup>88</sup> The percentage of funds available for TFA is included in the annual Notices of Funding Availability.

<sup>89</sup> U.S. Department of Veterans Affairs, *Supportive Services for Veteran Families (SSVF) Program Guide*, March 2021, p. 60, [https://www.va.gov/HOMELESS/ssvf/docs/SSVF\\_Program\\_Guide.pdf](https://www.va.gov/HOMELESS/ssvf/docs/SSVF_Program_Guide.pdf).

<sup>90</sup> *SSVF FY2021 Annual Report*, p. 37.

<sup>91</sup> *Ibid.*, p. 40.

<sup>92</sup> *Ibid.*

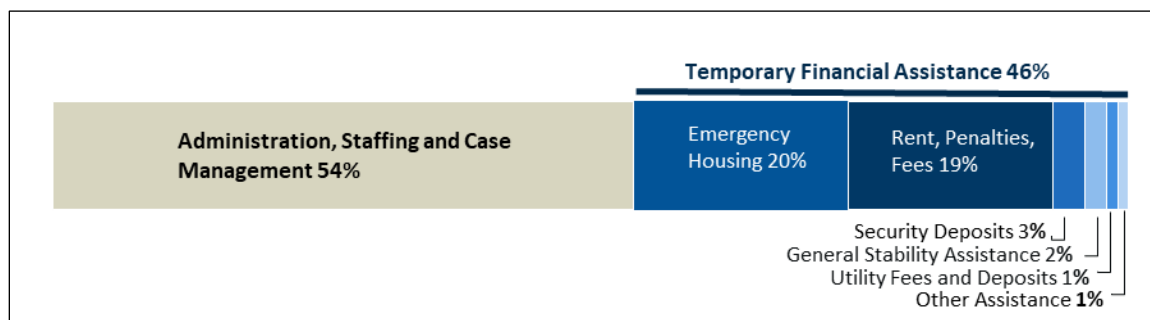
<sup>93</sup> 38 C.F.R. §62.34(a)(1).

<sup>94</sup> *Ibid.*

<sup>95</sup> U.S. Department of Veterans Affairs, “Rental and Utility Assistance for Certain Low-Income Veteran Families,” 45 *Federal Register* 45074, August 28, 2019, <https://www.federalregister.gov/documents/2019/08/28/2019-18521/rental->

additional two years of rental assistance, depending on income, and after the initial two year period it is possible to recertify for another two years. Rental assistance under the shallow subsidy may not exceed 50% of the reasonable rent for an area.<sup>96</sup> Counties in which veterans may qualify for the shallow subsidy are to be published annually in the *Federal Register*.

**Figure 2. SSVF Expenditures**  
FY2021



Source: FY2021 SSVF Annual Report.

## Other VA Programs

### Veterans Justice Outreach Program

Through the Veterans Justice Outreach (VJO) program, VJO specialists, employed at VA medical centers (VAMCs), reach out to veterans who are involved in the criminal justice system for matters that do not result in imprisonment to ensure that they have access to VA mental health and substance use treatment and other VA benefits for which they are eligible. The VJO program was created by VA through the statutory authority allowing the agency to initiate programs to prevent homelessness.<sup>97</sup> The program has received funding since FY2010, and there are approximately 400 VJO specialists located in VAMCs around the country.<sup>98</sup>

### Enhanced Use Leases

Through Enhanced Use Leases (EULs), VA enters into agreements with outside providers to make use of underutilized VA real property.<sup>99</sup> Among the ways in which property may be used is to provide housing for veterans experiencing homelessness. As of 2022, 55 of the 106 total EULs entered into by VA were for housing, with 3,400 active units and 283 under construction.<sup>100</sup>

and-utility-assistance-for-certain-low-income-veteran-families. The changes are in regulation at 38 C.F.R. §62.34(a)(8).

<sup>96</sup> VA amended the shallow subsidy regulations to increase rents from 35% of fair market rent to the 50% of reasonable rent standard in 2021. U.S. Department of Veterans Affairs, "Supportive Services for Veterans Families," 86 *Federal Register* 62482, November 10, 2021, <https://www.federalregister.gov/documents/2021/11/10/2021-24496/supportive-services-for-veterans-families>.

<sup>97</sup> The authority is at 38 U.S.C. §2022.

<sup>98</sup> Department of Veterans Affairs FY2023 Budget Justifications, Volume II, p. 283, <https://www.va.gov/budget/docs/summary/fy2023-va-budget-volume-ii-medical-programs-and-information-technology.pdf>. A list of VJO specialists is available on VA's website at <https://www.va.gov/homeless/vjo.asp#contacts>.

<sup>99</sup> 38 U.S.C. §§8161-8168.

<sup>100</sup> U.S. Department of Veterans Affairs, *Report on the Implementation and Administration of Enhanced-Use Leases*

EULs have been a method for VA to make productive use of underutilized real property since 1991. Until 2012, VA was able to enter into any lease that would either (1) further the mission of VA and enhance the use of the property or (2) result in the improvement of medical care and services to veterans in the geographic area.<sup>101</sup> Beginning in 2012, Congress made housing a focus of the program. For approximately 10 years, from 2012-2022, the only eligible purpose of EULs was to provide supportive housing for veterans experiencing or at risk of homelessness.<sup>102</sup> Among the types of housing that qualify as supportive housing are transitional, permanent, and single-room occupancy housing, as well as congregate living, independent living, or assisted living facilities.

The EUL law was changed again in 2022 as part of the Honoring Our PACT Act (P.L. 117-168). EULs are now available for purposes that will either (1) directly or indirectly benefit veterans or (2) provide supportive housing, as long as the project does not adversely affect the mission of VA or VA operations in the vicinity of the lease. In addition, VA's authority to enter into EULs no longer expires after P.L. 117-168 repealed the statutory provision providing for expiration of the authority. The maximum term of an EUL is 99 years, and while VA does not have to receive consideration for an EUL, if it does receive consideration, it may only be "cash at fair value," and not in-kind payment.<sup>103</sup>

## Legal Assistance

The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315) authorized a program for VA to award grants to public or private nonprofit legal services providers to assist veterans who are at risk of or experiencing homelessness.<sup>104</sup> The law provides that grantees should be equitably distributed geographically, including representation for veterans in rural and tribal areas. Funds may be used for housing-related cases, including eviction defense, representation in landlord-tenant cases, and representation in foreclosure cases, as well as family law, income support, criminal defense, and matters related to discharge status. Pursuant to an interim final rule, other covered legal services as determined by VA include assistance with protective orders, access to health care, consumer matters, and employment law.<sup>105</sup> As of the cover date of this report, grants for the program had not been awarded.

## Dental Care

The Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95) provided that dental care for certain veterans experiencing homelessness shall be considered medically necessary (and therefore provided by VA) if needed to gain employment, relieve pain, or treat certain

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*Fiscal Year (FY) 2022*, December 2022, p. 2.

<sup>101</sup> See P.L. 102-86.

<sup>102</sup> The EUL statute was changed as part of the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (P.L. 112-154).

<sup>103</sup> 38 U.S.C. §8162(b)(2)-(3).

<sup>104</sup> 38 U.S.C. §2022A.

<sup>105</sup> U.S. Department of Housing and Urban Development, "Legal Services for Homeless Veterans and Veterans At-Risk for Homelessness Grant Program," 87 *Federal Register* 33025, 33042, June 1, 2022, <https://www.federalregister.gov/documents/2022/06/01/2022-10930/legal-services-for-homeless-veterans-and-veterans-at-risk-for-homelessness-grant-program>.

conditions.<sup>106</sup> Veterans are eligible if they are receiving care in the DCHV program, the CWT/TR program, Community Residential Care Facilities, or a GPD program. Congress authorized dental care based on surveys of VA staff and community providers as part of the VA CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) report indicating that dental care was one of homeless veterans' greatest unmet needs.<sup>107</sup>

### **Pilot Programs Created by the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022**

Division U of the FY2023 Consolidated Appropriations Act (P.L. 117-328), the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022, created two pilot programs to assist veterans experiencing homelessness.

#### ***Pilot Program on Grants for Health Care for Homeless Veterans***

Section 310 of Division U created a pilot to award grants to transitional housing providers (with a preference for GPD grantees) to assist veterans who are experiencing, at risk of, or transitioning from homelessness and who have health care needs. Specifically, the grants are to pay for medical personnel who will help veterans needing assistance with activities of daily living or “consistent medical attention and monitoring.” The grants are to be equitably distributed across geographic areas, and VA may prioritize grant recipients in rural areas, on tribal lands, or where there is a significant number of veterans age 55 and older. The duration of the pilot is five years with at least five grantees, and VA is to issue a report annually on participants and their housing outcomes, among other things.

#### ***Pilot Program on Award of Grants for Substance Use Disorder Recovery for Homeless Veterans***

Section 311 of Division U established a pilot program that will award grants to eligible entities that will, in turn, assist veterans who are experiencing, at risk of, or transitioning from homelessness through treatment for substance use issues. Entities eligible to apply for grants are private nonprofit organizations (or corporations wholly owned and controlled by them), for-profit limited partnerships, and tribally designated housing entities. To the extent possible, the grants are to be equitably distributed across geographic areas, including rural and tribal areas. The duration of the pilot is five years with at least five grantees, and VA is to issue annual reports about the pilot's effectiveness compared to other substance use treatment programs within the agency.

## **HUD-VASH: Collaboration between VA and HUD**

### **HUD-VA Supported Housing Program**

The HUD-VASH program is a collaboration through which HUD provides Section 8 vouchers for veterans experiencing homelessness and VA provides case management services. HUD-VASH began at the initiative of the two agencies in the 1990s. Later, in FY2008, Congress began

<sup>106</sup> 38 U.S.C. §2062.

<sup>107</sup> U.S. Congress, House Committee on Veterans' Affairs, *Stuart Collick—Heather French Henry Homeless Veterans Assistance Act*, report to accompany H. 2716, 107<sup>th</sup> Cong., 1<sup>st</sup> sess., October 16, 2011, H.Rept. 107-241, p. 21, <https://www.congress.gov/107/crpt/hrpt241/CRPT-107hrpt241-pt1.pdf>.

appropriating funds for the program; in every year since then, Congress has appropriated sufficient funds to renew existing vouchers and for some number of new vouchers. As of the cover date of this report, funds sufficient for more than 100,000 vouchers have been appropriated for HUD-VASH.<sup>108</sup> This section of the report describes the history of HUD-VASH and the way in which vouchers are used.

## Early Years of HUD-VASH

HUD-VASH began in the early 1990s as a collaboration between VA and HUD. Through the collaboration, HUD, via local Public Housing Authorities (PHAs), provided housing to veterans experiencing homelessness through a set-aside of Section 8 vouchers. VA, through its VAMCs, provided case management, clinical treatment, and other supportive services. The program targeted veterans with severe psychiatric or substance use issues and distributed 1,753 Section 8 vouchers to veterans over three years.<sup>109</sup> After the initial voucher distributions, no new vouchers were made available for approximately 15 years—until FY2008—when HUD-VASH was revived by Congress.

HUD distributed VASH vouchers to PHAs through three competitions, in 1992, 1993, and 1994.<sup>110</sup> Prior to issuing the vouchers, HUD and VA had identified medical centers with DCHV and HCHV programs that were best suited to providing services. PHAs within the geographic areas of VA medical centers were invited to apply for vouchers. HUD did not separately track these Section 8 vouchers, and over the years when veterans left the program and returned their vouchers to PHAs, the vouchers were not required to be maintained as HUD-VASH vouchers and turned over to other HUD-VASH-eligible veterans.

In 2001, Congress codified the HUD-VASH program (P.L. 107-95) and authorized the creation of an additional 500 vouchers for each year from FY2003 through FY2006.<sup>111</sup> A bill enacted at the end of the 109<sup>th</sup> Congress (P.L. 109-461) provided authorization for additional HUD-VASH vouchers from FY2007 through FY2011, increasing the number by 500 each year. In FY2008, Congress provided the funding for additional vouchers.

## HUD-VASH from FY2008 to the Present

The FY2008 Consolidated Appropriations Act (P.L. 110-161) included \$75 million to fund new HUD-VASH vouchers for veterans experiencing homelessness. This funding was for the first-

### What Are Section 8 Vouchers?

Section 8 vouchers (also known as Housing Choice Vouchers) are a form of rental assistance for low-income tenants that can be used in the private rental market. Public Housing Authorities (PHAs) administer the vouchers, and when a tenant finds a landlord who will accept the voucher, the PHA (through funds appropriated to HUD) pays a portion of the rent. The tenant pays the remainder of the rent, approximately 30% of their income.

<sup>108</sup> HUD's Housing Choice Voucher Data Dashboard, page 7, shows HUD-VASH vouchers available by Public Housing Authority (PHA), [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/hcv/dashboard](https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/dashboard).

<sup>109</sup> Wesley J. Kaspro, Robert A. Rosenheck, and Diane DiLella et al., *Health Care for Homeless Veterans Programs: Nineteenth Annual Report*, U.S. Department of Veterans Affairs, March 31, 2006, p. 301. The first announcement of voucher availability was made in the *Federal Register*. See U.S. Department of Housing and Urban Development, "Invitation for FY1992 Section 8 Rental Voucher Set-Aside for Homeless Veterans with Severe Psychiatric or Substance Abuse Disorders," *57 Federal Register* no. 55, p. 9955, March 20, 1992. According to the *Federal Register* notice, VA and HUD began the process to identify participating VAMCs and PHAs in 1990.

<sup>110</sup> In addition to the initial, 1992 announcement (*57 Federal Register* 9955), see *58 Federal Register* 51191 (1993) and *59 Federal Register* 36007 (1994).

<sup>111</sup> 42 U.S.C. §1437f(o)(19).

year costs of the vouchers; after the first year, funding to renew HUD-VASH vouchers is absorbed into the overall voucher renewal costs of the tenant-based rental assistance account. Congress has continued to fund new vouchers in each year from FY2009 through the present (see **Table 5** for appropriations by fiscal year). In addition, HUD’s Housing Choice Voucher Dashboard shows allocations of vouchers by PHA as well as the number currently under lease.<sup>112</sup>

**Voucher Allocation:** Language in each appropriations act specifies that VA and HUD determine the allocation of vouchers based on geographic need as determined by VA, PHA administrative performance, and other factors that HUD and VA may specify. HUD guidance lists three data sources that the two agencies rely on in distributing vouchers: (1) HUD PIT estimates of veteran homelessness, (2) VAMC data on contacts with homeless veterans, and (3) performance data from local PHAs and VAMCs.<sup>113</sup> A list of vouchers awarded by year for each PHA and partnering VAMCs is available on HUD’s website.<sup>114</sup>

**Waivers:** The appropriations laws that have funded HUD-VASH authorize HUD to waive any statutory or regulatory provision regarding the vouchers if it is necessary for the “effective delivery and administration” of assistance.<sup>115</sup> Pursuant to this provision, in the notice implementing the HUD-VASH program, HUD waived the statutory requirement that vouchers be made available only to veterans with “chronic mental illnesses or chronic substance use disorders.”<sup>116</sup> HUD has also issued regulatory waivers. These include waiving Section 8 program ineligibility for individuals with a record of certain drug-related criminal activity, the requirement that leases be at least 12 months, and limits on the ability of PHAs to increase payment standards for rental units.<sup>117</sup> PHAs must also allow HUD-VASH vouchers to be used in “special housing types,” including single-room occupancy dwellings, congregate housing, group homes, shared housing, and cooperative housing (with non-HUD-VASH vouchers, it is up to a PHA to determine whether vouchers can be used in these types of housing).<sup>118</sup>

**Veteran Eligibility:** Local VAMCs identify veterans for participation in HUD-VASH and determine their eligibility for the program. VA then refers veterans to partnering PHAs. The PHAs review applicants only for income eligibility and to ensure that they are not subject to lifetime sex offender registration. In guidance, VA has prioritized veterans experiencing chronic homelessness for HUD-VASH.<sup>119</sup> People experiencing chronic homelessness are defined by statute as having

<sup>112</sup> See page 7 of the Housing Choice Voucher Dashboard, available at [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/hcv/dashboard](https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/dashboard).

<sup>113</sup> See initial guidance at U.S. Department of Housing and Urban Development, “Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-VA Supportive Housing Program,” 77 *Federal Register* 17086-17090, March 23, 2012, <https://www.federalregister.gov/documents/2012/03/23/2012-7081/section-8-housing-choice-vouchers-revised-implementation-of-the-hud-va-supportive-housing-program>; and updated guidance at U.S. Department of Housing and Urban Development, “Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-Veterans Affairs Supportive Housing Program,” 86 *Federal Register* 53207, September 27, 2021, <https://www.govinfo.gov/content/pkg/FR-2021-09-27/pdf/2021-20734.pdf> (hereinafter, “Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-Veterans Affairs Supportive Housing Program”).

<sup>114</sup> The list is available at [https://www.hud.gov/sites/dfiles/PIH/documents/VASH\\_Awards\\_2008-2021.pdf](https://www.hud.gov/sites/dfiles/PIH/documents/VASH_Awards_2008-2021.pdf), last accessed January 25, 2023.

<sup>115</sup> The exceptions are provisions involving fair housing, nondiscrimination, labor standards, and the environment.

<sup>116</sup> U.S. Department of Housing and Urban Development, “Section 8 Housing Choice Vouchers: Implementation of the HUD-VA Supportive Housing Program,” 73 *Federal Register* 25027, May 6, 2008.

<sup>117</sup> Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-Veterans Affairs Supportive Housing Program, pp. 53209, 53210, and 53213.

<sup>118</sup> *Ibid.*, p. 52313.

<sup>119</sup> U.S. Department of Veterans Affairs, *VHA Directive 1162.05, Housing and Urban Development Department of*

been homeless for at least 12 consecutive months, or on four separate occasions over three years that total at least 12 months, and having a disabling condition.<sup>120</sup>

In the Joint Explanatory Statement accompanying the FY2021 Consolidated Appropriations Act (P.L. 116-260), Congress directed that VA and HUD determine a methodology whereby PHAs can also identify veterans who are eligible for HUD-VASH vouchers:

The agreement directs HUD to consult with the Department of Veterans Affairs (VA) to determine how PHAs can become designated entities to screen for veteran eligibility and make referrals for the HUD-VASH program. The Department is further directed to use its existing authority to specify alternative requirements to permit PHAs to use unleased HUD-VASH vouchers to house VA-eligible homeless veterans, even if they have not received a referral from the VA.<sup>121</sup>

As of the cover date of this report, HUD had not yet released guidance to implement this provision.<sup>122</sup>

### Project-Based HUD-VASH Vouchers

HUD allows PHAs to *project base* their HUD-VASH vouchers. When vouchers are project based, they are attached to a specific unit of housing and do not move when the tenant moves. This may be desirable in housing markets where it is difficult to find housing providers that accept vouchers, and it may be a more efficient arrangement for providing supportive services.

There is no limit to the number of HUD-VASH vouchers that a PHA can choose to project base.<sup>123</sup> However, PHAs must adhere to the requirements that the funding they allocate for project-based vouchers does not exceed 20% of the PHA's total tenant-based voucher budget (for all vouchers, not just HUD-VASH vouchers), and that the local VAMCs must agree to the plan. If a veteran living in a project-based HUD-VASH unit wants to move, the PHA must provide the tenant with another, portable Section 8 voucher or other tenant-based assistance.

HUD has also set aside and competitively awarded project-based vouchers in a number of fiscal years (see **Table 5**). These vouchers are not subject to overall PHA limits on project-based vouchers.

### Tribal HUD-VASH

In the FY2015 Consolidated and Further Continuing Appropriations Act (P.L. 113-235), Congress directed that a portion of funds be used to support a demonstration program for Native American

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*Veterans Affairs Supportive Housing Program*, amended October 31, 2017, p. 35, [https://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=5437](https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=5437). See also U.S. Department of Housing and Urban Development, *Housing Choice Voucher Program Guidebook, HUD-VASH*, July 2021, p. 6, [https://www.hud.gov/sites/dfiles/PIH/documents/HUD\\_VASH\\_HCV\\_Guidebook\\_Chapter\\_July\\_2021.pdf](https://www.hud.gov/sites/dfiles/PIH/documents/HUD_VASH_HCV_Guidebook_Chapter_July_2021.pdf).

<sup>120</sup> 42 U.S.C. §11360(2).

<sup>121</sup> The Joint Explanatory Statement is available in the *Congressional Record*. See An Explanation of the Consolidated Appropriations Act, 2021, *Congressional Record*, vol. 166, Part 218, Book IV (December 21, 2020), p. H8825, <https://www.govinfo.gov/content/pkg/CREC-2020-12-21/pdf/CREC-2020-12-21-house-bk4.pdf> (hereinafter, “FY2021 Joint Explanatory Statement”).

<sup>122</sup> Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-Veterans Affairs Supportive Housing Program, p. 53209.

<sup>123</sup> U.S. Department of Housing and Urban Development, *Project-Basing HUD-Veterans Affairs Supportive Housing Vouchers*, Notice PIH 2011-50, September 15, 2011, <http://portal.hud.gov/hudportal/documents/huddoc?id=11-50pihn.doc>.

veterans living on or near reservations or Indian areas. Veterans who are homeless or at risk of homelessness are eligible for rental assistance and supportive services. Tribal HUD-VASH addresses the fact that Indian tribes are not eligible to administer Section 8 vouchers and had not previously been able to participate in the broader HUD-VASH program. The appropriations language provided for the rental assistance funds to be administered by Indian tribes and Alaska Native villages that are eligible to receive block grants pursuant to the Native American Housing Assistance and Self-Determination Act of 1996 (P.L. 104-330; NAHASDA).<sup>124</sup>

HUD set aside nearly \$6 million from the FY2015 appropriation, which was sufficient to fund approximately 500 vouchers administered by 26 tribes.<sup>125</sup> Additional funds for new vouchers were appropriated as part of the FY2017 Consolidated Appropriations Act (P.L. 115-31) and have funded 140 vouchers to date, bringing the number of tribes administering vouchers up to 29.<sup>126</sup>

### Case Management and HUD-VASH Voucher Utilization

HUD uses the term *voucher utilization* to describe the percentage of Section 8 vouchers in use or under lease. There have been concerns that insufficient case managers have contributed to HUD-VASH vouchers going unused.<sup>127</sup> In January 2020, the House Committee on Veterans' Affairs Subcommittee on Economic Opportunity held a hearing on the HUD-VASH program.<sup>128</sup> VA staff estimated that 14% of vouchers were unused, with an insufficient case managers being one of the factors contributing to the under-utilization.<sup>129</sup> At the time, 16% of case management positions were unfilled.<sup>130</sup>

The law requires VA to ensure that there are sufficient case managers for every veteran who has a voucher.<sup>131</sup> Beginning in 2012, Congress gave VA the authority to enter into contracts with state or local government agencies, tribal organizations, or nonprofits to provide case management to veterans.<sup>132</sup> A contract between VA and an outside service provider is meant to help veterans who need the assistance of a case manager to find housing and are having difficulty obtaining case management assistance.

<sup>124</sup> For more information about NAHASDA, see CRS Report R43307, *The Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA): Background and Funding*.

<sup>125</sup> U.S. Department of Housing and Urban Development, "HUD and VA Award \$5.9 Million to 26 Tribes to Provide Permanent Homes for Native American Veterans Experiencing Homelessness," press release, January 8, 2016, <https://archives.hud.gov/news/2016/pr16-001.cfm>.

<sup>126</sup> U.S. Department of Housing and Urban Development, "HUD Awards \$4.4 Million to 28 Tribes to Provide Permanent Homes For Native American Veterans," press release, September 22, 2021, [https://www.hud.gov/press/press\\_releases\\_media\\_advisories/HUD\\_No\\_21\\_155](https://www.hud.gov/press/press_releases_media_advisories/HUD_No_21_155); and "HUD Awards More Than \$840,000 To Provide Rental Assistance And Supportive Services To Native American Veterans Experiencing Or At Risk Of Experiencing Homelessness," press release, August 9, 2022, [https://www.hud.gov/press/press\\_releases\\_media\\_advisories/ HUD\\_No\\_22\\_147](https://www.hud.gov/press/press_releases_media_advisories/HUD_No_22_147).

<sup>127</sup> HUD's Housing Choice Voucher Data Dashboard, page 7, shows HUD-VASH vouchers available by PHA and the number and percentage that are leased, [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/hcv/dashboard](https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/dashboard).

<sup>128</sup> U.S. Congress, House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity, *Making HUD-VASH Work for All Veteran Communities*, 116<sup>th</sup> Cong., 2<sup>nd</sup> sess., January 14, 2020.

<sup>129</sup> *Ibid.*, pp. 5-6.

<sup>130</sup> *Ibid.*, p. 41.

<sup>131</sup> 38 U.S.C. §2003(b).

<sup>132</sup> The Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (P.L. 112-154) gave VA the authority to enter into contracts for case management. The provisions are at 38 U.S.C. §2041 note.



Since the 2020 hearing on HUD-VASH, additional measures have been put in place to increase voucher utilization.

- P.L. 116-315 made several changes to VA case management, including the following:
  - Amending the law allowing for contracted case management to provide that VA medical centers with more than 15% of vouchers going unused in the previous fiscal year and at least one case manager position unfilled for nine or more months “shall seek to enter into one or more” case management contracts. VA may waive the requirement where infeasible; however, if granting a waiver, VA must submit an explanation to the House and the Senate Veterans’ Affairs Committees together with a plan for increasing case managers and voucher utilization.
  - Requiring VA to report to Congress on case manager vacancies, compensation, recruitment and retention, and efforts to meet staffing needs.
  - Allowing VA to enter into a memorandum of understanding with the Department of Health and Human Services for Indian Health Service case managers to provide case management to veterans receiving Tribal HUD-VASH Vouchers.
- The Joint Explanatory Statement accompanying the FY2021 Consolidated Appropriations Act (P.L. 116-260) also made changes involving case management, including the following:
  - Directing that VA and HUD determine a methodology whereby PHAs can identify veterans who are eligible for HUD-VASH vouchers and assign them unleased HUD-VASH vouchers. When this occurs, PHAs are to refer veterans to VA for case management, but in the meantime provide case management and services on a temporary basis.<sup>133</sup>
  - Requiring HUD and VA to report about case managers and voucher utilization, including barriers to use of HUD-VASH vouchers and outcomes for veterans with VA case managers compared to contracted case managers, and provide a summary of veteran outcomes including sustainment of housing and connection to employment, healthcare, and other benefits.<sup>134</sup>
  - Instructing HUD and VA to report to the relevant House and Senate Appropriations Committee subcommittees on ways in which vouchers may be reallocated among PHAs to increase their usage.<sup>135</sup>

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<sup>133</sup> FY2021 Joint Explanatory Statement, p. H8825.

<sup>134</sup> *Ibid.*, p. H8739.

<sup>135</sup> *Ibid.*, p. H8740.

**Table 5. Funding and Allocations for New HUD-VASH Vouchers, FY2008-FY2023**  
(does not include funds to renew vouchers)

Fiscal Year	Public Law	Amount Provided (\$ in millions)	Tenant-Based Vouchers Awarded	Project-Based Vouchers Awarded	Vouchers for Native American Veterans Awarded
2008	P.L. 110-161	75.0	10,150	—	—
2009	P.L. 111-8	75.0	10,290	—	—
2010	P.L. 111-117	75.0	9,510	676	—
2011	P.L. 112-10	50.0	6,815	99	—
2012	P.L. 112-55	75.0	10,450	—	—
2013	P.L. 113-6	75.0	9,865	956	—
2014	P.L. 113-76	75.0	10,260	730	—
2015	P.L. 113-235	75.0	9,333	821	500
2016	P.L. 114-113	60.0	5,904	2,134	—
2017	P.L. 115-31	40.0	5,211	—	140 <sup>a</sup>
2018	P.L. 115-141	40.0	4,501	—	—
2019	P.L. 116-6	40.0	3,302	—	—
2020	P.L. 116-94	40.0	4,875	—	—
2021	P.L. 116-260	40.0	2,050 <sup>b</sup>	—	—
2022	P.L. 117-103	50.0 <sup>c</sup>	—	—	—
2023	P.L. 117-328	50.0	—	—	—

**Source:** Funding amounts are from annual appropriations acts; voucher distributions are from HUD press releases, available at [https://www.hud.gov/press/press\\_releases\\_media\\_advisories](https://www.hud.gov/press/press_releases_media_advisories).

- Tribal HUD-VASH vouchers funded in FY2017 were made available in September 2021 and August 2022.
- As of the cover date of this report, HUD had awarded \$18 million in FY2021 voucher funding.
- The Registration of Interest for FY2022 HUD-VASH vouchers stated that \$29 million in funding from previous years would be made available in addition to the \$50 million appropriated in FY2022; see <https://www.hud.gov/sites/dfiles/OCHCO/documents/2022-26pihn.pdf>.

## DOL Programs

DOL contains an office specifically dedicated to the employment needs of veterans, the office of Veterans' Employment and Training Service (VETS). In addition to its programs for veterans experiencing homelessness—the Homeless Veterans Reintegration Program (HVRP) and Incarcerated Veterans Transition Program (IVTP)—VETS funds employment training programs for all veterans.<sup>136</sup>

<sup>136</sup> For more information on veterans employment and training programs see CRS In Focus IF10490, *Veterans' Employment*.

## Homeless Veterans Reintegration Program

HVRP helps veterans find employment through job training, counseling, and job placement services.<sup>137</sup> Funds may also be used for related services to help veterans obtain and maintain employment.<sup>138</sup> HVRP was established in 1987 as part of the McKinney-Vento Homeless Assistance Act (P.L. 100-77), and is authorized at \$50 million for FY2023 and \$60 million for FY2024 and each year thereafter (P.L. 117-328). A separate HVRP for women veterans and veterans with children is authorized through FY2024 at \$1 million per year (P.L. 117-180).<sup>139</sup>

Eligibility for HVRP has been expanded in recent years to include veterans who may not be considered “homeless” according to the statutory definition. Eligible veterans include veterans who: were formerly homeless but found housing within the previous 60 days; are at risk of homelessness; are living in HUD-VASH housing; are receiving assistance through the Native American Housing Assistance and Self Determination Act of 1996; are transitioning from incarceration; are residing in institutions under the jurisdiction of the Bureau of Prisons; and are receiving assistance through the SSVF program.<sup>140</sup>

Eligible HVRP grantee organizations include state and local governments, state and local Workforce Investment Boards, local public agencies, public and Indian housing authorities, institutions of higher education, tribes, and both for- and nonprofit organizations.<sup>141</sup> HVRP grantee organizations provide services that include outreach, assistance in drafting a resume and preparing for interviews, job training, job search assistance, and follow-up assistance after placement to help adjust to a new job.<sup>142</sup> Recipients of HVRP grants also provide supportive services not directly related to employment such as transportation, child care, provision of assistance in finding housing, and referral for mental health treatment or substance use counseling.<sup>143</sup> While HVRP funds cannot be used directly for housing, grantees are to develop a housing assistance strategy to address how program participants will be assisted in finding housing.<sup>144</sup>

DOL (to the extent practicable) is to consider applications from entities in all states and is to provide training and technical assistance, including in underserved regions. If a state does not have an HVRP grantee, DOL is to conduct outreach and education to promote awareness of the program.<sup>145</sup> (See **Table 6** for HVRP program data.)

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<sup>137</sup> 38 U.S.C. §2021.

<sup>138</sup> Support services are described in program grant announcements. For example, see U.S. Department of Labor, Notice of Availability of Funds and Funding Opportunity Announcement for: Homeless Veterans’ Reintegration Program (HVRP), Incarcerated Veterans’ Transition Program (IVTP), and the Homeless Female Veterans’ and Veterans’ with Children Program (HFVWC) (referred to collectively as HVRP), January 12, 2022, p. 21, <https://www.grants.gov/web/grants/view-opportunity.html?oppId=335998> (hereinafter Notice of Availability of Funds and Funding Opportunity Announcement for HVRP).

<sup>139</sup> 38 U.S.C. §2021A. The Veterans’ Benefits Act of 2010 (P.L. 111-275) created the HVRP for women veterans and veterans with dependent children.

<sup>140</sup> Changes were made as part of both the Veterans Benefits and Transition Act of 2018 (P.L. 115-407) and Division U of the FY2023 Consolidated Appropriations Act (P.L. 117-328).

<sup>141</sup> *Notice of Availability of Funds and Funding Opportunity Announcement for HVRP*, pp. 6-7.

<sup>142</sup> *Ibid.*, pp. 19-24.

<sup>143</sup> *Ibid.*, pp. 21-22. See also Attachment C, p. 13.

<sup>144</sup> *Ibid.*, pp. 21-22.

<sup>145</sup> These provisions were added to the law as part of Division U of the FY2023 Consolidated Appropriations Act (P.L. 117-328).

## Incarcerated Veterans Transition Program

IVTP provides the same outreach, job search and training, placement activities, and services as HVRP, but focuses on veterans leaving jails, prisons, or mental health facilities.<sup>146</sup> In addition, IVTP services can be used to provide housing for program participants for up to 90 days.<sup>147</sup> Eligible IVTP grantees are the same as under HVRP.

The program was created as a demonstration as part of the Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95). The Veterans' Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387) removed the program's demonstration status, expanded the number of sites able to provide services to 12, and changed the name slightly to "Referral and Counseling Services: Veterans at Risk of Homelessness Who Are Transitioning from Certain Institutions." The program originally had a sunset date that was extended multiple times before being removed as part of P.L. 116-315. IVTP receives funding through the annual HVRP appropriation.

**Table 6. HVRP and IVTP Participation**

Program Year	Number of Grants	Veterans Enrolled	% Placed in Employment (2 <sup>nd</sup> and 4 <sup>th</sup> quarters after program exit) <sup>a</sup>	Average Cost per Placement	Average Hourly Wage at Placement
<b>PY2018</b>					
HVRP	149	19,946	53%/50%	\$3,856	\$14.50
HFVWVC <sup>b</sup>	—	2,252	—	—	\$15.11
ICVT	—	2,611	—	—	\$13.18
<b>PY2019</b>					
HVRP	149	17,099	52%/47%	\$6,466	\$15.18
HFVWVC <sup>b</sup>	—	4,368	—	—	\$15.77
IVTP	—	2,369	—	—	\$14.38
<b>PY2020</b>					
HVRP	156	14,744	53%/33%	\$6,015	\$16.23
HFVWVC <sup>b</sup>	—	2,469	—	—	\$17.13
IVTP	—	1,537	—	—	\$15.21

**Source:** Department of Labor, Veterans Employment and Training Annual Reports to Congress, <https://www.dol.gov/vets/updates/>. The percentage of veterans placed in employment are from DOL Budget Justifications.

- a. The percentage placed in employment includes HVRP, HVRP for women and veterans with children, and IVTP.
- b. HFVWVC is Homeless Female Veterans and Veterans with Children.

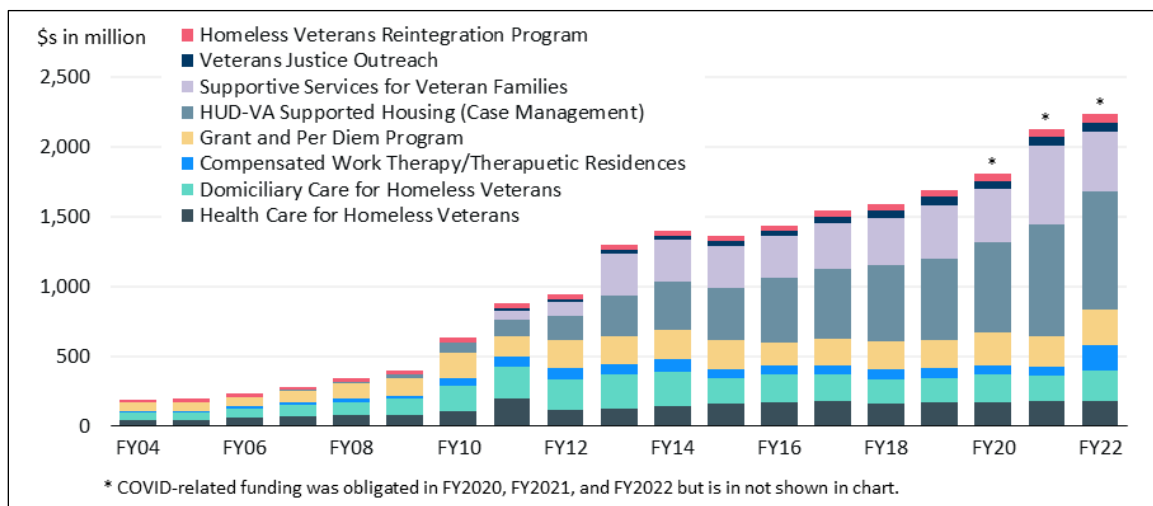
<sup>146</sup> 38 U.S.C. §2023.

<sup>147</sup> *Notice of Availability of Funds and Funding Opportunity Announcement for HVRP*, p. 22.

## Funding for VA and DOL Programs

**Figure 3**, below, shows historical nominal funding levels for eight programs that target assistance to veterans experiencing homelessness. Funding for VA homeless programs is appropriated as part of the VA Medical Services account in annual appropriations laws. Funding for each program is not broken out separately in the appropriations, so the best source for VA funding are obligations reported in annual VA budget justifications. As of the cover date of this report, actual obligations are available through FY2022. Amounts for HVRP, which includes the IVTP, are budget authority from appropriations laws. The figure does not include funding for HUD-VASH vouchers (although it does include funding for HUD-VASH case management). For detailed funding levels, see **Table A-1**.

**Figure 3. Funding for Select VA and DOL Programs, FY1988-FY2022**



**Source:** Created by CRS, based on information from Department of Veterans Affairs Budget Justifications, FY1989-FY2024, VA Office of Homeless Veterans Programs, Department of Labor Budget Justifications FY1989-FY2024, and the Department of Labor FY2013 Operating Plan. Amounts are nominal and are not adjusted for inflation.

## Selected Areas of Congressional Interest

### Ending Homelessness among Veterans

On November 3, 2009, VA announced a plan to end homelessness among veterans within five years.<sup>148</sup> VA did not end veteran homelessness during this time period, but it has continued to work toward reducing veteran homelessness, acknowledging in 2017 that ending veteran homelessness may still be a “multi-year process.”<sup>149</sup> Ending veteran homelessness does not mean that no veteran will ever experience homelessness again. An end to veteran homelessness, according to VA, means that communities will identify all veterans experiencing homelessness,

<sup>148</sup> See U.S. Department of Veterans Affairs, “Secretary Shinseki Details Plan to End Homelessness for Veterans,” press release, November 3, 2009, <http://www1.va.gov/OPA/pressrel/pressrelease.cfm?id=1807>.

<sup>149</sup> Jennifer McDermott, “New VA head: It’ll take longer to end veteran homelessness,” *Associated Press*, May 11, 2017.

be able to provide shelter immediately for veterans who want it, be able to help veterans move quickly into permanent housing, and have the capacity to help veterans who become homeless in the future.<sup>150</sup>

Since VA announced its plan, the number of veterans experiencing homelessness has declined by 55% according to the point-in-time count and 43% according to the full-year estimate of sheltered veterans. At the same time, VA obligations for homeless veterans program have increased by nearly 500% and the number of available HUD-VASH vouchers exceeds 100,000.<sup>151</sup> In early 2023, VA announced that it had helped find permanent housing for more than 40,000 veterans in 2022, exceeding its goal of 38,000 veterans and helping to continue making progress toward its goal of ending veteran homelessness.<sup>152</sup>

During the period since VA announced its plan to end veteran homelessness, the need for permanent housing, as reported by veterans experiencing homelessness and those who provide services, has declined in importance. The VA’s annual “Community Homelessness Assessment, Local Education and Networking Groups” (CHALENG) report surveys veterans experiencing homelessness, as well as government and community service providers, about the most pressing unmet needs among veterans experiencing homelessness. Through FY2006, the highest priority unmet need according to all respondents in the CHALENG reports was long-term permanent housing.<sup>153</sup> By the FY2011 CHALENG report, long-term permanent housing had fallen out of the top 10 and was 15<sup>th</sup> on the list.<sup>154</sup> Currently, long-term permanent housing ranks behind many other priorities as reported by both male veterans and female veterans.<sup>155</sup>

## Women Veterans

The number of women veterans has been increasing as their participation in the military has grown, resulting in increased attention to their housing and service needs. In 2000, women were 6% of the veteran population; by 2018 their percentage was more than 9%, and by 2040, the percentage of women veterans is projected to reach 17%.<sup>156</sup> Further, VA reported in its FY2024

<sup>150</sup> U.S. Interagency Council on Homelessness, *Achieving the Goal of Ending Veteran Homelessness: Criteria and Benchmarks*, October 1, 2015, [http://usich.gov/resources/uploads/asset\\_library/Achieving\\_the\\_Goal\\_Ending\\_Veteran\\_Homelessness\\_v3\\_10\\_01\\_15.pdf](http://usich.gov/resources/uploads/asset_library/Achieving_the_Goal_Ending_Veteran_Homelessness_v3_10_01_15.pdf).

<sup>151</sup> The increase in VA obligations are CRS calculations using total obligations for VA homeless programs in FY2009 and FY2021, not including COVID-19-related funding.

<sup>152</sup> U.S. Department of Veterans Affairs, “VA housed more than 40,000 homeless Veterans in 2022,” press release, January 26, 2023, <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5854>.

<sup>153</sup> John H. Kuhn and John Nakashima, *The Fifteenth Annual Progress Report on P.L. 105-114: Services for Homeless Veterans Assessment and Coordination*, U.S. Department of Veterans Affairs, March 11, 2009, p. 14, (hereinafter *The Fifteenth Annual CHALENG Report*).

<sup>154</sup> Catherine Abshire, John H. Kuhn, John Nakashima, *The Eighteenth Annual Progress Report Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) for Veterans Fiscal Year (FY) 2011*, U.S. Department of Veterans Affairs, p. 11, [http://www1.va.gov/HOMELESS/docs/chaleng/2011\\_CHALENG\\_Report\\_FINAL.pdf](http://www1.va.gov/HOMELESS/docs/chaleng/2011_CHALENG_Report_FINAL.pdf).

<sup>155</sup> U.S. Department of Veterans Affairs, *Community Homelessness Assessment, Local Education and Networking Groups (CHALENG)*, April 2021, pp. 7-12, <https://www.va.gov/HOMELESS/docs/CHALENG-2020-508.pdf>. Long-term permanent housing ranked 48<sup>th</sup> for male veterans and 54<sup>th</sup> for female veterans.

<sup>156</sup> Jonathan Vespa, *Those Who Served: America’s Veterans From World War II to the War on Terror*, U.S. Census Bureau, June 2020, p. 6, <https://www.census.gov/content/dam/Census/library/publications/2020/demo/acs-43.pdf>.

budget justifications that women account for more than 30% of the increase in veterans enrolled in VA health care over the previous five years.<sup>157</sup>

There is VA research finding that the percentage of women veterans who have reported experiencing homelessness and housing instability is greater than the percentage among men, and that women veterans are more likely to experience homelessness than non-veteran women.<sup>158</sup> Further, as described earlier in this report, women veterans may face circumstances such as IPV and MST that exacerbate their risk.

Programs serving veterans experiencing homelessness were not necessarily designed with women or veterans with children in mind. For example, programs based in VA medical centers or rehabilitation facilities, like HCHV and DCHV, may not have had separate units for women veterans. Or the transitional housing model operated through the GPD program often had group quarters without separate accommodations for women.

In more recent years, changes have occurred in programs targeted to assist veterans experiencing homelessness to better serve women veterans. GPD and HVRP have separate sub-grants to serve women veterans and veterans with children. Congress added a provision to the statute governing DCHV requiring the Secretary to “take appropriate actions to ensure that the domiciliary care programs of the Department are adequate, with respect to capacity and with respect to safety, to meet the needs of veterans who are women.”

Possibly most significantly, HUD-VASH and SSVF, which do not depend on facility-based housing and services, were authorized and began to receive significant funding in the late 2000s. In FY2020, approximately 13% of veterans served through both SSVF and HUD-VASH were women.<sup>159</sup>

Unique needs of women veterans endure. For example, women who have experienced IPV and MST may be in need of health care, counseling, and support. Additionally, in the VA CHALENG report, a survey of both veterans experiencing homelessness and services providers, child care has been among the top 10 unmet needs reported by both groups of respondents,<sup>160</sup> and women veterans are more often caring for children than male veterans.<sup>161</sup> Further, HUD-VASH has targeted and prioritized veterans experiencing chronic homelessness for vouchers;<sup>162</sup> this may disadvantage women veterans whose numbers in the chronic homeless population are lower.<sup>163</sup>

<sup>157</sup> U.S. Department of Veterans Affairs FY2024 Budget Justifications, volume II, p. 318, <https://www.va.gov/budget/docs/summary/fy2024-va-budget-volume-ii-medical-programs.pdf>.

<sup>158</sup> Ann Elizabeth Montgomery, Melissa E. Dichter, and Arwin M. Thomasson, et al., “Demographic Characteristics Associated with Homelessness and Risk Among Female and Male Veterans Accessing VHA Outpatient Care,” *Women’s Health Issues*, vol. 25, no. 1 (January-February 2015), pp. 42-48, 43 and National Center on Homelessness Among Veterans, *Women Veterans and Homelessness*, July 2016, p. 5, <https://www.va.gov/HOMELESS/nchav/resources/docs/veteran-populations/women/Women-Veterans-and-Homelessness-July-2016.pdf>.

<sup>159</sup> *SSVF FY2020 Annual Report*, p. 38. The percentages are 13.3% and 12.5% respectively.

<sup>160</sup> U.S. Department of Veterans Affairs, *2020 Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) Report*, April 2021, pp. 5-6, <https://www.va.gov/HOMELESS/docs/CHALENG-2020-508.pdf> (female and male veterans ranking child care as 2<sup>nd</sup> and 3<sup>rd</sup> highest unmet need) and *2021 CHALENG Report*, April 2020, p. 5, [https://www.va.gov/HOMELESS/docs/chaleng/CHALENG\\_2022\\_Fact\\_Sheet.pdf](https://www.va.gov/HOMELESS/docs/chaleng/CHALENG_2022_Fact_Sheet.pdf) (providers ranking child care as 2<sup>nd</sup> highest unmet need).

<sup>161</sup> Jack Tsai, Robert A. Rosenheck, and Vincent Kane, “Homeless Female U.S. Veterans in a National Supported Housing Program: Comparison of Individual Characteristics and Outcomes With Male Veterans,” *Psychological Services*, vol. 11, no. 3 (August 2014), pp. 309-316, 309.

<sup>162</sup> See *VHA Directive 1162.05*, June 29, 2017, p. 35, [https://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=5437](https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=5437).

<sup>163</sup> See, for example, U.S. Interagency Council on Homelessness, *Opening Doors: Federal Strategic Plan to Prevent*

Women veterans may also experience housing instability differently from men.<sup>164</sup> The definition of “homeless veteran” does not include people living in precarious conditions such as being doubled-up with family or friends. Veterans with children may, in particular, seek to avoid literal homelessness (living in places not meant for human habitation or in shelters) in order to protect their children or for their own safety. Responses of women veterans to the Homeless Services Clinical Reminder indicate that they experience general housing instability more than literal homelessness.<sup>165</sup>

## COVID-19 Pandemic

Congress appropriated additional funds and authorized expanded flexibilities for VA to support veterans experiencing homelessness during the COVID-19 pandemic. Assistance came through three primary pieces of legislation: the CARES Act (P.L. 116-136), the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315), and the American Rescue Plan Act (ARPA, P.L. 117-2).

Both the CARES Act and ARPA appropriated funding for the VA medical services account, including for programs that assist veterans experiencing homelessness.<sup>166</sup> Additionally, the CARES Act specified that neither the SSVF- nor GPD-authorized funding levels would limit amounts provided for the programs during a “public health emergency.”<sup>167</sup> The term was defined in the CARES Act as “an emergency with respect to COVID-19 declared by a Federal, State, or local authority” (the term *covered public health emergency* in P.L. 116-315 had the same definition).<sup>168</sup> This section describes COVID-19-related funding for these programs as well as additional waivers and assistance made available.

Veterans may also have qualified for COVID-19-related housing assistance provided to assist people experiencing homelessness more broadly that was appropriated through HUD, but this assistance is not described here.

## Supportive Services for Veteran Families

Pursuant to provisions in the CARES Act, VA obligated approximately \$602 million in additional funding for SSVF. VA announced funding for SSVF twice: \$202 million in May 2020 and \$400

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*and End Homelessness*, 2015 amendment, p. 24, [https://www.usich.gov/resources/uploads/asset\\_library/USICH\\_OpeningDoors\\_Amendment2015\\_FINAL.pdf](https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf).

<sup>164</sup> See, for example, Anne Elizabeth Montgomery, Dorota Szymkowiak, and Dennis Culhane, “Gender Differences in Factors Associated with Unsheltered Status and Increased Risk of Premature Mortality among Individuals Experiencing Homelessness,” *Women’s Health Issues*, vol. 27, no. 3 (May-June 2017), pp. 256-263, 259 (describing a sample group where men reported staying in unsheltered situations and having longer durations of homelessness than women).

<sup>165</sup> See, for e.g., Thomas Byrne, Ann Elizabeth Montgomery, and Jamison D. Fargo, “Predictive modeling of housing instability and homelessness in the Veterans Health Administration,” *Health Services Research*, vol. 54, no. 1 (February 2019), pp. 75-85, 78 (analyzing a sample of veterans where a higher proportion of female veterans reported housing instability than their male veteran counterparts). See also Ann Elizabeth Montgomery, *Using a Universal Screener to Identify Veterans Experiencing Housing Instability*, VA Research Brief, March 2014, p. 2, [https://www.va.gov/HOMELESS/Universal\\_Screener\\_to\\_Identify\\_Veterans\\_Experiencing\\_Housing\\_Instability\\_2014.pdf](https://www.va.gov/HOMELESS/Universal_Screener_to_Identify_Veterans_Experiencing_Housing_Instability_2014.pdf) (describing a sample of veterans where 1.6% of female veterans were at risk of homelessness compared to 0.9% of male veterans).

<sup>166</sup> See Division B, Title X of P.L. 116-136 and See Section 8002 of Title VIII of P.L. 117-2.

<sup>167</sup> See Sections 20012 and 20013 of the General Provisions of Division B, Title X of P.L. 116-136.

<sup>168</sup> See Section 20003 of General Provisions of Division B, Title X of P.L. 116-136 and Section 4201 of P.L. 116-315.



million in July 2020.<sup>169</sup> VA also made \$200 million in ARPA funding available for the SSVF shallow subsidy.<sup>170</sup>

VA relied on Stafford Act Emergency Declarations to waive certain requirements around SSVF and the way that funds could be used to better respond to the pandemic, including the following:<sup>171</sup>

- SSVF regulations allow funds to be used for emergency housing, including hotels and motels<sup>172</sup>; this use of funds may occur only when no other housing options, such as transitional housing through VA’s GPD program, are available. In response to the pandemic, however, grantees could use funds for veterans to live in hotels and motels instead of congregate settings.<sup>173</sup> Further, regulatory time limits around emergency housing were waived.<sup>174</sup>
- Ordinarily SSVF grantees are limited to using 50% of their grant for temporary financial assistance (TFA), which includes rental assistance, security deposits, and payments toward utilities.<sup>175</sup> VA waived this limit on TFA during the COVID-19 pandemic.<sup>176</sup>
- During the pandemic, grantees could also use SSVF to help veterans who were enrolled in HUD-VASH. SSVF funding could be used for housing search, security deposits, and to pay rental assistance in units that had not yet been inspected and approved by HUD until rental assistance through the Section 8 program became available.<sup>177</sup>

## Grant and Per Diem Program

In July 2020, VA announced that it had allocated an additional \$88 million in CARES Act funding to the GPD program in response to the COVID-19 pandemic.<sup>178</sup> Of the total, \$50 million was

<sup>169</sup> U.S. Department of Veteran Affairs (VA), “VA gets boost from CARES Act to provide emergency assistance to Veterans who are homeless or at risk of homelessness during COVID-19 crisis,” press release, May 6, 2020, <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5442> (hereinafter, VA, “VA gets boost from CARES Act”); and “VA expands funding for emergency response for Veterans experiencing or at risk of homelessness during COVID-19 pandemic,” press release, July 16, 2020, <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5487>.

<sup>170</sup> U.S. Department of Veterans Affairs, “VA expands rental support, increasing housing options for Veterans,” press release, August 25, 2021, <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5709>.

<sup>171</sup> *SSVF FY2021 Annual Report*, p. 23. “The issuance of the Stafford Act Emergency Declaration allowed SSVF to waive many of the program’s regulatory limits to better serve Veterans during the public health crisis.”

<sup>172</sup> 38 C.F.R. §62.34(f).

<sup>173</sup> U.S. Department of Veterans Affairs (VA), *SSVF Emergency Housing Assistance Guidance*, May 7, 2020, [https://www.va.gov/HOMELESS/ssvf/docs/SSVF\\_EHA\\_Guidance\\_Update\\_05072020.pdf](https://www.va.gov/HOMELESS/ssvf/docs/SSVF_EHA_Guidance_Update_05072020.pdf) (hereinafter, VA, *SSVF Emergency Housing Assistance Guidance*).

<sup>174</sup> VA, *SSVF Emergency Housing Assistance Guidance*.

<sup>175</sup> See, for example, U.S. Department of Veterans Affairs (VA), “Funding Availability Under Supportive Services for Veteran Families Program,” 84 *Federal Register* 66708, December 5, 2019.

<sup>176</sup> VA, *SSVF Emergency Housing Assistance Guidance*.

<sup>177</sup> U.S. Department of Veterans Affairs Memorandum, Supportive Services for Veteran Families (SSVF) Assistance for Veterans Participating in Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH), May 19, 2020, [https://www.va.gov/HOMELESS/ssvf/docs/SSVF\\_Assistance\\_for\\_Veterans\\_Participating\\_in\\_Housing\\_and\\_Urban\\_Development\\_Veterans\\_Affairs\\_Supportive\\_Housing\\_HUDVASH.pdf](https://www.va.gov/HOMELESS/ssvf/docs/SSVF_Assistance_for_Veterans_Participating_in_Housing_and_Urban_Development_Veterans_Affairs_Supportive_Housing_HUDVASH.pdf).

<sup>178</sup> U.S. Department of Veterans Affairs (VA), “VA expands funding for emergency response for Veterans experiencing or at risk of homelessness during COVID-19 pandemic,” press release, July 16, 2020,

made available for capital grants to modify existing GPD transitional housing from shared living arrangements to private rooms with private bathrooms in order to enhance health and safety.<sup>179</sup> VA also made \$75 million in ARPA funds available for this purpose.<sup>180</sup>

In addition, the CARES Act waived limits on GPD capital expenses (at the time limited to 65% of the costs to acquire, expand, or remodel facilities<sup>181</sup>) and the per diem rate (at the time limited to the VA domiciliary care per diem rate, which was \$48.50 per day for FY2020) during a public health emergency.<sup>182</sup> The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315) limited the increase in per diem payments to three times the state home domiciliary rate, or \$156.69 in FY2022.<sup>183</sup> P.L. 116-315 contained additional GPD program waivers related to inspections, life safety codes, and property disposition.

### Flexible Funds for Shelter, Food, and Other Assistance

P.L. 116-315 provided VA the flexibility to use GPD and HCHV funds to assist both veterans experiencing homelessness and veterans participating in HUD-VASH during a covered public health emergency.<sup>184</sup> Specifically, funds could be used for items related to safety and survival such as food, shelter, and clothing; for transportation related to stability and health; for communications equipment such as phones and tablets; and other assistance determined by the Secretary. VA specifically made \$20 million in ARPA funds available to VAMCs for these purposes.<sup>185</sup> P.L. 116-315 also gave the VA Secretary the authority to collaborate with outside organizations to provide veterans experiencing homelessness with accommodations for living and sleeping on VA land.

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<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5487>.

<sup>179</sup> U.S. Department of Veterans Affairs, *Notice of Funding Opportunity, Homeless Providers Grant and Per Diem (GPD) Program Capital Grant*, March 11, 2021, <https://www.va.gov/HOMELESS/docs/GPD/VAGPDCGFY2021DVAGPD0311NOFO.pdf>.

<sup>180</sup> U.S. Department of Veterans Affairs, *Notice of Funding Opportunity, Homeless Providers Grant and Per Diem (GPD) Program Capital Grant*, September 3, 2021, <https://www.va.gov/HOMELESS/docs/GPD/VAGPDCGFY2022.pdf>.

<sup>181</sup> This limit has since been eliminated as part of the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022 (See Section 301 of Division U of the FY2023 Consolidated Appropriations Act, P.L. 117-328).

<sup>182</sup> 38 U.S.C. §§2011-2012.

<sup>183</sup> See Section 4201 of P.L. 116-315.

<sup>184</sup> See Section 4201(a).

<sup>185</sup> See VA website, *Flexible Assistance for Homeless Veterans*, [https://www.va.gov/HOMELESS/Flexible\\_Assistance\\_for\\_Homeless\\_Veterans.asp](https://www.va.gov/HOMELESS/Flexible_Assistance_for_Homeless_Veterans.asp), accessed November 30, 2022.

# Appendix.

**Table A-I. Funding for Selected Homeless Veterans Programs, FY1988-FY2022**

(dollars in thousands)

Fiscal Year	Obligations (VA Programs)							Budget Authority (DOL Program)
	Health Care for Homeless Veterans <sup>a</sup>	Domiciliary Care for Homeless Veterans	Compensated Work Therapy/Therapeutic Residence	Grant and Per Diem Program <sup>b</sup>	HUD-VA Supported Housing (Case Management) <sup>c</sup>	Supportive Services for Veteran Families	Veterans Justice Outreach	Homeless Veterans Reintegration Program
1988	12,932	15,000 <sup>d</sup>	NA	NA	NA	NA	NA	1,915
1989	13,252	10,367	NA	NA	NA	NA	NA	1,877
1990	15,000	15,000	NA	NA	NA	NA	NA	1,920
1991	15,461 <sup>e</sup>	15,750	— <sup>e</sup>	NA	NA	NA	NA	2,018
1992	16,500 <sup>e</sup>	16,500	— <sup>e</sup>	NA	2,300	NA	NA	1,366
1993	22,150	22,300	400	NA	2,000	NA	NA	5,055
1994	24,513	27,140	3,051	8,000	3,235	NA	NA	5,055
1995	38,585 <sup>f</sup>	38,948	3,387	— <sup>f</sup>	4,270	NA	NA	107 <sup>g</sup>
1996	38,433 <sup>f</sup>	41,117	3,886	— <sup>f</sup>	4,829	NA	NA	0
1997	38,063 <sup>f</sup>	37,214	3,628	— <sup>f</sup>	4,958	NA	NA	0
1998	36,407	38,489	8,612	5,886	5,084	NA	NA	3,000
1999	32,421	39,955	4,092	20,000	5,223	NA	NA	3,000
2000	38,381	34,434	8,068	19,640	5,137	NA	NA	9,636
2001	58,602	34,576	8,144	31,100	5,219	NA	NA	17,500
2002	54,135	45,443	8,028	22,431	4,729	NA	NA	18,250
2003	45,188	49,213	8,371	43,388	4,603	NA	NA	18,131

Fiscal Year	Obligations (VA Programs)							Budget Authority (DOL Program)
	Health Care for Homeless Veterans <sup>a</sup>	Domiciliary Care for Homeless Veterans	Compensated Work Therapy/Therapeutic Residence	Grant and Per Diem Program <sup>b</sup>	HUD-VA Supported Housing (Case Management) <sup>c</sup>	Supportive Services for Veteran Families	Veterans Justice Outreach	Homeless Veterans Reintegration Program
2004	42,905	51,829	10,240	62,965	3,375	NA	NA	18,888
2005	40,357	57,555	10,004	62,180	3,243	NA	NA	20,832
2006	56,998	63,592	19,529	63,621	5,297	NA	NA	21,780
2007	71,925	77,633	21,514	81,187	7,487	NA	NA	21,809
2008	77,656	96,098	21,497	114,696	4,854	NA	NA	23,620
2009	80,219	115,373	22,206	128,073	26,601	218	NA	26,330
2010	109,727	175,979	61,205	175,057	71,137	3,881	4,803	36,330 <sup>h</sup>
2011	200,808	221,938	73,420	148,097	119,603	60,541	22,489	36,257 <sup>i</sup>
2012	118,889	218,962	73,067	208,046	169,873	99,974	18,338	38,185 <sup>j</sup>
2013	128,500	245,228	71,687	200,329	288,107	299,921	25,411	36,188 <sup>k</sup>
2014	139,714	246,258	91,055	214,468	340,806	299,902	28,767	38,109
2015	157,853	183,362	60,565	214,990	373,668	300,000	32,957	38,109
2016	172,747	200,188	60,012	165,016	462,109	297,486	40,263	38,109
2017	177,103	194,105	66,504	183,034	508,859	320,073	50,412	45,100
2018	156,133	179,625	69,621	197,481	546,694	339,999	54,435	50,000
2019	167,132	177,103	70,391	202,372	584,606	380,000	58,987	50,000
2020 <sup>l</sup>	173,124	196,361	61,511	241,398	644,353	381,300	58,411	55,000
2020 COVID-19	12,854	—	—	38,341	—	601,540	—	—
2021 <sup>l</sup>	174,671	190,384	59,466	218,698	796,733	570,000	59,989	57,500

Fiscal Year	Obligations (VA Programs)							Budget Authority (DOL Program)
	Health Care for Homeless Veterans <sup>a</sup>	Domiciliary Care for Homeless Veterans	Compensated Work Therapy/Therapeutic Residence	Grant and Per Diem Program <sup>b</sup>	HUD-VA Supported Housing (Case Management) <sup>c</sup>	Supportive Services for Veteran Families	Veterans Justice Outreach	Homeless Veterans Reintegration Program
2021 COVID-19 <sup>m</sup>	13,230	—	—	122,000	1,262	173,749	192	—
2022 <sup>l</sup>	180,132	219,876	182,574	253,021	849,242	420,138	69,294	60,500
2022 COVID-19 <sup>n</sup>	12,351	—	—	64,670	—	371,076	—	—

**Sources:** Department of Veterans Affairs Budget Justifications, FY1989-FY2024, VA Office of Homeless Veterans Programs, the Department of Labor Budget Justifications FY1989-FY2024, and the Department of Labor FY2013 Operating Plan.

- a. Health Care for Homeless Veterans was originally called the Homeless Chronically Mentally Ill veterans program. In 1992, VA began to use the title “Health Care for Homeless Veterans.”
- b. Funding for the Grant and Per Diem Program does not include Grant and Per Diem Liaisons.
- c. This column contains only the funding allocated from VA for case management and does not include the cost of providing housing.
- d. Congress appropriated funds for the DCHV program for both FY1987 and FY1988 (P.L. 100-71), however, VA obligated the entire amount in FY1988. See VA Budget Summary for FY1989, Volume 2, Medical Benefits, p. 6-10.
- e. For FY1991 and FY1992, funds from the Homeless Chronically Mentally Ill veterans program as well as substance abuse enhancement funds were used for the Compensated Work Therapy/Therapeutic Residence program.
- f. For FY1995 through FY1997, Grant and Per Diem funds were obligated with funds for the Health Care for Homeless Veterans program. VA budget documents do not provide a separate breakdown of Grant and Per Diem Obligations.
- g. Congress appropriated \$5.011 million for HVRP in P.L. 103-333. However, a subsequent rescission in P.L. 104-19 reduced the amount.
- h. Starting in FY2010, funding for the Incarcerated Veterans Transition program has been included in the HVRP appropriation.
- i. The FY2011 Department of Defense and Full-Year Continuing Appropriations Act (P.L. 112-10) imposed an across-the-board rescission of 0.2% on all discretionary accounts. The level for HVRP reflects this rescission.
- j. The FY2012 appropriation for the Departments of Labor, HHS, and Education contained an across-the-board rescission of 0.189% on all discretionary accounts. The level for HVRP reflects this rescission.
- k. The FY2013 level for HVRP reflects deductions for sequestration and an across-the-board rescission of 0.2%.
- l. Amounts for COVID-19-related appropriations provided as part of the CARES Act (P.L. 116-136) and American Rescue Plan Act (P.L. 117-2) are broken out in separate rows.

- m. While COVID-19 funds were appropriated in FY2020 as part of the CARES Act, some obligations occurred in FY2021.
- n. While COVID-19 funds were appropriated in FY2021 as part of ARPA, some obligations occurred in FY2022.

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