



May 2020

HOMELESS VETERANS

Opportunities Exist to Strengthen Interagency Collaboration and Performance Measurement Procedures

Accessible Version

GAO Highlights

Highlights of [GAO-20-428](#), a report to congressional committees

Why GAO Did This Study

Despite a large decline over the past decade, an estimated 37,000 veterans in the United States experienced homelessness in 2019. GAO was asked to review federal assistance programs for homeless veterans. Among other objectives, this report (1) discusses challenges agencies and service providers cited in implementing selected programs; (2) evaluates how USICH, VA, and HUD collaborate; and (3) reviews selected programs' performance.

GAO analyzed federal guidance and performance data; interviewed VA, DOL, HUD and USICH officials; and met with local VA staff and service providers from selected programs at six sites. Programs were selected based on size (the largest based on funding and veterans served) and the kinds of services they offer; sites were selected for geographic diversity, among other factors. The results of these interviews are not generalizable.

What GAO Recommends

GAO is making three recommendations: VA should provide additional information on how local providers can collaborate; DOL should document data quality validation processes for its homeless veterans program; and VA should clearly communicate with local VA staff and providers about how it measures performance and how to obtain and provide feedback. VA agreed with the recommendations. DOL neither agreed nor disagreed. GAO maintains that DOL should document its data quality processes, as discussed in the report.

View [GAO-20-428](#). For more information, contact Alicia Puente Cackley at (202) 512-8678 or cackleya@gao.gov.

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What GAO Found

The Departments of Veterans Affairs (VA), Housing and Urban Development (HUD), and Labor (DOL) provide programs aimed at assisting homeless veterans. Local VA staff and service providers—who receive grants from federal agencies—provide services to homeless veterans within their communities. In interviews with GAO, they cited challenges in implementing selected programs:

- **Staffing shortages.** Shortages in VA case managers may limit the number of veterans they are able to serve.
- **Housing cost and availability.** High housing costs and limited stock make it difficult to find affordable housing for homeless veterans.
- **Transportation limitations.** Service providers may cover large geographic areas and limited public transportation strains their ability to provide services.

Steps that VA and other agencies are taking to address these challenges include contracting out for services to address limited staffing, offering rental subsidies for very low-income veterans, and working with community partners to assist with transportation.

Two key federal collaboration mechanisms to address veteran homelessness are a U.S. Interagency Council on Homelessness (USICH) working group to coordinate agencies at the national level and a HUD initiative that coordinates stakeholders at the local level. Both efforts incorporate many leading practices for effective interagency collaboration identified by GAO in prior work. However, local VA staff and service providers stated that they would like additional information—such as on best practices—from VA on how to collaborate more effectively at the local level. While VA has issued some broad guidance, more specific information on effective collaboration on issues such as making referrals and data sharing could better position local VA staff and service providers to aid homeless veterans.

VA and DOL have multiple measures in place to assess the performance of the programs GAO selected for review, and most of the measures met their national targets from 2015 to 2019. The measures incorporated most leading practices for performance measurement—such as having measureable targets. However, DOL does not have a written policy on its process for validating its performance data, and as a result may not have reasonable assurance that these are the most accurate and reliable performance data available. Further, some local VA staff and service providers misunderstood how program data were used in assessing performance while others were unaware of VA's feedback processes on performance measures. Additional clarity and communication about VA's performance measures would help local VA staff and service providers better understand how program data are used to measure—and can be used to improve—performance.

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Abbreviations

CoC	Continuum of Care
CRRC	Community Resource and Referral Centers
CWT-TR	Compensated Work Therapy/Transitional Residence
DCHV	Domiciliary Care for Homeless Veterans
DOL	Department of Labor
GPD	Grant and Per Diem
H-PACT	Homeless Patient Aligned Care Team
HCHV	Health Care for Homeless Veterans
HCRV	Health Care for Reentry Veterans
HUD	Department of Housing and Urban Development
HUD-VASH	Housing and Urban Development-Veterans Affairs Supportive Housing
HVCES	Homeless Veteran Community Employment Services
HVRP	Homeless Veterans' Reintegration Program
NCCHV	National Call Center for Homeless Veterans
PHA	Public housing agencies
PTSD	Post-traumatic stress disorder
SVHO	Solving Veterans Homelessness as One
SSVF	Supportive Services for Veteran Families
Tribal HUD-VASH	Tribal Housing and Urban Development-Veterans Affairs Supportive Housing
USICH	U.S. Interagency Council on Homelessness
VA	Department of Veterans Affairs
VAMC	VA medical center
VHA	Veterans Health Administration
VJO	Veterans Justice Outreach

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May 14, 2020

The Honorable Jerry Moran
Chairman
The Honorable Jon Tester
Ranking Member
Committee on Veterans' Affairs
United States Senate

The Honorable Mark Takano
Chairman
The Honorable Phil Roe
Ranking Member
Committee on Veterans' Affairs
House of Representatives

More than 37,000 veterans in the United States experienced homelessness in 2019, according to estimates from the Department of Housing and Urban Development (HUD).¹ Advocacy groups estimate that many more veterans may be considered at risk of homelessness. As with other populations, veterans face greater risk of becoming homeless if they suffer from economic hardship, poverty, unemployment, or a substance use disorder. For combat veterans, those factors can be exacerbated by post-traumatic stress disorder, which may increase the risk of homelessness.²

The federal government assists homeless veterans through a number of programs funded through the Department of Veterans Affairs (VA), HUD,

¹Department of Housing and Urban Development, *The 2019 Annual Homeless Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness* (Washington, D.C.: January 2020). This estimate is based on a count conducted on a single night in January 2019. According to this report, a person experiences homelessness if they lack a fixed, regular, and adequate nighttime residence.

²U.S. Interagency Council on Homelessness, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (Washington, D.C.: June 2015).

and the Department of Labor (DOL).³ In collaboration with the U.S. Interagency Council on Homelessness (USICH), VA and HUD have established initiatives and a working group focused on the goal of ending veteran homelessness.⁴

While the number of veterans experiencing homelessness declined by nearly half between 2009 and 2019 according to HUD estimates, policy makers have raised questions about challenges in implementing federal assistance programs for veterans and how effective these programs are.⁵ You asked us to review these federal programs.

This report (1) describes challenges agencies and providers reported experiencing in implementing selected programs; (2) assesses the extent to which any overlap or duplication exists among programs for homeless veterans; (3) evaluates how well agencies collaborate with one another to address veteran homelessness; and (4) reviews what is known about the performance of selected programs.

We identified homeless assistance programs for veterans by reviewing agency reports, guidance, and other documentation and past GAO and Congressional Research Service reports.⁶ We selected seven programs for particular focus in our first and fourth objectives: Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH); Grant and Per Diem (GPD); Supportive Services for Veteran Families (SSVF); Health Care for Homeless Veterans (HCHV); Domiciliary Care for Homeless Veterans (DCHV); Homeless Veteran Community Employment Services (HVCES); and the Homeless Veterans' Reintegration Program

³The definition of "homeless" varies by federal program. For example, some VA programs use the McKinney-Vento Homeless Assistance Act definition, which generally states that a person is homeless if they lack regular, adequate housing or will imminently lose housing and lack resources to obtain other permanent housing. See 42 U.S.C. § 11302(a).

⁴USICH is an independent establishment within the Executive Branch that coordinates the federal response to homelessness. USICH monitors, evaluates, and recommends improvements in federal and state homeless assistance programs.

⁵The nearly 50 percent decrease reflected a decline of 36,000 people. See Department of Housing and Urban Development, *The 2019 Annual Homeless Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness*.

⁶There are several federal homeless assistance programs administered by multiple federal agencies. Some programs serve all homeless populations (including veterans), while others target specific populations, such as veterans or youth, exclusively. In this report, we limited our scope to homelessness programs that specifically target veterans.

(HVRP). We selected these programs because of their size (largest programs based on funding and the number of veterans served) and because they provided a mix of services addressing a variety of needs. The results of our review of these programs are not generalizable.

For all objectives, we interviewed officials from VA, HUD, DOL, and USICH. Additionally, we conducted semi-structured interviews with staff from six VA medical centers (VAMC) for the selected VA programs we reviewed; six Continuum of Care (CoC) entities; six public housing agencies (PHA); and 23 service providers across different locations.⁷ The results of these interviews are not generalizable. The locations we visited were: Atlanta, Georgia; Kansas City, Missouri; Long Island, New York; Los Angeles, California; Helena, Bozeman, Fort Harrison, and Box Elder, Montana; and Seattle, Washington. We judgmentally selected these locations based on several factors, including geographic diversity.

For our first objective on challenges in implementing selected programs, we interviewed agency officials, VAMCs, service providers, and PHAs. We also reviewed reports by federal agencies, program documentation, and available information on trends on homeless veterans and the general homeless population.

For our second objective on overlap and duplication, we reviewed agency guidance, program descriptions, and other documentation for all the homeless assistance programs for veterans that we identified.⁸ We

⁷For purposes of this report, officials we interviewed from the national VA office are referred to as "VA officials." Local VA staff we interviewed from the VAMCs are referred to as "VAMC staff." VAMCs provide a wide range of services including traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy. Service providers are local, state, or nonprofit organizations in the community that provide homeless veterans with services. PHAs are HUD-funded city, county, or state agencies that administer housing vouchers. CoCs are groups of stakeholders in a geographic area that, among other things, coordinate to provide homeless services, apply for grants, set local priorities, and collect homelessness data.

⁸This report does not focus on identifying fragmentation among programs because we previously reviewed fragmentation among homelessness programs. See GAO, *Homelessness: Fragmentation and Overlap in Programs Highlight the Need to Identify, Assess, and Reduce Inefficiencies*, [GAO-12-491](#) (Washington, D.C.: May 10, 2012).

assessed the extent of overlap or duplication among programs using guidance previously developed by GAO.⁹

For the third objective on how federal agencies collaborate to address veteran homelessness, we identified two key collaborative mechanisms by reviewing VA, HUD, and USICH reports, guidance, and other documentation. We then assessed these efforts against leading interagency collaboration practices we have identified in previous work.¹⁰

For the fourth objective on program performance, we obtained from VA and DOL national performance data for selected programs for fiscal years 2015 to 2019. We assessed the reliability of the data by reviewing them for obvious errors and inaccuracies and interviewing agency officials about the systems and methods used to compile the data. We determined the data included in this report were sufficiently reliable for purposes of describing program performance. We reviewed VA's and DOL's performance measures and guidance and compared them against selected leading practices identified in past GAO work.¹¹ We also conducted a literature search for VA, HUD, and DOL program evaluations and reviewed agency evaluation policies. See appendix I for more detail on our scope and methodology.

We conducted this performance audit from January 2019 to May 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁹GAO, *Fragmentation, Overlap, and Duplication: An Evaluation and Management Guide*, [GAO-15-49SP](#) (Washington, D.C.: Apr. 14, 2015).

¹⁰GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, [GAO-12-1022](#) (Washington, D.C.: Sept. 27, 2012).

¹¹GAO, *Defense Logistics: Improved Performance Measures and Information Needed for Assessing Asset Visibility Initiatives*, [GAO-17-183](#) (Washington, D.C.: March 16, 2017); and *Tax Administration: IRS Needs to Further Refine Its Tax Filing Season Performance Measures*, [GAO-03-143](#) (Washington, D.C.: Nov. 22, 2002).

Background

Federal Agencies and Programs that Assist Homeless Veterans

VA, HUD, and DOL are the federal agencies that provide programs specifically aimed at assisting homeless veterans. They are among the 19 federal member agencies of USICH—an independent establishment within the Executive Branch charged with coordinating the federal response to homelessness and creating a national partnership at every level of government and with the private sector to reduce and end homelessness nationally. USICH, VA, and HUD have jointly established criteria and benchmarks to guide communities that are taking action toward being certified as having ended veteran homelessness.¹² USICH stated that an end to homelessness does not mean that no one will ever experience a housing crisis again, but that every community will have a systematic response in place to prevent homelessness whenever possible and ensure that homelessness is a rare, brief, and non-recurring experience.¹³ VA, HUD, and USICH coordinate their efforts towards this goal through a working group, Solving Veterans Homelessness as One, which was established in 2012.

We identified 16 federal programs that target services specifically to veterans who are homeless or are at risk of becoming homeless.¹⁴ As shown in table 1, the programs provide permanent and transitional housing, health care, employment assistance, and supportive services, such as assistance with rent, utilities, and moving costs. Twelve of the programs are administered solely by VA, two are jointly administered by HUD and VA, and two are administered by DOL. VA's and HUD's homelessness programs follow the principles of "Housing First," which is

¹²The criteria and benchmarks are intended to help communities drive down the number of veterans experiencing homelessness as close to zero as possible, while building systems to respond to future needs.

¹³U.S. Interagency Council on Homelessness, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.

¹⁴We excluded the Enhanced-Use Lease, Project CHALENG, and National Center on Homelessness among Veterans programs from this list because they do not provide services directly to veterans. For additional information on these programs, see appendix I.

intended to provide housing without any preconditions and barriers to entry such as sobriety, treatment, or service participation requirements.¹⁵

Table 1: Federal Homeless Assistance Programs for Veterans

Agency	Program	Description
Housing		
HUD/VA	HUD-VA Supportive Housing	Provides rental assistance in the form of a subsidy through vouchers, case management, and supportive services to eligible homeless veterans. ^a
VA	Grant and Per Diem Program	Provides transitional housing with the goal of helping homeless veterans achieve residential stability, increase their skill levels or income, and obtain greater self-determination.
VA	Supportive Services for Veteran Families	Provides case management and supportive services to prevent the imminent loss of a veteran’s home or identify a new, more suitable housing situation for the individual and his or her family; or to rapidly re-house veterans and their families who are homeless and might remain homeless without this assistance. ^b
HUD/VA	Tribal HUD-VA Supportive Housing	Provides rental assistance, case management, and supportive services to eligible Native American veterans. ^c
Health		
VA	Domiciliary Care for Homeless Veterans	Provides residential treatment to homeless veterans with health care and psychosocial and vocational deficits.
VA	Health Care for Homeless Veterans	Conducts outreach to identify homeless veterans eligible for VA services; assists them in accessing appropriate health care and benefits; and provides contracted residential services.
VA	Homeless Patient Aligned Care Team	Provides a coordinated “medical home” tailored to the needs of homeless veterans. The program works to integrate clinical care and social services, and enhance access and community coordination.
VA	Homeless Veterans Dental Program	Provides dental care to eligible homeless veterans.
Employment		
VA	Homeless Veteran Community Employment Services	Works with existing VA medical center-based employment services to engage with employers and other community partners to provide homeless veterans access to employment opportunities and services not available within VA.
DOL	Homeless Veterans’ Reintegration Program	Provides services to assist in the reintegration of homeless veterans into meaningful employment.
VA	Compensated Work Therapy/ Transitional Residence	Provides time-limited transitional housing with supported employment services.

¹⁵The presumption of Housing First is that once housing stability is achieved, clients are better prepared to address their mental illness and substance-related disorders. Walter R. McDonald & Associates, Inc. and Abt Associates Inc., *The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness: Final Report*, a report prepared for the U.S. Department of Housing and Urban Development Office of Policy Development and Research (July 2007).

Letter

Agency	Program	Description
Supportive Services		
VA	Community Resource and Referral Centers	Provides access to community-based, multiagency services to promote permanent housing, health and mental health care, career development, and access to VA and non-VA benefits.
VA	National Call Center for Homeless Veterans	Refers veterans to appropriate service providers through a 24-hour hotline.
DOL	Stand Down	One- to three-day events providing services to homeless veterans such as food, shelter, clothing, health screenings, and referrals to VA. Stand Downs are collaborative events, coordinated among DOL, local VA sites, other government agencies, and community groups.
Justice and Reentry		
VA	Veterans Justice Outreach	Connects veterans involved in jails and local courts with appropriate support and systems to help avoid re-incarceration.
VA	Health Care for Reentry Veterans	Helps veterans incarcerated in state and federal prisons successfully reintegrate back into the community after their release.

Legend:

DOL: Department of Labor

HUD: Department of Housing and Urban Development

VA: Department of Veterans Affairs

Source: GAO analysis of VA, HUD, and DOL guidance and agency documents. | GAO-20-428

Note: This table includes only federal homelessness programs that are specifically targeted to veterans.

^aVA defines case management as a collaborative process for managing a client's care that includes assessing the needs of the veteran and evaluating health care options and services while maintaining a primary focus on resolving the veteran's homelessness through permanent housing.

^bAccording to VA, supportive services assist individuals transitioning from the streets or shelters into permanent or permanent supportive housing, and assists persons with living successfully in housing. Examples of supportive services include: assistance in securing permanent housing; vocational assistance, including mentoring and coaching as well as job placement; income assistance and financial planning; relapse prevention; and social and recreational activities.

^cTribal HUD-VASH was created as a demonstration program with funding through the HUD-VASH appropriation. It is modeled after the HUD-VASH program but permitted to waive or specify alternative requirements for many statutory or regulatory requirements. We treat Tribal HUD-VASH as a separate program in this table.

The largest of these programs were HUD-VASH, GPD, and SSVF. In fiscal year 2019, HUD-VASH reported over \$1 billion in obligations; GPD reported obligations of over \$234 million; and SSVF reported \$380 million in obligations.¹⁶

¹⁶See appendix II for additional information on program eligibility requirements and obligations.

Role of Local VAMCs, Service Providers, and Other Entities

Homeless veterans can access program services in several ways, including through:

- **VA Medical Centers (VAMCs).** Program services can be provided to homeless and at-risk veterans at their local VAMCs.¹⁷
- **Service providers.** Veterans may also obtain services through local, state, or nonprofit organizations in the community, some of which receive grants from federal agencies to fund program services.
- **Public housing agencies (PHAs).** Housing vouchers are administered to homeless veterans by PHAs, which are HUD-funded city, county, and state agencies.

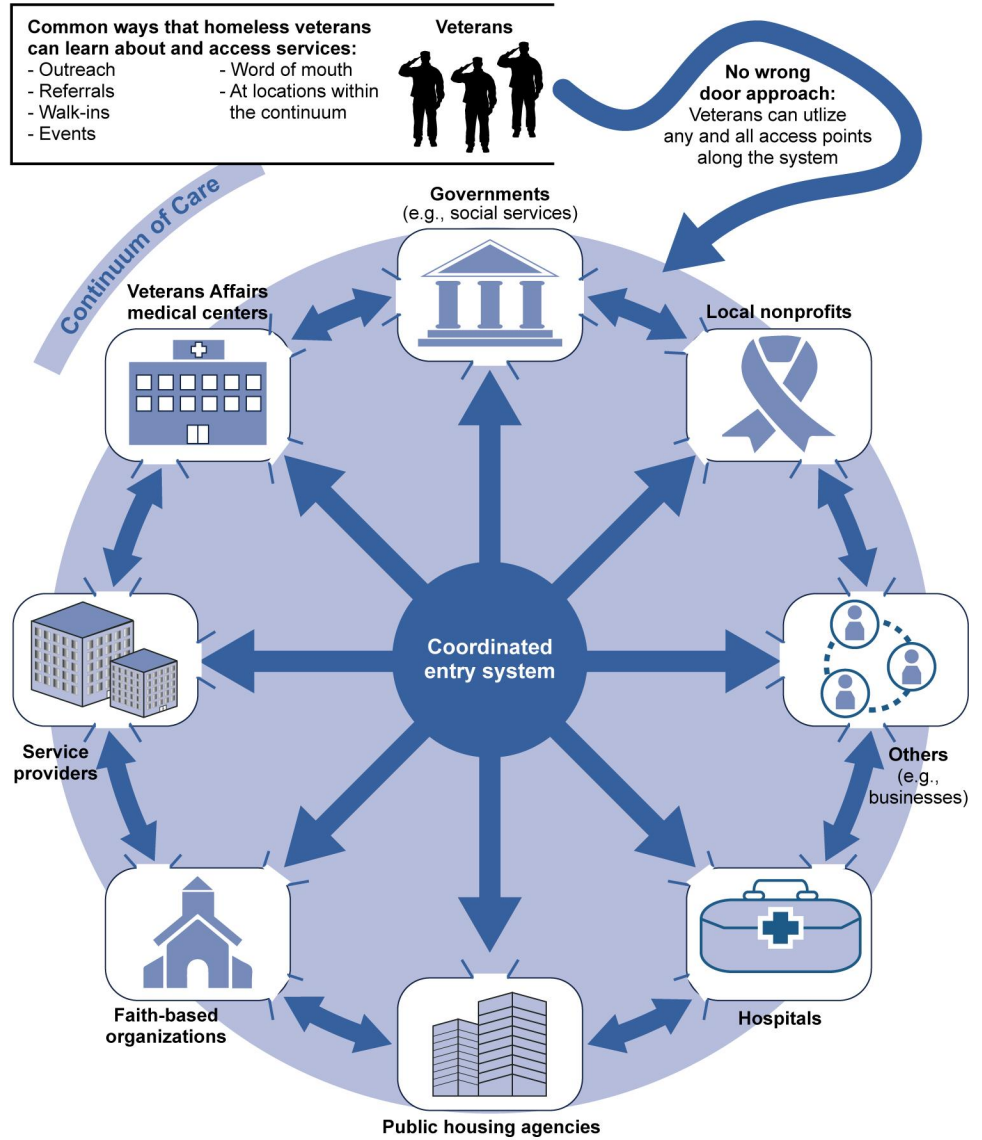
VAMCs, service providers, and PHAs may coordinate through Continuums of Care (CoC), which are composed of stakeholders in a geographical area that, among other things, coordinate to provide homeless services, apply for grants, set local priorities, and collect homelessness data for all homeless populations.¹⁸ Each year, HUD awards CoC program funding competitively to nonprofit organizations, states, and other local recipients. The CoC is responsible for its operation and developing and implementing its plan and strategies to prevent and end homelessness. Additionally, the CoC must choose an entity to operate the local information system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and those at risk of homelessness (referred to as the Homeless Management Information System). The CoC also designates an entity that prepares and submits the CoC program application for HUD funding (referred to as the collaborative applicant).

¹⁷VAMCs provide a wide range of services including traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology, and physical therapy. As of March 2020, there are 170 VAMCs.

¹⁸Specifically, CoCs are composed of representatives of nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, PHAs, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

HUD requires each CoC to establish and operate a centralized or coordinated assessment system (referred to as Coordinated Entry). This system may include implementing a “no wrong door” approach in which a homeless family or individual can show up at any homeless housing and service provider in a geographic area and get screened for services using the same assessment tool (see figure 1).

Figure 1: Illustration of How a Veteran May Access Services through a Coordinated Entry System



Source: GAO analysis of Department of Housing and Urban Development and Department of Veterans Affairs information. | GAO-20-428

Note: Continuums of Care (CoC) are composed of stakeholders in a geographical area that, among other things, coordinate to provide homeless services (including to veterans), apply for grants, set local priorities, and collect homelessness data for all homeless populations. Each year, HUD awards CoC program funding competitively to nonprofit organizations, states, and other local recipients. HUD requires each CoC to establish and operate a centralized or coordinated assessment system (referred to as Coordinated Entry).

The goal of Coordinated Entry is to ensure that people experiencing a housing crisis within a CoC are quickly and consistently assessed and referred for services. HUD officials stated that Coordinated Entry is a process that was first developed by some CoCs based on best practices. In 2017, HUD adopted and codified requirements for all CoCs to participate in Coordinated Entry.¹⁹ That same year, VA published requirements for VAMCs to participate in Coordinated Entry.²⁰

VA and Selected Service Providers Reported Facing Challenges Related to Meeting Veterans' Needs, Limited VA Staffing, and Other Factors

Meeting Veterans' Needs and Other Factors Create Challenges, According to VA and Service Providers

According to VAMC staff and service providers we interviewed, they faced challenges serving homeless veterans and those at risk of becoming homeless due, in part, to the additional level of service and support that some veterans need. For example:

- **Substance use and mental illness.** Substance use disorders and mental health issues such as post-traumatic stress disorder (PTSD) and depression, are among the most complex issues many homeless veterans face, according to USICH. In 2018, USICH reported that 28 percent of homeless veterans that receive VA-provided health care have been diagnosed with depression. Thirteen percent have been diagnosed with PTSD. Further, 19 percent struggle with alcohol abuse and 20 percent with drug abuse.²¹ VAMC staff and service providers

¹⁹Department of Housing and Urban Development, *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*, CPD-17-01 (Washington, D.C.: Jan. 23, 2017).

²⁰For example, in 2017, VA began requiring each VAMC to fully engage with each of their local CoCs and actively collaborate in the CoC's plans to end veteran homelessness. This includes participating in meetings with community partners and adopting local assessment tools used by community partners when feasible.

²¹U.S. Interagency Council on Homelessness, *Homelessness in America: Focus on Veterans* (Washington, D.C.: June 2018).

told us that addressing the complex nature of these conditions is often a challenge for them. For example, one SSVF provider told us that it is challenging to find housing for veterans with mental health or substance use disorders; further, HVCES staff at one VAMC told us that employment programs for the general population may not be suitable for clients with these disorders.²² HUD-VASH staff at one VAMC told us that there are not enough mental health providers in the VA system. Overall, staff from three VAMCs from the GPD and HVCES programs, five GPD service providers, and three SSVF service providers cited challenges related to substance use and mental illness.

- **Aging homeless veterans.** In 2018, USICH reported that the number of homeless veterans who were 62 and older increased by 54.3 percent between 2009 and 2016.²³ VA officials told us that this trend is expected to continue and that this population has increased, in part, because the services that VA offers are not targeted to aging veterans. According to VA officials, there is a similar aging trend in the general veteran population.²⁴ HUD-VASH staff at three VAMCs, HVCES staff at one VAMC, and GPD staff at two VAMCs told us that aging veterans require a higher level of care than what existing programs may be able to fully address. Some of these veterans may

²²We interviewed staff from a total of six VAMCs for the HUD-VASH, GPD, SSVF, HCHV, HVCES, and DCHV programs (three VAMCs we visited did not have SSVF program staff) and 23 service providers (eight GPD providers, seven SSVF providers, two HVRP providers, two providers that were HVRP, SSVF, and GPD grantees, two providers that were HVRP and GPD grantees, and two providers that were HVRP and SSVF grantees) across different sites. To identify challenges, we first asked VAMCs and service providers a general question about what challenges they face. We then analyzed their responses to develop a list of challenges. For additional information on our methodology, see appendix I.

²³U.S. Interagency Council on Homelessness, *Homelessness in America: Focus on Veterans*.

²⁴According to USICH, between 2007 and 2016, the total number of individuals experiencing sheltered homelessness declined by almost 15 percent, while the number of sheltered individuals over age 50 increased by 23 percent (from 256,456 to 314,727), including a 48 percent increase in the number of sheltered individuals age 62 and older (21,549 more people). See U.S. Interagency Council on Homelessness, *Homeless in America: Focus on Individual Adults* (Washington, D.C.: November 2018).

suffer from ambulatory and cognitive issues and have difficulties living alone but cannot afford an assisted living arrangement.²⁵

HUD-VASH staff at one VAMC we visited told us the VAMC was able to hire five occupational therapists to assist aging clients with their specialized needs. Further, VA officials told us that HUD-VASH is collaborating with VA's Geriatrics and Extended Care programs office to explore how aging homeless veterans can be served through other programs, such as the Medical Foster Home and Community Residential Care programs.²⁶ This collaboration would allow VA to provide funding for services while the HUD-VASH voucher would pay for housing costs. VA officials also told us that they are working to market HUD-VASH to developers and funders to increase the development of project-based HUD-VASH housing.²⁷ This would give the program a dedicated housing stock and better serve subpopulations of veterans, such as veterans who are elderly or suffer from mental illness.

- **Resistance to program participation.** According to HCHV staff at two VAMCs, HVCES staff at three VAMCs, two PHAs that administer the HUD-VASH voucher program, and five service providers (two GPD, two HVRP, and one SSVF), a key challenge in addressing the needs of homeless veterans is their resistance to participating in a program, particularly if it places restrictions or requirements on them. This issue makes it challenging for outreach and treatment teams to deliver services.

²⁵According to VA officials, VA offers nursing home benefits to certain veterans enrolled in VA health care but does not have the authority to provide assisted living.

²⁶VA's Geriatric and Extended Care programs provide a suite of veteran-centric medical benefits to veterans 65 years of age and older that include: nursing home care to certain high-priority veterans and non-institutional extended care services (geriatric evaluation, adult day health care, home-based primary care, purchased skilled home care and homemaker/home health aide services; non-institutional hospice care; and respite care). A Medical Foster Home (MFH) is a private home in which a live-in MFH caregiver provides care to a veteran resident. VA's Community Residential Care is a form of enriched and supportive housing that provides health care supervision to eligible veterans not in need of hospital or nursing home care, but who, because of medical, psychiatric or psychosocial limitations, are not able to live independently and have no suitable family or significant others to provide the needed supervision and supportive care. According to VA officials, VA does not pay for care in a Medical Foster Home or a Community Residential Care program.

²⁷Project-based HUD-VASH allows PHAs to enter into a contract with the owner of a property for a specified number of units and for a specified term.

In addition to the challenges cited above, veterans must meet certain eligibility requirements to participate in homeless assistance programs which if not met can present challenges to VAMC staff and service providers when providing veterans with services. For example, veterans must meet certain criminal history requirements to be eligible for HUD-VASH.²⁸ HVCES staff from one VAMC, DCHV staff from two VAMCs, HUD-VASH staff from another VAMC, and three service providers (one GPD and two SSVF) also told us that it is challenging to find housing and employment for homeless veterans with legal or criminal problems and landlords may be resistant to working with them.

One PHA that works with HUD-VASH and one SSVF service provider told us that a veteran's ineligibility for VA health care services also presents a challenge to them. This is because a number of VA homeless programs require a veteran to be eligible for VA health care benefits as a condition to enrollment.²⁹ Generally, veterans are eligible to receive VA health care benefits if they served in the active military, naval, or air service and were discharged under conditions other than dishonorable.³⁰ Therefore, according to VA officials, veterans with dishonorable discharges cannot

²⁸According to VA officials, PHAs can exclude a veteran from HUD-VASH housing if they are a lifetime registered sex offender.

²⁹Programs that require VA health care eligibility include: HUD-VASH, Tribal HUD-VASH, HCHV, DCHV, Compensated Work Therapy/ Transitional Residence Program, Veterans Justice Outreach, Health Care for Reentry Veterans, and Homeless Veterans Dental Program.

³⁰Under VA regulations, a discharge under the following list is issued under dishonorable conditions: (1) acceptance of an undesirable discharge to escape trial by general court-martial; (2) mutiny or spying; (3) an offense involving moral turpitude (which generally includes being convicted of a felony); (4) willful and persistent misconduct (including other than honorable condition discharge if it is determined that it was issued because of willful and persistent misconduct); (5) certain homosexual acts involving aggravating circumstances or other factors affecting the performance of duty, including child molestation, homosexual prostitution, homosexual acts or conduct accompanied by assault or coercion, and homosexual acts or conduct taking place between service members of disparate rank, grade, or status when a service member has taken advantage of his or her superior rank, grade or status. 38 C.F.R. § 3.12(d).

access VA homeless assistance programs and veterans with other-than-honorable discharges may have limited access to them.³¹

In addition to meeting the discharge status requirement, a person must also meet the definition of “veteran” to be eligible for VA health services.³² However, the definition of “veteran” depends on factors including length of service and if the individual served on active duty or was part of the National Guard or the Reserves.³³ Therefore, even if an individual has the appropriate discharge status to be eligible, they may not meet other eligibility requirements for VA health benefits.³⁴ One service provider told us that they have to work on alternative solutions to help veterans that do not meet eligibility requirements.

In 2017, VA in partnership with HUD implemented a flexibility within the HUD-VASH program—the HUD-VASH Continuum—which according to VA officials, will permit PHAs to make up to 15 percent of their total HUD-VASH allocation available to veterans who are ineligible for VA health

³¹Under the Enlisted Administrative Separations Department of Defense Instructions, an other than honorable discharge is defined as: (a) when the reason for separation is based on a pattern of behavior that constitutes a significant departure from the conduct expected of enlisted service members of the military services; or (b) when the reason for separation is based on one or more acts or omissions that constitute a significant departure from the conduct expected of enlisted service members of the military services. Examples of factors that may be considered include the use of force or violence to produce serious bodily injury or death; abuse of a special position of trust; disregard by a superior of customary superior-subordinate relationships; acts or omissions that endanger the security of the U.S. or the health and welfare of other service members of the military services; and deliberate acts or omissions that seriously endanger the health and safety of other persons. DODI 1332.14 Enc. 4 Sec 3.b.2.C (April 12, 2019).

³²A veteran means a person who served in the active military, naval or air service and who was discharged or released under conditions other than dishonorable. 38 U.S.C. § 101(2); 38 C.F.R. § 3.1(d).

³³Congressional Research Service, *Who Is a “Veteran”? – Basic Eligibility for Veterans’ Benefits*, R42324 (Washington, D.C.: May 25, 2016). Under VA regulations, a 24 consecutive month service active duty period or serving the full period the person was called or ordered to active duty to serve is required of veterans in order to receive benefits. 38 U.S.C. § 5303A(b).

³⁴One SSVF service provider and one GPD service provider told us that they do not have a clear understanding of these eligibility requirements which may also limit the type or level of assistance that a homeless veteran can be offered.

care services, with some exceptions.³⁵ According to VA officials, this expands the availability of permanent supportive housing to service members who are not eligible for VA health care.³⁶ In addition, the House and Senate are considering bills to expand HUD-VASH eligibility.³⁷ DOL has also implemented statutory changes to HVRP eligibility requirements to provide veterans with better access to job training programs. The program's eligibility requirements have been broadened to include veterans participating in the HUD-VASH, Tribal HUD-VASH, and SSVF programs, and other veterans that were not previously eligible.³⁸

³⁵VA officials told us that veterans who are ineligible for VA health care services, excluding service members with a dishonorable or bad conduct status, can participate in the HUD-VASH Continuum. VA officials also told us that vouchers in the program must be drawn from a PHA's current allocation of HUD-VASH vouchers; no funding is allocated specifically to the HUD-VASH Continuum. According to HUD officials, the program has been approved for use in New York, NY, St. Cloud, MN, and Northampton, MA and several other communities are considering using this program.

³⁶According to HUD, the HUD-VASH Continuum program was established using a flexibility under the existing HUD-VASH program and operates within existing statutory authority. HUD officials also noted that case management for the HUD-VASH Continuum is provided by a designated non-VA case management provider, as the VA is unable by law to provide health care services to VA ineligible veterans.

³⁷The House and Senate are considering statutory changes that would expand HUD-VASH eligibility to military personnel discharged with an "Other than Honorable" status. These changes would expand the pool of available housing resources for some homeless veterans. See Veterans HOUSE Act of 2020, H.R. 2398, 116th Cong. (2020); Veteran Housing Opportunities and Unemployment Support Extension Act of 2019, S. 2061, 116th Cong. (2019).

³⁸The Veterans Benefits and Transition Act of 2018 and the Department of Defense, Labor Health and Human Services, and Education Appropriations Act of 2019 amended the HVRP eligibility requirements to include: (a) homeless veterans, as "homeless" is defined by the HEARTH Act; (b) veterans who are at risk of homelessness within 60-days prior to enrollment in HVRP; (c) veterans who, upon enrollment, were homeless at any point during the preceding 60-days, but have found permanent housing; (d) veterans participating in the HUD-VASH, Tribal HUD-VASH, or SSVF programs; (e) veterans who are receiving assistance under the Native American Housing Assistance and Self Determination Act of 1996; and (f) incarcerated and transitioning veterans. Pub. L. No. 115-407, § 701, 132 Stat. 5381 (2018) and Pub. L. No. 115-245, 132 Stat. 3060 (2018)(codified in 38 U.S.C. § 2021).

Broader Challenges, Such as Limited VA Staffing and Affordable Housing, Affected Assistance, According to VA and Service Providers

VAMC staff and services providers cited broader challenges—not specific to veterans or the assistance programs themselves—as impacting their ability to provide assistance to homeless veterans. Those challenges include VA staffing issues and external factors, such as the lack of affordable housing and limited transportation options.

- **VA staffing shortages.** VA officials, HVCES staff at three VAMCs, and HUD-VASH and DCHV staff at two VAMCs told us they faced difficulties with recruitment and retention, which have led to persistent understaffing. For example, staff at four VAMCs for the HUD-VASH, DCHV, and HVCES programs told us that the hiring and onboarding process can often take a long time, and by the time an offer is finalized, qualified applicants have moved on to other jobs. DCHV staff at two VAMCs and HUD-VASH staff at three VAMCs cited understaffed human resources offices and a taxing approval process as contributing factors. HUD-VASH staff from one VAMC told us that it is difficult to fill some positions because the outreach work requires extensive travel within large geographic areas. Further, they told us that in high-cost areas, the VA’s local pay scale is not high enough to attract new recruits for case manager positions. HUD-VASH staff at one VAMC indicated that they have not been fully staffed for several years.³⁹

Limited staffing may limit the number of veterans who can be served, according to VA officials.⁴⁰ For example, DCHV program staff at one VAMC told us that they had to close 83 beds because there is not enough staff to keep them operational. One PHA working with the HUD-VASH program told us that VA’s staffing challenges create a bottleneck of services to clients while staff at one VAMC working with SSVF told us that high turnover of program staff is disruptive for

³⁹One PHA stated that the local VAMC is not always able to staff the case manager positions needed for veterans that have been approved for vouchers. Staff at a VAMC told us that additional vouchers are needed but cannot be issued without additional case managers.

⁴⁰In addition to the challenges listed in this section, two SSVF service providers and staff from one VAMC also told us that the screening and enrollment forms, grant contracts, and other paperwork they are required to file for the program is extensive and takes away from their ability to provide care to their clients.

clients. Overall, staffing shortages were cited as a challenge by VAMC staff for several programs: HUD-VASH, DCHV, HCHV, GPD, and HVCES.

VAMC staff we interviewed have taken some steps to limit the impact of staffing issues. For example, at one VAMC, staff from the HCHV and GPD programs have conducted cross-training so they can back each other up when staffing shortages occur. Two other VAMCs have brought in staff from other locations to help with the workload or have developed an action plan to address employee burnout.⁴¹

Our past work has highlighted VA's staffing challenges, including recruiting and retaining clinical staff.⁴² For example, we previously reported that difficulties in recruiting and retaining skilled health care providers and human resource staff at VAMCs make it difficult to meet the health care needs of more than 9 million veterans.⁴³ We have also previously reported that, in addition to high attrition and increased workload, human capital shortfalls can lead to burnout among the staff whose job it is to implement these programs.⁴⁴

- **Housing cost and availability.** Limited and high cost housing exacerbate the other challenges VAMC staff and service providers identified. For example, HUD-VASH staff at one VAMC told us that even with subsidies, it is difficult for veterans to obtain housing

⁴¹According to VA officials, VA has contracted services out to make up for the staffing shortages. About five percent of HUD-VASH vouchers are case managed by contractors.

⁴²GAO, *High-Risk Series: Substantial Efforts Needed to Achieve Greater Progress on High-Risk Areas*, [GAO-19-157SP](#) (Washington, D.C.: March 6, 2019).

⁴³[GAO-19-157SP](#).

⁴⁴GAO, *Veterans Affairs: Sustained Leadership Attention Needed to Address Long-Standing Workforce Problems*, [GAO-19-720T](#) (Washington, D.C.: Sept. 18, 2019). In 2015, GAO designated VA health care a high-risk area due to five areas of concern regarding VA's ability to provide timely access to safe, high-quality health care for veterans: (1) ambiguous policies and inconsistent processes; (2) inadequate oversight and accountability; (3) IT challenges; (4) inadequate staff training; and (5) unclear resource needs and allocation priorities. GAO, *High-Risk Series: An Update*, [GAO-15-290](#) (Washington, D.C.: Feb. 11, 2015).

because HUD-VASH vouchers may not be sufficient to cover rent.⁴⁵ HUD-VASH staff from one VAMC and one PHA we interviewed told us that because housing costs are rising, and housing in metro areas remains limited, expensive, and competitive, veterans have fewer housing options available to them. Limited housing was cited as a challenge by VAMC staff and service providers for HUD-VASH and SSVF programs in all types of locations—urban, suburban, and rural areas.

Finding and recruiting landlords is a significant challenge in getting veterans housed, according to HUD officials, HCHV staff at one VAMC, HUD-VASH staff from two VAMCs, two PHAs, and five SSVF service providers. According to HUD-VASH staff from one VAMC and SSVF staff from another VAMC, the demand for housing exceeds supply and landlords have few incentives to accept homeless veterans. HUD-VASH staff from one VAMC, one PHA, and one SSVF service provider also told us that some landlords perceive veterans to be risky because some have criminal records or substance use disorders, and may be reticent to work with them out of fear of incurring damages to their property.

Some service providers have taken steps to create incentives for landlords to participate in VA's programs. For example, HUD-VASH staff at one VAMC told us that local providers may partner to cover moving fees for veterans and encourage landlords to accept veterans' housing vouchers. One PHA has put together landlord forums and is working to build relationships with landlords in their communities. Another PHA has held housing tours and fairs to bring landlords and clients together.

VA has also implemented program changes to help address the lack of affordable housing. For example, the new Shallow Subsidies initiative that became effective in September 2019, allows SSVF service providers to provide very low-income veteran families a rental subsidy for a two-year

⁴⁵One PHA also expressed concerns that the rental rates for vouchers are based on the average overall rate for the area which is not always adequate for certain higher-cost markets within that jurisdiction. HUD establishes a Fair Market Rent (FMR) schedule for all metropolitan and non-metropolitan areas in the country. This is considered to be the cost of standard, non-luxury housing (including necessary utilities) in the community. Each PHA is allowed to establish a payment standard between 90 percent and 110 percent of the FMRs in the community. In addition to the payment standards discussed, PHAs may also request exception payment standards above 110 percent. Payment standards between 110-120 percent may be approved by the PHA's HUD field office, while those above 120 percent require a waiver from HUD.

period without requiring recertification.⁴⁶ The two-year period ensures no reduction in subsidy even if a recipient's income situation improves within that time frame and the family is no longer considered very low income. This provides a strong incentive for employment gains because the assistance is not dependent on income during this two-year period.

Launched in 2018, VA's Rapid Resolution initiative is another solution that is designed to prevent or resolve homelessness by providing immediate assistance when a veteran enters an emergency shelter system—such as by offering landlord mediation and conflict resolution, or connecting the veterans to support networks in other places.⁴⁷ According to VA officials, Rapid Resolution is being implemented through VA's SSVF program, in coordination with HUD and USICH.

- **Limited resources (other than staffing).** HUD-VASH staff at one VAMC told us they are short on equipment like laptops, office supplies, and office space. Additionally, HUD-VASH staff at another VAMC told us they do not have access to government cars for work-related travel. One HVRP service provider told us that case managers do not have enough vehicles to travel long distances or to remote locations to meet clients. To make up for shortages in resources, one SSVF service provider told us that it develops partnerships with local programs to meet the needs of the client. HUD-VASH staff at one VAMC indicated that they have communicated issues of insufficient resources to their leadership, but the issues have not been addressed to date. Resource limitations were cited as a challenge by HUD-VASH staff from two VAMCs, GPD staff from three VAMCs, DCHV staff at two VAMCs, HCHV staff at two VAMCs, and four service providers (two GPD and two HVRP).
- **Transportation limitations.** According to VAMC staff and service providers, the lack of transportation for veterans is a significant challenge for some programs. For example, according to DCHV and HVCES staff at one VAMC, HUD-VASH staff at another VAMC, and

⁴⁶An eligible veteran family under the SSVF program must meet either the very-low or extremely-low income guidelines under 38 C.F.R. § 62.2, which define an extremely low-income veteran family as one whose annual income does not exceed 30 percent of the median income for an area or community; and a very-low income veteran family as one whose annual income does not exceed 50 percent of the median income for an area or community, with certain VA adjustments permitted.

⁴⁷According to VA officials, the Rapid Resolution initiative began as a pilot at eleven sites. In October 2019, it was expanded nationally.

one GPD and two HVRP service providers, some veterans may not have vehicles or may live in areas with limited public transportation systems. This makes it difficult for the veterans to access resources, go to job interviews, or secure transportation for jobs. Some service providers told us they make alternative arrangements for their clients to help address these issues. For example, one HVRP service provider told us they might drive veterans to interviews or arrange for public transportation.⁴⁸ DCHV staff at one VAMC and HVCES staff at another VAMC told us that they work with community partners to provide alternatives like shuttle services and bus passes.

Additional challenges related to specific programs we reviewed are discussed in appendix II.

Homeless Assistance Programs for Veterans Overlap in Services, but Address Different Needs

Overlap Exists Among Some Program Services for Homeless Veterans

We reviewed the services provided, eligibility requirements, and population served by the 16 programs that exclusively target homeless veterans to identify duplication and overlap.⁴⁹ We determined that there is no duplication among the programs, but identified overlap across some program services.⁵⁰ Specifically, we identified 18 main services that are commonly offered across the 16 programs and found that at least six of

⁴⁸Two HVRP service providers also told us that one of the challenges they face in implementing this program is that they have a short time to get clients ready for higher-paying, quality jobs that generally require more extensive training.

⁴⁹As previously discussed, some federal homeless assistance programs serve all homeless populations (including veterans), while others target specific populations, such as veterans or youth, exclusively. In this report, we limited our scope to those homelessness programs that specifically target veterans. Additionally, Tribal HUD-VASH was created as a demonstration program with funding through the HUD-VASH appropriation. It is modeled after the HUD-VASH program but permitted to waive or specify alternative requirements for many statutory or regulatory requirements. For purposes of this report, we treat Tribal HUD-VASH as a separate program.

⁵⁰Our 2012 report also found no evidence of duplication among programs for homeless individuals. See [GAO-12-491](#).

those services overlap across two or more programs (see figure 2).⁵¹ However, we also found these programs differed in meaningful ways, for example in terms of the different types of homeless veterans served or specialized services or focus. As we have previously reported, fragmentation, overlap, and duplication exists across the government, which can present benefits and challenges.⁵² Duplication occurs when two or more programs provide the same services to the same beneficiaries. Overlap occurs when two or more programs offer similar services to similar beneficiaries.⁵³

⁵¹Figure 2 describes the services that are commonly offered by each program. However, the programs may offer other more limited services in addition to those listed in figure 2. For example, according to VA officials, the SSVF program can provide limited assistance for vocational counseling and training when other resources are insufficient or not available, and HUD-VASH staff may coordinate outreach activities with other VA homeless programs.

⁵²GAO has conducted a review of opportunities to reduce fragmentation, overlap, and duplication every year since 2011. For example see GAO, *2019 Annual Report: Additional Opportunities to Reduce Fragmentation, Overlap, and Duplication and Achieve Billions in Financial Benefits*, [GAO-19-285SP](#) (Washington, D.C.: May 21, 2019). Because a prior report reviewed fragmentation among homelessness programs, and because most of the homeless programs for veterans are administered by VA, this work focuses on identifying overlap and duplication. See [GAO-12-491](#). Fragmentation occurs when more than one federal agency (or more than one organization within an agency) is involved in the same broad area of national interest.

⁵³For the purposes of this report, beneficiaries are veterans that are homeless or at risk of homelessness and, for some programs, also includes the veteran's family. Five of the sixteen programs we reviewed are available to the veteran's family: HUD-VASH, Tribal HUD-VASH, SSVF, NCCHV, and Stand Down.

Figure 2: Services Provided by Federal Homeless Programs for Veterans

Services provided by each program

Program name and acronym		Services provided by each program																	
		Case management	Outreach	Referrals	Supportive services	Rental subsidies	Employment services	Transitional housing	Contracted residential services	Time-limited residential services ^a	Coordinated residential treatment ^b	Dental care	Time-limited transitional housing with supported employment services	Rehabilitation services	Job training	Temporary financial assistance	24/7 access to trained counselors	Benefits and healthcare	Liaise with the local justice system partners ^c
Housing and Urban Development-Veterans Affairs Supportive Housing	HUD-VASH	■			■	■													
Grant and Per Diem Program	GPD	■			■		■												
Supportive Services for Veteran Families	SSVF	■	■	■	■	■									■				
Tribal HUD-Veterans Affairs Supportive Housing	Tribal HUD-VASH	■			■	■													
Health Care for Homeless Veterans	HCHV	■	■					■											
Domiciliary Care for Homeless Veterans	DCHV	■							■										
Homeless Patient Aligned Care Team	H-PACT	■								■									
Homeless Veterans Dental Program	HVDP										■								
Compensated Work Therapy/Transitional Residence	CWT/TR	■										■	■						
Homeless Veteran Community Employment Services	HVCES						■												
Homeless Veterans' Reintegration Program	HVRP	■	■	■	■		■							■					
Community Resource and Referral Centers	CRRC		■	■															
National Call Center for Homeless Veterans	NCCHV			■												■			
Stand Down				■	■													■	
Veterans Justice Outreach	VJO	■	■																■
Health Care for Reentry Veterans	HCRV	■	■	■															
Totals		11	6	6	6	3	2	1	1	1	1	1	1	1	1	1	1	1	1

Source: GAO analysis of Department of Veterans Affairs, Department of Housing and Urban Development, and Department of Labor guidance, agency documents, and program descriptions. | GAO-20-428

Notes: This figure describes services that are commonly offered by each program; however, the programs may offer other services in addition to those listed here. For example, according to agency officials, SSVF may provide benefits assistance, temporary housing, and employment services in addition to the services listed in the table. The shaded boxes indicate a service that is offered by the programs listed. Columns with more than one shaded box indicate overlap in services. The last row shows the total number of programs that offer a service.

This figure includes only federal homelessness programs that are specifically targeted to veterans. Our prior work identified overlap in broader homelessness programs that serve all homeless populations. See GAO, *Homelessness: Fragmentation and Overlap in Programs Highlight the Need to Identify, Assess, and Reduce Inefficiencies*, GAO-12-491 (Washington, D.C.: May 10, 2012).

^aHCHV offers two types of contracted residential services programs: 1) Contracted Emergency Residential Services which targets and prioritizes homeless veterans transitioning from literal street homelessness, veterans being discharged from institutions, including those in need of medical respite, and veterans who recently became homeless and require safe and stable living arrangements while they seek permanent housing, and 2) Low Demand Safe Havens which target hard-to-reach, chronically homeless veterans with mental illness or substance use problems who require a low-demand environment.

^bServices include vocational rehabilitation treatment.

^cThis includes representing the client in veterans' treatment court.

As shown in figure 2, 15 of the 16 programs overlap in two or more of the following services that they offer.

- **Case management** is a process for managing a client's care that includes assessing the needs of the veteran and evaluating health care options and services to ensure those needs are met while maintaining a primary focus on resolving the veteran's homelessness through permanent housing. Eleven programs provide case management services: HUD-VASH, Tribal HUD-VASH, HCHV, HCRV, H-PACT, SSVF, GPD, DCHV, CWT-TR, HVRP and VJO.
- **Supportive services** might include providing meals, counseling, child care, housing assistance, transportation, and other services essential for achieving and maintaining independent living. Six programs provide supportive services: HUD-VASH, Tribal HUD-VASH, GPD, SSVF, HVRP, and Stand Down.
- **Outreach** involves directly contacting veterans in need of homeless services and connecting them with housing, health care, and supportive services. Six programs conduct outreach: HCHV, HVRP, SSVF, CRRCs, VJO, and HCRV.
- **Referrals** are the most common way for homeless veterans to find out about program services available to them. Referral services include conducting an assessment of the clients' needs, connecting them to the appropriate programs, and following up with the clients as well as documenting all referral activities. Six programs provide referral services: HVRP, SSVF, CRRCs, NCCHV, HCRV, and Stand Down.
- **Employment services** include help with creating job opportunities for veterans, job searches, interviewing, and other employment assistance. Three programs provide employment-related services: HVCES, CWT-TR, and HVRP.
- **Rental subsidies** are offered to veterans through vouchers and grants, which help subsidize rental costs. Three programs offer rental subsidies: HUD-VASH, Tribal HUD-VASH, and SSVF.

Although we identified overlap in these services across 15 of the 16 programs, the programs differ in meaningful ways.⁵⁴ Specifically, some of these programs serve specific subpopulations of veterans and some provide a specialized service that other programs do not offer. For example, of the 11 programs that offer case management services, one program provides medical care (H-PACT), while others provide services in different areas such as transitional housing (GPD), housing subsidies (HUD-VASH), supportive services (SSVF), preparing veterans for employment (HVRP) and outreach (HCHV). Other programs that offer case management services serve unique subpopulations of homeless veterans such as those with mental health or substance use issues (CWT-TR and DCHV), American Indians and Alaskan Natives living in or near reservations or other Indian areas (Tribal HUD-VASH), or justice-involved veterans in local jails (VJO) and state and federal prisons (HCRV).⁵⁵ According to a VA directive, more than one case manager may be involved in care planning and service delivery for veterans with complex needs.⁵⁶ In addition, staff at the six VAMC locations we visited told us that clients may be co-enrolled in more than one program and can receive case management services from each of those programs. Figure 3 illustrates how case management may overlap across programs, but each program provides distinct services to the veteran.⁵⁷

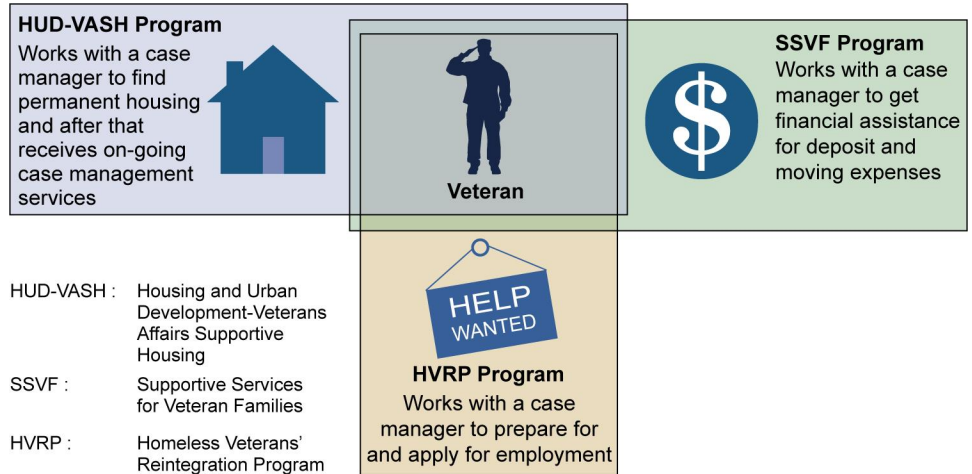
⁵⁴We did not identify any overlap in the Homeless Veterans Dental Program.

⁵⁵Offenders sentenced to incarceration usually serve time in a local jail or a state prison. Offenders sentenced to less than one year generally go to jail; those sentenced to more than one year go to prison, according to the Bureau of Justice Statistics. The Native American Housing Assistance and Self-Determination Act of 1996, as amended, defines 'Indian area' as the area within which an Indian tribe or a tribally designated housing entity is, as authorized by one or more Indian tribes, to provide assistance under this Act for affordable housing.

⁵⁶Department of Veterans Affairs, Veterans Health Administration (VHA), *Integrated Case Management Standards of Practice*, VHA Directive 1110.04 (Washington, DC.: Sep. 6, 2019).

⁵⁷For some programs, case management services may end when specific milestones or time limits are achieved. For example, the GPD and HCHV programs provide case management services for homeless veterans transitioning to permanent housing for up to six months, and the VJO and HCRV programs provide case management services until the veteran has met case management goals and has engaged in ongoing VA clinical care.

Figure 3: Scenario in Which a Homeless Veteran May Receive Case Management Services from Multiple Programs



Source: GAO analysis of Department of Veterans Affairs, Department of Housing and Urban Development, and Department of Labor guidance, agency documents, and program descriptions. | GAO-20-428

Similarly, of the three programs that provide employment services, HVCES focuses on establishing partnerships with employers to develop job opportunities for veterans and connect them with community services, while HVRP helps the veteran prepare to pursue and gain meaningful employment. The CWT-TR program, on the other hand, focuses on veterans with more complex issues such as substance use, mental health issues, and challenges in obtaining or sustaining employment that may accompany these conditions. Similar meaningful distinctions in subpopulations of beneficiaries and services exist across the programs that provide other types of services to homeless veterans that overlap—supportive services, outreach, referrals, and rental subsidies. Additional information on program differences, including information on program beneficiaries and services, can be found in appendix II.

Overlap in Program Services Presents Potential Benefits and Challenges

As we previously reported, in some cases it may be appropriate or beneficial for multiple agencies or entities to be involved in the same programmatic or policy area due to the complex nature or magnitude of

the effort.⁵⁸ Overlapping programs may also facilitate access to services because persons experiencing homelessness are not steered toward one specific point of entry and, in contrast, can access services through several entry points.⁵⁹

However, when multiple programs overlap, there is also a risk of program administrators making inefficient use of available resources if they do not coordinate their efforts.⁶⁰ For example, according to VA officials, overlap may result in operational costs if the overlapping services are not coordinated well. Table 2 describes some of the potential benefits and challenges of overlap in services for homeless veterans, as identified by agency officials, VAMC staff, and others we interviewed. Effective collaboration among agencies and service providers can help address some of these potential challenges and may help avoid the potential inefficiency that overlapping services may create.

Table 2: Potential Benefits and Challenges of Overlap in Services for Homeless Veterans Cited by Agencies and Providers

Potential Benefits	Potential Challenges
<ul style="list-style-type: none">• Helps avoid a disruption in services to the client while transitioning between programs.• Providers can play on their strengths and expertise.• Veterans receive more comprehensive services and support.• Makes it easier to connect with veterans and keep them informed.• Veterans move forward as quickly as possible to get to permanent housing.• Veterans with greater needs can be provided with higher levels of care.• Case managers can work together to find the best solutions for clients.• Helps avoid gaps in services that could result due to differences in program eligibility.	<ul style="list-style-type: none">• Overlap may be exacerbated by the transient nature of the population, which often requires consistent follow-up and staffing.• Can create some confusion for clients that may not understand the role of each case manager.• Services may not be properly coordinated.• Case managers may not agree on treatment options.

Source: GAO analysis of interviews with officials from the Departments of Veterans Affairs (VA), Housing and Urban Development, and Labor; staff from local VA medical centers and service providers implementing selected programs we reviewed; public housing agencies; and Continuum of Care entities. | GAO-20-428

⁵⁸GAO, *Fragmentation, Overlap, and Duplication: An Evaluation and Management Guide*, [GAO-15-49SP](#) (Washington, D.C.: April 14, 2015).

⁵⁹[GAO-12-491](#).

⁶⁰GAO, *Employment and Training Programs: Department of Labor Should Assess Efforts to Coordinate Services Across Programs*, [GAO-19-200](#) (Washington, D.C.: March 28, 2019).

VAMC staff and service providers told us that they have taken steps to limit duplication where appropriate.⁶¹ Additionally, they told us that they collaborate and communicate with each other to avoid or mitigate overlap. VA has also issued guidance directed at enhancing coordination between its homeless programs and eliminating or reducing duplication of services, including the following:

- **Veterans Health Administration (VHA) Directive 1110.04, Integrated Case Management Standards of Practice.** This guidance states that case management services should be coordinated, collaborative, and veteran-centered throughout the VHA. It also directs case management teams to develop procedures and processes to support cost effective, high quality case management across the VAMC to eliminate duplication of services where appropriate.
- **VHA Handbook 1162.09, Health Care for Homeless Veterans Program.** Under the HCHV program, program coordinators are responsible for ensuring coordination of HCHV services with other homeless programs at the VAMC such as GPD, HUD-VASH, DCHV, VJO, HCRV, SSVF, and CRRCs.
- **GPD's Case Management Services Grant Program, Final Rule.** This final rule stipulates that the case management grant may not be used for veterans receiving case management from certain other programs to ensure that there is no duplication of case management services.
- **VHA Handbook 1162.01 (1), GPD.** This guidance states that GPD liaisons are to ensure the coordination of care for homeless veterans in GPD-funded programs by following a plan that clearly delineates the roles of those responsible for the service provision to reduce duplication of services.
- **VHA Handbook 1101.10 (1), Patient Aligned Care Team Handbook.** This guidance directs staff to coordinate care in a manner that avoids unnecessary duplication.

⁶¹We previously recommended that USICH and the Office of Management and Budget, in conjunction with the Secretaries of Health and Human Services, HUD, DOL, and VA, consider examining inefficiencies that may result from overlap and fragmentation in their programs for persons experiencing homelessness. USICH and its member agencies took actions to address our recommendation by identifying inefficiencies and better leveraging resources across members. See [GAO-12-491](#).

The following section of this report discusses how federal agencies collaborate more broadly on implementing federal homelessness assistance programs for veterans.

Key Federal Efforts Incorporate Many, but Not All, Leading Practices on Collaboration

We identified two key collaborative mechanisms that federal agencies use to help address veteran homelessness: (1) the Solving Veterans Homelessness as One (SVHO) working group, which coordinates VA, HUD, and USICH's efforts at the national level, and (2) VA's integration into Coordinated Entry, which seeks to ensure that homelessness services are coordinated at the local level.⁶² As shown in table 3 and as discussed in more detail below, both mechanisms follow leading practices for effective interagency collaboration we have identified in prior work, with some exceptions.⁶³

⁶²Collaborative mechanisms can serve one or more purposes, including policy development, program implementation, oversight and monitoring, information sharing, and building organizational capacity. See [GAO-12-1022](#).

⁶³[GAO-12-1022](#).

Table 3: Extent to Which Leading Practices to Effectively Implement Interagency Collaborative Mechanisms for Assisting Homeless Veterans Were Followed

Leading Practice	Issues to Consider	USICH's Solving Veterans Homelessness as One Working Group ^a	VA's Integration into Coordinated Entry ^b
Defining Outcomes and Monitoring Accountability	Have short-term and long-term outcomes been clearly defined? Is there a way to track and monitor their progress?	Fully Follows	Fully Follows
Bridging Organizational Cultures	What are the missions and organizational cultures of the participating agencies? Have the agencies agreed on common terminology and definitions?	Fully Follows	Partially Follows
Clarifying Leadership	How will leadership be sustained over the long-term? If leadership is shared, have roles and responsibilities been clearly identified and agreed upon?	Fully Follows	Fully Follows
Clarifying Roles and Responsibilities	Have participating agencies clarified roles and responsibilities?	Fully Follows	Fully Follows
Including Relevant Participants	Have all relevant participants been included? Do they have the ability to commit resources for their agency?	Fully Follows	Fully Follows
Identifying Resources	How will the collaborative mechanism be funded and staffed? Have online collaboration tools been developed?	Fully Follows	Fully Follows
Updating and Monitoring Written Guidance and Agreements	If appropriate, have participating agencies documented their agreement regarding how they will be collaborating? Have they developed ways to continually update and monitor these agreements?	Fully Follows	Partially Follows

Legend:

USICH: U.S. Interagency Council on Homelessness

VA: Department of Veterans Affairs

Source: GAO analysis of agency information. | GAO-20-428

Note: Leading collaboration practices were identified in GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, GAO-12-1022 (Washington, D.C.: Sept. 27, 2012). We assessed the collaborative mechanisms as “fully follows” a practice if the actions related to that practice reflected most or all of the issues to consider related to the practice; “partially follows” if the actions related to that practice reflect some, but not all, of the issues to consider related to the practice; and “does not follow” if there have been no actions taken related to the issues to consider for the practice.

^aUSICH is an independent establishment within the Executive Branch that coordinates the federal response to homelessness. USICH officials said they convened the Solving Veterans Homelessness as One Working Group in 2012 to coordinate with VA and HUD on ending veteran homelessness.

^bCoordinated Entry is designed to help communities prioritize people who are most in need of assistance by, among other things, standardizing the assessment process and coordinating referrals.

Solving Veterans Homelessness as One

According to USICH officials, in 2012, USICH convened the SVHO workgroup to coordinate with HUD and VA on key priorities and maximize efforts to end veteran homelessness. SVHO serves as an interagency decision-making body that plans and executes strategic actions through goal setting, policy gap identification, communication, and action.

The SVHO working group fully followed all seven leading practices for effective interagency collaboration that we identified in prior work. A discussion of our assessment follows:

- **Defining Outcomes and Monitoring Accountability.** Ending veteran homelessness is one of the national goals listed in USICH's Federal Strategic Plan to Prevent and End Homelessness.⁶⁴ SVHO's work is organized to support this goal. USICH reports SVHO's efforts in its annual Performance and Accountability Reports.⁶⁵ For example, USICH reported that in fiscal year 2019, SVHO's efforts led to supplemental guidance and coaching to help sustain the efforts of communities that had been certified as having ended veteran homelessness.
- **Bridging Organizational Cultures.** To operate across agency boundaries, SVHO members hold regular meetings. During these meetings, SVHO members have updated one another on each agency's efforts, discussed strategic objectives, shared program data, and coordinated on technical assistance for service providers. SVHO also held a strategic planning retreat to discuss SVHO's priorities.
- **Clarifying Leadership.** SVHO has a Strategic Decision and Coordination Team that serves as the decision-making body and includes leadership from VA, HUD, and USICH. The team's decisions are made by consensus, and the role for facilitating the team rotates every four months among the three agencies. The Strategic Decision and Coordination Team's responsibilities, which include providing strategic guidance on cross-agency issues, providing joint oversight and decision-making, and facilitating the approval of decisions from the individual agencies are outlined in SVHO's charter.

⁶⁴U.S. Interagency Council on Homelessness, *Home, Together: The Federal Strategic Plan to Prevent and End Homelessness* (Washington, D.C.: July 2018).

⁶⁵See, for example, U.S. Interagency Council on Homelessness, *Fiscal Year 2019 Performance and Accountability Report* (Washington, D.C.: Nov. 2019).

- **Clarifying Roles and Responsibilities.** The SVHO charter outlines the roles and responsibilities of the Strategic Decision and Coordination Team and the Support Team, whose responsibilities include responding to priority projects and elevating issues requiring decision and coordination to the Strategic Decision and Coordination Team.
- **Including Relevant Participants.** SVHO members (USICH, VA, and HUD) are the relevant participants because they are the agencies centrally involved in implementing veteran homelessness programs.
- **Identifying Resources.** USICH, VA, and HUD contribute staff resources to the working group. Representatives from each of the agencies attend regular SVHO meetings to ensure continuity, provide the necessary subject matter expertise, and make decisions. SVHO has also developed resources to facilitate the group's meetings, such as agendas to guide discussions.
- **Updating and Monitoring Written Guidance and Agreements.** In March 2020, SVHO revised its charter to remove outdated information and to reflect the group's current structure and operations. The revised charter describes the purpose of establishing SVHO as a formal structure for coordination and decision-making (to enable member agencies to execute joint activities necessary for the goal of preventing and ending veteran homelessness), SVHO's structure (the group is comprised of a leadership team and support team with various responsibilities), and operating procedures (which involve holding regular meetings). USICH officials told us it was important to have an updated charter that solidified the commitments of the member agencies to the group. VA officials added that updating the charter would help serve as a reminder of the group's purpose.

VA's Integration into Coordinated Entry

Coordinated Entry is a process designed to help communities prioritize people who are most in need of assistance by standardizing the assessment process, defining community-wide prioritization policies, and coordinating referrals, among other things. HUD established minimal requirements for Coordinated Entry in a 2012 Continuum of Care Program Interim Rule. HUD officials said they established additional requirements in 2017 in coordination with other federal agencies, including VA. VA also issued a memo in 2017 stating that VAMCs must be actively engaged in their local Coordinated Entry. Efforts to integrate VAMCs into Coordinated Entry fully followed five of the seven leading practices on effective interagency collaboration and partially followed the

other two (Bridging Organizational Cultures and Updating and Monitoring Written Guidance and Agreements). A discussion of our assessment follows:

- **Defining Outcomes and Monitoring Accountability.** VA established requirements for the VAMCs as they integrate into Coordinated Entry, which include active engagement with the CoC, involvement with case conferencing, and aligning standardized assessments.⁶⁶ VA has a checklist that VAMCs use to assess their compliance with Coordinated Entry requirements. According to VA officials, they monitor VA integration into Coordinated Entry through self-assessment checklists that VAMCs are required to submit monthly through an internal VA system.⁶⁷ VAMCs are also required to submit monthly operation plans to track their progress.
- **Bridging Organizational Cultures.** As we previously reported, collaborating agencies should establish ways to operate across agency boundaries and address their different cultures.⁶⁸ VA requires VAMCs to actively engage with all coordinated entry systems within their catchment area.⁶⁹ VA has provided some guidance to help VAMCs operate across organizational boundaries as they integrate into Coordinated Entry, but this guidance is broad in some areas. For example, it instructs VAMCs to collaborate with local CoC leadership to establish a clear process for making and receiving referrals and to share aggregate program data with each of their communities as needed. But the guidance does not describe steps that VAMCs can take to do so. In addition, two service providers and staff from two VAMCs told us that it can be challenging to work with multiple CoCs because each has their own processes.⁷⁰ Additionally, staff from three

⁶⁶HUD guidance outlines the goals of Coordinated Entry, which are to increase the efficiency of local crisis response systems and improve the fairness and ease of access to resources. HUD also established requirements that CoCs must follow when developing their coordinated entry systems. The requirements cover planning, access, assessment, prioritization, referrals, and data management. See Department of Housing and Urban Development, *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*, CPD-17-01 (Washington, D.C.: Jan. 23, 2017).

⁶⁷HUD also developed a self-assessment checklist so that CoCs can assess their compliance with Coordinated Entry requirements. HUD officials told us that HUD field office staff monitor CoCs' compliance.

⁶⁸[GAO-12-1022](#).

⁶⁹A catchment area is the geographic area where the VAMC provides services.

⁷⁰Staff from three VAMCs we interviewed told us they work with multiple CoCs.

VAMCs and one CoC entity told us that staff turnover creates challenges in their coordinated entry systems, including impeding relationship-building among partners. VA's guidance acknowledges that VAMCs may be working with multiple CoCs, but the guidance does not provide any best practices to help address this issue, nor does it expressly address relationship-building in light of staff turnover.

- **Clarifying Leadership.** As previously discussed, VA oversees the integration of the VAMCs into Coordinated Entry. Additionally, USICH and HUD officials told us there was an interagency working group on Coordinated Entry, where several agencies, including USICH, VA, and HUD, convened to discuss, among other things, what was happening in the field and barriers to Coordinated Entry implementation across all homeless programs, including those for veterans.⁷¹ HUD officials told us they also worked closely with VA to fully integrate VAMCs into Coordinated Entry.
- **Clarifying Roles and Responsibilities.** VA issued guidance that defined VAMCs roles in Coordinated Entry.⁷² For example, one or more representatives must be involved in the community planning process and in case conferencing, with sufficient knowledge and decision-making power to actively engage in each activity.
- **Including Relevant Participants.** All homeless assistance organizations should be involved in Coordinated Entry, according to HUD guidance.⁷³ Coordinated Entry includes CoCs, VAMCs, service providers, and public housing agencies, among others. Staff from one VAMC, one service provider, and one CoC entity that we spoke with described their coordinated entry systems as being inclusive of all relevant stakeholders, including veteran homeless service providers.

⁷¹USICH officials told us this group dissolved in September 2019 and that issues related to Coordinated Entry are now addressed within population-specific working groups, such as SVHO.

⁷²Department of Veterans Affairs, *Coordinated Entry Implementation Assessment Worksheet: VHA Homeless Programs* (Washington, D.C.: Oct. 17, 2017) and *VA Medical Center Participation in the Continuums of Care Coordinated Entry System* (Washington, D.C.: Oct. 17, 2017). HUD also issued guidance on the responsibilities of CoCs in Coordinated Entry. See Department of Housing and Urban Development, *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*, CPD-17-01 (Washington, D.C.: Jan. 23, 2017).

⁷³Department of Housing and Urban Development, *Coordinated Entry Policy Brief*.

- **Identifying Resources.** VA funded 86 Coordinated Entry Specialist positions through the HCHV program, of which 81 had been filled, as of January 2020, according to VA officials.⁷⁴ Staff from two VAMCs and two CoCs told us that these new positions play an important role in VAMCs' integration into Coordinated Entry because they serve as a liaison between the CoCs and the VAMCs. Additionally, VA requires that VAMCs dedicate a portion of VA resources (such as HUD-VASH vouchers or VA Homeless Program Residential Treatment beds) for their inclusion into the greater pool of homeless service resources that are accessed by veterans through Coordinated Entry.⁷⁵
- **Updating and Monitoring Written Guidance and Agreements.** We previously reported that agencies can strengthen their commitment to working collaboratively by formally documenting their agreements, and that those written agreements are most effective when regularly monitored and updated.⁷⁶ As discussed earlier, VA has issued some guidance to help VAMCs integrate into Coordinated Entry. VA has also held webinar trainings and issued some program-specific documents, such as an SSVF Coordinated Entry fact sheet and a "frequently asked questions" document for HUD-VASH.⁷⁷ VA has also provided technical assistance by request, according to agency officials. However, as noted earlier, VA's guidance is broad in some areas and neither provides best practices to help VAMCs working with multiple CoCs, nor expressly addresses relationship-building in light of staff turnover.

VA officials told us they do not have plans to issue additional guidance on Coordinated Entry because they believe their current guidance provides sufficient direction. However, several interviewees (staff from three VAMCs, one service provider, and one PHA) told us they need additional guidance on Coordinated Entry, specifically about how to better collaborate among partners. For example, staff from one of the VAMC's

⁷⁴As of November 2019, VA officials told us that due to budgetary constraints they do not have plans to fund any additional Coordinated Entry Specialist positions.

⁷⁵VA Homeless Program Residential Treatment beds include beds from the HCHV and DCHV programs.

⁷⁶[GAO-12-1022](#).

⁷⁷See Department of Veterans Affairs, *Coordinated Entry Fact Sheet* (Washington, D.C.: February 2018); *Housing and Urban Development-VA Supportive Housing and Coordinated Entry Systems Frequently Asked Questions* (Washington, D.C.: Feb. 5, 2018). VA officials told us they have also worked with HUD and USICH for the past several years to conduct surveys to better understand the needs of local CoCs and their development of Coordinated Entry.

said that while they understood that implementing Coordinated Entry required some flexibility, it would be beneficial if VA provided common parameters that communities could follow.

Further, some VA guidance (such as the “frequently asked questions” document for HUD-VASH) may not be accessible by all service providers for VA’s homeless programs because it is stored on the agency’s internal system (the Homeless Programs Hub) or provided via technical assistance only upon request. Staff from two VAMCs stated that VA could better disseminate guidance. Additionally, one service provider and one PHA told us it would be helpful for VA to share best practices on collaboration used in other parts of the country. By providing additional information on how VAMC staff and service providers can collaborate with local partners, such as best practices, and making available guidance readily accessible, VA can help ensure that VAMCs and service providers are able to more effectively collaborate with other local providers to serve homeless veterans.

Selected Programs Reported Meeting Most Targets, but Some Aspects of Performance Measurement Could Be Strengthened

National Data Show Selected Programs Met Most Targets

According to VA officials, since 2011, VA has focused on three primary outcome measures for the homelessness assistance programs we selected for review: 1) placement into permanent housing, 2) employment, and 3) negative exits from programs.⁷⁸ DOL developed four

⁷⁸A veteran’s exit from a program is categorized as negative if the exit meets certain conditions. For example, HUD-VASH negative exits are those exits where a veteran did not comply with HUD-VASH case management; a veteran was evicted from his or her HUD-VASH apartment by a PHA or landlord or had other housing related issues or problems; a veteran is unhappy with HUD-VASH housing; or a veteran cannot be located. In addition to VA’s outcome performance measures for HUD-VASH (see table 4), HUD developed an output measure to track HUD-VASH voucher utilization. HUD officials told us that HUD field office staff regularly engage with PHAs with low-HUD-VASH utilization and that in fiscal year 2019, HUD created a utilization threshold criterion which determined eligibility for additional HUD-VASH vouchers. HUD officials said they worked with VA to align the target for this measure with VA’s permanent housing performance measure for HUD-VASH.

critical measures for HVRP, including the placement rate for total enrollment, which tracks the total number of program participants employed in one or more jobs. VA and DOL officials told us they review their performance measures annually and adjust them as needed.⁷⁹

National level performance data for fiscal years 2015 to 2019 show that five of the seven selected programs we reviewed have generally met their performance targets (see table 4).⁸⁰ However, two programs, HUD-VASH and DCHV, have not met some of their targets.⁸¹ Specifically, in four of the last five years, HUD-VASH did not meet its targets for “percent housed in HUD-VASH housing” and “percent housed within 90 days.” In the last two years (2018 and 2019), HUD-VASH did not meet its targets for “negative exits”; however, VA had decreased the target for those years (making it more difficult to meet). DCHV did not meet its targets for “exits to permanent housing” for the last three fiscal years, and “negative exits” for two of the last five fiscal years.

⁷⁹Prior work and guidance that we have issued emphasize that performance measurement should evaluate outcomes related to program activities to judge program effectiveness. For example, see GAO, *Fragmentation, Overlap and Duplication: An Evaluation and Management Guide*, [GAO-15-49SP](#) (Washington D.C.: Apr. 14, 2015) and *Performance Measurement and Evaluation: Definitions and Relationships*, [GAO-11-646SP](#) (Washington, D.C.: May 2, 2011).

⁸⁰As discussed earlier, we reviewed program performance for HUD-VASH, GPD, DCHV, HCHV, HVCES, SSVF, and HVRP. VA officials told us that employment measures for HVCES are integrated into the other homelessness programs and therefore do not appear as separate program measures. These employment measures have generally met their targets during fiscal years 2015 to 2019.

⁸¹DOL officials told us they consider meeting 95-100 percent of a target as “met” and 85 percent as “acceptable.”

Table 4: Key Performance Measures and Reported Results for Selected Homelessness Assistance Programs for Veterans, Fiscal Years (FY) 2015 – 2019

Program Measure and Responsible Agency		FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
HUD-VASH (VA)						
Percent Housed in HUD-VASH (percentage)	Target	92 or above	92 or above	92 or above	94 or above	92 or above
	Result	91.79	92.30	91.50	91.48	85.73
Percent Negative Exits from HUD-VASH (percentage)	Target	18 or below	18 or below	16 or below	14 or below	14 or below
	Result	16.03	16.44	15.58	15.19	14.27
Percent Employed in HUD-VASH (percentage)	Target	35 or above	35 or above	38 or above	40 or above	42 or above
	Result	32.69	38.67	41.94	45.80	47.45
Percent within 90 Days Entry to Housed in HUD-VASH (percentage)	Target	65 or above	65 or above	65 or above	65 or above	65 or above
	Result	65.51	58.14	61.77	61.87	59.17
GPD^a (VA)						
Percent Exits to Permanent Housing (percentage)	Target	65 or above	65 or above	65 or above	N/A	N/A
	Result	70.06	71.83	66.63	N/A	N/A
Percent Negative Exits (percentage)	Target	30 or below	28 or below	23 or below	N/A	N/A
	Result	23.65	21.71	21.12	N/A	N/A
Percent Employed at Exit (percentage)	Target	42 or above	45 or above	50 or above	N/A	N/A
	Result	50.69	53.22	54.68	N/A	N/A
HCHV (VA)						
Percent Exits to Permanent Housing (percentage)	Target	35 or above	40 or above	45 or above	50 or above	53 or above
	Result	50.26	53.93	47.67	51.44	54.53
Percent Negative Exits (percentage)	Target	30 or below	30 or below	25 or below	20 or below	23 or below
	Result	23.12	22.23	22.62	22.10	19.41
SSVF (VA)						
Percent Exits to Permanent Housing (percentage)	Target	85	85	85	85	85
	Result	88	91	89	90	90
DCHV (VA)						
Percent Exits to Permanent Housing (percentage)	Target	65 or above	65 or above	65 or above	60 or above	60 or above
	Result	69.05	66.48	53.55	51.05	53.14
Percent Negative Exits (percentage)	Target	25 or below	25 or below	25 or below	25 or below	25 or below
	Result	23.73	24.31	26.04	25.53	24.71
Percent Employed at Exit (percentage)	Target	30 or above	30 or above	33 or above	35 or above	35 or above
	Result	33.58	36.78	38.44	38.3	41.73
HVRP^b (DOL)						
Placement Rate of Total Enrollments (percentage)	Target	65	65	65	N/A	N/A
	Result	68.7	68.4	66	N/A	N/A

Program Measure and Responsible Agency		FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Average Wage at Placement (dollars)	Target	\$11.50	\$12.00	\$12.00	N/A	N/A
	Result	\$11.84	\$12.16	\$12.87	N/A	N/A
Number of Participants	Target	17,000	17,000	17,000	N/A	N/A
	Result	17,033	16,638	16,096	N/A	N/A
Placement Rate for Chronically Homeless (percentage)	Target	N/A	N/A	60	60	N/A
	Result	N/A	74.3	67.8	66.4	N/A

Legend:

DCHV: Domiciliary Care for Homeless Veterans

DOL: Department of Labor

GPD: Grant and Per Diem

HCHV: Health Care for Homeless Veterans

HUD-VASH: Housing and Urban Development-Veterans Affairs Supportive Housing

HVRP: Homeless Veterans' Reintegration Program

N/A: Data were not available at the time of our analysis.

SSVF: Supportive Services for Veteran Families

VA: Department of Veterans Affairs

Source: GAO analysis of VA and DOL national performance data for fiscal years 2015 to 2019. | GAO-20-428

^aBeginning in FY 2018, GPD developed specific model types (Bridge, Low Demand, Hospital to Housing, Clinical Treatment and Service Intensive) that had their own performance metrics associated with them. These model-specific metrics replaced the prior GPD performance measures.

^bFY 2018 and FY 2019 data were not available at the time of our analysis. The Placement Rate for Chronically Homeless measure was first introduced in 2016 and did not have a target set at that time. Data for this measure are reported in the table on a program year basis (which are data from July 1 – June 30) for years 2016 to 2018.

According to VA officials, factors that have affected VAMCs abilities to meet HUD-VASH performance targets—some of which are challenges identified by local VAMC staff and providers that we have discussed previously—include an insufficient number of case management staff, which has led to fewer veteran admissions into HUD-VASH and a lack of safe and affordable housing for veterans. VA officials told us that DCHV program outcomes have been affected by factors including discharges to other transitional housing programs (which would not be included under an exit to permanent housing) and limited affordable housing resources.

To help improve program outcomes for HUD-VASH, VA officials told us they are focusing on increasing HUD-VASH voucher utilization, such as by using vouchers for non-Veteran Housing Administration eligible homeless veterans through the HUD-VASH Continuum program and

expanding project-based HUD-VASH efforts (discussed previously).⁸² To improve DCHV program outcomes, VA officials said they are holding in-depth discussions with DCHV staff to highlight lessons learned from those VAMCs that are meeting performance targets.

Performance Measurement Reflected Most Leading Practices, but Data Reliability and Communication Could Be Strengthened

The performance measures used for the selected programs we reviewed reflected most of the attributes of successful performance measures that we identified in prior work (see table 5).⁸³ VA's measures fully reflected all six of these attributes. DOL's measures fully reflected five attributes and partially reflected one, the reliability attribute. Performance measures that include these attributes are effective in monitoring progress and determining how well programs are achieving their goals.

⁸²As discussed earlier, the HUD-VASH Continuum is a program that permits PHAs to make up to 15 percent of their total HUD-VASH allocation available to veterans who are ineligible for VA health care services, excluding service members with a dishonorable or bad conduct status, according to VA officials. VA officials also told us that they are working to increase the development of project-based HUD-VASH housing by marketing HUD-VASH to developers and funders.

⁸³[GAO-17-183](#) and [GAO-03-143](#).

Table 5: Extent to Which Measures for Selected Homelessness Assistance Programs for Veterans Reflect Selected Key Attributes of Successful Performance Measures

Attribute	Description	VA Programs' Performance Measures ^a	DOL HVRP Performance Measures
Clarity	Is clearly stated, and the name and definition are consistent with the methodology used to calculate it.	Fully Reflects	Fully Reflects
Measureable Target	Has a numerical goal; that is, the measure is quantifiable or otherwise has quantifiable, numerical targets or other measurable values that permit expected performance to be compared with actual results.	Fully Reflects	Fully Reflects
Objectivity	Is reasonably free from significant bias or manipulation that would distort the accurate assessment of performance. We have previously reported that to be objective, performance measures should indicate specifically what is to be observed, in which population or conditions, and in what time frame, and be free of opinion and judgment.	Fully Reflects	Fully Reflects
Baseline and Trend Data	Has baseline and trend data associated with it to identify, monitor, and report changes in performance and to help ensure that performance is viewed in context. Performance baselines allow agencies to better evaluate progress made and whether or not goals are being achieved and can provide key decision makers with feedback for improving both policy and operational effectiveness.	Fully Reflects	Fully Reflects
Linkage	Is aligned with division and agency-wide goals and missions, and is clearly communicated throughout the organization.	Fully Reflects	Fully Reflects
Reliability	Produces the same result under similar conditions. Reliability is increased when verification and validation procedures exist, such as checking performance data for significant errors by formal evaluation or audit.	Fully Reflects	Partially Reflects

Legend:

DOL: Department of Labor

HVRP: Homeless Veterans' Reintegration Program

VA: Department of Veterans Affairs

Source: GAO analysis of VA and DOL documents. | GAO-20-428

Notes: Our prior work identified ten key attributes for successful performance measures. See *Tax Administration: IRS Needs to Further Refine Its Tax Filing Season Performance Measures*, [GAO-03-143](#) (Washington, D.C.: Nov. 22, 2002) and *Defense Logistics: Improved Performance Measures and Information Needed for Assessing Asset Visibility Initiatives*, [GAO-17-183](#) (Washington, D.C.: March 16, 2017). We excluded in this analysis four of those attributes that were not applicable because they related to agency-wide initiatives.

We assessed the performance measures as “fully reflects” if all the performance measures for the selected programs reflected most or all of the definition of the relevant key attribute; “partially reflects” if the measures reflected some, but not all, of the definition of the relevant key attribute; and “does not reflect” if the measures did not reflect the definition of the relevant key attribute.

^aIncludes the following programs: Housing and Urban Development-Veterans Assistance Supportive Housing, Grant and Per Diem, Domiciliary Care for Homeless Veterans, Health Care for Homeless Veterans, Homeless Veteran Community Employment Services, and Supportive Services for Veteran Families.

A discussion of our assessment of VA's and DOL's performance measures follows:

- **Clarity.** VA's and DOL's policies clearly state the names and descriptions of the performance measures we reviewed. The names and descriptions are also consistent with the methodologies that were used to calculate them.⁸⁴
- **Measureable Target.** VA and DOL have established quantifiable, numerical targets for their performance measures, which allows them to compare expected and actual results. VA officials told us they developed the targets for their measures by first obtaining baseline data and then looking at historical and projected performance. HVRP service providers identify their own targets during the annual grant competition process, according to DOL officials. DOL officials told us they provide some parameters, such as the national targets, to help providers develop their individual targets.
- **Objectivity.** VA's and DOL's performance measurement policies describe what is expected to be measured (for example, the percent housed and percent employed). They also indicate which specific population (veterans) and under what timeframes (the relevant reporting period).
- **Baseline and Trend Data.** Nearly all the measures have baseline and trend data for the last five fiscal years. The exceptions are measures that have been recently discontinued. Having baseline and trend data allows VA and DOL to monitor changes in program performance.
- **Linkage.** DOL's performance measures for HVRP align with one of DOL's agency-wide strategic objectives to provide veterans with resources and tools to gain and maintain employment. DOL officials told us that information about the measures is communicated to grantees through local officials, who review a data dashboard created by DOL officials at headquarters. VA's performance measures are aligned with VA's agency-wide goal to end veteran homelessness, as outlined in VA's most recent strategic plan. VA officials told us they

⁸⁴For example, the Percent Housed in HUD-VASH measure is described as a point-in-time measurement of the percentage of HUD-VASH vouchers issued to the VAMC that result in housing. The numerator is the number of veterans currently in HUD-VASH housing and the denominator is the number of vouchers allocated to the VAMC for the relevant period. Exclusions for the numerator and denominator are also outlined in VA's policies.

communicate information about the performance measures to the VAMCs and service providers through scorecards.⁸⁵

- **Reliability.** Measures reflect this attribute when they produce the same result under similar conditions. Reliability is increased when verification and validation procedures exist, such as checking performance data for significant errors by formal evaluation or audit.⁸⁶ VA's performance measures fully reflected the reliability attribute; DOL's measures partially reflected it. VA officials told us they ensure data quality through the use of validation processes, error messages, and notifications that appear in real-time as data are entered. Additionally, there are dedicated program offices that work with the VAMC's and service providers to monitor and reconcile data. Finally, VA's policies describe steps that should be taken to review and verify the quality of the data.

DOL officials told us they review HVRP performance data quality at different levels in the agency (regional and national) and use a data validation tool to identify potential errors. However, DOL officials acknowledge limitations with data quality, namely the lack of an electronic system to compile the data and the potential for human error when entering data into spreadsheets. Further, HVRP service providers may be unclear about the data quality steps to take because DOL's performance measurement policies provide limited information on data reliability procedures. DOL officials stated that they have conducted webinar training on the data validation tool, but acknowledge that no written policy exists for the data validation process. Without guidance from DOL on the quality control processes that should be applied to performance data, service providers may not understand how to improve data quality and DOL may not have reasonable assurance that these performance data are the most accurate and reliable available.

While VA's measures reflected all the selected attributes of successful performance measures, including communicating linkage, we identified

⁸⁵The scorecard displays performance data for VA's homelessness programs by month, quarter, and year. There is a coding for the scores and ranges that are included with each measure's description. For example, the color green means that the measure is meeting or exceeding the target. Red means that performance is significantly below the target and the site is at risk of not being able to meet the target by the year's end. VAMCs can create "drill down" reports from the scorecards that provide more detailed information for each performance measure, including veteran-level data.

⁸⁶[GAO-17-183](#) and [GAO-03-143](#).

other areas where communication about these measures is not clear. For example, staff from three of the VAMCs we interviewed and two service providers described communication issues related to performance measures for four programs (HUD-VASH, GPD, HVCES, and DCHV). These issues included concerns that VA does not understand the realities on the ground that prevent VAMC staff and service providers from meeting the measures (such as limited housing availability) and VAMC staff being unaware they could use performance scorecards to drill down and learn more about why their performance targets were not met.⁸⁷ Additionally, some VAMC staff and service providers we interviewed do not fully understand the measures. For example, DCHV and HCHV staff we interviewed from four VAMCs and three GPD service providers told us they have felt penalized for transitioning veterans from a VA homeless assistance program to another program or to substance abuse or mental health treatment because VA's performance measures count these transitions as "negative exits." According to VA officials, however, there are only three instances where participant program exits are counted as negative: 1) when participants are asked to leave for failure to follow rules; 2) when participants leave for failure to comply with program requirements; and 3) when participants leave without telling program staff.⁸⁸

VA officials told us they have implemented processes to obtain quarterly feedback from VAMCs and service providers—through operation or actions plans—about the measures, including feedback about not meeting performance targets.⁸⁹ However, HUD-VASH staff from one VAMC said that they have reported their concerns about not having information on how to improve performance to VA leadership and GPD staff from another VAMC and two GPD service providers said they have reported their concerns about how negative exits are measured, but the concerns have not been addressed. Additionally, staff from another

⁸⁷Another challenge cited by several groups we interviewed (staff from three VAMCs, three CoCs, and one service provider) was the lack of integration between VA's electronic system and the systems used by CoCs to collect performance data. The service provider stated that it would be helpful if the systems communicated or if the data sharing process was more streamlined.

⁸⁸VA officials told us they have tried to clarify information about this performance measure for the GPD program through education, such as a technical manual on the measure and consultation with VA.

⁸⁹The plans allow VAMCs and service providers to provide an explanation for their performance scores and plans for achieving their targets.

VAMC were unaware that VA had a way for them to provide formal feedback about the performance measures, suggesting that VA's feedback process and avenues of communication may lack clarity.

We previously reported that improving the communication of performance information among staff and stakeholders can enhance or facilitate the use of performance information by agency managers.⁹⁰ Performance information can be used to identify gaps in performance, improve organizational processes, and improve performance.⁹¹ Clearer communication by VA's Homeless Programs Office about performance measurement—what performance measures capture and how to obtain and provide feedback—would help VAMCs and service providers better understand how their program data are used to measure performance and therefore how to improve performance, which could also help VA better assess program outcomes.

Agencies Have Conducted Some Program Evaluations

VA, HUD, and DOL published some annual reports during the last five fiscal years that monitored the performance of some of the selected homelessness assistance programs for veterans we reviewed. In addition, they conducted a limited number of evaluations to assess their overall effectiveness or impact and conducted other studies that examined other aspects of the programs, such as characteristics of program participants.⁹² Program evaluations are systematic studies that

⁹⁰GAO, *Managing for Results: Enhancing Agency Use of Performance Information for Management Decision Making*, [GAO-05-927](#) (Washington, D.C.: Sept. 9, 2005).

⁹¹[GAO-05-927](#).

⁹²Impact evaluations assess the net effect of a program by comparing program outcomes with an estimate of what would have happened in the absence of the program. Other types of program evaluation include process (or implementation) evaluations, which assess the extent to which a program is operating as it was intended; outcome evaluations, which assess the extent to which a program achieves its outcome-oriented objectives; and cost-benefit and cost-effectiveness analyses, which compare a program's outputs or outcomes with the costs (resources expended) to produce them. [GAO-11-646SP](#).

use research methods to address specific questions about program performance.⁹³

We identified two program evaluations conducted by or on behalf of HUD and VA that assessed the impact of HUD-VASH. Published in 2016, the Family Options study examined how the effects of three types of programs—permanent housing subsidies (such as HUD-VASH vouchers), community-based rapid rehousing, and project-based transitional housing—compared with one another and with the usual care available to homeless families.⁹⁴ Findings from the Family Options study indicated that giving people experiencing homelessness priority access to deep permanent housing subsidies, such as housing choice vouchers, benefitted program participants by improving housing stability. However, as discussed in the study, heads of households that received permanent housing subsidies experienced a reduction in employment in comparison to participants in other programs. The permanent housing subsidy also cost more than the other programs.⁹⁵

The second study was the HUD-VASH Exit study.⁹⁶ Published in 2017, the study was part of an effort to improve program effectiveness. It assessed how and why veterans exit the HUD-VASH program, identified obstacles to their obtaining and maintaining housing with a HUD-VASH voucher, described the value of services, and identified barriers to

⁹³GAO, *Program Evaluation: Some Agencies Reported that Networking, Hiring, and Involving Program Staff Help Build Capacity*, [GAO-15-25](#) (Washington, D.C.: Nov. 13, 2014).

⁹⁴Abt Associates, Inc. in partnership with Vanderbilt University, *Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families*, a report prepared for the Department of Housing and Urban Development (October 2016). Usual care consists of emergency shelter and housing or services that families can access without immediate referral to a program that would provide them with a place to live.

⁹⁵One of the study's limitations is that the random assignment design was not implemented entirely as planned. For example, most of the families in the study did not have all four options (permanent housing subsidies, community-based rapid rehousing, project-based transitional housing, and usual care) available to them at the time of random assignment. Other study limitations include the study's focus on short-term impacts and the fact that it does not address the causes of homelessness. For additional information on the study and its limitations, see Abt Associates, Inc. in partnership with Vanderbilt University, *Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families*.

⁹⁶VA National Center on Homelessness Among Veterans, *HUD-VASH Exit Study: Final Report*, a report prepared for the Department of Housing and Urban Development (September 2017).

successful collaboration between VA and HUD in administration of the program. Among other things, the study found that the program was successful, as demonstrated by high rates of retention in housing, and that relationships with community partners and the ability to connect veterans to community resources contributed to successful outcomes.⁹⁷

While the several other studies and reports we identified did not assess the impact of programs, some did analyze program performance or outcomes (for example, the agencies' annual performance plans and reports), and others assessed specific aspects of the programs (for example, factors associated with exiting homelessness programs and characteristics of program participants).⁹⁸ VA officials noted that resource limitations constrain their ability to conduct impact evaluations. However, they stated that in the future, they plan to evaluate new programs and models, such as the SSVF's rapid resolution program (discussed previously). DOL officials told us they have commissioned an impact evaluation for HVRP, which is scheduled to be completed in 2022. The study is assessing the effectiveness of the HVRP program on improving homeless veterans' employment outcomes and will build knowledge about program models including variations.

⁹⁷One of the study's limitations was the research team's inability to assess other characteristics of veterans' history that would increase understanding of housing stability, such as the chronicity of homelessness, incarceration, or family composition. Multiple sites were also used for primary data collection and despite quality assurance activities, the study methodology may have been carried out inconsistently across sites. For additional information on the study and its limitations, see VA National Center on Homelessness Among Veterans, *HUD-VASH Exit Study: Final Report*.

⁹⁸We identified such studies for three of the seven selected programs we reviewed—HUD-VASH, SSVF, and HVRP. Examples of reports that monitor program performance include the agencies' annual performance plans and reports as well as other program-specific annual reports. See, for example, Department of Labor, *FY 2018 Annual Performance Plan*; Department of Housing and Urban Development, *FY 2020 Annual Performance Plan and FY 2018 Annual Performance Report* (Washington, D.C.: March 2019); Department of Veterans Affairs, *FY 2020/FY 2018 Annual Performance Plan and Report* (Washington, D.C.: March 2019) and *FY 2018 Annual Report: Supportive Services for Veteran Families*. DOL also commissioned an HVRP study in 2016, which identified potentially promising practices for HVRP, explored HVRP employment outcomes in relation to participant characteristics and services, and explored a variety of approaches for conducting an impact evaluation of the HVRP in the future. See Capital Research Corporation, George Washington University, and Avar Consulting, Inc., *Formative Evaluation of the Homeless Veterans Reintegration Program (HVRP): Findings from Literature Review, Site Visits, Analyses of Program Administrative Data, and Options for Future Evaluation*, a report prepared for the Department of Labor (September 2016).

We found that HUD and DOL have developed plans outlining the evaluations they plan to conduct and the steps they used to create their plans, but VA did not.⁹⁹ VA's National Center on Homelessness Among Veterans, which conducts research and assesses the effectiveness of VA's homelessness programs, has an evaluation agenda listed on its website that describes the Center's planned studies, but not the steps taken to develop the agenda and prioritize what studies to conduct. HUD and DOL have also developed policies describing the steps the agencies take to ensure evaluation quality and rigor.¹⁰⁰ VA's National Center on Homelessness Among Veterans, on the other hand, does not have written policies on evaluation quality. VA officials told us they ensure the quality and rigor of the Center's work by submitting study results for publication through a peer-reviewed standard scientific protocol, consistent with other VA research, but had not yet developed formal written policies as their processes are well known in the Center.¹⁰¹ However, the Foundations for Evidence-Based Policymaking Act of 2018—enacted in January 2019—will now require VA and other agencies to, among other things, designate an evaluation officer who is to establish and implement an agency evaluation policy and assess the coverage, quality, methods, consistency, effectiveness, independence, and balance of the portfolio of evaluations, policy research, and ongoing evaluation

⁹⁹Specifically, in 2013, HUD published a 5-year plan titled the Research Roadmap that detailed priority research projects to be funded and initiated for fiscal years 2014 through 2018. These projects, which covered multiple programs (including HUD-VASH) are organized into four categories that align with the programmatic goals established in HUD's agency-wide strategic plan. HUD describes the steps it took to identify its projects in the Roadmap. DOL also published an evaluation plan based on the agency's strategic plan and other agency priorities. The plan outlined DOL's future evaluation efforts, including an evaluation of the HVRP.

¹⁰⁰For example, HUD's policy describes core practices in rigor, relevance, transparency, independence, ethics, and technical innovation that will be applied to its evaluations to help ensure high-quality and consistent evaluation results. DOL's policy describes similar key practices. For example, the policy states that DOL will maintain an evaluation workforce with training and experience appropriate for planning and overseeing a rigorous evaluation portfolio, recruiting staff with advanced academic degrees, and experience in disciplines such as public policy, economics, and sociology.

¹⁰¹VA officials also said that other studies use protocols that are based on the VA's or academic Institutional Review Boards. These studies are reviewed to ensure that the study methodology is sound and that all VA research requirements have been met prior to approval.

activities of the agency.¹⁰² The Act requires agencies to develop written annual evaluation plans—that discuss steps taken to develop the plan such as how studies were prioritized—to be submitted with their annual performance plan.¹⁰³ In June and July 2019, the Office of Management and Budget released its initial guidance on implementing the Act, and additional guidance is forthcoming.¹⁰⁴ The Act also includes provisions for GAO to conduct studies to review agency implementation efforts.¹⁰⁵

Conclusions

VA, HUD, and USICH have taken significant steps to ensure effective collaboration between the agencies and among local service providers when addressing veteran homelessness. However, VA can help local agency staff and service providers better collaborate by fully incorporating leading practices for interagency collaboration. More specific and accessible information on how to collaborate with partners through Coordinated Entry, including on key activities such as making referrals and sharing data, could position local VA staff and service providers to better aid homeless veterans with services at the local level.

¹⁰²Pub. L. No. 115-435, § 101(a)(2), 132 Stat. 5529, 5531 (2019)(codified at 5 U.S.C. § 313). The act also includes provisions for GAO to conduct studies related to agencies' implementation of the legislation.

¹⁰³The Act requires agencies to develop an Annual Evaluation Plan to be submitted in conjunction with the agency's Annual Performance Plan. Pub. L. No. 115-435, § 101(b)(2), 132 Stat. 5529, 5530 (2019). These evaluation plans should describe the evaluation activities the agency plans to conduct in the fiscal year following the year in which the performance plans are submitted and should include "significant" evaluations related to the learning agenda and any other "significant" evaluation, such as those required by statute. Agencies should clearly state their criteria for designating evaluations as "significant" in their plans.

¹⁰⁴OMB Cir. No. A-11, at § 290 (2019) and *Phase I Implementation of the Foundations for Evidence-Based Policymaking Act of 2018: Learning Agendas, Personnel, and Planning Guidance*, OMB Memorandum M-19-23 (Washington, D.C.: July 10, 2019). In this guidance, OMB noted that it expects to provide additional guidance in four subsequent phases, covering open data access and management, data access for statistical purposes, and program evaluation.

¹⁰⁵Specifically, GAO is to submit to Congress a report that (1) summarizes agency findings and highlights trends in the assessment, and (2) recommends actions to further improve agency capacity to use evaluation techniques and data to support evaluation efforts. In addition, GAO is to report to Congress identifying (1) the value of information made available to the public as a result of this bill, (2) whether publishing information that has not yet been published would be valuable to the public, and (3) the completeness of each comprehensive data inventory developed.

Opportunities also exist for the agencies to improve some performance measurement procedures. Documenting its data quality processes can help give DOL reasonable assurance that these performance data are the most accurate and reliable available. Additionally, providing clearer communication about performance measurement—what the performance measures capture and how to obtain and provide feedback—can help VA ensure that VAMCs and service providers have a better understanding of how their program data are used in measuring performance (and how to improve performance), which may also help VA better assess program outcomes.

Recommendations for Executive Action

We are making a total of three recommendations, two to VA and one to DOL. Specifically:

VA's Under Secretary for Health should provide additional information, such as best practices, about how VA medical centers and service providers participating in Coordinated Entry can collaborate with local partners on key activities (for example, making referrals and sharing data) and ensure that this information and other resources are accessible to VA medical center staff and service providers. (Recommendation 1)

The Assistant Secretary for DOL's Veterans' Employment and Training Service should document its data quality validation processes for performance data for the Homeless Veterans' Reintegration Program and disseminate these processes to service providers. (Recommendation 2)

VA's Under Secretary for Health should clearly communicate with local VA staff and service providers about how it measures performance and how to obtain and provide feedback about performance measures. (Recommendation 3)

Agency Comments and Our Evaluation

We provided a draft of this report to DOL, HUD, USICH and VA for review and comment. DOL and VA provided written comments, which are reproduced in appendixes III and IV, respectively. HUD and VA provided technical comments, which we incorporated as appropriate. A USICH official stated that USICH did not have concerns with the proposed recommendations and had no additional comments on the draft.

In its comments, DOL neither agreed nor disagreed with our recommendation that it document and disseminate its data quality validation processes for performance data for HVRP (Recommendation 2). DOL stated that it agreed with the importance of data quality validation processes and noted that it uses a data validation tool (discussed earlier in our report). In addition, DOL provided new information in its comments on the draft report, stating that the agency released a user manual and training video for field staff and grantees on the validation tool and provided a hyperlink to additional information, including the user manual. While the user manual outlines the steps for downloading the validation tool and how to run validation tests, it does not describe what validation tests are run or the data quality reviews that DOL officials told us occurred at the regional and national level, as discussed earlier in our report. Therefore, we maintain our recommendation that DOL document all of its data quality validation processes for HVRP performance data and disseminate them to service providers to give the agency reasonable assurance that its performance data are the most accurate and reliable available.

VA agreed with our recommendations in its written comments (Recommendations 1 and 3) and outlined actions it plans to take to address them, including:

- Providing additional information, such as successful strategies, about how VAMCs and service providers participating in Coordinated Entry can collaborate with local partners on key activities and enhancing communication through monthly calls on Coordinated Entry collaboration, including case conferencing, streamlined referral processes, and data sharing that will be recorded and accessible any time by staff.
- Clearly communicating with local VA staff and service providers about how it measures performance and how to obtain and provide feedback about performance measures.

VA's target completion date for these actions is May 2021.

In addition, the draft report we originally sent the agencies included recommendations to VA, HUD, and USICH to revise their SVHO working group charter. However, the agencies informed GAO that they had issued a revised charter in late March and VA and HUD provided a copy of the final charter. Based on our review of the charter, we revised our

discussion of the charter in the report and removed the recommendations.

We are sending copies of this report to the appropriate congressional committees, the Secretary of the Department of Veterans Affairs, the Secretary of the Department of Housing and Urban Development, the Secretary of the Department of Labor, the Executive Director of the U.S. Interagency Council on Homelessness, and other interested parties. In addition, this report will be available at no charge on GAO's website at <https://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-8678 or cackleya@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix V.



Alicia Puente Cackley
Director, Financial Markets and Community Investment

Appendix I: Objectives, Scope, and Methodology

This report focuses on federal programs that provide services to veterans that are experiencing homelessness or are at risk of being homeless and their dependents.¹ Our report (1) describes the challenges agencies and service providers reported experiencing in implementing selected programs that assist homeless veterans; (2) assesses the extent, if any, of overlap and duplication among programs; (3) evaluates how well federal agencies collaborate to address veteran homelessness; and (4) reviews what is known about the performance of selected programs.

We identified a total of 16 programs that specifically target homeless veterans by reviewing agency reports, guidance, and other documentation and past GAO and Congressional Research Service reports.² From these 16 programs, we selected 7 that we focused on for our first objective on program challenges and our fourth objective on program performance: Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH); Grant and Per Diem (GPD); Supportive Services for Veteran Families (SSVF); Health Care for Homeless Veterans (HCHV); Domiciliary Care for Homeless Veterans (DCHV); Homeless Veteran Community Employment Services (HVCES);

¹There are several federal homeless assistance programs administered by multiple federal agencies. Some programs serve all homeless populations (including veterans), while others target specific populations, such as veterans or youth, exclusively. In this report, we limited our scope to those homelessness programs that specifically target veterans.

²We excluded the Enhanced-Use Lease, Project CHALENG, and National Center on Homelessness among Veterans programs from this number because they do not provide services directly to veterans. The Enhanced Use Lease program provides a mechanism for a non-VA entity to develop and operate supportive housing for homeless and at-risk veterans and their families on VA property. VA enters into a long-term ground lease with a private, nonprofit, or local government entity that develops, builds, finances, operates, and maintains the housing. Project CHALENG has two components: a survey, in which participants (veterans, service providers, VA staff, state and public officials, among others) rate the needs of homeless veterans in their local communities, and meetings, which encourage partnership development between VA and service providers in the community. The National Center on Homelessness among Veterans conducts and supports research; assesses the effectiveness of programs; identifies and disseminates best practices and integrates these practices into policies, programs, and services for homeless or at-risk veterans; and serves as a resource for all research and training activities carried out by VA and other federal and non-federal entities on veteran homelessness.

and the Homeless Veterans' Reintegration Program (HVRP). We selected these programs based on size (largest programs based on funding and the number of veterans served) and services offered (a mix of programs addressing a variety of needs). The results of our review of these programs are not generalizable.

For all objectives, we selected and interviewed representatives from the following national advocacy organizations for homeless veterans and other knowledgeable groups to obtain subject matter context: the National Alliance to End Homelessness; the National Coalition for the Homeless; the National Coalition for Homeless Veterans; and American Legion. We judgmentally selected these groups based on their knowledge about homeless veteran policy issues, their ability to share perspectives on a variety of homeless veterans' subpopulations, and their knowledge about federal homelessness grants. We also interviewed officials from the Department of Veterans Affairs (VA), Department of Housing and Urban Development (HUD), Department of Labor (DOL), and the U.S. Interagency Council on Homelessness (USICH). Additionally, we conducted semi-structured interviews with staff from local VA medical centers (VAMCs) and service providers implementing the selected programs we reviewed; public housing agencies (PHAs) that administer HUD-VASH vouchers; and Continuum of Care (CoC) entities across different locations.³ Specifically, we interviewed staff from six VAMCs (staff for the HUD-VASH, GPD, SSVF, HCHV, HVCES, and DCHV programs); six CoC entities; six PHAs; and 23 service providers (eight GPD providers, seven SSVF providers, two HVRP providers, two providers that were HVRP, SSVF, and GPD grantees, two providers that were HVRP and GPD grantees, and two providers that were HVRP and

³VAMCs provide a wide range of services including traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy. Service providers are local, state, or nonprofit organizations in the community that provide homeless veterans with services. PHAs are HUD-funded city, county, or state agencies that administer housing vouchers to persons experiencing homelessness. CoCs are groups of stakeholders in a geographic area that coordinate to provide homeless services, apply for grants, set local priorities, and collect homelessness data.

SSVF grantees).⁴ The results of these interviews are not generalizable. The locations where we conducted these interviews were: Atlanta, Georgia; Kansas City, Missouri; Long Island, New York; Los Angeles, California; Helena, Bozeman, Fort Harrison, and Box Elder, Montana; and Seattle, Washington. We judgmentally selected this sample of sites based on several factors. To select those locations, we started with the 67 communities that were designated as Priority 1 communities by VA in 2015.⁵ We then judgmentally selected six of those communities based on the following factors: (1) to reflect a mix of communities with high concentrations of homeless veterans and communities certified as having ended veteran homelessness; (2) to reflect geographic diversity (a mix of urban, suburban, and rural locations); (3) proximity of CoCs and VAMCs (to ensure we could interview both local VAMC staff and service providers); and (4) the presence of our selected programs (to cover as many programs as possible).

To identify challenges agencies and service providers reported experiencing in implementing selected programs, we interviewed agency officials, VAMCs, service providers, and PHAs. Specifically, we first asked them a general question about what challenges they face. We then analyzed their responses to develop a list of challenges. A second analyst then verified the steps taken to develop the list of challenges. We also reviewed agency reports, program documentation, and available information on trends on homeless veterans and the general homeless population.

To determine the extent of duplication or overlap across programs, we reviewed agency guidance, program descriptions, and other

⁴Three VAMCs we visited did not have SSVF program staff. The service providers we met with received grant funding from VA or DOL for the GPD, SSVF, or HVRP programs. We selected two service providers for each grant program at each site to interview (if that site had a grant program presence and if there was more than one service provider at the site) and one PHA (if there was more than one PHA that participates in HUD-VASH at the site) to interview. We made service provider selections based on (1) size (largest funding amount or number of beds) and (2) whether the organizations were grantees for more than one program. In cases where a smaller service provider was a grantee for multiple programs, we prioritized grant multiplicity over size when making our selections. We made PHA selections based on size (largest number of vouchers). In cases that our selected service providers or PHA were unavailable to meet with us, we selected the next largest provider or PHA.

⁵In 2015, VA designated several communities with high concentrations of homeless veterans to receive grant funding. VA refers to these communities as Priority 1 communities.

documentation to obtain information on program services and beneficiaries for the 16 veteran homelessness programs we identified, using the process we described above. We then applied GAO guidance on duplication and overlap by comparing the programs using the following definitions: duplication occurs when two or more programs provide the same services to the same beneficiaries; overlap occurs when two or more programs offer similar services to similar beneficiaries.⁶ To identify potential benefits and challenges of overlap, we reviewed past GAO reports, and conducted interviews, as outlined above.

To assess how federal agencies collaborate to address veteran homelessness, we first identified two collaborative mechanisms—the Solving Veterans Homeless as One (SVHO) working group and VA’s integration into Coordinated Entry—by reviewing agency reports, guidance, and other documentation and interviewing agency officials.⁷ We then assessed the collaborative efforts against leading interagency collaboration practices identified in prior GAO work.⁸ Specifically, we assessed the extent to which the SVHO working group and VA integration into Coordinated Entry used each leading practice using three categories. “Fully follows” indicates that actions related to a practice reflected most or all of the issues to consider related to the practice; “partially follows” indicates that actions related to a practice reflect some, but not all, the issues to consider related to the practice; and “does not follow” indicates that there have been no actions taken related to the issues to consider for the practice. One analyst reviewed the reports, guidance, and other agency documentation related to the collaborative efforts and made the initial assessment. A second analyst then reviewed this information to

⁶See GAO, *Fragmentation, Overlap, and Duplication: An Evaluation and Management Guide*, [GAO-15-49SP](#) (Washington, D.C.: Apr. 14, 2015). Fragmentation occurs when more than one federal agency (or more than one organization within an agency) is involved in the same broad area of national interest. Because our prior work reviewed fragmentation among homelessness programs and most of the homeless programs for veterans are administered by VA, our work focuses on identifying overlap and duplication. For our prior work on the fragmentation of services in homeless programs across agencies, see GAO, *Homelessness: Fragmentation and Overlap in Programs Highlight the Need to Identify, Assess, and Reduce Inefficiencies*, [GAO-12-491](#) (Washington, D.C.: May 10, 2012).

⁷SVHO is a working group comprised of VA, HUD, and USICH that coordinates the agencies’ efforts to address veteran homelessness. SVHO plans and executes strategic actions through goal-setting, policy gap identification, communication, and action. Coordinated Entry is a process designed to ensure that people experiencing a housing crisis within a CoC are quickly and consistently assessed and referred for services.

⁸GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, [GAO-12-1022](#) (Washington, D.C.: Sept. 27, 2012).

make their own determination about the assessment and reach consensus with the first analyst.

To determine what is known about the performance of the selected programs we reviewed, we analyzed national performance data for fiscal years 2015 to 2019 from VA and DOL. To assess the reliability of those data, we reviewed the data for obvious errors or inaccuracies by comparing the data to publicly available data from VA's and DOL's annual performance reports (to the extent the data were published). We also interviewed VA and DOL officials with knowledge of the systems and methods used to produce these data. We determined that the data we included in the report were sufficiently reliable for purposes of describing program performance for the selected programs we reviewed.

To assess if the performance measures the agencies used are effective in monitoring progress, we reviewed VA's and DOL's performance measurement guidance. We then compared the measures against selected leading practices we identified in past GAO work.⁹ Specifically, our prior work identified ten key attributes for successful performance measures. Measures that include these attributes are effective in monitoring progress and determining how well programs are achieving their goals. We selected six attributes relevant to our analysis.¹⁰ We excluded the remaining four attributes because they are used to assess agency-wide performance and therefore were not applicable to our program-specific analysis. We assessed the performance measures as "fully reflects" if all the performance measures for the selected programs reflected most or all of the definition of the relevant key attribute; "partially reflects" if the measures reflected some, but not all, of the definition of the relevant key attribute; and "does not reflect" if the measures did not reflect the definition of the relevant key attribute. One analyst reviewed the performance measures and guidance and made the initial assessment. A second analyst then reviewed this information to make their own determination about the assessment and reach consensus with the first analyst.

⁹GAO, *Defense Logistics: Improved Performance Measures and Information Needed for Assessing Asset Visibility Initiatives*, [GAO-17-783](#) (Washington, D.C.: March 16, 2017); and *Tax Administration: IRS Needs to Further Refine Its Tax Filing Season Performance Measures*, [GAO-03-143](#) (Washington, D.C.: Nov. 22, 2002).

¹⁰The attributes are clarity; measureable target; objectivity; reliability; baseline and trend data; and linkage.

To determine the extent to which VA, HUD, and DOL had evaluated selected programs, we conducted a literature search for studies conducted during the last five fiscal years. We also obtained program evaluations from VA, HUD, and DOL. Additionally, we reviewed the agencies' evaluation policies and interviewed agency officials to obtain additional information about the agencies' program evaluation efforts.

We conducted this performance audit from January 2019 to May 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Additional Program Information

We identified 16 federal programs that target their services specifically to veterans who are homeless or are at risk of becoming homeless.¹ These programs are funded through the Departments of Veterans Affairs (VA), Housing and Urban Development (HUD) and Labor (DOL). As shown in table 6, the programs provide permanent and transitional housing, health care, rehabilitation, employment assistance, and supportive services, such as assistance with rent, utility, or moving costs. Eligibility requirements vary by program.

Table 6: Federal Homeless Assistance Programs for Veterans

Program	Agency	Description	Eligible population	Obligations (Fiscal year 2019)
Housing				
HUD-Veterans Affairs Supportive Housing (HUD-VASH)	HUD/VA	Provides rental assistance in the form of a subsidy through vouchers, case management, and supportive services to eligible homeless veterans.	Homeless veterans eligible for VA health care and their families.	\$600,800,000 (HUD) \$584,606,000 (VA)
Grant and Per Diem Program (GPD)	VA	Awards grants to community-based agencies for transitional housing with the goal of helping homeless veterans achieve residential stability, increase their skill levels or income, and obtain greater self-determination. Additionally, case management grants support permanent housing retention for formerly homeless veterans.	Homeless veterans. The GPD program offers several housing models to homeless veterans. Each model targets a specific homeless veteran population. The definition of "veteran" for GPD does not exclude all persons who are ineligible for VA healthcare.	\$234,545,000

¹We identified the programs by reviewing agency reports, guidance, and other documentation and past GAO and Congressional Research Service reports. We excluded the Enhanced-Use Lease, Project CHALENG, and National Center on Homelessness among Veterans programs because they do not provide services directly to veterans.

Appendix II: Additional Program Information

Program	Agency	Description	Eligible population	Obligations (Fiscal year 2019)
Supportive Services for Veteran Families	VA	Provides case management and supportive services to prevent the imminent loss of a veteran's home or identify a new, more suitable housing situation for the individual and his or her family; or to rapidly re-house veterans and their families who are homeless and might remain homeless without this assistance.	Very low-income veteran families who are homeless or at-risk of becoming homeless.	\$380,000,000
Tribal HUD-Veterans Affairs Supportive Housing	HUD/VA	This is a demonstration program implemented in fiscal year (FY) 2016. It provides: rental assistance in the form of a subsidy through grants, case management, and supportive services to eligible Native American veterans in 26 tribal locations.	Native American veterans who are homeless or at risk of homelessness who are eligible for VA health care and are living on or near a reservation or other Indian areas. ^a	\$3,765,000 (HUD)
Health				
Domiciliary Care for Homeless Veterans (DCHV)	VA	Provides residential care in a 24/7 structured and supportive residential environment as a part of the rehabilitative treatment regime. ^b	Homeless veterans eligible for VA health care with mental health and substance use disorders, co-occurring medical concerns, and psychosocial needs, including homelessness and unemployment.	\$177,103,000
Health Care for Homeless Veterans (HCHV)	VA	Performs outreach to identify homeless veterans eligible for VA services and assists them in accessing appropriate health care and benefits. HCHV also provides contracted residential services. ^c	Homeless veterans eligible for VA health care.	\$167,132,000
Homeless Patient Aligned Care Team	VA	The program's clinics are located on the campuses of VA medical centers, Community-Based Outpatient Clinics and Community Resource and Referral Centers, and provide a coordinated "medical home" tailored to the needs of homeless veterans. The program integrates clinical care and social services, and seeks to enhance access and community coordination.	Currently homeless veterans; veterans recently housed in HUD-VASH; or veterans who are doubled-up with relatives or friends and at imminent risk of becoming homeless.	\$10,105,682 ^d
Homeless Veterans Dental Program	VA	Provides dental care to eligible homeless veterans.	VA healthcare enrolled veterans in one of the following programs for 60 consecutive days: Compensated Work Therapy-Transitional Residence, Community Residential Care, Health Care for Homeless Veterans, Grant and Per Diem, or those with immediate residency in a Domiciliary.	\$5,583,000
Employment				

Appendix II: Additional Program Information

Program	Agency	Description	Eligible population	Obligations (Fiscal year 2019)
Homeless Veteran Community Employment Services	VA	Complements existing medical center-based employment services, and is a bridge to employment opportunities and resources in the local community.	Homeless veterans or veterans who are at risk of homelessness participating in a VA homeless program.	\$13,011,000
Homeless Veterans' Reintegration Program	DOL	Provides services to assist in the reintegration of homeless veterans into meaningful employment. Services include job placement, job development, career counseling, and resume preparation.	Homeless veterans or veterans who are at risk of homelessness. ^e	\$49,990,548
Compensated Work Therapy/ Transitional Residence	VA	The program provides time-limited transitional housing with supported employment and vocational services. The program is designed for veterans whose rehabilitative focus is based on compensated work therapy and are transitioning to successful independent community living.	Veterans eligible for VA health care who are homeless and diagnosed with mental health concerns, substance use disorder, or post-traumatic stress disorder.	\$70,391
Supportive Services				
Community Resource and Referral Centers	VA	Provide a one-stop access to community-based, multiagency services to promote permanent housing, health and mental health care, career development, and VA and non-VA benefits.	Veterans who are homeless or at risk of being homeless.	\$18,430,097 ^f
National Call Center for Homeless Veterans	VA	Assists homeless veterans and their families by referring the veteran to appropriate service providers through a 24-hour hotline staffed by trained counselors. Also provides information on services to other entities.	Veterans and veteran households who are homeless or at-risk for homelessness and other entities such as: VA medical centers; federal, state and local partners; community agencies; and service providers.	\$5,054,000
Stand Down	DOL	Stand Downs are typically one- to three-day events providing services to homeless veterans such as food, shelter, clothing, health screenings, and referrals to VA and other services. Stand Downs are collaborative events, coordinated among DOL, local VA sites, other government agencies, and community groups.	Homeless veterans and their families. Homeless non veterans may also participate but grant funding can only be used to purchase items (including food and meals) for homeless veteran participants.	\$324,470 (DOL) \$519,513 (VA) ^g
Justice and Reentry				
Veterans Justice Outreach (VJO)	VA	VJO operates through VA medical centers to link justice-involved veterans with appropriate supports and systems to help avoid re-incarceration.	Veterans eligible for VA health care in contact with community law enforcement, incarcerated in local jails, or involved with treatment courts. ^h	\$58,987,000

Appendix II: Additional Program Information

Program	Agency	Description	Eligible population	Obligations (Fiscal year 2019)
Health Care for Reentry Veterans	VA	Helps incarcerated veterans successfully reintegrate back into the community after their release by providing them with pre-release assessments and referrals and information on services (e.g. healthcare, housing, and employment).	Veterans eligible for VA health care incarcerated in state and federal prison and veterans re-entering the community after incarceration. ⁱ	\$0 ^j

Legend:

DOL: Department of Labor

HUD: Department of Housing and Urban Development

VA: Department of Veterans Affairs

Source: GAO analysis of VA, HUD, and DOL guidance, other documents, and obligations data. | GAO-20-428

Note: Statutory and regulatory eligibility and enrollment criteria are different among the various programs. A number of VA homeless programs require a veteran to be eligible for VA health care benefits as a condition to enrollment. Generally, a veteran is eligible to receive VA health care benefits if they served in the active military, naval, or air service and received an other than dishonorable discharge. Under VA regulations, a 24 consecutive month service active duty period or serving the full period the person was called or ordered to active duty to serve is required of veterans in order to receive benefits.

^aHistorically, the traditional HUD-VASH program has not reached Native American veterans in tribal communities due to legal impediments preventing tribes and tribally designated housing entities from participating. VA funds the program from the HUD-VASH special purpose account.

^bAccording to VA officials, as of 10/1/19, DCHV beds are no longer considered homeless beds; they are now classified as institutional beds. While the program will continue to serve homeless veterans, these veterans will no longer be considered homeless after 90 days in the program.

^cHCHV offers two types of contracted residential services programs: 1) Contracted Emergency Residential Services which targets and prioritizes homeless veterans transitioning from literal street homelessness, veterans being discharged from institutions, including those in need of medical respite, and veterans who recently became homeless and require safe and stable living arrangements while they seek permanent housing, and, 2) Low Demand Safe Havens which targets the population of hard-to-reach, chronically homeless veterans with mental illness or substance use problems who require a low-demand environment.

^dHomeless Patient Aligned Care Team obligation amount is included in the HUD-VASH program obligations.

^eStarting in 2018, the Homeless Veterans' Reintegration Program's eligible population was expanded to include Indian veterans who also receive assistance under the Native American Housing Assistance and Self Determination Act of 1996 (NAHSDA). 38 U.S.C. § 2021(a)(3). Among other actions, the Act provides for certain affordable housing services. NAHASDA's definition of affordable housing includes permanent housing for homeless persons who are persons with disabilities. 25 U.S.C. § 4103(2).

^fThe Community Resource and Referral Centers obligation amount is included in the HCHV program obligations.

^gStand Down obligation amount is included in the HCHV program obligations.

^hA treatment court brings veterans together on one docket to be served as a group. It is a long-term, judicially-supervised, often multi-phased program through which criminal offenders are provided with treatment and other services that are monitored by a team which usually includes a judge, prosecutor, defense counsel, law enforcement officer, case manager, and others.

ⁱOffenders sentenced to incarceration usually serve time in a local jail or a state prison. Offenders sentenced to less than one year generally go to jail; those sentenced to more than one year go to prison, according to the Bureau of Justice Statistics.

^jSpecial-purpose funding for the HCRV program ended in FY 2010. Therefore, the funding amount for FY 2019 was zero.

VA's Grant and Per Diem (GPD) program awards grants to community-based agencies for transitional housing and case management for homeless veterans. In 2017, VA implemented changes to the program and, as seen in table 7, the program now has six housing models. Each model targets a different population of homeless veterans or focuses on different areas of service.

Table 7: Housing Models for the Grant and Per Diem (GPD) Program

Housing Model	Targeted Population	Model Overview	Characteristics
Bridge Housing	Homeless veterans that have been offered and accepted a permanent housing intervention (e.g., Supportive Services for Veteran Families, Housing and Urban Development-Veterans Assistance Supportive Housing) and are not able to immediately enter the permanent housing.	Bridge housing is intended to be a short-term stay in transitional housing for veterans with pre-identified permanent housing destinations.	Short-term with the focus on the move to permanent housing, rather than the completion of treatment goals. Length of Stay will be individually determined based on need, but in general, is not expected to exceed 90 days.
Low Demand	Chronically homeless veterans who suffer from mental-health or substance-use problems, or who struggle with maintaining sobriety; and veterans with multiple treatment failures that may have never received treatment services, or may have been unsuccessful in traditional housing programs. These veterans may have not yet fully committed to sobriety and treatment.	Uses a low-demand/harm-reduction model to better accommodate chronically homeless veterans, and veterans who were unsuccessful in traditional treatment settings. Does not require sobriety or compliance with mental health treatment as a condition of admission or continued stay.	Project is small (typically, 20 beds or less). Services include case management, substance use, and mental-health treatment. Sites have 24/7, on-site staffing at the same location as the location of the program participant. Sites must have a method to monitor participants and their guests' comings and goings and a system in place for the management of the introduction of contraband.
Hospital to Housing (Respite Care)	Homeless veterans identified and evaluated in emergency departments and inpatient care settings for suitability for direct transfer to a designated GPD program for transitional housing and supportive care.	Respite care is a medical model to address the housing and recuperative care needs of homeless veterans who have been hospitalized.	Housing sites are in close proximity to the referring medical center, so that ongoing clinical care, including specialty care, can continue to be provided. A post-discharge care plan is a pre-requisite to program placement to address ongoing physical, mental health, substance use disorder, and social work needs, as well as care management plans to transition the veteran to permanent housing upon clinical stabilization.
Clinical Treatment	Homeless veterans with a specific diagnosis related to a substance-use disorder or mental-health diagnosis; veteran actively chooses to engage in clinical services.	Clinically focused treatment provided in conjunction with services effective in helping homeless veterans secure permanent housing and increase income through benefits or employment.	Treatment programs incorporate strategies to increase income and housing attainment services, individualized assessment services, and a treatment plan. Program stay is based on the individual plan for the client.

Appendix II: Additional Program Information

Housing Model	Targeted Population	Model Overview	Characteristics
Service-Intensive Transitional Housing	Homeless veterans who choose a transitional housing environment while they receive supportive services prior to entering permanent housing.	Provides transitional housing and a setting of services that facilitate individual stabilization and movement to permanent housing as rapidly as clinically appropriate.	The goal is to increase the veteran's income through employment or benefits and obtaining permanent housing. Services provided and strategies used by the service provider will vary based on the individualized needs of the veteran and resources available in the community.
Transition in Place (TIP)	Veterans who choose a transitional housing environment and expect to remain in permanent housing by leasing the same unit.	Provides transitional housing and a setting of services that facilitate individual stabilization and movement of the veteran to permanent housing in the residence as rapidly as clinically appropriate.	The TIP housing model offers veteran residents housing in which support services transition out of the residence over time, rather than the resident. This leaves the resident in place at the residence and not forced to find other housing while stabilizing. It is expected that veterans will transition in place in approximately 6 to 12 months. Extensions may be granted after 12 months but are not to exceed 24 months.

Source: GAO analysis of Department of Veterans Affairs guidance and other agency documents. | GAO-20-428

Some VA medical centers (VAMCs), service providers, and public housing agencies (PHAs) we interviewed told us the homelessness programs for veterans we reviewed are working well. Others identified additional challenges that were specific to individual selected programs we reviewed, in particular the GPD program that underwent recent changes.² For example, with respect to GPD's new models, four service providers and staff from three VAMCs told us that the housing models and program guidelines are too restrictive and complex, which hinder the delivery of services. Staff from another VAMC told us that the new housing models are based on best practices but the implementation is challenging. For example, one of these models, Bridge Housing, generally limits the length of stay to 90 days which GPD staff from one VAMC and one provider told us is not enough time to meet the needs of some clients. However, VA officials said that veterans are not asked to leave Bridge Housing after 90 days if the housing plan has not been executed by this time. According to VA officials, GPD grantees can provide transitional housing and services to family members of a veteran, however, the program can only pay per diem for veterans, not their families. In addition, two GPD service providers told us that the bed

²We identified key challenges across the selected programs in the first objective of this report.

reimbursement rate is inadequate to cover the cost of providing services to veterans, and GPD staff at one VAMC told us that the existing funding does not cover the full cost of the program.³ Despite these cited challenges, our review of national performance data shows that VA is generally meeting the performance targets for these six models.⁴ Finally, GPD staff at one VAMC told us that there is a shortage of shelters and beds in some areas, and as a result, they cannot accommodate all the homeless veterans that are referred to them.⁵

³VA awards GPD grant funds to service providers to provide transitional housing beds or service centers for veterans who are homeless or at risk for becoming homeless. Service providers are reimbursed a per diem rate for each bed they provide to homeless veterans. The current maximum per diem rate is \$48.50.

⁴The measures have been in place for fiscal years 2018 and 2019. There are three measures for each housing model: percentage of exits to permanent housing; percentage of negative exits; and percentage employed at exit.

⁵This challenge was also cited by HCHV staff at two VAMCs and three Supportive Services for Veteran Families (SSVF) service providers. SSVF providers refer program participants to community resources for which they may qualify whenever possible, including local shelter programs.

Appendix III: Comments from the Department of Labor

U.S. Department of Labor

Veterans' Employment and Training
200 Constitution Avenue N.W.
Washington, D.C. 20210



April 3, 2020

Ms. Alicia Puente Cackley
Director
Financial Markets and Community Investment
U.S. Government Accountability Office
441 G. Street, N.W.
Washington, DC 20548

Dear Ms. Cackley:

Thank you for the opportunity to review and comment on the Government Accountability Office's (GAO) draft report titled, "Homeless Veterans: Opportunities Exist to Strengthen Interagency Collaboration and Performance Measurement Procedures" (GAO-20-428, Job Code 103263).

In its draft report, the GAO recommended, "the Assistant Secretary for DOL's Veterans' Employment and Training Service should document its data quality processes for performance data for the Homeless Veterans' Reintegration Program and disseminate these processes to service providers." The Department of Labor's Veterans' Employment and Training Service (VETS) reviewed GAO's draft report and agrees with GAO regarding the importance of data quality validation processes for its Homeless Veterans Reintegration Program (HVRP).

VETS utilizes a data validation tool and to assist users with this tool, VETS released a user manual and a training video for VETS field staff and grantees.¹ VETS field staff and grantees utilize the tool to validate HVRP data when submitting quarterly reports. VETS will continue to ensure broad dissemination of this tool and related processes to service providers through quarterly program webcasts and monthly program meetings.

Thank you for the opportunity to review and provide a response to the draft report

Sincerely,

JOHN LOWRY
Date: 2020.04.03 12:20:45
-04'00'

John Lowry
Assistant Secretary

¹ https://www.dol.gov/sites/dolgov/files/VETS/files/PVT_Add-In.zip.

Agency Comment Letter

Text of Appendix III: Comments from the Department of Labor

Page 1

April 3, 2020

Ms. Alicia Puente
Cackley Director
Financial Markets and Community Investment
U.S. Government Accountability Office
441 G. Street, N.W.

Washington, DC 20548 Dear Ms. Cackley:

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Thank you for the opportunity to review and provide a response to the draft report.

Sincerely,

John Lowry
Assistant Secretary

Appendix IV: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

April 24, 2020

Ms. Alicia Puente Cackley
Director
Financial Markets and Community Investment
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Cackley:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report, *HOMELESS VETERANS: Opportunities Exist to Strengthen Interagency Collaboration and Performance Measurement Procedures* (GAO-20-428).

The enclosure provides technical comments and sets forth the actions to be taken to address the draft report recommendations.

VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in blue ink, appearing to read "Pamela Powers".

Pamela Powers
Acting Deputy Secretary

Enclosure

**Appendix IV: Comments from the Department
of Veterans Affairs**

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***HOMELESS VETERANS: Opportunities Exist to Strengthen Interagency
Collaboration and Performance Measurement Procedures***
(GAO-20-428)

Recommendation 1: The Executive Director of VA's Homeless Programs Office should, in conjunction with HUD and USICH, update SVHO's charter to guide SVHO's collaborative efforts.

VA Comment: Concur. The Executive Director of the Department of Veterans Affairs (VA) Homeless Programs Office will work in collaboration with the Department of Housing and Urban Development (HUD) and the United States Interagency Council on Homelessness (USICH) to update the Solving Veteran Homelessness as One (SVHO) charter to guide SVHO's collaborative efforts.

Target Completion Date: May 2021

Recommendation 4: The Executive Director of VA's Homeless Programs Office should provide additional information, such as best practices, about how VA medical centers and service providers participating in Coordinated Entry can collaborate with local partners on key activities (for example, making referrals and sharing data) and ensure that this information and other resources are accessible to VA medical center staff and service providers.

VA Comment: Concur. The Executive Director of VA's Homeless Programs Office will provide additional information, including successful strategies, about how VA Medical Centers (VAMC) and service providers participating in Coordinated Entry can collaborate with local partners on key activities to ensure that this information and other resources are accessible to VAMC staff and service providers. The Veterans Health Administration (VHA) Homeless Programs has expanded its monthly call with Coordinated Entry Specialists to any VA staff person who is involved in coordinated entry efforts in their community in order to further enhance communication. The first of these expanded calls will be held in May 2020. This call will focus on all elements of Coordinated Entry collaboration including case conferencing, streamlined referral processes, and data sharing. These calls will be recorded so that they can be accessed at any time by staff. VAMCs submit quarterly updates on their progress towards meeting the requirements of their participation in coordinated entry with each of their partner Continuum of Care.

The Health Care for Homeless Veterans National Office formed a team that reviews these quarterly submissions in order to identify common themes where national technical assistance is needed, as well as Veterans Integrated Service Network or site-specific barriers to implementation. This allows for a more targeted approach for providing site-specific support. Information on the VHA Homeless Programs Hub continues to be updated regularly, featuring resources and information and innovative practices for VAMC staff on Coordinated Entry collaboration. We will continue to assess the need for additional information and will add to this plan as needed.

**Appendix IV: Comments from the Department
of Veterans Affairs**

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***HOMELESS VETERANS: Opportunities Exist to Strengthen Interagency
Collaboration and Performance Measurement Procedures***
(GAO-20-428)

Target Completion Date: May 2021

Recommendation 6: The Executive Director of VA's Homeless Programs Office should clearly communicate with local VA staff and providers about how it measures performance and how to obtain and provide feedback about performance measures.

VA Comment: Concur. The Executive Director of VA's Homeless Programs Office will clearly communicate with local VA staff and providers about how it measures performance and how to obtain and provide feedback about performance measures.

Target Completion Date: May 2021

**Appendix IV: Comments from the Department
of Veterans Affairs**

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
**HOMELESS VETERANS: Opportunities Exist to Strengthen Interagency
Collaboration and Performance Measurement Procedures**
(GAO-20-428)

Technical Comments:

Page 5, Table 1, Federal Homeless Assistance Programs for Veterans

VA Comment: The table lists the Supportive Services for Veteran Families (SSVF) Program as a supportive service. The rapid re-housing model employed by SSVF represents one of the primary models for permanent housing placement used both by VA and across Federal and state governments to address homelessness. Approximately one-third of SSVF funding goes to financial assistance to support housing stability, largely in the form of rental assistance.

VA Recommended Edit: Revise table to list as a housing program.

Page 12, footnote 28

Footnote reads: *Federal statutes and HUD regulations require PHAs to conduct criminal history checks on individuals applying for rental assistance under HUD's public housing and Housing Choice Voucher programs (of which HUD-VASH is a component) and deny assistance for six types of offenses. Mandatory denials include convictions for producing methamphetamine on the premises of federally assisted housing and lifetime sex offender registrants. Otherwise, PHAs generally have discretion in establishing their criminal history policies and may deny assistance for other offenses or factor in mitigating circumstances. For additional information, see GAO, Rental Housing Assistance Actions Needed to Improve Oversight of Criminal History Policies and Implementation of the Fugitive Felon Initiative, GAO-18-429 (Washington, DC: Aug 9, 2018)*

VA Comment: The draft language of who is eligible for HUD-VA Supportive Housing (HUD-VASH) and the Public Housing Authority (PHA) criminal history checks is inaccurate. A PHA can only exclude a Veteran from HUD-VASH if they are a lifetime registered sex offender or over the income limits for the PHA. They cannot exclude Veterans who have convictions for producing methamphetamine on the premises of federally-assisted housing or apply local policy that may result in the denial of assistance for the offenses or factor in mitigating circumstances. This is addressed in the HUD-VASH Operating Requirements, Section II, subsections a and c.

Draft location: Page 14, first sentence; Page 36, footnote 85

Current language: *...allocation available to veterans who are ineligible for VA health care services and have an other than dishonorable discharge status...*

**Appendix IV: Comments from the Department
of Veterans Affairs**

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
**HOMELESS VETERANS: Opportunities Exist to Strengthen Interagency
Collaboration and Performance Measurement Procedures**
(GAO-20-428)

VA Comment: Veterans who are ineligible for VA health care services, excluding Servicemembers with a dishonorable or bad conduct (i.e., general court martial discharge) status can participate in the HUD-VASH Continuum. For the purposes of the Continuum, a Veteran is defined as any Servicemember not eligible for VHA enrollment, meaning those with an *Other Than Honorable – Adjudicated Dishonorable for VA purposes and Bad Conduct Discharge – Special – Adjudicated Dishonorable for VA purposes*.

Page 20, Table

VA Comment: Table omits supports provided by the SSVF program. All SSVF grantees can provide rental subsidies and benefits assistance. Also not reflected is SSVF's ability to provide up to 45 days of temporary housing prior to permanent housing placement. This temporary housing, known as Emergency Housing Assistance, largely targets families who cannot be served and kept together by other VA homeless programs.

Page 21, List of available services

VA Comment: The list omits SSVF capacity as employment services and rental subsidies. All SSVF grantees can provide rental subsidies directly to landlords and offer a range of employment services including paying for training and other employment-related supports (38 Code of Federal Regulations Sections 62.32(a)(2), 62.34(a), and (e)(2)(i)).

Page 24, Table 2

VA Comment: The potential benefits of service overlap do not address differences in program eligibility that would otherwise lead to service gaps.

Examples include the following:

1. Able to serve Veterans ineligible for VHA health care (SSVF, Grant Per Diem (GPD));
2. No income restrictions (GPD); and
3. Ability to serve entire family (SSVF).

Department of Veterans Affairs
April 2020

Agency Comment Letter

Text of Appendix IV: Comments from the Department of Veterans Affairs

Page 1

April 24, 2020

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Director
Financial Markets and Community Investment
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

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The enclosure provides technical comments and sets forth the actions to be taken to
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VA appreciates the opportunity to comment on your draft report.

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Enclosure

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Target Completion Date: May 2021

Recommendation 4:

The Executive Director of VA's Homeless Programs Office should provide additional information, such as best practices, about how VA medical centers and service providers participating in Coordinated Entry can collaborate with local partners on key activities (for example, making referrals and sharing data) and ensure that this information and other resources are accessible to VA medical center staff and service providers.

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Page 3

Target Completion Date: May 2021

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Target Completion Date: May 2021

Page 4

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Page 5

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VA Comment: The potential benefits of service overlap do not address differences in program eligibility that would otherwise lead to service gaps. ·

Examples include the following:

1. Able to serve Veterans ineligible for VHA health care (SSVF, Grant Per Diem (GPO));
2. No income restrictions (GPO); and
3. Ability to serve entire family (SSVF).

Department of Veterans Affairs April 2020

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact

Alicia Puente Cackley, (202) 512-8678 or cackleya@gao.gov

Staff Acknowledgments

In addition to the contact named above, Allison Abrams (Assistant Director), Erika Navarro (Analyst in Charge), Kimberly Bohnet, Emily Bond, Evelyn Calderon, Lilia Chaidez, Jill Lacey, and Jessica Sandler made key contributions to this report. Also contributing to this report were Ryan Cirillo, Ben Licht, Marc Molino, Sarah Veale, James Whitcomb, and Michael Zose.

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