HOMELESSNESS

Supportive Services Provided by Federal Programs

GAO

Report to Congressional Committees

Accessible Version

GAO Highlights

August 2024

HOMELESSNESS

Supportive Services Provided by Federal Programs

Why GAO Did This Study

More than 650,000 people experienced homelessness on a single night in January 2023, according to HUD, the highest number since reporting began in 2007. According to the U.S. Interagency Council on Homelessness, ending homelessness requires an adequate supply of both housing and supportive services.

House Report 117-402 (2023) includes a provision for GAO to review supportive services. This report (1) describes supportive services HUD's CoC program provides and challenges CoCs face in providing them; and (2) compares services the CoC program funds with three selected HHS programs.

GAO conducted a generalizable survey of all 387 CoC collaborative applicants (lead agencies, such as state or local governments and nonprofit organizations, designated by a CoC to apply for program funds). GAO received 275 responses for a 71 percent response rate. The survey included questions about CoC supportive services, funding sources, and challenges. GAO also analyzed available supportive services data from HUD's CoC program and selected HHS programs (Community Services Block Grant, Health Center, and PATH) for 2018 through 2022 (the most recent available data) and reviewed program guidance. Programs were selected because they fund supportive services and serve wide-ranging populations. GAO also interviewed HUD and HHS officials and a nongeneralizable sample of six CoC collaborative applicants, chosen to obtain a mix of geographic areas and rates of homelessness.

What GAO Found

The Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program funds supportive services that help people experiencing or at risk of homelessness obtain or maintain housing. According to a generalizable GAO survey, the CoC program funded several types of supportive services in fiscal year 2023, such as case management and housing search and counseling. CoCs—regional or local planning bodies that coordinate homelessness response funding—also used other funding to provide supportive services. These sources included the Department of Health and Human Services' (HHS) Medicaid program and Projects for Assistance in Transition from Homelessness (PATH) program, which focuses on the needs of people experiencing mental illness.

Percentage of Collaborative Applicants That Provided Each Service Using Continuum of Care Program Funds, Fiscal Year 2023
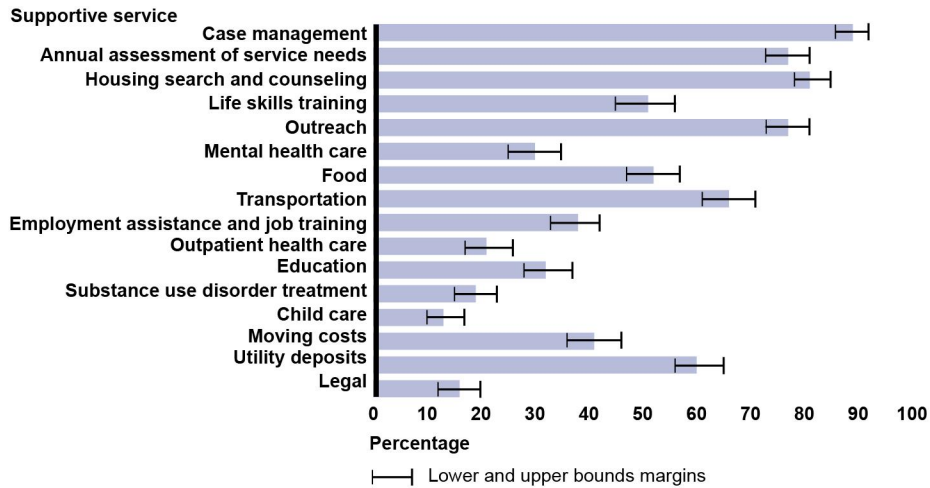
Source: GAO. | GAO-24-106688

Accessible Data for Percentage of Collaborative Applicants That Provided Each Service Using Continuum of Care Program Funds, Fiscal Year 2023

	Percentage	Lower	Upper
Case management	89	86	92
Annual|assessment|of service needs	77	73	81
Housing search|and counseling	81	78	85
Life skills|training	51	45	56
Outreach	77	73	81
Mental health care	30	25	35
Food	52	47	57
Transportation	66	61	71
Employment|assistance|and job training	38	33	42
Outpatient|health|care	21	17	26
Education	32	28	37
Substance|use disorder|treatment	19	15	23
Child care	13	10	17
Moving costs	41	36	46
Utility deposits	60	56	65
Legal	16	12	20

Source: GAO. I GA0-24-106688

Notes: Collaborative applicants are lead agencies designated by Continuums of Care to apply for program funds. Survey estimates are based on GAO's generalizable survey of collaborative applicants and have a margin of error of plus or minus 10 percent or less at the 95 percent confidence level.

CoCs face funding and other challenges, according to the survey. These included lack of annual increases to CoC grant funding for supportive services and difficulty hiring and retaining staff. HUD has taken steps to help address these challenges. For example, HUD asked Congress for authority to increase supportive services funding. The Consolidated Appropriations Act, 2024, authorized HUD to adjust grant renewal amounts so that CoCs providing

supportive services can operate at substantially the same levels. HUD also supplied technical assistance materials to CoCs on recruiting and retaining staff.

The CoC program and three HHS programs (Community Services Block Grant, Health Center, and PATH) funded different types of supportive services, according to available HUD and HHS data for 2018–2022. The CoC program primarily funded case management, while the HHS programs mostly provided health or food-related services.

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Abbreviations

CoC	Continuum of Care
CSBG	Community Services Block Grant
HHS	Department of Health and Human Services
HUD	Department of Housing and Urban Development
PATH	Projects for Assistance in Transition from Homelessness

GAO
U.S. GOVERNMENT ACCOUNTABILITY OFFICE

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August 15, 2024

The Honorable Brian Schatz
Chair
The Honorable Cindy Hyde-Smith
Ranking Member
Subcommittee on Transportation, Housing and Urban Development,
and Related Agencies
Committee on Appropriations
United States Senate

The Honorable Steve Womack
Chair
The Honorable Mike Quigley
Ranking Member
Subcommittee on Transportation, Housing and Urban Development,
and Related Agencies
Committee on Appropriations
House of Representatives

More than 650,000 people experienced homelessness on a single night in January 2023, according to the Department of Housing and Urban Development's (HUD) Point-in-Time count.[1] This was the highest number since HUD's reporting began in 2007, continuing an upward trend over the past 7 years in the number of people experiencing homelessness.

Supportive services—such as case management or mental health care—help people experiencing or at risk of homelessness obtain or maintain housing.[2] According to the U.S. Interagency Council on Homelessness, which coordinates the federal response to homelessness by working with 19 federal member agencies, ending homelessness requires an adequate supply of both housing and supportive services.[3] These services can be funded by HUD's Continuum of Care (CoC) program. Other programs from the Department of Health and Human Services (HHS) can also provide supportive services. However, funding may be limited and the individuals who need them may face barriers to accessing them, according to the U.S. Interagency Council on Homelessness.

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[1]Department of Housing and Urban Development, *The 2023 Annual Homeless Assessment Report (AHAR) to Congress* (Washington, D.C.: Dec. 2023). The Point-in-Time count is a nationwide count of people experiencing homelessness on a single night. The assessment report defines persons "experiencing homelessness" as those who lack a fixed, regular, and adequate nighttime residence.

[2]There is no uniform definition of supportive services across HUD and Department of Health and Human Services programs. For this report, we define the term as services that help people experiencing or at risk of homelessness obtain or maintain housing. This definition is based on HUD's Continuum of Care program regulations, which require that "[s]upportive services…be necessary to assist program participants obtain and maintain housing" in order for grant funds to be used for such services. 24 C.F.R. § 578.53(a)(1).

[3]United States Interagency Council on Homelessness, *All In: The Federal Strategic Plan to Prevent and End Homelessness* (Washington, D.C.: Dec.19, 2022).

GAO-24-106688 Supportive Services

House Report 117-402, which accompanies the Departments of Transportation, and Housing and Urban Development, and Related Agencies Appropriations Bill, 2023, includes a provision for GAO to review supportive services. This report (1) describes the types of supportive services HUD's CoC program provides to individuals experiencing or at risk of homelessness and challenges CoCs face in providing them; and (2) describes how the supportive services provided by the CoC program compare with those of three selected HHS programs and determines the extent to which HUD and HHS followed selected leading practices when assessing performance of the services.

For this review, we selected a nongeneralizable sample of five federal programs that serve people experiencing or at risk of homelessness. We selected HUD's CoC program because it is the largest federal homelessness program, funds supportive services, and serves a wide-ranging population. We selected HHS's Community Services Block Grant (CSBG), Health Center, Medicaid, and Projects for Assistance in Transition from Homelessness (PATH) programs because they serve wide-ranging populations, provide services that align with our definition of supportive services, or were identified by HHS officials as key programs serving people experiencing homelessness.[4]

To address both objectives, we conducted a generalizable web-based survey of the 387 CoC collaborative applicants (lead agencies within a CoC) in the 50 states, District of Columbia, and U.S. territories as of November 2023.[5] We surveyed collaborative applicants because of their knowledge of the projects seeking funding from the CoC program. The survey included questions on supportive services, funding sources, data sharing, and any challenges CoCs reported experiencing. We received 275 responses (for an unweighted response rate of 71 percent). Our survey estimates have a margin of error of plus or minus 10 percent or less at the 95 percent confidence level. For more information on our survey, see appendix II.

We also conducted a literature review to identify challenges CoCs faced in providing supportive services and to gather insights on benefits and challenges associated with potential duplication or overlap across CoC and selected HHS programs.[6] We interviewed or obtained written responses from officials from HUD, HHS, and the

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[4]We generally excluded programs that primarily serve or place an emphasis on specific subpopulations, such as children, pregnant women, veterans, individuals with HIV/AIDS, members of tribal communities, or domestic trafficking or family violence survivors. In addition, our review of Medicaid was limited to describing how CoCs use Medicaid to fund supportive services in our first reporting objective and data sharing between state Medicaid programs and the CoC program in the second objective. We did not review Medicaid data on supportive services or performance measurement related to these services due to variations in eligible services across states.

[5]CoCs are required to designate a collaborative applicant (e.g., a nonprofit organization, state, local government, instrument of state or local governments, public housing agency, Indian tribe, or tribally designated housing entity) that applies for CoC funds on behalf of the continuum. The application submitted by the collaborative applicant includes the CoC application and individual project applications from direct recipients.

[6]GAO, *Fragmentation, Overlap, and Duplication: An Evaluation and Management Guide*, GAO-15-49SP (Washington, D.C.: Apr. 14, 2015). We used definitions developed in our prior work to help determine whether program goals, beneficiaries, and services may have potential duplication or overlap. For this report, we deem duplication to occur when two or more programs provide the same services to the same beneficiaries. Overlap occurs when two or more programs have similar goals and offer similar services to similar beneficiaries.

U.S. Interagency Council on Homelessness and a nongeneralizable sample of six CoC collaborative applicants (selected to obtain a mix of geographic areas and rates of homelessness).[7]

For the second objective, we obtained available data on supportive services for fiscal years 2018–2022 from HUD for the CoC program and from HHS for CSBG and PATH.[8] We also downloaded summary data tables for calendar years 2018–2022 for the Health Center Program.[9] We assessed the reliability of the data by reviewing the data for outliers and missing values, reviewing agency documentation on data collection, and obtaining written responses from agency officials on how they ensure data quality. We found the data sufficiently reliable for reporting on supportive services spending (CoC program), number of individuals provided services (CSBG, Health Center, and PATH programs), and performance results (CoC, Health Center, and PATH programs).

To determine the extent to which HUD and HHS followed selected leading practices when assessing performance of services, we reviewed agency performance data and guidance and applied key practices identified in prior GAO work.[10] Finally, to identify areas of potential duplication or overlap in the supportive services components of the programs, we reviewed laws, regulations, program guidance, reports, and other agency documentation.

See appendix I for more detailed information on our scope and methodology.

We conducted this performance audit from March 2023 to August 2024 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.

Background

HUD's CoC program is the largest federal homelessness program and employs a community-based approach with the goal of ending homelessness. A CoC is a regional or local planning body that coordinates homelessness response funding and provides homelessness services in a geographic area. Some CoCs

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[7]Specifically, we interviewed or obtained written responses from officials from HUD's Office of Special Needs Assistance Programs, Office of Community Planning and Development, and Office of Inspector General, and HHS's Administration of Children and Families, Centers for Medicare and Medicaid Services, Health Resources and Services Administration, and Substance Abuse and Mental Health Services Administration. We also interviewed six collaborative applicants, as well as four service providers recommended by the collaborative applicants we interviewed.

[8]The data were the most recently available during the time of our review and included data on spending and the number of individuals provided services. We also reviewed publicly available performance data for the CoC program. Complete CoC spending data for fiscal year 2021 and 2022 program awards were not available as of June 2024.

[9]The summary tables, which we accessed from HHS's Health Resources and Services Administration website, included national aggregated data on the number of individuals who received Health Center Program services and quality-of-care measures related to the services provided.

[10]GAO, *Evidence-Based Policymaking: Practices to Help Manage and Assess the Results of Federal Efforts*, GAO-23-105460 (Washington, D.C.: July 12, 2023).

represent a single major city or county, while others cover multiple counties or even wider areas of a state.[11] CoCs are composed of stakeholders and partners that coordinate to provide homelessness services, apply for grants, set local priorities, and collect homelessness data.

HUD awards competitive grants to CoCs based on its annual notice of funding opportunity. HUD distributes funding directly to local nonprofit or government organizations selected by the local CoC. HUD requires CoCs to designate a lead agency—referred to as a collaborative applicant—to apply for funds on behalf of the CoC (see fig. 1).[12] The CoC also must choose an entity to operate the Homeless Management Information System, which collects client-level data and data on the provision of housing and services.

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[11]HUD categorizes CoCs into four geographic categories: major city, other largely urban, largely suburban, and largely rural. Rural CoCs may include "balance of state" CoCs, which comprise all jurisdictions in a state that are not covered by any other CoC and may include nonmetropolitan areas or all the state's smaller cities.

[12]The application submitted by the collaborative applicant includes the CoC application and individual project applications from local nonprofit or government organizations. Collaborative applicants also may receive CoC funds directly from HUD if they provide eligible program services.

Figure 1: Overview of Application and Funding Process for HUD's Continuum of Care (CoC) Program
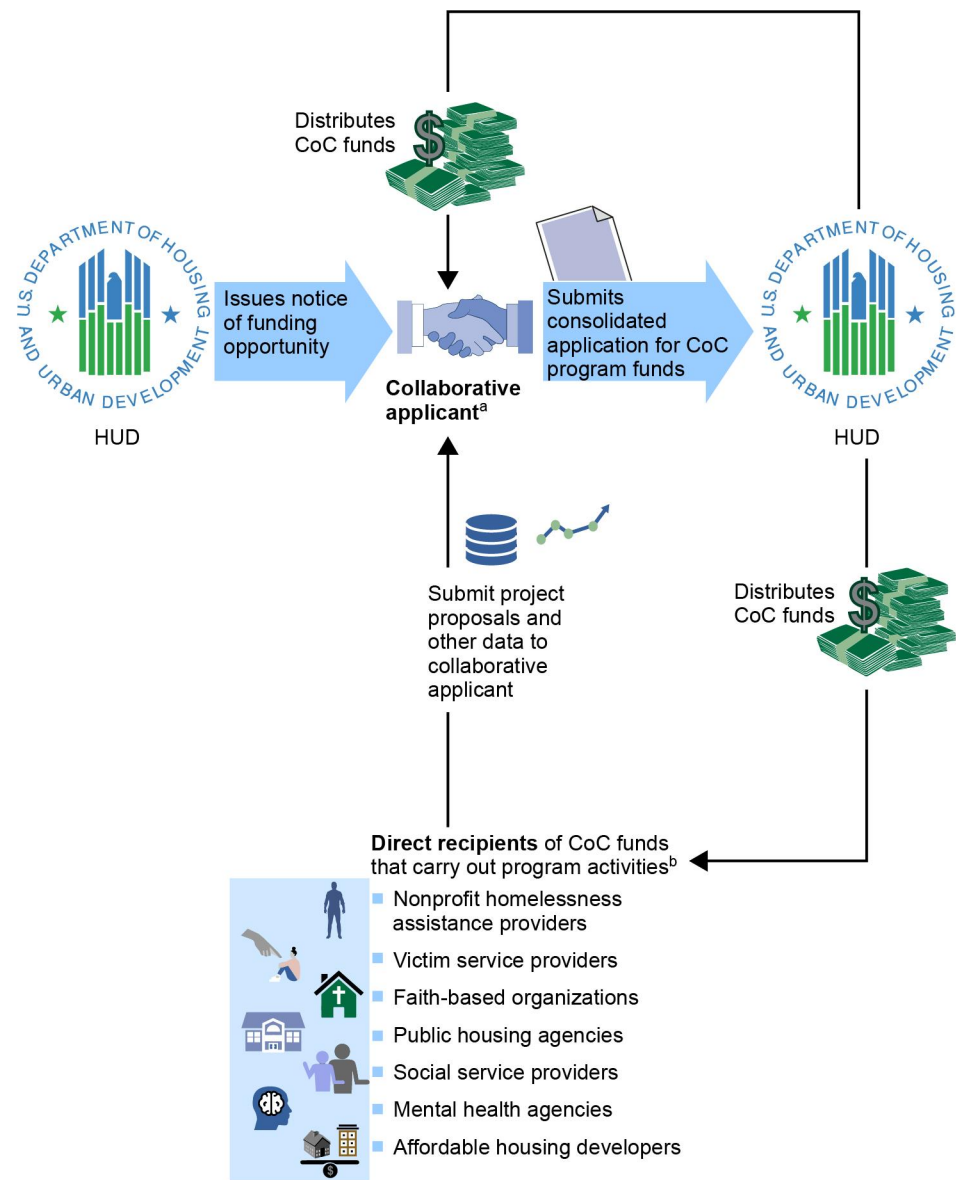
Source: GAO review of Housing and Urban Development (HUD) documents; Art Explosion (icons). | GAO-24-106688

[a]CoCs are required to designate a collaborative applicant (e.g., a nonprofit organization, state, local government, instrument of state or local governments, public housing agency, Indian tribe, or tribally designated housing entity) that applies for CoC funds on behalf of the continuum. The application submitted by the collaborative applicant includes the CoC application and individual project applications from direct recipients. The collaborative applicant must rate and rank projects, taking into account regional needs and HUD's priorities, when deciding which projects to include in its consolidated application to HUD.

[b]CoC funding recipients must be private nonprofit organizations, local governments, states, or instrumentalities of local and state governments. Recipients may contract or subcontract with other organizations, including private nonprofit organizations, states, local governments, or instrumentalities of states or local governments, known as subrecipients, to carry out program activities. In addition, recipients (including subrecipients) must match 25 percent or more of all grant funds, excluding those designated for leasing, with cash or in-kind contributions.

CoC funds can be used for projects that fall within five categories: permanent housing, transitional housing, supportive services only, Homeless Management Information System, and, in certain cases, homelessness

prevention.[13] Projects in the first three of these categories are specifically permitted to use CoC program funds to provide supportive services.[14] CoC program regulations specify which supportive services can be paid for with CoC program funds.[15] All supportive services provided must help program participants obtain and maintain housing.[16]

In addition to the CoC program, federal programs, such as HHS's CSBG, Health Center, Medicaid, and PATH programs, can provide services to support individuals experiencing or at risk of homelessness (see table 1).

Table 1: Selected HUD and HHS Programs That Can Provide Services to Support Populations Experiencing Homelessness

Agency	Program	Description
Department of Housing and Urban Development (HUD)	Continuum of Care	Provides funding to quickly rehouse individuals and families experiencing homelessness, promote access to and use of mainstream programs, and optimize self-sufficiency.
Department of Health and Human Services (HHS)	Community Services Block Grant	Provides funding to states and local communities, working through a network of community action agencies and other neighborhood-based organizations that provide services and activities to reduce poverty, among other things. This includes services to address employment, education, better use of available income, housing assistance, nutrition, energy, emergency services, health, and substance use disorder needs.
Department of Health and Human Services (HHS)	Health Center Program (includes the Health Care for the Homeless Program)	Provides comprehensive primary health care services to medically underserved communities and vulnerable populations. Some health centers receive grant funding to serve specific populations. For example, health centers may receive Health Care for the Homeless grant funding to prioritize care for individuals experiencing homelessness who live in unsheltered locations, shelters, or transitional housing.
Department of Health and Human Services (HHS)	Medicaid	Provides health care coverage to eligible low-income individuals and families.
Department of Health and Human Services (HHS)	Projects for Assistance in Transition from Homelessness	Provides states and U.S. territories with funding to provide services for individuals experiencing homelessness (or at imminent risk of homelessness) and who have a serious mental illness or co-occurring serious mental illness and substance use disorder.

Source: GAO. | GAO-24-106688

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[13]The Homeless Management Information System category refers to costs related to hardware, software, and the personnel to establish and operate the system in each CoC.

[14]See 24 C.F.R. § 578.37(a)(1)-(3).

[15]See 24 C.F.R. § 578.53(a)(1).

[16]See 24 C.F.R. § 578.53(a)(1), (d). See 24 C.F.R. § 578.53(e) for a list of eligible supportive services.

CoCs Reported Challenges in Providing Supportive Services, and HUD Has Taken Steps to Mitigate Them

CoCs Provide Key Supportive Services and Use Multiple Funding Sources to Do So

Our survey of CoC collaborative applicants indicated that they and other direct recipients of CoC grant funds provided a variety of supportive services to people experiencing or at risk of homelessness in fiscal year 2023.[17] They relied both on CoC grants and other funding sources to provide these services.

We estimate that case management, housing search and counseling services, and annual assessments of service needs were among the most common supportive services provided by collaborative applicants and other direct recipients using CoC grant funds (see fig. 2).[18] According to four of the six CoC collaborative applicants we interviewed, case management is considered a key CoC service. For example, case managers assist clients with identifying goals and link clients to services to help the client maintain housing.[19]

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[17]Our survey asked separate questions about collaborative applicants and other direct recipients. Accordingly, we report data for each group separately in this report. We estimate that about 48 percent of collaborative applicants directly provided supportive services to CoC clients.

[18]Clients also may be referred to service providers that are not direct recipients of CoC funds. For example, based on our survey, we estimate 93 percent of collaborative applicants referred clients for mental health services from providers that are not direct recipients. See app. II for additional information about our survey results.

[19]See National Academies of Sciences, Engineering, and Medicine, *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness* (Washington, D.C.: The National Academies Press, 2018): 126. See also Center for Urban Community Services, *Supportive Housing Training Series: Case Management Services* (New York, NY).

Figure 2: Percentage of Collaborative Applicants and Other Direct Recipients That Provided Each Service Using Continuum of Care (CoC) Grant Funds, Fiscal Year 2023
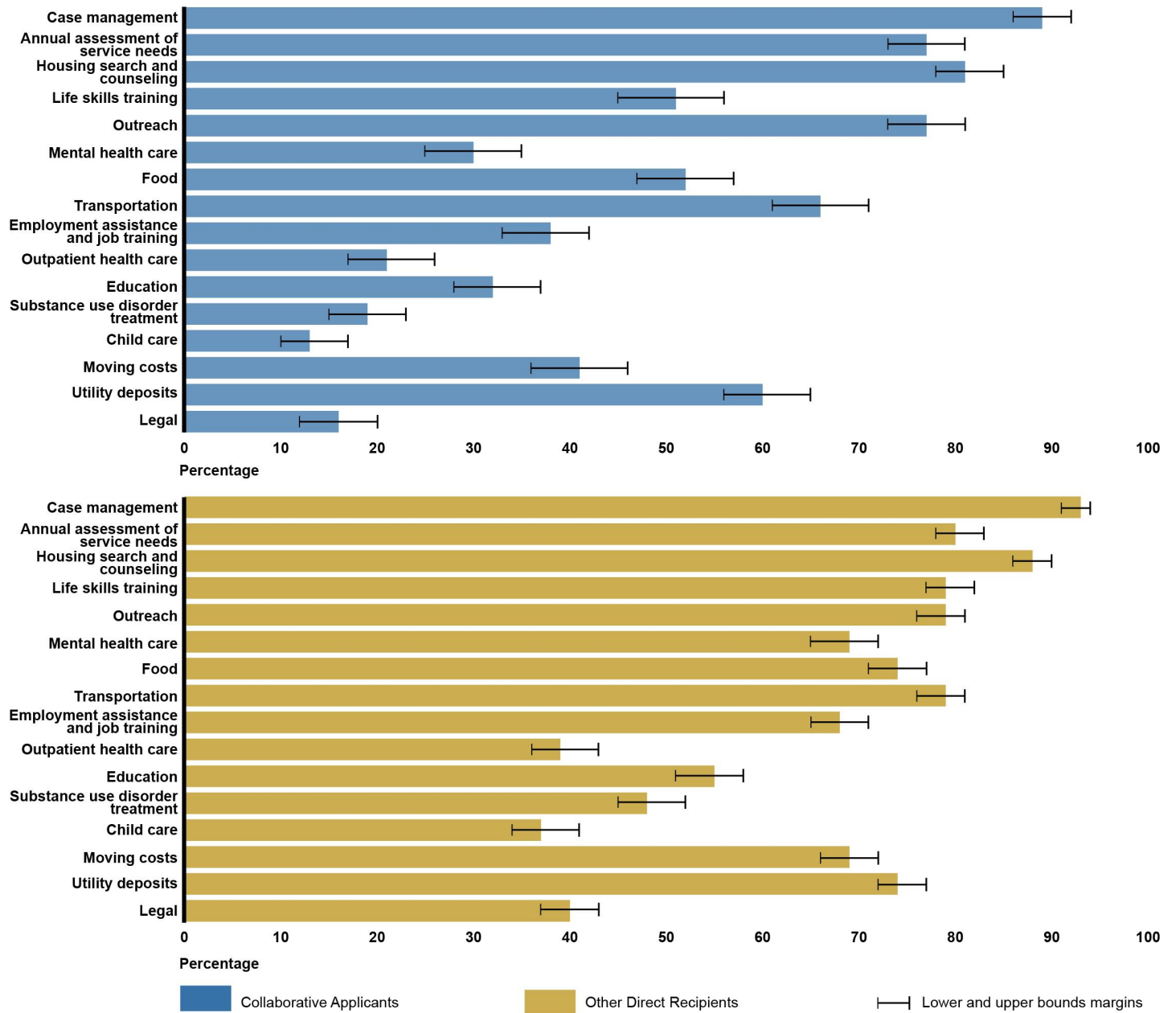
Accessible Data for Figure 2: Percentage of Collaborative Applicants and Other Direct Recipients That Provided Each Service Using Continuum of Care (CoC) Grant Funds, Fiscal Year 2023

Collaborative Applicants	Percentage	Lower	Upper
Case management	89	86	92
Annual|assessment|of service needs	77	73	81
Housing search|and counseling	81	78	85
Life skills|training	51	45	56
Outreach	77	73	81
Mental health care	30	25	35
Food	52	47	57
Transportation	66	61	71
Employment|assistance|and job training	38	33	42
Outpatient|health|care	21	17	26
Education	32	28	37
Substance|use disorder|treatment	19	15	23
Child care	13	10	17
Moving costs	41	36	46
Utility deposits	60	56	65
Legal	16	12	20

Other Direct Recipients	Percentage	Lower	Upper
Case management	93	91	94
Annual|assessment|of service needs	80	78	83
Housing search|and counseling	88	86	90
Life skills|training	79	77	82
Outreach	79	76	81
Mental health	69	65	72
Food	74	71	77
Transportation	79	76	81
Employment|assistance|and job training	68	65	71
Outpatient|health|care	39	36	43
Education	55	51	58
Substance|use disorder|treatment	48	45	52
Child care	37	34	41
Moving costs	69	66	72
Utility deposits	74	72	77
Legal	40	37	43

Source: GAO I GAO-24-106688

Notes: Survey estimates are based on GAO's generalizable survey of collaborative applicants. The estimates in this figure have a margin of error of plus or minus 10 percent or less at the 95 percent confidence level. Collaborative applicants apply for CoC grant funds on behalf of the continuum. We

estimate that about 48 percent of collaborative applicants also directly provided supportive services. For descriptions of supportive services eligible for CoC program funding, see 24 C.F.R. § 578.53(e).

In addition to CoC program funds, collaborative applicants and other CoC direct recipients also relied on other HUD and HHS federal programs to fund supportive services, according to our survey. For example, we estimate that about 69 percent of collaborative applicants used funds from HUD's Emergency Solutions Grant program, about 15 percent used CSBG funds, and about 10 percent used Medicaid funds to provide services. Further, we estimate that about 87 percent of collaborative applicants have other direct recipients in their CoC who used Emergency Solutions Grant program funds to provide services. Direct recipients also relied on HHS programs (see fig. 3). For example, about 50 percent of collaborative applicants have other direct recipients in their CoC who used funding from at least one HHS program to provide supportive services (see fig. 4). One collaborative applicant said these and other funding sources helped the CoC satisfy the CoC program's 25 percent match requirement.[20]

Figure 3: Department of Health and Human Services Programs Used by Continuum of Care Direct Recipients to Provide Supportive Services, Fiscal Year 2023
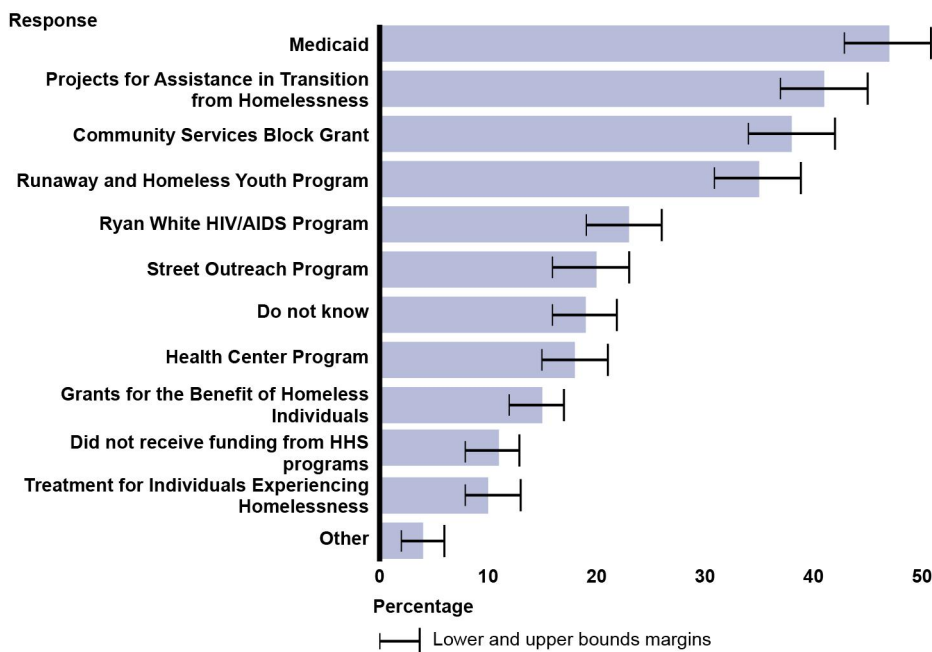
Source: GAO. | GAO-24-106688

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[20]Generally, the CoC program requires recipients or subrecipients to match 25 percent or more of the awarded grant amount minus funds for leasing. Cash or in-kind resources can satisfy the match requirement. A recipient or subrecipient may use funds from any source (including other federal, state, local, or private sources), if the funds from other sources are not prohibited from being used as matching funds. See 24 C.F.R. § 578.73.

Accessible Data for Figure 3: Department of Health and Human Services Programs Used by Continuum of Care Direct Recipients to Provide Supportive Services, Fiscal Year 2023

	Percentage	Lower	Upper
Medicaid	47	43	51
Projects for Assistance in Transition from Homelessness	41	37	45
Community Services Block Grant	38	34	42
Runaway and Homeless Youth Program	35	31	39
Ryan White HIV/AIDS program	23	19	26
Street Outreach Program	20	16	23
Do not know	19	16	22
Health Center Program	18	15	21
Grants for the Benefit of Homeless Individuals	15	12	17
Did not receive funding from HHS programs	11	8	13
Treatment for Individuals Experiencing Homelessness	10	8	13
Other	4	2	6

Source: GAO. I GAO-24-106688

Notes: Survey estimates are based on GAO's generalizable survey of collaborative applicants. The estimates in this figure have a margin of error plus or minus 10 percent or less at the 95 percent confidence level. Percentage refers to the percentage of collaborative applicants reporting that other direct recipients used the programs.

Figure 4: Continuum of Care Direct Recipients That Used Department of Health and Human Services (HHS) Programs to Provide Supportive Services, Fiscal Year 2023
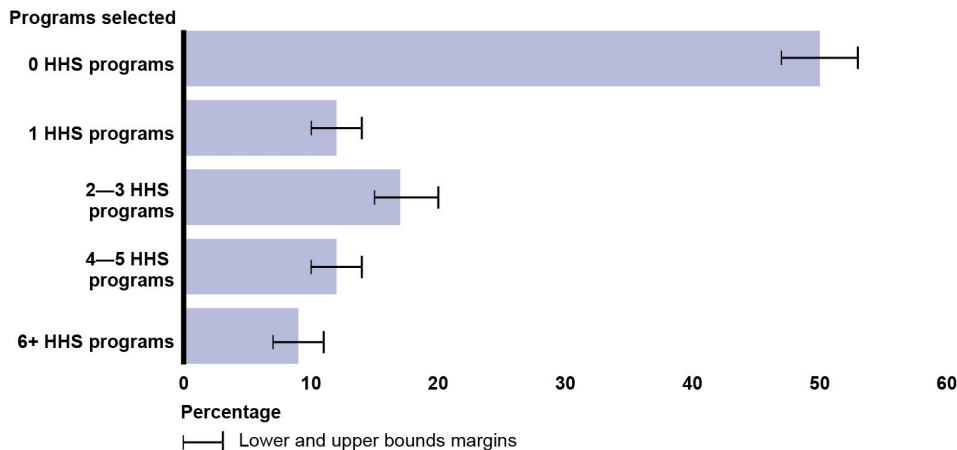
Source: GAO. | GAO-24-106688

Accessible Data for Figure 4: Continuum of Care Direct Recipients That Used Department of Health and Human Services (HHS) Programs to Provide Supportive Services, Fiscal Year 2023

	Percentage	Lower	Upper
0 HHS programs	50	47	53
1 HHS programs	12	10	14
2—3 HHS programs	17	15	20
4—5 HHS programs	12	10	14
6+ HHS programs	9	7	11

Source: GAO. I GAO-24-106688

Notes: Survey estimates are based on GAO's generalizable survey of collaborative applicants. The estimates in this figure have a margin of error plus or minus 10 percent or less at the 95 percent confidence level.

Although a majority of collaborative applicants used federal funding for most supportive services, some also used state, county, local, and private funding, according to our survey (see table 2). For example, we estimate that about 58 percent of collaborative applicants used state funding for case management. About 38 percent used county or local funding for case management, and about 23 percent used private funding.[21]

Table 2: Percentage of Continuum of Care (CoC) Collaborative Applicants Using Each Funding Source to Provide Supportive Services

Supportive service	Federal funding	State funding	County or local funding	Private funding
Annual assessment of service needs	90%	44%	33%	19%
Case management	85%	58%	38%	23%
Education	56%	44%	35%	33%
Food	44%	41%	37%	56%
Housing search and counseling	78%	57%	43%	21%
Life skills training	69%	51%	33%	29%
Moving costs	68%	59%	32%	34%
Outreach	68%	64%	43%	24%
Transportation	66%	41%	34%	26%
Utility deposits	72%	61%	35%	37%

Source: GAO. | GAO-24-106688

Notes: Collaborative applicants were asked to answer for each supportive service and select all funding sources that apply. Response totals exceed 100 percent because CoCs may use multiple sources of funding for the same supportive service. Survey estimates are based on GAO's generalizable survey of collaborative applicants. The estimates in this table have a margin of error of plus or minus 10 percent or less at the 95 percent confidence level. For descriptions of supportive services eligible for CoC program funding, see 24 C.F.R. § 578.53(e).

Two collaborative applicants we interviewed cited several reasons for using funding from different sources for supportive services. For example, one collaborative applicant we interviewed stated it uses nonfederal funds for case conferencing, which monitors client progress toward obtaining housing. Although case conferencing is

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[21]Based on interviews with collaborative applicants, one example of a nonfederal funding source is Pennsylvania Homeless Assistance, a state program that provides funds to counties to provide bridge housing, case management, rental assistance, emergency shelter, or innovative supportive housing. Another example is Homelessness Fund, a county program in Washoe County, Nev., that provides social, transitional, and supportive services to people experiencing homelessness.

CoC grant-eligible, the CoC does not receive enough federal funding to fully cover these activities. The collaborative applicant also noted the CoC has been using private funds to explore a data-sharing agreement because its CoC planning grant is insufficient to cover this activity. Another applicant said staff analyzed the services the CoC provides and determined which could be funded by their city's behavioral health department (which uses a range of funding, including Medicaid). This allowed the CoC to focus CoC grant funds on general housing services, rather than on behavioral health services.

Common Challenges for Providing Supportive Services Include Funding and Staffing, Which HUD Has Made Efforts to Mitigate

CoCs reported funding and other related challenges when providing supportive services (see table 3). Based on our survey, we estimate the lack of an annual increase to CoC grant funding for supportive services to be one of the top challenges for CoCs.[22] The other commonly noted challenges related to staff recruitment, retention, and training; funding levels; restrictions on the use of CoC funding; and administrative burden.[23]

Table 3: Five Common Challenges Continuums of Care Reported Facing in Providing Supportive Services

Challenge	Number of CoCs	Percentage
Lack of annual increase to CoC grant funding for supportive services	314	81%
Staff recruitment, retention, and training	306	79%
Insufficient funds for homelessness prevention	267	69%
Restrictions on the use of HUD funding for supportive services	200	52%
Administrative burden of managing fragmented funding sources	172	45%

Source: GAO. | GAO-24-106688

Notes: Fragmented funding sources refer to multiple funding programs split between federal, state, county, and local governments, as well as philanthropic organizations. Survey estimates are based on GAO's generalizable survey of collaborative applicants. The estimates in this table have a margin of error of plus or minus 10 percent or less at the 95 percent confidence level.

HUD officials said the agency has taken steps to help mitigate the following challenges CoCs reported facing when providing supportive services.[24]

- **Lack of annual increase to supportive services funding.** If a project receives an award in a CoC grant competition, CoCs may submit it as a renewal project in subsequent competitions. In prior years, HUD adjusted the leasing, operating, and rental assistance budget lines for CoCs' renewal project awards based on changes to the fair market rate, but did not adjust the supportive services. A collaborative applicant we interviewed said they have been unable to make cost-of-living adjustments to supportive services projects because there has been no increase for supportive services.

  To help address this challenge, HUD officials said the agency asked Congress for authority to increase funding for supportive services. In the Consolidated Appropriations Act, 2024, the HUD Secretary was

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[22]We asked respondents to consider how much an issue may constrain, delay, or prevent the CoC or service providers from providing supportive services to clients.

[23]See app. II for the full list of challenges.

[24]HUD officials told us the agency uses both formal and informal processes to gather feedback on the challenges CoCs experience. These officials said HUD formally collects feedback through the rulemaking process and informally collects feedback from HUD staff attending conferences or the HUD Help Desk.

authorized to make reasonable adjustments to renewal amounts to ensure projects that provide supportive services can operate at substantially the same levels. HUD officials said the agency will implement this change in the fiscal year 2024 competition. Forty-eight of the 275 collaborative applicants that responded to our survey said an annual increase to supportive service budgets would improve their ability to provide supportive services. Twenty collaborative applicants we surveyed also said adjustments to supportive service awards would allow recipients to better pay and retain staff.

- **Staff recruitment, retention, and training.** Four of the six CoC collaborative applicants we interviewed said they have high levels of staff turnover. A collaborative applicant we interviewed noted the CoC's non-profit organizations are unable to offer salaries competitive with the private sector. Service providers within a CoC also experienced challenges hiring staff because many potential new hires were looking for remote work. One service provider within a CoC we interviewed also cited challenges with paying for staff training.

HUD officials said HUD published technical assistance materials for CoCs that cover staff recruitment and retention. They added that other programs can be used to help with retention challenges. For example, the 2022 Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness offered funding to providers in rural areas for capacity building, including employee education, staff retention activities, and professional licensing, according to HUD officials. Additionally, as previously noted, collaborative applicants we surveyed said they would be able to better pay staff and improve staff retention when supportive service awards are adjusted annually.

- **Insufficient funds for homelessness prevention.** Homelessness prevention refers to activities designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human habitation. Examples of such activities include credit repair and provision of financial assistance for rental arrears and utility deposits and payments. One service provider within a CoC said insufficient funding for homelessness prevention has caused the organization to turn people away if they were on the verge of homelessness and did not meet HUD's definition of chronically homeless.

HUD officials said they encourage service providers to partner with other programs to fund homelessness prevention. HUD officials said HUD communicates with CoCs about leveraging other programs for homelessness prevention efforts through workshops, conferences, and when providing technical assistance.

- **Restrictions on use of HUD funding.** Two of the six CoC collaborative applicants we interviewed told us the restrictions on the use of CoC funds for supportive services can inhibit organizations from meeting client needs or require the CoC to use other funding sources. For example, according to service providers within one CoC, most of their funding sources cannot be used for furniture or appliances.

One collaborative applicant also said the CoC program does not allow organizations to easily move funding between activities, such as from housing to supportive services. HUD must approve any significant grant change, such as shifting more than 10 percent of the total grant award in a single year from one activity category to another.[25] The collaborative applicant said this creates an administrative burden by requiring CoCs to predict housing and supportive services costs because significant changes can affect allocations

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[25]24 C.F.R. § 578.105.

in future years. HUD officials said the agency has proposed different models to remove administrative barriers for clients in various settings.

- **Administrative burden of managing fragmented funding sources.**[26] One CoC collaborative applicant said that using multiple funding streams in a coordinated fashion to support an individual or program requires the CoC to navigate different program rules, ensure it does not duplicate funds, and follow separate policies and procedures for all the funding sources, creating potential administrative inefficiencies and burden. Another collaborative applicant said the CoC must strategically manage funding from multiple sources to ensure year-round service provision. One collaborative applicant also said federal programs have different definitions for homelessness, which may prevent an individual from being eligible for services from multiple programs.

HUD officials said the agency has been providing technical assistance to reduce the administrative burden of managing multiple funding sources. The technical assistance involves answering questions to clarify existing HUD guidance or providing in-depth explanations of eligibility criteria for different programs to a CoC, according to HUD officials. HUD officials also said they are considering how to ease the burden of administering CoC and Emergency Solutions Grant program funds. For example, HUD officials said they can educate CoCs about the differences between the programs.

Other Challenges Included the Annual Grant Competition, Funding Gaps, and Insufficient Capacity

Some CoCs cited as a challenge the administrative burden involved with annual funding competitions, which HUD has taken recent steps to address. Twenty-two of the 275 collaborative applicants we surveyed said a multi-year CoC grant application and competition process would improve their ability to provide supportive services.[27] One respondent said the annual grant application requires a lot of time and resources, which reduces the time and resources available for providing supportive services. Another collaborative applicant told us the annual notice of funding opportunity competition is too frequent to allow CoCs time to conduct project assessments and implement improvements.

HUD officials told us they are aware that completing an annual funding application is time- and resource-intensive. In response, HUD submitted a legislative proposal in the fiscal year 2024 Congressional Budget Justification to allow HUD to award CoC program funds every other year. HUD said this will free up CoCs to focus more on strategic planning and performance evaluation.[28] In the Consolidated Appropriations Act, 2024, Congress authorized the HUD Secretary to change the CoC program to a 2-year funding competition for fiscal years 2024 and 2025.

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[26]Fragmented funding sources refers to multiple funding programs split between federal, state, county, and local governments, as well as philanthropic organizations.

[27]Our survey included an open-ended question that asked respondents what, if any, improvements to the HUD CoC program would allow them to provide supportive services to the population experiencing homelessness. Of 275 respondents, 197 answered the open-ended question.

[28]See Department of Housing and Urban Development, *FY 2024 Congressional Justification: Homeless Assistance Grants* (Washington, D.C.), 9–10.

CoCs also experienced funding gaps or had insufficient capacity that limited their ability to provide various services, most commonly for case management and mental health services (see tables 4 and 5).[29]

Table 4: Percentage of Continuums of Care That Experience Gaps in Funding for Selected Supportive Services

Supportive service	Percentage	Lower-bound estimate	Upper-bound estimate
Case management	62%	59%	66%
Mental health care	58%	55%	61%
Housing search and counseling	45%	42%	48%
Substance use disorder treatment	44%	41%	48%
Outreach	39%	36%	42%

Source: GAO. | GAO-24-106688

Notes: We defined gaps in funding as insufficient funding from all sources to provide the supportive service to the extent needed by Continuum of Care clients. See app. II for the results of all listed supportive services. Survey estimates are based on GAO's generalizable survey of collaborative applicants. Upper bound and lower bound were calculated at a 95 percent level of confidence.

Table 5: Percentage of Continuums of Care with Insufficient Capacity to Provide Selected Supportive Services

Supportive service	Percentage	Lower-bound estimate	Upper-bound estimate
Case management	88%	86%	90%
Mental health care	82%	79%	84%
Housing search and counseling	78%	76%	81%
Substance use disorder treatment	77%	74%	80%
Outreach	75%	72%	78%

Source: GAO. | GAO-24-106688

Notes: We defined insufficient capacity as not having enough staff or service providers able to provide the supportive service to the extent needed by Continuum of Care clients. See app. II for the results of all listed supportive services. Survey estimates are based on GAO's generalizable survey of collaborative applicants. Upper bound and lower bound were calculated at a 95 percent level of confidence.

A collaborative applicant we interviewed stated that with additional funds, its CoC would expand case management because it is an important service, particularly for clients in permanent supportive housing. Another collaborative applicant noted that smaller communities in its state have little access to other funding sources, including private foundations. Federal agencies, such as the U.S. Interagency Council on Homelessness, have released guidance on federal programs available to organizations like CoCs.[30] Some state agencies, including the California Interagency Council on Homelessness, have published similar guidance on state and federal funding resources. HUD officials said they partner with other federal entities to

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[29]We defined gaps in funding as insufficient funding from all sources to provide the supportive service to the extent needed by CoC clients. We defined insufficient capacity as not having enough staff or service providers able to provide the supportive service to the extent needed by CoC clients.

[30]HUD officials told us they partner with the U.S. Interagency Council on Homelessness to communicate with CoCs about using other homelessness programs, including through the council's federal strategic plan to end homelessness. See United States Interagency Council on Homelessness, *All In: The Federal Strategic Plan to Prevent and End Homelessness* (Washington, D.C.: Dec. 19, 2022).

fill gaps and address specific needs. For example, HUD partners with the Department of Justice to address housing needs of domestic violence victims.

Additionally, some collaborative applicants we surveyed reported not having funding for services that were needed in their communities. For example, we estimate that about 87 percent of CoCs had no funding for older adults experiencing homelessness who need help with activities of daily living. About 76 percent had no funding for provision of furniture and home goods. To help communities mitigate this challenge, HUD has partnered with other agencies to launch the Housing and Services Partnership Accelerator. This initiative, announced in November 2023, provides federal technical assistance and support to states with certain Medicaid waivers to accelerate and improve service delivery for people with disabilities and older adults who are at risk or are experiencing homelessness. HUD officials also said they encourage CoCs to partner with other programs that have expertise on specific issues. For example, HUD officials said HHS may have programs that better fit a CoC's needs for mental health services.

Programs Primarily Provided Different Services and Agencies Followed Key Practices When Assessing Performance

HUD and HHS Collect Data on Funds Spent on Services or Numbers Served, Which Help the Agencies Monitor Grantees

HUD collects data from CoC program grantees on the amount of program funds they spend on supportive services. HUD collected data on the provision of services in the past but found it challenging to define what should be recorded, according to HUD officials. They added that collecting these data is time- and resource-intensive for grantees, while providing HUD with little understanding of the data collected. HUD officials said HUD has moved to a model that focuses on how CoCs spend grant funds and on program outcomes to look at the overall impact of the CoC program on people served.

HHS collects data from grantees on the number of CSBG, Health Center, and PATH program participants receiving services with program funds.[31] Data on services are collected by service type in all three programs, but not by population served (such as people experiencing homelessness) in the CSBG and Health Center programs.[32] CSBG and Health Center grantees also report data to HHS on the number of program participants experiencing homelessness and on the amount of program funds spent on or the cost of services.

HUD and HHS collect services data for the programs through annual reports grantees are required to submit.[33] The agencies use the data to help monitor grantee compliance with program requirements, among other uses. For example, HUD officials said they use supportive services data to help verify CoC program costs or help

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[31]The CSBG, Health Center, and PATH programs do not use the term supportive services. For this report, we categorized services offered by these programs as "supportive services" if they were consistent with our definition of the term and fell within the categories of supportive services provided by the CoC program. As discussed earlier, we did not review Medicaid data on supportive services.

[32]As discussed earlier, PATH is a homelessness program, while the CSBG and Health Center programs serve low-income or underserved populations that can include people experiencing homelessness.

[33]Data are generated from reports filed by CoC, CSBG, Health Center, and PATH program grantees, as required to meet their reporting obligations under federal law. HHS also considered stakeholder feedback when determining annual reporting requirements for CSBG, according to HHS officials.

determine the type of documentation to review from grantees they monitor.[34] HUD also may use the data to understand the types of supportive services the CoC program funds and whether spending for particular services increased. HHS, for example, reviews PATH data to help ensure services provided by grantees align with program requirements, according to PATH's monitoring protocol. In addition, HHS uses Health Center Program data to help assess the quality of services provided, according to HHS officials.[35]

According to our survey, there is some data sharing occurring between the CoC program and HHS programs we reviewed. Additionally, the CoC and PATH programs have taken steps to streamline data collection.

- **Data sharing.** Based on our survey, we estimate about 23 percent of CoCs shared data with their state's Medicaid program. Data sharing most commonly occurred in suburban CoCs (about 48 percent), followed by rural CoCs (nearly 27 percent).

  Our survey also estimates that about 18 percent of CoCs had data-sharing agreements with other HHS programs, including CSBG, Health Center, and PATH. Such agreements were most common between CoCs and PATH providers.[36] According to HUD guidance, one of the most common goals for sharing data related to homelessness and health care services is to improve coordination among health, homelessness, and housing systems, which can improve outcomes for clients.[37]

- **Data collection.** HHS requires PATH grantees to use the same data collection system as the CoC program (Homeless Management Information System). According to HUD officials, PATH uses this system to streamline the data elements the CoC and PATH programs collect and to help ensure consistent data collection. The system also provides a platform for coordinating care and improving access to mainstream programs and housing services, according to an HHS official. The official added that using the system reduces duplicative intakes with CoCs, increases productivity, and enhances service providers' knowledge of client needs.

CoC and HHS Programs Primarily Funded Different Types of Services

Available HUD and HHS supportive services data for 2018–2022 show that the types of supportive services primarily funded or provided by the CoC program and by the three HHS programs we reviewed mostly

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[34]HUD uses a risk-analysis process to identify which CoC grantees will be monitored, method of monitoring (on-site or remote), programs and areas to be monitored, areas of technical assistance and training needed, resources needed, and projected time frames. For additional information on the CoC program's monitoring process, see Department of Housing and Urban Development, Office of Community Planning and Development, *Community Planning and Development Monitoring Handbook* (Jan. 2024).

[35]For additional information on the Health Center Program's monitoring process, see Department of Health and Human Services, Health Resources and Services Administration, *Health Center Program Compliance Manual* (Aug. 20, 2018, technical revisions added Apr. 14, 2023).

[36]We estimate that about 51 percent of CoCs that share data with other HHS programs also share data with PATH providers.

[37]Department of Housing and Urban Development, *Homelessness and Health Data Sharing: Why and How Communities Are Sharing Data to Improve Outcomes for People Experiencing Homelessness* (Sept. 2020).

differed.[38] Specifically, the CoC program primarily funded case management services, while two of the three HHS programs primarily provided health- or food-related services.

CoC Program

CoC grantees spent most of their 2018–2020 program awards on case management (see fig. 5).[39] Annual assessment of service needs and housing search and counseling services were the second and third largest expenditures.[40]

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[38]As stated earlier, we define supportive services as those that help people experiencing or at risk of homelessness obtain or maintain housing, which is based on the CoC program's regulations. The PATH, Health Center, and CSBG programs do not use the term supportive services. For this report, we categorized services offered by these programs as "supportive services" if they were consistent with our definition of the term and fell within the categories of supportive services provided by the CoC program.

[39]Spending on case management increased from $279.3 million for 2018 awards to $315.5 million for 2020 awards. Spending on annual assessment of service needs increased from $27.9 million for 2018 awards to about $30.5 million for 2020 awards. Complete data for CoC grants awarded in fiscal years 2021 and 2022 were not available as of June 2024.

[40]As discussed earlier, our survey similarly indicated that case management, housing search and counseling services, and annual assessment of service needs were among the most common supportive services that CoC collaborative applicants and other direct recipients provided in fiscal year 2023.

Figure 5: Continuum of Care (CoC) Program Funds Awarded in Fiscal Years 2018–2020 That Were Spent on Supportive Services
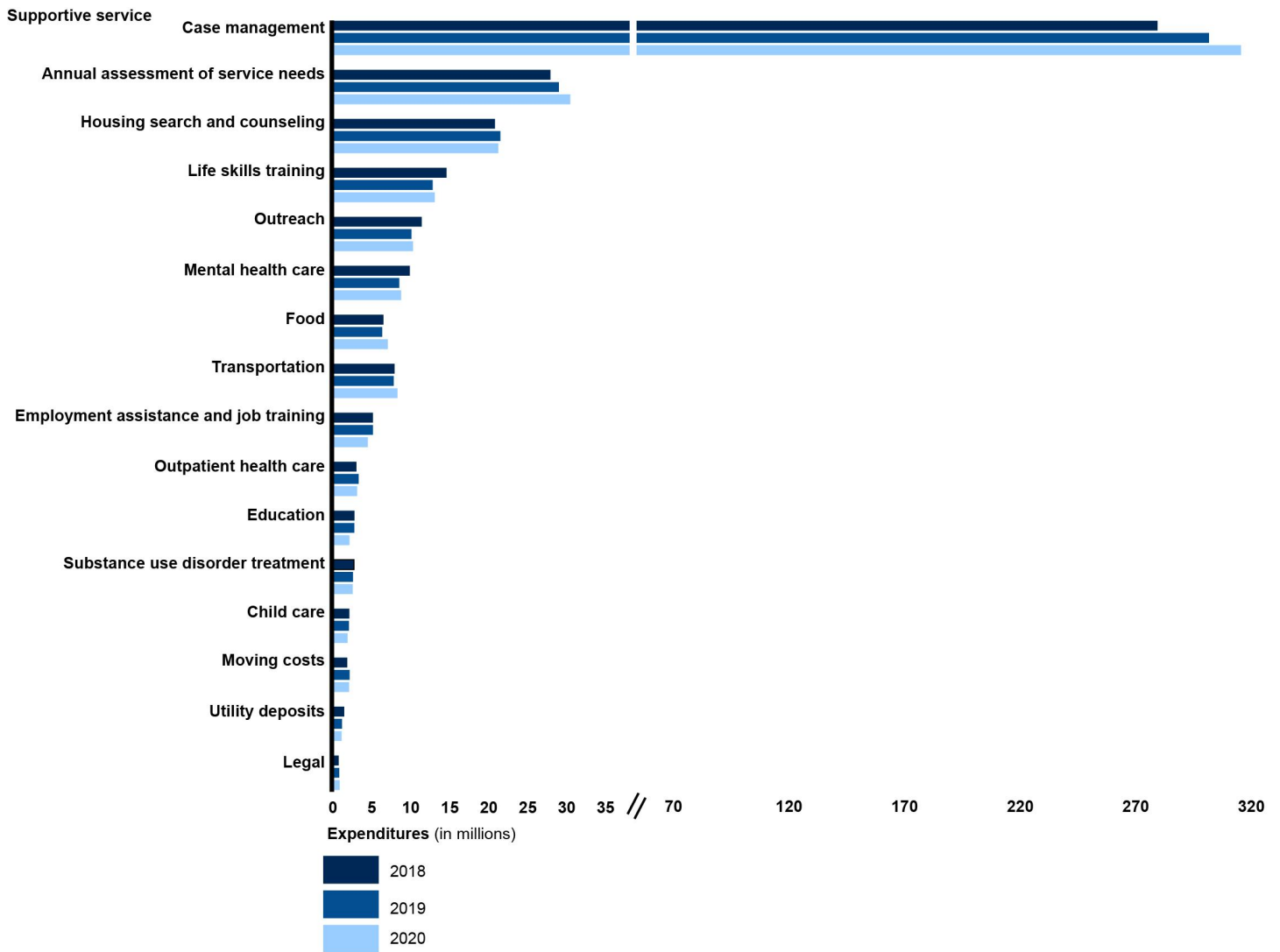
Source: GAO analysis of Department of Housing and Urban Development data. | GAO-24-106688

Accessible Data for Figure 5: Continuum of Care (CoC) Program Funds Awarded in Fiscal Years 2018–2020 That Were Spent on Supportive Services

Supportive service	Expenditures (in millions)
Case management	279.334
Case management	301.586
Case management	315.463
Annual assessment of service needs	27.9082
Annual assessment of service needs	28.9937
Annual assessment of service needs	30.451

Supportive service	Expenditures (in millions)
Housing search and counseling	20.7817
Housing search and counseling	21.4773
Housing search and counseling	21.2206
Life skills training	14.5774
Life skills training	12.8071
Life skills training	13.0637
Outreach	11.3864
Outreach	10.0836
Outreach	10.269
Mental health care	9.86022
Mental health care	8.50242
Mental health care	8.75006
Food	6.48132
Food	6.32811
Food	7.03734
Transportation	7.89966
Transportation	7.80608
Transportation	8.27786
Employment assistance and job training	5.12852
Employment assistance and job training	5.1208
Employment assistance and job training	4.47884
Outpatient health services	3.00736
Outpatient health services	3.29062
Outpatient health services	3.0984
Education	2.77028
Education	2.7429
Education	2.12641
Substance use disorder treatment	2.70518
Substance use disorder treatment	2.57204
Substance use disorder treatment	2.53742
Child care	2.10974
Child care	2.04273
Child care	1.87279
Moving costs	1.84189
Moving costs	2.1446
Moving costs	2.06167
Utility deposits	1.44466
Utility deposits	1.16632
Utility deposits	1.09959
Legal	0.734086
Legal	0.797339

Supportive service	Expenditures (in millions)
Legal	0.856802

Source: GAO analysis of Department of Housing and Urban Development data I GAO-24-106688

Notes: Supportive services help people experiencing or at risk of homelessness obtain and maintain housing. The categories of services listed are those that are eligible to be funded by the CoC program. Years refer to the year in which CoC grants were awarded. There is a lag between the time a CoC grant is awarded and the year(s) in which the funds are spent, according to Department of Housing and Urban Development officials. Complete data for CoC grants awarded in fiscal years 2021 and 2022 were not available as of June 2024.

CSBG and Health Center Program

The most commonly funded types of services in the CSBG and Health Center programs largely differed from the CoC program (see table 6). For example, the three most commonly provided services in CSBG in 2018–2022 varied in most years and included food distribution, prepared meals, transportation, and utility payments.[41] The three most commonly provided services in the Health Center Program in 2018–2019 were medical, dental, and enabling services (those that help people access health care, such as transportation). In 2020–2022, the three most common were medical, dental, and mental health services. The results were generally similar for those health centers that received Health Care for the Homeless Program funding.

Table 6: Top Three Services Provided by the Community Services Block Grant (CSBG) and Health Center Programs Based on Number of Individuals Served, 2018–2022

Category	Program/Service	2018	2019	2020	2021	2022
CSBG	Food distribution	35,886,006	40,996,223	42,145,789	31,257,357	27,261,817
CSBG	Prepared meals	10,146,386	13,956,705	8,509,173	12,366,508	4,842,289
CSBG	Child care payments	4,750,541	not top three service	not top three servcie	not top three servcie	not top three servcie
CSBG	Transportation	not top three servcie	3,896,196	not top three servcie	not top three servcie	not top three servcie
CSBG	Referrals	not top three servcie	not top three servcie	3,677,000	not top three servcie	not top three servcie
CSBG	Utility payments	not top three servcie	not top three servcie	not top three servcie	3,705,940	3,437,360
Health Center Program[a]	Medical	23,827,122	25,029,835	24,529,374	25,759,024	25,915,807
Health Center Program[a]	Dental	6,406,667	6,712,204	5,155,619	5,701,053	6,019,824
Health Center Program[a]	Mental health	not top three servcie	not top three servcie	2,512,287	2,659,308	2,729,598
Health Center Program[a]	Enabling services[b]	2,593,393	2,608,861	not top three servcie	not top three servcie	not top three servcie

— = not one of the top three services provided that year.

Source: GAO analysis of Department of Health and Human Services (HHS) data. | GAO-24-106688

Notes: We analyzed 2018–2022 HHS data for selected programs to identify the three most commonly provided supportive services each year based on the number of individuals served, which may include individuals experiencing homelessness. There was some variation in the top three services provided by each program in some years. We define supportive services as those that help people experiencing or at risk of homelessness obtain and maintain housing. We categorized services offered by the HHS programs we reviewed as supportive services if they were consistent with our definition and fell within the categories of supportive services provided by the Continuum of Care program.

[41]CSBG data for fiscal year 2022 did not include data from American Samoa, New Hampshire, or Ohio because the data were not finalized, according to HHS officials.

[a]The aggregated data include all Health Resources and Services Administration-funded health centers, including those that receive funding from the Health Care for the Homeless Program.

[b]Enabling services help people access health care provided by the Health Center Program. Examples include transportation and translation services.

PATH

Although two of the three most commonly provided services by the PATH program in 2018–2022 differed from those provided by the CoC program, the most commonly provided service for both was case management (see table 7).

Table 7: Top Three Services Provided to Individuals Experiencing or at Risk of Homelessness by the Projects for Assistance in Transition from Homelessness (PATH) Program, 2018–2022

Service	2018	2019	2020	2021	2022
Case management	46,783	44,727	41,515	40,770	34,669
Screening[a]	33,987	38,508	32,330	32,603	26,142
Mental health	30,546	29,172	25,907	24,843	20,304

Source: GAO analysis of Department of Health and Human Services data. | GAO-24-106688

[a]Screening refers to an in-person preliminary evaluation that is made to determine a person's needs and how they can be addressed through the PATH program.

Our analysis of duplication and overlap similarly found potential overlap between the PATH and CoC programs.[42] However, these programs also differ in meaningful ways—for example, in program size, subpopulation served, and distinct services offered. Specifically, the CoC program is the largest source of federal grant funding for homelessness, while PATH is typically not funded at levels to serve all eligible individuals, according to HUD officials.[43] In addition, the CoC program provides a variety of housing and supportive services to a general population of people experiencing or at risk of homelessness. In contrast, PATH focuses its limited resources on providing specialized clinical services to a subpopulation of individuals experiencing homelessness with serious mental illness or co-occurring serious mental illness and substance use disorder. HHS officials reported that when PATH's services overlap with other programs—such as case management—it is generally positive because it benefits the referral process and aids in individuals' transition to long-term supports.[44]

The differences in the types of services primarily provided by the CoC and HHS programs we reviewed may be related to differences in the ways the programs were designed or the programs' goals. The Health Center Program is designed to serve underserved populations in both urban and rural areas and the CSBG program is

[42]We reviewed the supportive services components of the CoC program and selected HHS programs for potential duplication or overlap. For this report, we deem duplication to occur when two or more programs provide the same services to the same beneficiaries. Overlap occurs when two or more programs have similar goals and offer similar services to similar beneficiaries. We found no duplication among the CoC and HHS programs we reviewed.

[43]For example, in fiscal year 2023, the CoC program received $3.2 billion in appropriations and PATH received $66.6 million.

[44]Both potential benefits and challenges may be associated with overlap across supportive services. According to agency officials, potential benefits could include the ability to cover all eligible participants, fill funding gaps, and address specific needs. Potential challenges include inefficient use of resources if program efforts are not coordinated, according to our prior work. See *Homeless Veterans: Opportunities Exist to Strengthen Interagency Collaboration and Performance Measurement Procedures*, GAO-20-428 (Washington, D.C.: May 14, 2020).

designed to serve low-income communities, not just individuals experiencing or at risk of homelessness.[45] Further, the Health Center Program helps ensure access to primary health care services, while the CSBG program aims to reduce the causes of poverty in the communities the program serves. And as discussed earlier, PATH supports a specific subpopulation of people experiencing both homelessness and mental illness.

HUD and HHS Programs Generally Followed Selected Key Practices When Assessing Performance of Services

Key practices we identified for performance management can help federal agencies develop and use evidence (such as performance data) to help determine whether federal programs are achieving intended results.[46] We compared how the CoC, Health Center, and PATH programs assess the performance of the supportive services they provide against two key practices we selected.[47]

The programs generally followed key practices for assessing evidence and using evidence to learn:

- **Assess existing evidence.** According to one key practice on performance management, before a federal organization builds new sources of evidence, it first identifies what evidence exists and assesses whether the evidence meets its needs for organizational learning and decision-making. Key actions related to this practice include identifying relevant sources of evidence (for example, internal or external data sources) and assessing the quality of the evidence. The CoC, PATH, and Health Center programs generally followed this practice. All three programs identified grantee data as a relevant source of evidence to help assess performance related to services they provide. The programs have annual reporting requirements that allow them to collect performance data from grantees, and the programs assess data quality annually.

- **Use evidence to learn.** According to another key performance management practice, evidence helps an organization assess progress toward its goals. For example, quantitative performance data that the organization regularly collect and review can help determine whether performance goals were met. A key action related to this practice is to assess progress toward goals, such as by conducting performance reviews. The CoC and HHS programs we reviewed generally followed this practice. For example, one measure HUD uses to assess CoC program performance focuses on job and income growth for homeless

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[45]While health centers that receive Health Care for the Homeless Program funding prioritize services to people experiencing homelessness, these centers also may provide services to other individuals.

[46]GAO-23-105460. This guide distills the actions identified by past GAO work into 13 key practices, which can help executive branch leaders and employees at any organizational level (such as an individual project or program, component agency or office, department, or cross-agency effort) build and use evidence to manage the organization's performance. We selected two practices based on their relevance to an agency's use of performance data.

[47]The scope of this analysis is limited to the supportive services components of the programs we reviewed and the agencies' use of data to assess such performance. We did not review performance management practices related to other aspects of the programs (for example, housing assistance in the CoC program), the sufficiency of the performance measures the programs developed, or other performance management activities, such as program evaluations. As stated earlier, HHS programs we selected do not use the term supportive services. We focused on services offered by the HHS programs we reviewed that were consistent with our definition of "supportive services" and fell within the categories of supportive services provided by the CoC program. We present illustrative examples of the agencies' actions related to each practice in this report. As discussed earlier, we did not review how Medicaid assesses the performance of the supportive services provided by the program.

individuals and families.[48] This measure can help assess the performance of supportive services, such as employment assistance and job training.[49] HUD officials told us they review performance data annually and evaluate each CoC's progress over time relative to their own data.

The Health Center and PATH programs also have measures related to the services they provide and review those measures regularly (see table 8). For example, PATH tracks the percentage of enrolled homeless persons who receive community mental health services. The Health Center Program tracks the percentage of patients who received preventive care and screening related to health and mental health services. HHS officials told us they review performance information regularly.[50]

Table 8: Examples of Services-Related Performance Measures and Reported Results for Selected Federal Programs That Serve Populations Experiencing Homelessness, 2018–2022

Program and responsible agency: Performance measure	2018	2019	2020	2021	2022
Continuum of Care (HUD): Percentage of people with increase in total income	33.3%	34.8%	34.1%	33.4%	31.9%
Health Center Program (HHS): Percentage of patients screened for clinical depression and, if positive, had a follow-up plan documented	70.6%	71.6%	64.2%	67.4%	70.0%
Projects for Assistance in Transition from Homelessness (HHS): Percentage of enrolled homeless persons in the program who receive community mental health services	65.3%	64.5%	65.1%	64.5%	59.4%

HUD = Department of Housing and Urban Development; HHS = Department of Health and Human Services

Source: GAO analysis of HUD and HHS performance information. | GAO-24-106688

Agency Comments

We provided a draft of this report to HUD, HHS, and the U.S. Interagency Council on Homelessness for review and comment. HHS provided technical comments, which we incorporated as appropriate. HUD and the U.S. Interagency Council on Homelessness did not have any comments on the report.

We are sending copies of this report to the appropriate congressional committees, Acting Secretary of HUD, Secretary of HHS, Executive Director of the U.S. Interagency Council on Homelessness, and other interested parties. In addition, the report is available at no charge on the GAO website at https://www.gao.gov.

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[48]HUD uses system performance measures to assess the performance of the CoC program. HUD also uses the measures as a competitive element in its annual CoC program grant competition. See 42 U.S.C. § 11386a.

[49]The performance measure is calculated with annually reported grantee data on changes to earned and other types of income for individuals served by the program. Employment assistance and job training include services that assist individuals in securing employment, acquiring learning skills, or increasing earning potential.

[50]HHS officials told us they review health center performance annually. Evaluation of PATH grant expenditures is required at least once every 3 years to ensure adherence to statutory requirements. 42 U.S.C. § 290cc-28(c). HHS officials also told us that performance information is reviewed throughout the year when conducting PATH monitoring visits, reviewing the annual PATH application and annual data reports, and during a monthly monitoring call with grantees.

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 III.

Alicia Puente Cackley
Director, Financial Markets and Community Investment

Appendix I: Objectives, Scope, and Methodology

This report (1) describes the types of supportive services the Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program provides to individuals experiencing or at risk of homelessness and challenges CoCs face in providing them, and (2) describes how the supportive services provided by the CoC program compare with those of three selected Department of Health and Human Services (HHS) programs and determines the extent to which HUD and HHS followed selected leading practices when assessing performance of the services.[1]

For this review, we selected a nongeneralizable sample of five federal programs that serve people experiencing or at risk of homelessness. We selected HUD's CoC program because it is the largest federal homelessness program, funds supportive services, and serves a wide-ranging population of individuals experiencing or at risk of homelessness. We selected HHS's Community Services Block Grant (CSBG), Health Center, Medicaid, and Projects for Assistance in Transition from Homelessness (PATH) programs because they serve a wide-ranging population of individuals experiencing or at risk of homelessness, provide services that align with our definition of supportive services, or were identified by HHS officials as key programs serving people experiencing homelessness.[2]

To address both objectives, we conducted a generalizable web-based survey of the 387 CoC collaborative applicants (lead agencies within the CoC) in the 50 states, District of Columbia, and U.S. territories as of November 2023.[3] We identified the total population of CoCs by obtaining a list from HUD. We chose to survey collaborative applicants because of their knowledge of the projects seeking funding from the CoC program.

The survey included closed-ended questions on supportive services provided, funding sources, data sharing efforts, and challenges reported by the CoCs. It also included an open-ended question on what improvements respondents would like to be made to the CoC program that would better allow CoCs to provide supportive services. We received 197 responses to this question, which we categorized by themes. The open-ended analysis is not generalizable to all CoCs.

To help develop the survey, we conducted interviews with a nongeneralizable sample of six CoC collaborative applicants from June to August 2023. They were selected to obtain a mix of geographic areas (urban, other

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[1]There is no uniform definition of supportive services across HUD and HHS programs. For this report, we define the term as services that help people experiencing or at risk of homelessness obtain or maintain housing. This definition is based on CoC program regulations, which require that "[s]upportive services…be necessary to assist program participants obtain and maintain housing" in order for grant funds to be used for such services. 24 C.F.R. § 578.53(a)(1).

[2]We generally excluded programs that primarily serve or place an emphasis on specific subpopulations, such as children, pregnant women, veterans, individuals with HIV/AIDS, members of tribal communities, or domestic trafficking or family violence survivors. In addition, our review of Medicaid was limited to describing how CoCs use Medicaid to fund supportive services in our first reporting objective and data sharing between state Medicaid programs and the CoC program in the second objective. We did not review Medicaid data on supportive services or performance measurement related to these services due to variations in eligible services across states.

[3]CoCs are required to designate a collaborative applicant (e.g., a nonprofit organization, state, local government, instrument of state or local governments, public housing agency, Indian tribe, or tribally designated housing entity) that applies for CoC funds on behalf of the continuum. The application submitted by the collaborative applicant includes the CoC application and individual project applications from direct recipients.

urban, suburban, and rural) and rates of homelessness. We pre-tested the survey with four CoCs to ensure clarity and understandability of the survey questions. We closed the survey on February 7, 2024. We received 275 responses, which gave us an unweighted response rate of 71 percent. We conducted a nonresponse bias analysis to identify significant factors associated with responding to the survey. We used these factors to develop weights to account for significant response patterns and used the weights to produce generalizable estimates. All survey estimates in this report have a margin of error of plus or minus 10 percent or less at the 95 percent confidence level. For more information on our survey, see appendix II.

Additionally, we conducted a literature review to identify challenges faced by CoCs in providing supportive services and gather insights on benefits and challenges associated with potential duplication or overlap across the CoC program and selected HHS programs. We searched for scholarly publications, government reports, and congressional testimonies in databases including ProQuest, Dialog, SCOPUS, and Policy File Index in the past 10 years. We used a variety of search terms including "homeless," "unsheltered," "Continuum of Care," "Community Services Block Grant," "Health Care for the Homeless," "Projects for Assistance in Transition from Homelessness," "Medicaid," "duplication," and "overlap." We used the results of our literature search for background information and to provide contextual information for the report. We also interviewed or obtained written responses from officials from HUD, HHS, and the United States Interagency Council on Homelessness, and four service providers recommended by the CoC collaborative applicants we interviewed.[4]

For the second objective, we obtained data from HUD on the amount of CoC program funds grantees spent on supportive services with funds awarded during fiscal years 2018–2020. We also downloaded a national summary of data on CoC program performance in fiscal years 2015–2022 from HUD's website. Additionally, we obtained data from HHS on the number of individuals provided services by the CSBG and PATH programs in fiscal years 2018–2022.[5] We also downloaded summary data tables for the Health Center Program on the number of individuals provided services and quality of care measures for the services during calendar years 2018–2022 from HHS's Health Resources and Services Administration website.

We assessed the reliability of the data by reviewing the data for outliers and missing values, reviewing agency documentation on data collection, and obtaining written responses from agency officials on how they ensure data quality. We found the data sufficiently reliable for reporting on supportive services' spending (CoC program), number of individuals provided services (CSBG, Health Center, and PATH), and performance results (CoC program, Health Center, and PATH).

Additionally, to determine how HUD and HHS use data to assess the performance of services provided by the CoC, Health Center, and PATH programs, we reviewed performance data (discussed earlier), performance management guidance, and other agency documentation. We then assessed the extent to which HUD and

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[4]Specifically, we interviewed or obtained written responses from officials from HUD's Office of Special Needs Assistance Programs, Office of Community Planning and Development, and Office of Inspector General and HHS's Administration of Children and Families, Centers for Medicare and Medicaid Services, Health Resources and Services Administration, and Substance Abuse and Mental Health Services Administration.

[5]The data we reviewed were the most recently available. We calculated the amount that CoC grantees spent on supportive services and the number of individuals for whom CSBG and PATH grantees provided services by aggregating available grantee data (as reported by HUD and HHS) by year. We also used the data to calculate PATH performance measures. Complete CoC spending data for fiscal year 2021 and 2022 program awards were not available as of June 2024.

HHS followed two key performance management practices GAO identified.[6] We selected these practices because they focused on how agencies identify and use performance data.[7]

We made the assessment using three categories. "Generally followed" indicates that an agency's actions reflect all or most aspects of the key practice; "partially followed" indicates that an agency's actions reflect some, but not most aspects of the key practice; and "did not follow" indicates that an agency's actions did not follow any aspects of the key practice. One analyst reviewed the agencies' performance information to make an initial assessment. A second analyst then reviewed the same information to make their own assessment and reach consensus with the first analyst.

Finally, to identify areas of potential duplication or overlap in the supportive services components of selected HUD and HHS programs, we reviewed the programs' laws, regulations, guidance, and other agency documentation. We then identified potential similarities and differences across the programs' supportive services, goals, and beneficiaries using definitions developed in our prior work.[8] Specifically, one analyst reviewed the program information to determine similarities or differences among the programs. A second analyst then reviewed the same information to make their own determination and reach consensus with the first analyst. We also conducted a literature review and obtained written responses from HUD and HHS officials on benefits and challenges associated with potential duplication or overlap, as discussed earlier.

We conducted this performance audit from March 2023 to August 2024 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.

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[6]GAO, *Evidence-Based Policymaking: Practices to Help Manage and Assess the Results of Federal Efforts*, GAO-23-105460 (Washington, D.C.: July 12, 2023). This guide distills the actions identified by past GAO work into 13 key practices, which can help executive branch leaders and employees at any organizational level (such as an individual project or program, component agency or office, department, or cross-agency effort) build and use evidence to manage the organization's performance.

[7]The scope of this analysis is limited to the supportive services components of the programs we reviewed and the agencies' use of data to assess performance. We did not review performance management practices related to other aspects of the programs (for example, housing assistance in the CoC program), sufficiency of the performance measures the programs developed, or other performance management activities, such as program evaluations. HHS programs we selected do not use the term "supportive services". Accordingly, for this analysis, we focused on services offered by the HHS programs that were consistent with our definition of supportive services and fell within the categories of supportive services provided by the CoC program. We present illustrative examples of the agencies' actions related to each practice in this report.

[8]GAO, *Fragmentation, Overlap, and Duplication: An Evaluation and Management Guide*, GAO-15-49SP (Washington, D.C.: Apr. 14, 2015). Duplication occurs when two or more programs provide the same services to the same beneficiaries. Overlap occurs when two or more programs have similar goals and offer similar services to similar beneficiaries. This review focused on potential duplication and overlap across the supportive services components of HUD's CoC program and our selected HHS programs, not fragmentation. Prior GAO work on homelessness more comprehensively reviewed fragmentation across homelessness programs. For example, see *Homelessness: Fragmentation and Overlap in Programs Highlight the Need to Identify, Assess, and Reduce Inefficiencies*, GAO-12-491 (Washington, D.C.: May 10, 2012).

Appendix II: Responses to Selected Questions on Supportive Services, Funding Sources, and Challenges from GAO's Survey of Continuums of Care

From November 2023 through February 2024, we administered a web-based survey to the collaborative applicants of all 387 Continuums of Care (CoC).[1] In the survey, we asked collaborative applicants about the supportive services they provide, supportive services other direct recipients in their CoCs provide, funding sources of these supportive services, and challenges CoCs reported in providing supportive services to people experiencing homelessness. We obtained a response rate of about 71 percent. All survey results are generalizable to the population of CoCs, except where otherwise noted.

The responses to selected questions directly applicable to our research objectives are shown below.[2] Our survey comprised closed- and open-ended questions. In the appendix, we do not provide information on responses provided to the open-ended questions. For a more detailed discussion of our survey methodology, see appendix I.

Table 9: Did you, the collaborative applicant, directly provide supportive services to CoC clients during the 12-month period from October 2022 to September 2023? (Question 1)

Responses	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Yes	48%	45%	52%
No	52%	48%	55%

CoC = Continuum of Care

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities.

Table 10: From October 2022 to September 2023, which of the following supportive services did you, the collaborative applicant, provide to people experiencing or at risk of homelessness using HUD CoC grant funds? (Question 2)

Supportive service	Estimated percentage—yes	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Annual assessment of service needs	77%	73%	81%
Case management	89%	86%	92%

[1]CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities.

[2]The survey had 31 questions in total. The 25 questions referenced in this appendix are directly applicable to our reporting objectives (tables 1 through 22 apply to the first objective and tables 23 through 28 apply to the second).

Supportive service	Estimated percentage—yes	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Child care	13%	10%	17%
Education	32%	28%	37%
Employment assistance and job training	38%	33%	42%
Food	52%	47%	57%
Housing search and counseling	81%	78%	85%
Legal	16%	12%	20%
Life skills training	51%	45%	56%
Mental health care	30%	25%	35%
Moving costs	41%	36%	46%
Outpatient health care	21%	17%	26%
Outreach	77%	73%	81%
Substance use disorder treatment	19%	15%	23%
Transportation	66%	61%	71%
Utility deposits	60%	56%	65%

CoC = Continuum of Care; HUD = Department of Housing and Urban Development

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. This question was only asked of collaborative applicants who answered yes to directly providing supportive services (question 1). Collaborative applicants were asked to answer yes, no, or do not know for each supportive service.

Table 11: What are the funding sources for the supportive services you, the collaborative applicant, provided from October 2022 to September 2023? (Question 4, federal)

Supportive service	Estimated percentage—federal	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Annual assessment of service needs	90%	86%	93%
Case management	85%	81%	89%
Child care	n/r	n/r	n/r
Education	56%	47%	65%
Employment assistance and job training	56%	48%	65%
Food	44%	37%	51%
Housing search and counseling	78%	73%	82%
Legal	n/r	n/r	n/r
Life skills training	69%	62%	76%
Mental health care	n/r	n/r	n/r
Moving costs	68%	60%	76%
Outpatient health care	n/r	n/r	n/r
Outreach	68%	63%	74%
Substance use disorder treatment	n/r	n/r	n/r
Transportation	66%	60%	72%
Utility deposits	72%	66%	78%

CoC = Continuum of Care; n/r = not reporting

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. N/r indicates we are not reporting the estimate because the maximum half-width of the confidence interval is greater than 10 percentage points or there were too few observations. This question was only asked of collaborative applicants who answered yes to directly providing supportive services (question 1). Collaborative applicants were asked to provide an answer for each supportive service.

Table 12: What are the funding sources for the supportive services you, the collaborative applicant, provided from October 2022 to September 2023? (Question 4, state)

Supportive service	Estimated percentage—state	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Annual assessment of service needs	44%	39%	50%
Case management	58%	53%	63%
Child care	n/r	n/r	n/r
Education	44%	35%	54%
Employment assistance and job training	54%	45%	62%
Food	41%	34%	48%
Housing search and counseling	57%	52%	62%
Legal	n/r	n/r	n/r
Life skills training	51%	44%	58%
Mental health care	n/r	n/r	n/r
Moving costs	59%	51%	67%
Outpatient health care	n/r	n/r	n/r
Outreach	64%	59%	69%
Substance use disorder treatment	n/r	n/r	n/r
Transportation	41%	35%	47%
Utility deposits	61%	54%	67%

CoC = Continuum of Care; n/r = not reporting

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. N/r indicates we are not reporting the estimate because the maximum half-width of the confidence interval is greater than 10 percentage points or there were too few observations. This question was only asked of collaborative applicants who answered yes to directly providing supportive services (question 1). Collaborative applicants were asked to provide an answer for each supportive service.

Table 13: What are the funding sources for the supportive services you, the collaborative applicant, provided from October 2022 to September 2023? (Question 4, county or local)

Supportive service	Estimated percentage—county or local	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Annual assessment of service needs	33%	27%	38%
Case management	38%	33%	42%
Child care	n/r	n/r	n/r
Education	35%	26%	45%
Employment assistance and job training	34%	26%	42%
Food	37%	30%	44%
Housing search and counseling	43%	38%	48%

Supportive service	Estimated percentage—county or local	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Legal	n/r	n/r	n/r
Life skills training	33%	26%	40%
Mental health care	n/r	n/r	n/r
Moving costs	32%	24%	40%
Outpatient health care	n/r	n/r	n/r
Outreach	43%	37%	48%
Substance use disorder treatment	n/r	n/r	n/r
Transportation	34%	28%	40%
Utility deposits	35%	29%	42%

CoC = Continuum of Care; n/r = not reporting

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. N/r indicates we are not reporting the estimate because the maximum half-width of the confidence interval is greater than 10 percentage points or there were too few observations. This question was only asked of collaborative applicants who answered yes to directly providing supportive services (question 1). Collaborative applicants were asked to provide an answer for each supportive service.

Table 14: What are the funding sources for the supportive services you, the collaborative applicant, provided from October 2022 to September 2023? (Question 4, private)

Supportive service	Estimated percentage—private	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Annual assessment of service needs	19%	15%	24%
Case management	23%	19%	27%
Child care	n/r	n/r	n/r
Education	33%	24%	42%
Employment assistance and job training	30%	22%	38%
Food	56%	49%	63%
Housing search and counseling	21%	17%	26%
Legal	n/r	n/r	n/r
Life skills training	29%	23%	36%
Mental health care	27%	18%	37%
Moving costs	34%	26%	42%
Outpatient health care	n/r	n/r	n/r
Outreach	24%	19%	29%
Substance use disorder treatment	n/r	n/r	n/r
Transportation	26%	21%	32%
Utility deposits	37%	31%	43%

CoC = Continuum of Care; n/r = not reporting

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. N/r indicates we are not reporting the estimate because the maximum half-width of the confidence interval is greater than 10 percentage points or there were too few observations. This question was only asked of collaborative applicants who answered yes to directly providing supportive services (question 1). Collaborative applicants were asked to provide an answer for each supportive service.

Table 15: During the period from October 2022 to September 2023, from which of the following Department of Housing and Urban Development programs other than the CoC program did you, the collaborative applicant, receive funding to provide supportive services to CoC clients? (Question 5)

Program	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Emergency Solutions Grant	69%	65%	73%
Housing Opportunities for Persons with AIDS	7%	5%	10%
Rural Housing Stability Assistance	n/r	n/r	n/r
Youth Homelessness Demonstration	13%	10%	16%
Other HUD programs	22%	18%	26%
Did not receive funding from other HUD programs	21%	18%	25%
Do not know	4%	3%	7%

CoC = Continuum of Care; HUD = Department of Housing and Urban Development; n/r = not reporting

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. N/r indicates we are not reporting the estimate because the maximum half-width of the confidence interval is greater than 10 percentage points or there were too few observations. This question was only asked of collaborative applicants who answered yes to directly providing supportive services (question 1). Collaborative applicants were asked to select all that applied.

Table 16: During the period from October 2022 to September 2023, from which of the following HHS programs did you, the collaborative applicant, receive funding to provide supportive services to CoC clients? (Question 6)

Program	Estimated percentage—yes	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Did not receive funding from HHS programs	59%	54%	63%
Community Services Block Grants	15%	12%	18%
Runaway and Homeless Youth	5%	3%	7%
Street Outreach	n/r	n/r	n/r
Medicaid	10%	7%	13%
Health Center Program (includes Health Care for the Homeless)	n/r	n/r	n/r
Ryan White HIV/AIDS	4%	2%	6%
Projects for Assistance in Transition from Homelessness	9%	7%	13%
Grants for the Benefit of Homeless Individuals	n/r	n/r	n/r
Treatment for Individuals Experiencing Homelessness	n/r	n/r	n/r
Other HHS programs	n/r	n/r	n/r
Do not know	7%	5%	10%

CoC = Continuum of Care; HHS = Department of Health and Human Services; n/r = not reporting

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. N/r indicates we are not reporting the estimate because the maximum half-width of the confidence interval is greater than 10 percentage points or there were too few observations. This question was only asked of collaborative applicants who answered yes to directly providing supportive services (question 1). Collaborative applicants were asked to select all that applied.

Table 17: From October 2022 to September 2023, which of the following supportive services did other direct recipients provide to people experiencing or at risk of homelessness using HUD CoC grant funds? (Question 7)

Supportive service	Estimated percentage—yes	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Annual assessment of service needs	80%	78%	83%
Case management	93%	91%	94%
Child care	37%	34%	41%
Education	55%	51%	58%
Employment assistance and job training	68%	65%	71%
Food	74%	71%	77%
Housing search and counseling	88%	86%	90%
Legal	40%	37%	43%
Life skills training	79%	77%	82%
Mental health care	69%	65%	72%
Moving costs	69%	66%	72%
Outpatient health care	39%	36%	43%
Outreach	79%	76%	81%
Substance use disorder treatment	48%	45%	52%
Transportation	79%	76%	81%
Utility deposits	74%	72%	77%

CoC = Continuum of Care; HUD = Department of Housing and Urban Development

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. Collaborative applicants were asked to answer yes, no, or do not know for each supportive service.

Table 18: For which following supportive services did you refer clients to service providers that are not direct recipients of CoC program funding from October 2022 to September 2023? (Question 9)

Supportive service	Estimated percentage—yes	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Annual assessment of service needs	41%	37%	44%
Case management	76%	73%	79%
Child care	79%	76%	82%
Education	86%	83%	88%
Employment assistance and job training	91%	88%	92%
Food	91%	89%	93%
Housing search and counseling	76%	73%	79%
Legal	92%	90%	94%
Life skills training	77%	74%	80%
Mental health care	93%	91%	95%
Moving costs	65%	62%	68%
Outpatient health care	89%	87%	91%
Outreach	74%	71%	77%

Supportive service	Estimated percentage—yes	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Substance use disorder treatment	89%	87%	91%
Transportation	77%	74%	80%
Utility deposits	81%	78%	83%
Furniture, appliance, and home goods	88%	85%	90%
Other supportive services	38%	30%	45%
Did not refer clients to providers that are not direct recipients of CoC funds	15%	12%	18%

CoC = Continuum of Care

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. Collaborative applicants were asked to answer yes, no, or do not know for each supportive service, including services the collaborative applicants offer themselves.

Table 19: To which of the following Department of Health and Human Services programs did you, the collaborative applicant, refer clients for supportive services? (Question 10)

Program	Estimated percentage—yes	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Medicaid	61%	58%	64%
Health Center Program (including Health Care for the Homeless)	30%	27%	33%
Projects for Assistance in Transition from Homelessness	37%	34%	41%
Other HHS programs	12%	9%	14%
Did not refer clients to any of the above programs	24%	22%	27%
Do not know	8%	7%	10%

CoC = Continuum of Care; HHS = Department of Health and Human Services

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. Collaborative applicants were asked to select all that applied.

Table 20: Thinking about service providers that are direct recipients of CoC grant funds in your CoC, do you collect information about funding sources other than CoC grants that they use to provide their supportive services? (Question 11)

Response	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Yes	69%	66%	72%
No	26%	24%	29%
Do not know	5%	3%	6%

CoC = Continuum of Care

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities.

Table 21: To your knowledge, during the period from October 2022 to September 2023, from which of the following HUD homelessness programs (other than the CoC program) did other direct recipients in your CoC receive funding to provide supportive services to CoC clients? (Question 12)

Program	Estimated percentage—yes	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Emergency Solutions Grant	87%	85%	90%
Housing Opportunities for Persons with AIDS	48%	44%	52%
Rural Housing Stability Assistance program	5%	3%	7%
Youth Homelessness Demonstration	22%	19%	25%
Other HUD programs	24%	20%	27%
Did not receive funding from other HUD programs	5%	4%	7%
Do not know	4%	2%	5%

CoC = Continuum of Care; HUD = Department of Housing and Urban Development

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. This question was only asked of collaborative applicants who answered yes to collecting information about funding sources of direct recipients in their CoC (question 11). Collaborative applicants were asked to select all that applied.

Table 22: During the period of October 2022 to September 2023, from which of the following HHS programs did other direct recipients of CoC grant funds in your CoC receive funding to provide supportive services to CoC clients? (Question 13)

Program	Estimated percentage—yes	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Did not receive funding from HHS programs	11%	8%	13%
Community Services Block Grants	38%	34%	42%
Runaway and Homeless Youth program	35%	31%	39%
Street Outreach program	20%	16%	23%
Medicaid	47%	43%	51%
Health Center Program (includes Health Care for the Homeless)	18%	15%	21%
Ryan White HIV/AIDS program	23%	19%	26%
Projects for Assistance in Transition from Homelessness	41%	37%	45%
Grants for the Benefit of Homeless Individuals	15%	12%	17%
Treatment for Individuals Experiencing Homelessness	10%	8%	13%
Other HHS programs	4%	2%	6%
Do not know	19%	16%	22%

CoC = Continuum of Care; HHS = Department of Health and Human Services

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. This question was only asked of collaborative applicants who answered yes to collecting information about funding sources of direct recipients in their CoC (question 11). Collaborative applicants were asked to select all that applied.

Table 23: Are you a Community Action Agency that uses Community Services Block Grant funds to provide supportive services to your CoC clients? (Question 14)

Response	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Yes	11%	9%	13%
No	85%	83%	88%
Do not know	4%	3%	5%

CoC = Continuum of Care

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities.

Table 24: What supportive services did you provide with Community Services Block Grant funds from October 2022 to September 2023? (Question 15)

Supportive service	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Workforce training	n/r	n/r	n/r
Workforce placement	n/r	n/r	n/r
Housing counseling	n/r	n/r	n/r
Health services	n/r	n/r	n/r
Substance use disorder treatment	n/r	n/r	n/r
Emergency home repair	n/r	n/r	n/r
Food pantry or nutrition assistance	n/r	n/r	n/r
Rent or mortgage assistance	n/r	n/r	n/r
Transportation services	n/r	n/r	n/r
Tax assistance	n/r	n/r	n/r
Legal services	n/r	n/r	n/r
Utility bill assistance	80%	71%	89%
Other	n/r	n/r	n/r

CoC = Continuum of Care; n/r = not reporting

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. N/r indicates we are not reporting the estimate because the maximum half-width of the confidence interval is greater than 10 percentage points or there were too few observations. This question was only asked of collaborative applicants who answered yes to being a Community Action Agency (question 14). Collaborative applicants were asked to select all that applied.

Table 25: From October 2022 to September 2023, did you, the collaborative applicant, work with any (or any other) Community Action Agencies to provide supportive services to your CoC clients? (Question 16)

Response	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Yes	55%	52%	59%
No	32%	29%	35%
Do not know	13%	10%	15%

CoC = Continuum of Care

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic
area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities.

Table 26: What do you believe are the top challenges you, the collaborative applicant, and other direct recipients face in providing supportive services needed by clients? (Question 17)

Challenge	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Staff recruitment, retention, and training	79%	77%	82%
Insufficient funds for homelessness prevention	69%	66%	72%
Restrictions on the use of HUD funding for supportive services	52%	49%	55%
Unclear guidance on how CoC funds can be used	9%	7%	11%
Lack of annual increase to CoC grant funding for supportive services	81%	79%	84%
Administrative burden of managing fragmented funding sources	45%	42%	48%
Difficulty in coordinating case management across multiple programs used by a CoC client	20%	18%	23%
Lack of collaboration with other federal programs	17%	14%	19%
Lack of data sharing between federal programs	15%	13%	18%
Homeless Management Information System issues	5%	4%	7%
Movement of service application and supports to online or virtual platforms	2%	1%	3%
Clients who do not take up services offered	23%	21%	26%
Meeting the needs of specific populations (for example, aging or medically vulnerable)	44%	41%	48%
Other	12%	10%	14%
Do not know	no answers received	no answers received	no answers received

CoC = Continuum of Care; HUD = Department of Housing and Urban Development; - = no answers received

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic
area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities.
Collaborative applicants were asked to select up to five challenges or do not know. No collaborative applicants selected do not know. When evaluating
the level of challenge, collaborative applicants were asked to consider how much the challenge may constrain, delay, or prevent CoC service providers
from providing supportive services. Fragmented funding sources refers to multiple funding programs split between federal, state, county, and local
governments, as well as philanthropic organizations.

Table 27: From the following list, for which five supportive services does your CoC experience the biggest gap in funding? (Question 18)

Supportive service	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Annual assessment of service needs	6%	4%	7%
Case management	62%	59%	66%
Child care	27%	24%	30%
Education services	6%	4%	8%
Employment assistance and job training	21%	18%	23%
Food	9%	7%	11%
Housing search and counseling	45%	42%	48%
Legal	15%	13%	17%
Life skills training	11%	9%	13%
Mental health care	58%	55%	61%
Moving costs	19%	16%	21%
Outpatient health care	21%	19%	24%
Outreach	39%	36%	42%
Substance use disorder treatment	44%	41%	48%
Transportation	34%	31%	37%
Utility deposits	22%	19%	25%
Other	11%	9%	13%
Do not know	n/r	n/r	n/r

CoC = Continuum of Care; n/r = not reporting

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. N/r indicates we are not reporting the estimate because the maximum half-width of the confidence interval is greater than 10 percentage points or there were too few observations. We defined a gap in funding as insufficient funding from all sources to provide the supportive service to the extent needed by CoC clients. Collaborative applicants were asked to select up to five supportive services.

Table 28: For which of the following supportive services do you, the collaborative applicant, and other direct recipients not have sufficient capacity? (Question 19)

Supportive service	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Annual assessment of service needs	43%	40%	47%
Case management	88%	86%	90%
Child care	71%	67%	74%
Education	49%	45%	52%
Employment assistance and job training	63%	60%	67%
Food	35%	32%	39%
Housing search and counseling	78%	76%	81%
Legal	62%	59%	66%
Life skills training	63%	60%	67%

Supportive service	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Mental health care	82%	79%	84%
Moving costs	56%	53%	60%
Outpatient health care	63%	60%	67%
Outreach	75%	72%	78%
Substance use disorder treatment	77%	74%	80%
Transportation	70%	67%	73%
Utility deposits	63%	60%	66%
Other	n/r	n/r	n/r

CoC = Continuum of Care; n/r = not reporting

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. N/r indicates we are not reporting the estimate because the maximum half-width of the confidence interval is greater than 10 percentage points or there were too few observations. We defined not having sufficient capacity as not having enough staff or service providers able to provide the supportive service to the extent needed by CoC clients. Collaborative applicants were asked to select all supportive services that applied.

Table 29: Are there supportive services that your clients need but for which there are no funding sources available to your CoC? (Question 20)

Response	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Yes	80%	77%	82%
No	9%	7%	11%
Do not know	12%	10%	14%

CoC = Continuum of Care

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities.

Table 30: For which supportive services do your clients have a need but your CoC does not have funding? (Question 21)

Supportive service	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Provision of furniture and home goods	76%	72%	79%
Support for older adults experiencing homelessness who need help with activities of daily living	87%	84%	89%
Provision of survival gear (such as tents, outdoor stoves, sleeping bags)	57%	54%	61%
Other	36%	33%	40%
Do not know	n/r	n/r	n/r

CoC = Continuum of Care; n/r = not reporting

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. N/r indicates we are not reporting the estimate because the maximum half-width of the confidence interval is greater than 10 percentage points or there were too few observations. This question was asked only of collaborative applicants who answered there were supportive services clients need but the CoC does not have funding (question 20). Collaborative applicants were asked to select all that applied.

Table 31: Has your CoC participated in data-sharing with your state's Medicaid program? (Question 22)

Response	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Yes	23%	21%	26%
No	60%	57%	63%
Do not know	17%	14%	19%

CoC = Continuum of Care

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities.

Table 32: Did you receive guidance from HUD, HHS, or both to establish the data-sharing agreement? (Question 23)

Response	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Yes	37%	31%	44%
No	44%	37%	51%
Do not know	19%	13%	24%

CoC = Continuum of Care; HHS = Department of Health and Human Services; HUD = Department of Housing and Urban Development

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. This question was asked only of collaborative applicants who answered that their CoC does participate in data sharing with their state Medicaid program (question 22).

Table 33: Did the data-sharing agreement help your CoC provide supportive services to your clients? (Question 24)

Response	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Yes	n/r	n/r	n/r
No	21%	11%	30%
Do not know	24%	14%	34%

CoC = Continuum of Care; n/r = not reporting

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. N/r indicates we are not reporting the estimate because the maximum half-width of the confidence interval is greater than 10 percentage points or there were too few observations. This question was asked only of collaborative applicants who answered that their CoC participates in data sharing with their state Medicaid program and received guidance from HUD, HHS, or both (question 22 and 23).

Table 34: Does your CoC plan to participate in data-sharing with your state's Medicaid program? (Question 25)

Response	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Yes	24%	21%	27%
No	18%	15%	21%
Do not know	58%	54%	62%

CoC = Continuum of Care

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities.

Table 35: Beside Medicaid, does your CoC have data-sharing agreements with any HHS programs? (Question 26)

Response	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Yes	18%	16%	21%
No	56%	53%	59%
Do not know	26%	23%	29%

CoC = Continuum of Care; HHS = Department of Health and Human Services

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities.

Table 36: With which, if any, HHS programs does your CoC have data-sharing agreements? (Question 27)

Programs	Estimated percentage	95 percent confidence interval—lower bound	95 percent confidence interval—upper bound
Community Services Block Grants	24%	18%	31%
Health Center Program (including Health Care for the Homeless)	12%	7%	17%
Temporary Assistance for Needy Families	22%	16%	29%
Projects for Assistance in Transition from Homelessness	51%	43%	59%
Grants for the Benefit of Homeless Individuals	n/r	n/r	n/r
Treatment for Individuals Experiencing Homelessness	n/r	n/r	n/r
Substance Use Prevention, Treatment, and Recovery Services Block Grant	n/r	n/r	n/r
Other	18%	12%	24%
Do not know	n/r	n/r	n/r

CoC = Continuum of Care; HHS = Department of Health and Human Services; n/r = not reporting

Source: GAO. | GAO-24-106688

Notes: CoCs are regional or local planning bodies that coordinate homelessness response funding and provide homelessness services in a geographic area. CoCs designate a "collaborative applicant" to apply for funds on behalf of the CoC during CoC program competitions or funding opportunities. N/r indicates we are not reporting the estimate because the maximum half-width of the confidence interval is greater than 10 percentage points. This question was only asked of collaborative applicants who answered their CoC has data-sharing agreements with any HHS programs.

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

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Staff Acknowledgments

In addition to the contact named above, Allison Abrams (Assistant Director), Erika Navarro (Analyst in Charge), Lauren Capitini, Garrett Hillyer, Nicholas Jones, Melissa Kornblau, Jill Lacey, Abinash Mohanty, Kristina Podesta, Kim Reardon, Barbara Roesmann, Jena Sinkfield, and Farrah Stone made key contributions to this report.

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