



**DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON**

May 28, 2026

The Honorable Jerry Moran
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (P.L. 116-283 § 9103(c)), the Department of Veterans Affairs (VA) submits its report on services and programs provided by VA to address homelessness, as well as efforts made through the Department of Housing and Urban Development - VA Supportive Housing program. VA provides a full spectrum of services designed to meet the unique needs of Veterans who are at risk of or experiencing homelessness. VA, along with its Federal partners, has adopted a vision and developed specific strategies to help guide communities as they take action to end Veteran homelessness. I am responding on behalf of the Department.

In addition, as required by 38 U.S.C. § 116, a statement of cost for preparing the report is included. This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Bergin".

Donald Bergin
Assistant Secretary for Congressional
and Legislative Affairs

Enclosures

DEPARTMENT OF VETERANS AFFAIRS (VA)



Congressionally Mandated Report: Homelessness Services Provided Under VA Programs, Including Services Under the Department of Housing and Urban Development–VA Supportive Housing

May 2026

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Report Language

Section 9103 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (P.L. 116-283 § 9103(c)) requires that not less frequently than once each year, the Department of Veterans Affairs (VA) shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the homelessness services provided under VA programs, including services under the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) program under section 8(o)(19) of the United States Housing Act of 1937 (42 U.S.C. § 1437f(o)(19)). Each annual report shall include, with respect to the year preceding the submittal of the report, a statement of the number of eligible individuals who were furnished such homelessness services, and the number of individuals furnished such services under each such program, disaggregated by the number of men who received such services and the number of women who received such services and such other information as the Secretary considers appropriate.

Introduction

Significant progress has been made to prevent and end Veteran homelessness. On December 27, 2024, the U.S. Department of Housing and Urban Development (HUD) released the 2024 Point-in-Time (PIT) Count, the annual effort to estimate the number of Americans, including Veterans, without permanent housing.¹ Data show that on a single night in January 2024, there were 32,882 Veterans experiencing homelessness in the U.S. This is a record low in Veteran homelessness since measurement began in 2009. Overall, the data show a 7.5% decrease in Veteran homelessness since 2023, an 11.7% decrease since 2020, and a 55.6% decrease since 2010. Of the Veterans counted, 19,031 experienced sheltered homelessness, and 13,851 experienced unsheltered homelessness. The success we've seen with Veterans shows that we have the right solutions that could be used as a blueprint for ending overall homelessness in America.

I. Preventing and Ending Veteran Homelessness Is Possible

Preventing and ending Veteran homelessness is possible. To achieve this goal, we need continued leadership, collaboration, commitment, and a sense of urgency from communities across the country. No one entity can prevent and end homelessness among Veterans. VA remains committed to ending Veteran homelessness and works in close collaboration with its Federal partners, leading national organizations, state and local government agencies, and Veterans Service Organizations (VSO) toward that objective. VA's goal is to ensure that every Veteran has permanent, sustainable housing with access to high-quality health care and other supportive services.

There has been unprecedented support from every branch of Government, as well as

¹ <https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>

The 2025 PIT Count has not been released, and VA expects to include the 2025 PIT Count data in the next report when the information becomes available.

from state and local leaders and agencies, to provide both the funding and human resources needed to end Veteran homelessness. Communities continue to align those resources with the most effective practices, to ensure rapid, safe, and stable housing for Veterans who need it.

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

- Employing evidence-based practices and approaches across every aspect of services for homeless Veterans. Essential to success, these strategies increase the chance that a Veteran will be housed and decrease emergency room costs for Veterans. They provide a humane, dignified way to help Veterans achieve the stable, permanent housing they deserve.
- Identifying all homeless Veterans by name and sharing a list of those names across systems so that no one is forgotten.
- Using and sharing data to find and serve every Veteran who needs homeless services.
- Creating coordinated assessment and entry systems to ensure that there is no wrong door for Veterans seeking help — coordinate people and services at every level to create integrated systems of care.
- Setting concrete and aspirational monthly and quarterly goals and engaging the community and associated systems to meet them. This requires the direct involvement of community leaders and focused political will. Also, benchmark progress against specific criteria.
- Synchronizing programs to coordinate outreach and target the right type of resource to the right Veteran at the right time.
- Ensuring outreach and engagement efforts are coordinated across service providers, law enforcement personnel, prisons and jails, hospitals, libraries, and job centers to proactively seek out Veterans in need of assistance with housing.
- Focusing on creating connections from homeless services, housing organizations, and VA medical centers (VAMC) to workforce investment boards and employers so that Veterans can be quickly connected to jobs.

II. Veterans Served in VA Homeless Programs During Fiscal Year (FY) 2025

VA provides a full spectrum of services designed to meet the unique needs of Veterans who are at risk of or experiencing homelessness. VA's services include clinical outreach, treatment, transitional housing, and supportive services to eligible Veterans with a HUD voucher. VA's efforts are enhanced by harnessing the strength of community providers in coordination with VA health care and benefits.

This report reflects the overall progress VA, along with its Federal partners, has made in reducing or ending Veteran homelessness. VA, with other Federal partners and stakeholders, remains committed to working with Veterans, Congress, VSOs, and local

communities to ensure that the array of our homeless programs and case management services is responsive to the needs of Veterans who are at risk of or experiencing homelessness.

During FY 2025, a total of 237,900 Veterans were served in VA homeless programs. Of that total, 29,824 were women, 206,912 were men, and 1,164 were of unknown sex. The information that follows includes the number of individuals who received services under each program, disaggregated by the number of men who received such services and the number of women who received such services.

Treatment

Homeless Patient Aligned Care Teams (HPACT): HPACT is a multi-disciplinary, population-based medical home model organized around the unique challenges homeless Veterans face accessing and engaging in health care. VA developed HPACTs with the goal of providing integrated, coordinated, and comprehensive clinical and primary care in conjunction with homeless services. HPACTs address the multiple medical and social needs of these Veterans in one setting by incorporating the following five core elements that distinguish it from traditional primary care models:

- Reducing barriers to receiving care. HPACTs provide open-access, walk-in care as well as outreach to the community to engage those Veterans disconnected from VA services.
- Providing wrap-around services that are integrated and coordinated. Mental health, homeless programs, and primary care staff are co-located to create a continuum of care and an integrated care team. Most HPACTs also provide food and clothing assistance, hygiene items, showers, laundry facilities, and other services on-site to meet the full continuum of Veteran needs.
- Engaging Veterans in intensive case management that is coordinated with community agencies for continuous care.
- Providing high-quality, evidence-based, and culturally sensitive care through ongoing homeless care skill development and education for HPACT staff.
- Being performance-based and accountable with real-time data and predictive analytic applications to assist teams in targeting those most in need, providing ongoing technical assistance and personalized feedback to the field, and to inform team performance.

Table 1 below provides information about the eligible unique Veterans HPACTs served in FY 2025.

Table 1: Eligible Unique Veterans Served Under HPACT in FY 2025

Program	Eligible Unique Veterans Served in FY 2025			
	Women	Men	Unknown	Total
HPACT	2,056	22,059	0	24,115

*Unique Veteran totals may be undercounted due to missing data for sites that have transitioned to Oracle Health.²

Outreach Services

Health Care for Homeless Veterans (HCHV): The central goal of HCHV programs is to reduce homelessness among Veterans by engaging and connecting homeless Veterans with health care and other needed services. HCHV programs target chronically homeless Veterans, especially those with serious mental health diagnoses and/or substance use disorders and provide outreach, case management, and community based residential services to ensure that Veterans have access to programs that provide quality housing and services that meet the needs of these special populations.

HCHV staff conduct outreach to identify homeless Veterans encountered in encampments, shelters, drop-in centers, and other community locations. The intent of outreach is to provide Veterans with information on resources such as housing assistance, medical and psychiatric inpatient and outpatient treatment programs, other community-based residential programs or social services, and encourage Veterans to participate in the assessment of, and engagement with, these services. HCHV works to lower barriers and maintain easy access for Veterans to receive services in VA and the community.

HCHV Case Management Services: The goal of HCHV case management is to reach and engage all homeless Veterans who are disconnected or under-connected to critical medical and mental health services, community support, and most importantly, appropriate housing interventions with significant emphasis on those Veterans who are unsheltered and most vulnerable.

Stand Downs: Stand Downs are 1- to 3-day events that provide homeless Veterans a variety of services and allow VA and community-based service providers to reach more homeless Veterans. Stand Downs provide homeless Veterans a temporary refuge where they can obtain food, shelter, clothing, and a range of community and VA assistance. In many locations, Stand Downs provide health screenings, referrals and access to long-term treatment, benefits counseling, identification cards, and access to other programs to meet a Veteran's immediate needs.

² Cerner (now Oracle Health) is a leading healthcare IT company that provides electronic health record systems to manage patient data, clinical workflows, and population health. VHA is currently implementing the transition from its legacy electronic health record system to the Cerner Electronic Health Record (EHR), deploying the new system at VA facilities scheduled to go live beginning in 2026. There are currently six medical centers live on the Cerner EHR. Due to known issues with the accuracy of syndicated data between legacy and new systems, there may be discrepancies for sites using the new EHR due to a combination of legal restrictions on data sharing and technical interoperability issues that prevent access to reliable information. However, VA continues to explore ways to improve data sharing capabilities while sites make full transitions to Cerner (Oracle Health).

Stand Downs are intended to be collaborative, grassroots events that serve as an effective outreach strategy for VA staff to engage Veterans experiencing homelessness and present them with a wide range of supportive services and housing opportunities. Additionally, Stand Downs can provide referrals to various other services including permanent housing, medical, mental health and substance use disorder treatment, and employment resources. In FY 2025, 248 Stand Down events took place Nationwide, which provided needed services to an estimated 47,876 Veterans who were at risk of or experiencing homelessness.

Table 2 below provides information about the eligible unique Veterans served under HCHV Outreach and HCHV Case Management in FY 2025.

Table 2: Eligible Unique Veterans Served Under HCHV Outreach and HCHV Case Management in FY 2025

Program	Eligible Unique Veterans Served in FY 2025			
	Women	Men	Unknown	Total
HCHV Outreach*	3,151	23,433	270	26,854
HCHV Case Management	1,616	11,828	50	13,494

*Unique Veteran totals may be undercounted due to missing data for sites that have transitioned to Oracle Health.

Veterans Justice Programs (VJP): The mission of VJPs is to identify justice-involved Veterans and engage them through outreach to facilitate access to VA services at the earliest possible point in the criminal justice process. VJPs accomplish this by building and maintaining partnerships between VA and key stakeholders of the criminal justice system.

- **Veterans Justice Outreach (VJO):** VJO aims to prevent homelessness by helping justice-involved Veterans access needed VA clinical services to address mental health, substance use, or other issues. VJO Specialists provide direct outreach, assessment, and case management services for justice-involved Veterans in local courts and jails and liaise with local justice system partners. All VJO Specialists must be licensed, independent clinicians, and the vast majority are social workers. Differences between local criminal justice systems, including size, structure, and openness to outside partnerships and treatment-based criminal justice interventions, as well as the partnership-driven nature of VJO outreach work, means that the composition of VJO programs may vary significantly across VAMC locations. VJO Specialists at each VAMC work with Veterans in the local criminal courts (including, but not limited to, the Veteran Treatment Courts (VTC)), conduct outreach in local jails, and engage with local law enforcement by delivering VA-focused training sessions and other informational presentations. VJO Specialists currently conduct face-to-face outreach in 2,161 local jails (approximately two-thirds of the U.S. total) and staff nearly all the Nation's VTCs and other Veteran-focused courts.

- **Health Care for Re-entry Veterans (HCRV):** HCRV aims to prevent homelessness, reduce the impact of medical, psychiatric, and substance abuse problems upon community re-adjustment, and decrease the likelihood of re-incarceration for Veterans leaving prison. HCRV Specialists provide outreach to Veterans approaching release from Federal and state prisons. In addition, HCRV Specialists briefly assess re-entry Veterans' probable treatment needs, help Veterans plan to access responsive services upon release, and provide post-release follow-up to ensure Veterans are engaged with needed services. Many HCRV specialists are based at VAMCs, but they typically serve Veterans in areas much larger than a VAMC catchment, often conducting outreach to prison facilities in at least one entire state and sometimes an entire Veterans Integrated Service Network.

Table 3 below provides information about the eligible unique Veterans served under HCRV and VJO in FY 2025.

Table 3: Eligible Unique Veterans Served under HCRV and VJO in FY 2025

Program*	Eligible Unique Veterans Served in FY 2025			
	Women	Men	Unknown	Total
HCRV	427	11,867	82	12,376
VJO	4,042	44,610	337	48,989

*Unique Veteran totals may be undercounted due to missing data for sites that have transitioned to Oracle Health. Data include ineligible Veterans and are not fully disaggregated by sex.

Residential Treatment

HCHV Contract Residential Services (CRS): Under 38 U.S.C. § 2031, VA is authorized to provide care, treatment, and rehabilitative services to Veterans suffering from serious mental illness and Veterans who are homeless. These services may be provided directly or by contract in community-based facilities, including halfway houses. The HCHV CRS Program provides funding directly to VAMCs, enabling them to award locally established contracts to community-based agencies. The VAMC has direct oversight of these contracts, allowing them to create a contract that fills service gaps for the homeless Veterans in their specific community. Each contract provides short-term residential care and treatment to eligible Veterans who need an immediate housing placement as they seek permanent housing and/or additional care and services. As these contracts are established between the VAMC and the selected provider, the VAMC is responsible to ensure that these programs comply with the contract terms and the current HCHV authority.

VA contracts with community partners to provide emergency housing and residential treatment beds. The demand for this residential bed capacity continues to grow and outpace the funding that is allocated for this program each year. As of January 2026,

HCHV funds 3,600 operational beds. Available funding has been prioritized to ensure that every VAMC has the capacity to offer emergency housing that is targeted to, and prioritized for, homeless Veterans who are transitioning from street homelessness. The average length of stay for a homeless Veteran receiving CRS services is 81 days.

Low Demand/Safe Havens (LDSH): LDSH is a subtype of HCHV CRS, employing a 24-hours-per-day/7-days-per-week community-based, early recovery model of supportive housing that serves hard-to-reach homeless Veterans with severe mental illness who require a low-demand environment and have been unable to participate in traditional treatment and supportive services. The low-demand or non-intrusive environment is designed to re-establish trust and motivate the homeless Veteran to seek needed treatment services and transitional and permanent housing options. Lengths of stay in LDSH Programs are typically 6 months with the option to extend based on clinical need. Four LDSH sites were funded in 2012 as development projects under the National Center on Homelessness Among Veterans (NCHAV).³ As of January 2026, 22 LDSH sites are funded and operational Nationwide.

Table 4 below provides information about the eligible unique Veterans served under HCHV CRS/LDSH in FY 2025.

Table 4: Eligible Unique Veterans Served Under HCHV CRS/LDSH in FY 2025

Program	Eligible Unique Veterans Served in FY 2025			
	Women	Men	Unknown	Total
HCHV CRS/LDSH	809	10,720	34	11,563

Grant and Per Diem Program (GPD): Pursuant to 38 U.S.C. §§ 2011, 2012, and 2061, VA awards grants to community-based agencies providing transitional supportive housing with wrap-around supportive services to Veterans experiencing homelessness. These grants promote development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and realize greater self-determination. The program plays a vital role in the continuum of homeless services by providing supportive services to those Veterans who would otherwise be among the unsheltered homeless population and ultimately helping them transition to permanent housing. Additionally, pursuant to 38 U.S.C. § 2013, the GPD Program offers case management grants to support housing retention for Veterans who were previously homeless and are transitioning to permanent housing. All GPD grant types are designed to meet Veterans at various stages as they move to stable housing. As of January 2026, the GPD Program has approximately 350 transitional housing projects providing approximately 10,500 beds Nationwide and approximately 90 case-management grants with over 100 case

³ NCHAV works to promote recovery-oriented care for Veterans who are homeless or at risk for homelessness by conducting and supporting research; assessing the effectiveness of programs; identifying and disseminating best practices and integrating these practices into policies, programs, and services for homeless or at-risk Veterans; and serving as a resource center for all research and training activities carried out by the Department and by other Federal and non-Federal entities with respect to Veteran homelessness.

managers. The average length-of-stay for a homeless Veteran in a program funded by a GPD grant is less than 6 months.

Table 5 below provides information about the eligible unique Veterans served under GPD in FY 2025.

Table 5: Eligible Unique Veterans Served Under GPD in FY 2025

Program	Eligible Unique Veterans Served in FY 2025			
	Women	Men	Unknown	Total
GPD	1,718	23,472	69	25,259

Permanent Supportive Housing

HUD-VASH Program: HUD-VASH is a collaborative program that pairs HUD's Housing Choice Voucher rental assistance with VA case management and supportive services for homeless Veterans. These services are designed to help homeless Veterans and their families find and sustain permanent housing and access the health care, mental health treatment, substance use counseling, and other supports necessary to help them maintain housing over time.

The HUD-VASH Program employs a multi-disciplinary team approach to meet the complex case management and supportive service needs of participating Veterans through provision of a full range of medical, mental health, and complementary services. Services are provided in Veterans' communities and, frequently, in their homes, which ensures accessible care and provides the support needed to ensure housing stability.

Table 6 below provides information about the eligible unique Veterans served under HUD-VASH in FY 2025.

Table 6: Eligible Unique Veterans Served Under HUD-VASH in FY 2025

Program	Eligible Unique Veterans Served in FY 2025			
	Women	Men	Unknown	Total
HUD-VASH	12,882	84,268	261	97,411

Supportive Services for Veteran Families Program (SSVF): The SSVF Program is authorized by 38 U.S.C. § 2044 and provides financial assistance, in the form of grants, to eligible entities who provide supportive services to very low-income Veteran families who are currently in, or transitioning to, permanent housing. Very low-income Veteran family means a Veteran family whose annual income, as determined in accordance with 24 C.F.R. § 5.609,⁴ does not exceed 50% of the median income for an area or community (see 38 C.F.R. 62.2). The SSVF Notification of Funding Opportunity (NOFO) for FY 2023 and then subsequent NOFOs increased the area median income (AMI) to 80%. The AMI for each community can be found at

⁴ <https://www.ecfr.gov/current/title-24/subtitle-A/part-5/subpart-F/subject-group-ECFR174c6349abd095d/section-5.609>.

<http://www.huduser.org/portal/datasets/il.html>. SSVF awards grant funds to private non-profit organizations and consumer cooperatives to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. Grantees assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability. Grantees provide eligible Veteran families with outreach, case management, and assistance in obtaining VA and other benefits, which may include the following:

- Health care services;
- Daily living services;
- Personal financial planning services;
- Transportation services;
- Fiduciary and payee services;
- Legal services;
- Childcare services; and
- Housing counseling services.

In addition, grantees also provide time-limited payments to third parties (that is, landlords, utility companies, moving companies, and licensed childcare providers) if these payments help Veteran families stay in or acquire permanent housing on a sustainable basis. Services provided to these Veteran families were highly effective, with 79% of those discharged from SSVF in FY 2025 exiting into permanent housing.

Table 7 below provides information about the eligible unique Veterans served under SSVF in FY 2025.

Table 7: Eligible Unique Veterans Served Under SSVF in FY 2025

Program	Eligible Unique Veterans Served			Total
	Women	Men	Unknown	
SSVF	15,813	83,790	0	99,603

Employment Services

Homeless Veteran Community Employment Services (HVCES): Veterans who are at risk of or experiencing homelessness need access to employment opportunities to support their housing needs, improve the quality of their lives, and assist in their community reintegration efforts. As part of efforts to end homelessness among Veterans, VA enhanced employment services and opportunities for homeless Veterans through HVCES implementation in FY 2014.

HVCES is staffed by Vocational Development Specialists and Vocational Rehabilitation Counselors who function as Community Employment Coordinators and Employment Specialists. A primary goal of HVCES is to ensure that a range of employment services are accessible to Veterans who experienced homelessness. This includes individualized support to assist Veterans in overcoming barriers that would otherwise prevent them

from being able to return to work, such as a poor work history, lack of transportation and appropriate clothing, a history of justice involvement, and co-occurring substance use and/or mental health issues. HVCES provides a range of site-specific services to mitigate these barriers, rather than being a discrete program. There are no eligibility requirements for Veterans to receive assistance from HVCES other than participation in Veterans Health Administration (VHA) homeless program services. HVCES staff are embedded in homeless programs within the VAMC and complement existing medical center-based employment services. While HVCES staff provide direct services to Veterans, a significant component of their work is to function as a bridge to employment opportunities and resources in the local community.

Table 8 below provides information about the eligible unique Veterans served under HVCES in FY 2025.

Table 8: Eligible Unique Veterans Served Under HVCES in FY 2025

Services	Eligible Unique Veterans Served in FY 2025			
	Women	Men	Unknown	Total
HVCES*	1,835	12,850	0	14,685

*Unique Veteran totals may be undercounted due to missing data for sites that have transitioned to Oracle Health.

In FY 2025, more than 12,500 Veterans were employed at exit from all VHA homeless programs and services. In addition, employment rates for Veterans housed through HUD-VASH and who exited the GPD Program exceeded national targets. This is a result of direct services provided by HVCES staff and referrals to VA vocational programs, Department of Labor, and other community agencies.

Conclusion

VA, along with its Federal partners, continues to take decisive actions to solve this important national problem. Together, these strategies help define the vision of ending Veteran homelessness within communities and align local efforts in support of that vision with a focus on long-term, lasting solutions. VA remains committed to working with Federal, state, local, and community partners to identify innovative measures, concrete strategies, and effective utilization of resources to align goals and strategies with ending and preventing Veteran homelessness. The overarching goal is to make sure every Veteran has permanent, sustainable housing with access to high-quality health care and other supportive services and that Veteran homelessness in the future is prevented whenever possible.

**Department of Veterans Affairs
May 2026**