

July 2010

RURAL
HOMELESSNESS

Better Collaboration
by HHS and HUD
Could Improve
Delivery of Services in
Rural Areas



GAO

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Highlights of [GAO-10-724](#), a report to congressional committees

Why GAO Did This Study

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 directed GAO to conduct a broad study of homelessness in rural areas. In this report, we provide information about rural homelessness issues, based in significant part on our work in rural areas within six selected states. Specifically, the report addresses the following questions: (1) What are the characteristics of homelessness in rural areas? (2) What assistance is available to individuals or families experiencing homelessness and what amount of funding have the federal departments and agencies awarded to organizations that assist persons experiencing homelessness in rural areas? (3) What barriers do persons experiencing homelessness and homeless service providers encounter when seeking assistance or funding to provide assistance? To address these issues, GAO reviewed relevant literature, conducted site visits, and interviewed agency officials.

What GAO Recommends

GAO recommends that the Departments of Housing and Urban Development (HUD) and Health and Human Services (HHS) explore further opportunities to strengthen formal collaboration on linking housing and supportive services to address homelessness, with specific consideration for how such collaboration can minimize barriers to service provision in rural areas. HHS and HUD generally agreed with the recommendation.

View [GAO-10-724](#) or [key components](#). For more information, contact Alicia Cackley at (202) 512-8678 or cackleya@gao.gov.

RURAL HOMELESSNESS

Better Collaboration by HHS and HUD Could Improve Delivery of Services in Rural Areas

What GAO Found

Rural homelessness involves a range of living situations but comparing the extent of homelessness in rural and nonrural areas is difficult primarily due to data limitations. Based on GAO visits to six states, persons experiencing homelessness in rural areas could be living in one of a limited number of shelters, in extremely overcrowded situations, in severely substandard housing, or outdoors. While HUD and other agencies collect some data on homeless populations, several challenges exist in using these data to compare the extent of homelessness in rural and nonrural areas. They include difficulties in counting transient populations, limited reporting by service providers in federal data systems, inconsistent reporting across programs, and focusing on the segments of the homeless population that the agency serves. Definitional differences also make comparisons difficult. For instance, the three most common federal definitions of rural use differing criteria such as population or proximity to urban areas. Even within one measure such as population, different agencies can use different parameters and therefore identify different areas as rural.

A number of federal programs exist to support those experiencing homelessness in rural areas. Targeted and nontargeted programs fund permanent and emergency housing and supportive services such as mental health services, case management, and job training. However, federal agencies maintain limited data on the amount of homeless assistance awarded to rural areas, making comparisons with assistance awarded to nonrural areas difficult. For instance, HUD maintains some data on the amount of homeless assistance awarded to rural areas through its targeted programs, but the data are based on providers' identification of locations as rural or not. Nontargeted programs can serve persons experiencing homelessness but do not track how much funding is used for homeless assistance. As a result of data limitations such as these, comparisons of funding levels offer limited insight into the relationship between the size of the homeless population in an area and the amount of funding received.

Barriers to accessing and providing homeless services in rural areas include limited access to services, large service areas, dispersed populations, and a lack of transportation and affordable housing according to state and local officials and persons experiencing homelessness in the states we visited. For instance, many rural areas have few shelters or shelters with few beds serving very large areas. A program in which HUD provides housing vouchers to homeless veterans and the Department of Veterans Affairs provides clinical and case management services to these same veterans is one of a limited number of examples of formal collaboration and leveraging of federal resources that link housing and supportive services. The effects of limited collaboration may be particularly acute in rural areas because of the barriers cited above. Without a more formal linking of housing and supportive services by HUD and HHS, two of the key agencies for funding these activities, the effectiveness of federal efforts to address homelessness may be diminished.

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Abbreviations

AHAR	Annual Homeless Assessment Report
BIA	Bureau of Indian Affairs
CDBG	Community Development Block Grant
CHALENG	Community Homelessness Assessment Local Education and Networking Groups
CoC	Continuum of Care
CICH	Collaborative Initiative to Help End Chronic Homelessness
DHS	Department of Homeland Security
Education	Department of Education
ESG	Emergency Shelter Grant
ESEA	Elementary and Secondary Education Act of 1965
HEARTH	Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009
HHS	Department of Health and Human Services
HMIS	Homelessness Management Information System
HUD	Department of Housing and Urban Development
Labor	Department of Labor
NAHASDA	Native American Housing Assistance and Self- Determination Act
PATH	Projects for Assistance in Transition from Homelessness
PIT	Point-in-Time
RHYMIS	Runaway and Homeless Youth Management Information System
USDA	Department of Agriculture
VA	Department of Veterans Affairs
VASH	VA Supportive Housing

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United States Government Accountability Office
Washington, DC 20548

July 20, 2010

Congressional Committees

Homelessness has sometimes been characterized as the “extreme end of poverty.”¹ In rural areas of the United States, homelessness has not attracted the same level of attention as in urban areas, although research has shown that the highest poverty rates occur in rural areas as well as center cities. Although some studies have examined the issue of homelessness in rural areas, little comprehensive data exist on the extent of homelessness in these areas or the extent to which various federal programs meet the needs of those experiencing homelessness in rural areas or support providers that serve this population. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 created the Rural Housing Stability Grant Program.² This grant program is seen as to allow rural areas more flexibility to identify and address the needs of persons experiencing homelessness or those in the worst housing situations and reserves Department of Housing and Urban Development (HUD) funding for which rural communities may apply separately.

The HEARTH Act also directed GAO to conduct a broad study of homelessness in rural areas, including tribal lands and colonias.³ In this report, we provide information about rural homelessness issues, based in significant part on our work in rural areas within six states. Specifically, the report addresses the following questions:

¹K. Hopper and J.Hamburg, “The Making of America’s Homeless: From Skid Row to New Poor, 1945–1984,” *Critical Perspectives on Housing*, R. G. Bratt, C. Hartman, and A. Myerson (Eds.), (Philadelphia, PA., Temple University Press 1986).

²The HEARTH Act is contained in Division B of Public Law 111-22. Pub. L. No. 111-22 § 1001, et seq., 123 Stat. 1669 (May 20, 2009). The Rural Stability Housing Grant Program was established in section 1401 of the HEARTH Act. The pertinent provisions of the act become applicable on November 20, 2010, or 3 months after the Department of Housing and Urban Development’s (HUD) publication of final regulations under section 1504 of the act, whichever is earlier. The act requires HUD to promulgate the regulations not later than 1 year after the date of enactment. *Id.* §§ 1503, 1504.

³*Id.* § 1402. Colonia, a Spanish word for neighborhood or community, refers to a settlement located within 150 miles of the U.S.-Mexico border that has a majority population composed of individuals and families of low and very low income and which may lack basic infrastructure such as water and sewer.

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1. What are the characteristics of homelessness in rural areas?
 2. What assistance is available to individuals or families experiencing homelessness and what amount of funding have the federal departments and agencies awarded to organizations that assist persons experiencing homelessness in rural areas?
 3. What barriers do persons experiencing homelessness and homeless service providers encounter when seeking assistance or funding to provide assistance?

To address these questions, we conducted a review of relevant reports, studies, and our prior research. We also conducted site visits in Arizona, Kentucky, Maine, Minnesota, New Mexico, and Texas. During these visits, we interviewed federal, state, and local housing and homelessness officials and nonprofit homelessness organizations, and toured rural areas in which homelessness was present. We selected the site visit locations based on several factors, including (1) discussions with knowledgeable individuals in the field of homelessness, (2) a review of studies and reports on local and state efforts to serve the homeless in rural areas, (3) the presence of tribal lands and colonias, and (4) geographical diversity. We also reviewed relevant laws, regulations, and program documentation and interviewed officials from various federal agencies as well as national stakeholder organizations. For purposes of this report, we did not limit ourselves to any one federal definition of homelessness and did not specify a specific definition when speaking with researchers, providers, and relevant government officials, but they did clarify on how they defined homelessness in the context of their comments.

We conducted this performance audit from July 2009 to July 2010 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

Several federal programs—mainstream and targeted—may be available to assist those experiencing homelessness in rural and nonrural areas. Mainstream programs—such as Temporary Assistance for Needy Families, public housing, the Supplemental Nutrition Assistance Program, Medicaid, and the Workforce Investment Act—provide a wide range of assistance,

such as cash assistance, housing, food, health care, and job training, for low-income people including those experiencing homelessness. Targeted programs—such as the Emergency Shelter Grant and Runaway and Homeless Youth programs—also provide a range of services but are designed specifically for individuals or families experiencing homelessness.⁴

The McKinney-Vento Homeless Assistance Act (McKinney-Vento) is the principal federal legislation designed to provide funding for shelter and services to persons experiencing homelessness.⁵ McKinney-Vento originally consisted of 15 programs providing, among other things, resources for emergency shelter, transitional housing, job training, primary health care, education, and permanent housing. The current act has been amended several times and was most recently reauthorized by the HEARTH Act. For the most part, these amendments have expanded the scope and strengthened the provisions of the original legislation by expanding eligible activities and creating new programs. This legislation continues to represent the primary source of funding for targeted programs serving persons experiencing homelessness. HUD administers both competitive and formula-based McKinney-Vento programs that fund activities to address homelessness in rural and nonrural areas. HUD's competitively awarded homeless programs comprise the "Continuum of Care" (CoC) system. According to HUD, the program is based on the understanding that homelessness is not caused solely by a lack of shelter, but also involves other physical, social, and economic needs. Through the CoC system HUD allocates homeless assistance grants to organizations that participate in homeless assistance program planning networks. The planning network or CoC refers to a group of providers and key stakeholders in a geographical area—a city, a county, a metropolitan area, or an entire state—that join to plan for the homeless housing and service system within that geographic area and apply for HUD's competitive homeless program funding.⁶ Rural areas typically organize into regional or

⁴The HEARTH Act changed various aspects of the Emergency Shelter Grant program and also changed the name of the program to the Emergency Solutions Grant program. Pub. L. No. 111-22 § 1201.

⁵The act was originally named the Stewart B. McKinney Homeless Assistance Act, Pub. L. No. 100-77 (July 22, 1987), but was renamed as the McKinney-Vento Homeless Assistance Act in 2000, Pub. L. No. 106-400 (Oct. 30, 2000).

⁶The HEARTH Act codified the CoC process. Pub. L. No. 111-22 § 1301. Among other things, the act requires a collaborative application for each geographic area applying for HUD McKinney-Vento funds.

balance-of-state (areas in the state not already covered by other continuums) CoC systems which may include a mixture of rural and nonrural areas. Areas in 37 states or territories are organized as balance-of-state CoCs, while other states such as Minnesota and Nebraska have organized into regional CoC systems. Several other federal agencies also have programs targeting homelessness that primarily provide supportive services—including the Departments of Education (Education), Homeland Security (DHS), Labor (Labor), Justice (DOJ), Health and Human Services (HHS), and Veterans Affairs (VA).⁷

McKinney-Vento also authorized the creation of the U.S. Interagency Council on Homelessness (Interagency Council), which currently includes 19 member agencies.⁸ McKinney-Vento mandated that the Interagency Council identify duplication in federal programs and provide assistance to states, local governments, and other public and private nonprofit organizations to enable them to serve those experiencing homelessness more effectively. The HEARTH Act revises the Interagency Council’s mission to coordinate the federal response to homelessness and create a national partnership at every level of government and with the private sector to reduce and end homelessness.⁹ HEARTH also mandates that the Interagency Council develop and annually update a national strategic plan to end homelessness. The Interagency Council’s plan, which was released in June 2010, aims to align federal resources effectively and appropriately with four key goals: (1) prevent and end homelessness for families, youth, and children; (2) prevent and end homelessness among veterans; (3) end chronic homelessness; and (4) “set a path” to end all types of homelessness.

As described in our June 2010 report, federal programs define homelessness differently. HUD administers programs under McKinney-Vento that specifically target persons experiencing “literal” homelessness (that is, living in shelters or in places not meant for human habitation, but

⁷In this report we use “supportive services” to include all nonhousing services that may assist persons experiencing homelessness.

⁸The Interagency Council members are HUD; HHS; Education; Labor; DOJ; VA; DHS; the Departments of Agriculture, Commerce, Defense, Interior, Energy, and Transportation; the Social Security Administration; the General Services Administration; the Office of Management and Budget; the Postal Service; the Corporation for National and Community Service; and the White House Office of Faith-Based and Neighborhood Partnerships.

⁹Pub. L. No. 111-22 § 1004.

not in precarious housing situations).¹⁰ According to HUD officials, Congress directs federal agencies as to which definition of homelessness shall be used within each program; furthermore, as HUD’s housing resources are not an entitlement, funding must be targeted to those most in need.¹¹ The statutory definition of homelessness for Education, DOJ, and some HHS targeted programs is broader than that for HUD programs. For example, under McKinney-Vento, the Education for Homeless Children and Youth program’s definition of homelessness includes children and youth who are living in substandard housing, while the Healthcare for the Homeless program’s definition includes those who are “doubled up,” or living temporarily with another household because they cannot afford housing of their own.¹² Table 1 categorizes definitions of homelessness across federal agencies with targeted homeless assistance programs. In our June 2010 report, we recommended that Education, HHS, and HUD develop a common vocabulary for homelessness and determine if the benefits of collecting data on housing status in targeted and mainstream programs would exceed the costs.

Table 1: Typology of Definitions of “Homelessness” among Federal Agencies with Targeted Homeless Assistance Programs, as of July 2010

Federal agency	Homelessness definition		
	McKinney-Vento individual ^a	McKinney-Vento children and youth ^b	Other ^c
Education		•	
DHS	•		
Labor	•		
DOJ			•
HHS			•
HUD	•		
VA ^d	•		•

Source: GAO.

¹⁰GAO, *Homelessness: A Common Vocabulary Could Help Agencies Collaborate and Collect More Consistent Data*, [GAO-10-702](#) (Washington, D.C.: June 30, 2010).

¹¹Two of HUD’s programs, the Emergency Shelter Grant program and the Homeless Prevention and Rapid Rehousing program, may fund homelessness prevention.

¹²The definition of “homeless children and youths” is codified at 42 U.S.C. § 11434a.

^aSomeone who lacked a fixed, regular, and adequate nighttime residence or has a nighttime residence that is a supervised shelter designed to provide temporary accommodations; an institution providing a temporary residence for individuals awaiting institutionalization; or a place not designed for, nor ordinarily used as, a regular sleeping accommodation.

^bChildren and youths who meet the McKinney-Vento individual definition or those who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reasons (doubled up); living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; awaiting foster care placement; or living in substandard housing.

^cDefinitions of homelessness other than McKinney-Vento individuals or children and youth definitions. For example, HHS' Runaway and Youth Act's Transitional Living program defines a homeless youth as being generally from the ages of 16 to 22, unable to live in a safe environment with a relative, and lacking any safe alternative living arrangements.

^dVA definitions depend on the program.

The HEARTH Act broadens the McKinney-Vento definition of “homeless individual,” and also defined the terms “homeless,” “homeless person,” and “homeless individual with a disability.”¹³

Federal agencies also do not employ a single definition of “rural” and the definitions generally are not comparable across agencies. In a prior GAO report, we discussed the three most common federal definitions of rural—from the Bureau of the Census, the Department of Agriculture’s (USDA) Economic Research Service, and the Office of Management and Budget—which have differing criteria, such as population threshold or proximity to urban areas.¹⁴ However, even within one measure such as population threshold, different agencies can use different parameters and therefore identify different areas as rural.

The mandate for this report in the HEARTH Act identifies two distinct communities to be included in this review of homelessness in rural areas—tribal lands and colonias. Because the federal government has a unique legal and political relationship with Native American tribes and Alaska Native entities, the administration of housing, homeless assistance, and supportive service programs on tribal lands differs. Federal agencies that have distinct roles and responsibilities to these groups include the Bureau of Indian Affairs (BIA), HUD, and HHS. BIA-administered programs include social services, economic development, housing

¹³In April 2010 HUD published a proposed rule designed to clarify and elaborate the definitions of “homeless,” “homeless individuals,” “homeless person,” and “homeless individual with a disability.” Comments were due on June 21, 2010. 75 Fed. Reg. 20541 (Apr. 20, 2010).

¹⁴GAO, *Rural Housing: Changing the Definition of Rural Could Improve Eligibility Determinations*, GAO-05-110 (Washington, D.C.: Dec. 3, 2004).

improvement, and disaster relief. HUD's Office of Native American Programs is responsible for the implementation and administration of programs, such as housing and community development, that are specific to Native Americans and Alaska Natives. The Indian Health Service within HHS is responsible for providing federal health services to Native Americans and Alaska Natives.

Unlike Native Americans and Alaska Natives, the federal government does not have a unique legal and political relationship with colonias. However, the Cranston-Gonzalez Act of 1990 recognized colonias within U.S. borders as distressed communities and designated set-aside funding to advance opportunities for homeownership and economic self-sufficiency in these areas.¹⁵ Individuals and families in colonias may lack safe, sanitary, and sound housing and be without basic services such as potable water, adequate sewage systems, utilities, and paved roads.

Forms of Rural Homelessness Encompass Situations Ranging from the More Visible, Such as Living in Shelters, to the Less Visible, Such as Living in Overcrowded Housing or Outdoors

The characteristics or forms of homelessness in the rural areas we visited ranged from the more visible, such as living in shelters, to the less visible, such as living in overcrowded or substandard housing. The range of living situations of persons experiencing homelessness in rural areas may overlap with the living situations of those experiencing homelessness in nonrural areas. Some persons experiencing homelessness lived in shelters or transitional housing. Shelters, where they existed, provided one of the visible entry points to receiving both housing assistance and supportive services. Some shelters we visited conduct initial assessments of individuals and families experiencing homelessness to determine their needs. The shelters may provide case management or mental health services or provide referrals to services within the area. We also observed various shelter types—some served specific groups, such as domestic violence victims or youth, while others were multipurpose. Some shelters were traditional, small communal shelters; some organizations used scattered site housing as shelters; and some shelters had no fixed location. For example, some service providers issued hotel vouchers, while others had moving shelters in which churches or other organizations would offer space. The shelter would be located in one organization's donated space for a set period of time before moving to another organization. Services available to clients also varied greatly among shelters. Some shelters offered a full range of on-site services such as mental health services,

¹⁵Cranston-Gonzalez National Affordable Housing Act, Pub. L. No. 101-625 (Nov. 28, 1990).

substance abuse treatment, case management, and job training. Other shelters offered limited services or lacked the funding to pay for 24-hour staff. Some areas without shelters relied on volunteers for homeless services because of limited or nonexistent funding.

Other forms of homelessness we observed or heard about in rural areas we visited included persons who owned or rented substandard housing or had established temporary alternative living arrangements such as doubling-up (short stays with persons who offer space). In some rural areas, infrastructure challenges contributed to substandard housing. For example, we observed some houses built in floodplains in colonias we visited in Texas. Additionally, building codes may not exist or may not be enforced in some rural areas. We also observed houses with boarded-up windows, caved-in floors or ceilings, and dangerous alternative heating sources in rural areas in several states. Persons living in similar housing in urban areas may more easily be identified as literally homeless as such structures could be condemned. Some individuals and families in rural areas lived in overcrowded homes, sometimes with multiple generations living together. In some places we visited, we heard that doubling-up or multigenerational living was a cultural norm or an accepted practice because people “take care of their own.” Some people had very few options. For example, on tribal lands many families have lived for long periods in overcrowded housing because waiting lists for housing are extremely long and private financing is rare due to legal issues with land ownership. Tribal officials from the Pueblo of Acoma reservation recently conducted a housing inventory and found approximately 155 overcrowded units on the reservation out of approximately 700 occupied units.¹⁶ Providers told us that severely overcrowded situations often were associated with domestic violence and child abuse. Providers said youth experiencing homelessness often “couch surfed,” trading goods or services such as drugs, sex, money, or child care for a temporary stay in someone’s home. Not all federal programs include such living conditions in their definitions of homelessness, and persons living in these situations may not be eligible for some federal assistance.

Finally, some individuals and families experiencing homelessness in the rural areas we visited were sleeping in areas not meant for human

¹⁶Tribal officials defined a unit as overcrowded if there were more than one-and-a-half people per bedroom. Some units had three or more people per bedroom.

habitation, including outdoor locations, vehicles, and abandoned buildings. For example:

- On tribal lands in Arizona, we heard of persons living in dry river beds or in outbuildings such as barns or backyard sheds.
- In Maine, we were informed of year-round encampments in the woods. In one case, the local fire department inspected and sanctioned a large fire pit for an encampment with the intent of minimizing the number of smaller pits.
- In Minnesota, we observed abandoned buses and ice houses that were used by persons without regular shelter and heard from a previously homeless woman about how she built a structure using a pallet, a large cardboard box, and a tarp to keep out the rain. She told us that she placed the structure in an old mining pit to avoid detection.

These individuals meet both the existing McKinney-Vento and HEARTH Act definitions of homeless and could be eligible for federal assistance. However with a limited number of shelters or other outreach, they may not be accessing services. Providers and persons experiencing homelessness emphasized that some persons experiencing homelessness wanted to remain hidden as they often were sought by abusive partners, parents, creditors, or the police. In the case of some families, parents were afraid that their children would be taken from them by social services.

Challenges in Collecting Comprehensive Data Make Understanding the Extent of Homelessness in Rural and Nonrural Areas Difficult

Due to limited comprehensive data and challenges in combining data from different federal sources, understanding the extent of homelessness in rural and nonrural areas is difficult. Several agencies are required to collect data on segments of the homeless population, but as described in our June 2010 report, these data have shortcomings and do not fully describe the incidence and prevalence of homelessness in rural or nonrural areas.¹⁷ HUD developed two sources of data—the Homelessness Management Information System (HMIS) and the biennial Point-in-Time (PIT) count—for understanding the extent of homelessness. These data

¹⁷[GAO-10-702](#).

are reported to Congress annually for the Annual Homeless Assessment Report (AHAR) on the extent and nature of homelessness in the United States. Under the direction of Congress, HUD created a set of technical data collection standards for local HMIS, instructed programs receiving HUD McKinney-Vento funding to report to those local systems, and encouraged all programs for homeless people, regardless of their funding source, to report data to HMIS.¹⁸ HMIS records and stores client-level information on the characteristics (on an ongoing basis throughout the year) and service needs of homeless persons and the data are used to produce counts of the sheltered homeless population over a full year. In addition to HMIS, the PIT counts of both sheltered and unsheltered homeless populations are based on the number of persons experiencing homelessness on a single night during the last week in January (every other year), and the data are included as part of the CoC applications, which are submitted to HUD annually.¹⁹ CoCs conduct a PIT count every other year with 452 CoCs completing a count in 2009. PIT counts include the “street counts” that estimate the number of unsheltered homeless people in each community, as well as estimates of sheltered homeless people based on a census of shelter and transitional housing occupants on a particular night.

Although other programs are encouraged to report data to HMIS, agencies such as HHS, Education, and VA have their own systems for collecting data. For example, HHS’s Runaway and Homeless Youth Management Information System (RHYMIS) collects demographic and service data on runaway and homeless youth being served by HHS’s Family and Youth Services Bureau’s programs. To demonstrate compliance with the Elementary and Secondary Education Act of 1965 (ESEA), as amended, Education collects data on homeless children and youth served by ESEA programs and the Education of Homeless Children and Youth program through the Consolidated State Performance Report. The McKinney-Vento

¹⁸HUD developed the data standards pursuant to the 2001 amendments to the McKinney-Vento Act. For a discussion of the Congressional directive, see HUD, *Report to Congress: HUD’s Strategy for Homeless Data Collection, Analysis and Reporting*, Congressional Directive/HUD Study, (August 2001), <http://www.hud.gov/offices/cpd/homeless/hmis/strategy/>.

¹⁹PIT counts are conducted biennially, but HUD has compiled national data on homelessness for AHAR in each of the last 5 years (2005-2009). In the odd numbered years, the PIT was required for all CoCs and in 2006 and 2008 it was optional. The most recent PIT count was conducted in January 2010. The last AHAR was issued in June 2010 and includes data collected in January 2009.

Act requires local school districts to have Homelessness Liaisons, provide appropriate services and support, and collect and report data to Education annually. Additionally, through VA's Northeast Program Evaluation Center, VA collects data on each individual veteran that enters one of VA's specialized homeless veterans programs. And, through the Community Homelessness Assessment Local Education and Networking Groups (CHALENG) process, VA collects population-based data by conducting local community group surveys with VA staff and community participants. CHALENG data is nationally compiled in an annual report to provide prevalence estimates of veteran homelessness and to assess the needs of the population as well as gaps in local services. Lastly, the Census Bureau's decennial population and housing census collects data on places in which the homeless population receive services as well as targeted nonshelter outdoor locations. While the Census makes an effort to count all residents, including those experiencing homelessness, the 2010 Census does not plan to report a separate count of the population experiencing homelessness or a count of the population who use homelessness services, and the Census Bureau advises against using its data on homelessness from the 2000 Census.

Because of different statutory requirements for each federal agency—including data collection requirements and differences in definitions—these data do not reflect the full extent of homelessness in rural or nonrural areas. Each agency focuses on the segments of the homeless population that the agency serves, resulting in incompatible data for comparison and analysis. For example, HHS's Runaway and Homeless Youth Program, for which data is collected in RHYMIS, focuses on the runaway and homeless youth being served by the Basic Center Program, the Transitional Living Program for Older Homeless Youth, and contacts made by the Street Outreach Program grantees. HHS provides homeless assistance to adult individuals and families through programs such as Health Care for the Homeless, Projects for Assistance in Transition from Homelessness (PATH), Grants for the Benefits of Homeless Individuals, and Service in Supportive Housing. All of these programs collect data on their relevant populations based on statutory requirements.²⁰ VA collects

²⁰According to HHS officials, organizations that receive PATH funds are required to submit an annual PATH Report, providing information about funding, staffing, enrollment, services, and demographics of recipients. Similarly, health centers that receive specific funding as part of the Health Care for the Homeless Program are required to track information including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues.

data on homeless veterans as part of its annual CHALENG survey, in accordance with different statutory requirements.²¹ However, in December 2009, HHS established an agreement with HUD for PATH providers to move towards reporting under the HMIS. Also, according to HUD officials, there has been an initial evaluation of aligning some of VA’s homelessness data with HUD’s homelessness data.

The varying definitions of “homelessness” and “rural”—as well as the extent to which “rural” is reported—also limit the ability to understand the incidence and prevalence of homelessness in rural areas. For example, according to officials, doubled-up persons are included in some VA and HHS program definitions but excluded from HUD’s definition. Thus, data on homelessness are captured differently across federal agencies. Similarly, although our work did not focus on potential reasons for the different definitions, these differences across federal programs make comparing the extent of homelessness in rural and nonrural areas difficult. For instance, HUD’s AHAR formally classifies locations into two groups—principal cities and suburban or rural areas. Specifically, HUD estimates that about 1.56 million people were homeless in emergency shelters or transitional housing at some point during fiscal year 2009. More than two-thirds (or about 1.1 million) of them were located in principal cities, while one-third (or about 0.5 million) were in suburban or rural jurisdictions. HHS’s RHYMIS and VA’s CHALENG do not break out the counts of homelessness between rural and nonrural areas.

HUD’s PIT count is the only data collection effort designed to obtain a national count of those experiencing homelessness, and while a more in-depth discussion of the difficulties associated with collecting the data can be found in our June 2010 report, there are some additional challenges particular to rural areas.

- Persons experiencing homelessness are inherently difficult to count. They are mobile, can seek shelter in secluded areas, and may not wish to attract the notice of local government officials. Moreover, rural areas are often large and have widely dispersed populations and difficult-to-reach locations, exacerbating the difficulties of finding and counting persons

²¹According to VA officials, VA staff, working with community providers in local meetings and planning processes, collect population based data on homeless veterans and conduct assessments of local service needs. For more information on statutory requirements, see Public Laws 102-405, 103-446, and 105-114.

experiencing homelessness, including those who do not necessarily want to be found.

- Count methodologies vary by CoCs and might not be well implemented. Service providers who conduct the PIT counts are meeting their mandated requirements under McKinney-Vento. However, with no funding to pay for the count, service providers often rely on volunteers to meet an unfunded mandate. Particularly in areas of the United States where average temperatures are below freezing in January, finding unsheltered persons and recruiting volunteers to count them becomes difficult. Although HUD officials told us that the benefit of a January count relates to the increased demand for shelters at the coldest time of year, homeless shelters and services are limited in rural areas, and in some counties, nonexistent. In a few of the states we visited, commitments from state and local officials and advocates have enhanced the process, resulting in an ability to recruit volunteers and local organizations who have built a trusting relationship with homeless populations.

According to officials and service providers in the states we visited, HUD's PIT count likely has undercounted the rural homeless population, but to what extent is unknown. While HUD officials acknowledge the shortcomings of their counts, they believe significant progress has been made in recent years in collecting homelessness data, particularly their estimate annually since 2005 of the extent of homelessness and their efforts to ensure data quality through providing technical assistance.²²

Another factor associated with the completeness of federal agency data is the lack of migration data. According to federal agency officials and service providers, very little is known about the migration between rural and nonrural areas of those experiencing homelessness because there is no requirement or formal system for tracking migration patterns. Although no federal programs formally track or are required to track migration information, some local service providers maintain that information for their own purposes. For example, the Kentucky Housing Corporation, beginning in 2009, included questionnaires to track migration within and across states. Those experiencing homelessness may migrate to and from nonrural areas for many reasons. For example, service providers told us

²²For additional information on actions HUD has taken to improve the data, see [GAO-10-702](#).

that persons experiencing homelessness in rural areas have migrated to nonrural areas following a job loss, to reconnect with families, and to obtain supportive services. Conversely, people have migrated from nonrural areas to rural areas to connect with families and, in the case of tribal lands, to receive services. Furthermore, because persons experiencing homelessness are more mobile, and formal migration data do not exist, the potential exists for duplicated counts—complicating any comparison of the extent of homelessness between rural and nonrural areas.

Several Federal Agencies Fund Programs through State Intermediaries or Local Homeless Providers That Assist Persons Experiencing Homelessness in Rural Areas

Several federal agencies fund programs, through state intermediaries or local homeless providers, which are targeted to the homelessness population or which assist low income persons and families including those experiencing homelessness. Some federal programs specifically target homelessness, while others assist low income persons and families, including those experiencing homelessness, or include assistance for persons experiencing homelessness among eligible uses. In total, these programs fund permanent and short term housing and a variety of supportive services such as mental health services, substance abuse treatment, case management, and job training. Targeted homeless funding is often further targeted to segments of the population such as youth or veterans. See figure 1 for examples of targeted and mainstream or nontargeted programs that may benefit persons experiencing homelessness and the types of assistance available under each program.

Figure 1: Federal Programs That May Benefit Persons Experiencing Homelessness in Rural Areas

Federal programs		Category of services				
		Housing		Supportive services		
		Permanent ^a	Short term ^b	Food	Health ^c	Other ^d
HUD	Single Room Occupancy	●				
	Shelter Plus Care ^e	●				
	Supportive Housing Program	●	●	●	●	●
	HUD-VA Supportive Housing ^f	●			●	
	Emergency Shelter Grant		●	●	●	●
	Native American Housing Assistance and Self Determination Act	●				
	Self-help Homeownership Opportunity Program	●				
	HOME Investment Partnerships	●	●			
	Community Development Block Grant	●	●			
	Housing Choice Voucher (Section 8)	●				
Public Housing	●					
HHS	Runaway and Homeless Youth		●	●	●	●
	Projects for Assistance in Transition from Homelessness		●		●	●
	Health Care for the Homeless				●	
	Federal Surplus Real Property ^g	●	●			
	Grants for the Benefits of Homeless Individuals				●	●
	Services in Supportive Housing				●	●
	Medicaid				●	
	Temporary Assistance for Needy Families					●
Headstart					●	
VA	Grant & Per Diem		●	●	●	●
	Health Care for Homeless Veterans				●	
	Domiciliary Care for Homeless Veterans				●	
	HUD-VA Supportive Housing ^h	●			●	
	Medical Centers				●	●
	Disability Compensation					●
Labor	Homeless Veterans Reintegration Program					●
	Workforce Investment Act					●
Education	Education for Homeless Children and Youth				●	●
DOJ	Transitional Housing Assistance for Child Victims of Domestic Violence, Stalking, or Sexual Assault		●			●
DHS	Emergency Food and Shelter		●	●		
BIA	Human services programs such as Welfare Assistance, Housing Improvement and others	●				●
	Housing programs such as Single-Family Housing and Multi-family housing	●				
USDA	Community Facilities Loan		●			
	Food programs such as Supplemental Nutrition Assistance Program; Special Supplemental Nutrition Program for Women, Infants, and Children; school meals; Commodity Supplemental Food Program; and others			●		
IRS	Low Income Housing Tax Credit	●				
SSA	SSI, SSI-Disability					●

Mainstream or nontargeted programs
 Programs targeted at homelessness

Source: GAO.

^aPermanent refers to permanent supportive or affordable housing

^bShort term refers to emergency or short-term shelters. Examples include homeless shelters, domestic violence shelters, transitional housing, and hotel vouchers.

^cExamples include mental health services, physical health services, substance abuse treatment, residential treatment, and case management.

^dExamples include general or cash assistance, job training, employment assistance, education, child care and development, and transportation assistance.

^eAlthough the Shelter Plus Care program does not pay for supportive services, recipients must match each dollar of funding for housing with a dollar of funding for supportive services.

^fHUD-VA Supportive Housing is a joint program in which HUD funds the housing and VA funds the supportive services.

^gThe Federal Surplus Real Property program, established by title V of McKinney-Vento, provides surplus land or buildings in support of persons experiencing homelessness. These properties can be used for housing and a wide range of supportive services but the program provides no monetary support for any activity. See 42 U.S.C. § 11411.

HUD funds programs targeted to the homeless populations through state or local entities for the Emergency Shelter Grant (ESG) program and to providers who participate in CoCs. The ESG program is dispersed by formula, while three grant programs—the Single Room Occupancy, Shelter Plus Care, and Supportive Housing programs—are awarded competitively through the CoC process.²³ HUD receives a single appropriation for its targeted programs and administratively determines the amount of funding for the ESG program.²⁴ ESG funding is awarded based on the Community Development Block Grant (CDBG) formula, which designates that 70 percent of funding is awarded directly to entitlement cities and counties and 30 percent is awarded to state entities that determine the dispersion of funding for the more rural parts of the state.²⁵ Organizations located in areas or municipalities not receiving direct ESG allocations compete for funding through the state entity. For example in 2009 in Maine, only Portland received its own allocation of about \$94,000, while organizations from all other areas or municipalities within the state competed for about \$770,000.

²³GAO, *Homelessness: Information on Administrative Costs for HUD's Emergency Shelter Grants Program*, GAO-10-491 (Washington, D.C.: May 20, 2010).

²⁴ESG has been funded at approximately \$160 million per year for several years.

²⁵Eligibility requirements for entitlement cities or counties were established in section 102 of the Housing and Community Development Act and include central cities of metropolitan areas, other cities with a current population of 50,000 or more that are also in metropolitan areas, counties that are in metropolitan areas and which have a population of 200,000 or more after excluding metropolitan cities, small cities that do not participate with the county, and eligible tribes and cities or counties that retain status as a result of previously meeting the relevant criteria. The ESG funds are allocated in a three step process: First, 2 percent of the funds are set aside for the territories. Second, the balance of the funds is allocated by the CDBG formula. Third, as required by law, funds for entitlement jurisdictions that would receive less than 0.05 percent of the overall allocation—\$80,000 in 2009—are added to the allocation of the state in which the jurisdiction is located. In 2009, 304 entitlement jurisdictions received a separate allocation, while 48 percent of ESG funding was distributed by state entities.

HUD's three competitive homeless assistance grants are awarded through the CoC process using a scoring system where HUD scores the planning document submitted by the CoCs as part of the application.²⁶ Programs that have previously received funding, referred to as renewals, receive a higher funding priority and are funded before new programs are considered for funding. In 2008, 86 percent of the competitive homeless assistance grants were renewals. Although CoC funding is awarded competitively, HUD determines a need factor called the pro rata need (also based on the CDBG formula) for each CoC. According to a HUD official, in calculating the preliminary pro rata need, HUD allocates 75 percent of funding to entitlement cities and counties that qualify for direct ESG allocations and 25 percent of funding to all other areas.²⁷ All CoCs have an identified need factor, but CoCs may not have funded programs as new funding is awarded in order of CoC score, which is based on multiple factors.

HHS and other federal agencies—including Education, Labor, VA, DHS, and DOJ—largely operate their targeted programs through state entities or by directly funding community-based public or nonprofit entities. HHS provides funding for a number of programs, including Runaway and Homeless Youth, Health Care for the Homeless, and PATH. Funding for Health Care for the Homeless is distributed competitively, while PATH funding is distributed to states, Washington, D.C. and U.S. territories that distribute the funding. The PATH formula, which has remained unchanged since 1990, primarily considers the urban population of the state or territory and designates a minimum of \$300,000 for states and \$50,000 for territories. In 2009, 18 states and the District of Columbia received the state minimum. DHS, through the Federal Emergency Management

²⁶ CoCs submit a single application that includes a ranked list of individual organization projects and a comprehensive CoC wide planning document that outlines the activities, planning process, and needs assessment of the CoC. HUD scores the application as a whole but funds the projects directly.

²⁷ HUD determines a final pro rata need each year for each CoC utilizing the CDBG formula, the ESG Program's universe of jurisdictions, and the funding needed to renew all expiring Supportive Housing programs for one year. Using the CDBG formula, 75 percent of the funds are allocated to metropolitan cities and urban counties who have qualified for a direct ESG allocation since 2004 and the remaining 25 percent of the funds are allocated to all other metropolitan cities or urban counties and all other counties. A CoC's total preliminary pro rata need is the sum of the funds allocated to each municipality or county that participates in the CoC. A CoC's final pro rata need may be adjusted up if the funding required to renew its expiring Supportive Housing projects exceeds its preliminary pro rata need.

Agency, funds the Emergency Food and Shelter Program, which distributes funding to local entities through the United Way of America or similarly functioning organizations. Funding is formula-based and considers poverty rate and unemployment. Some providers in very small communities told us that they receive federal funding only through the Emergency Food and Shelter Program.

Mainstream federal programs may assist persons experiencing homelessness but the level of assistance directed towards homelessness is generally unknown as some programs are not required to track if participants have been or are experiencing homelessness. Mainstream programs provide assistance to individuals and families and include HHS' Temporary Assistance for Needy Families; USDA's food programs such as the Supplemental Nutrition Assistance Program and the Special Supplemental Nutrition Program for Women, Infants, and Children; HUD's housing programs such as public housing and the Housing Choice Voucher program; the Social Security Administration's Supplemental Security Income and disability insurance programs; and VA's disability compensation program.

Funding in other federal programs also may be used for homeless assistance based on the decisions of state, local, or tribal governments. Homeless programs are one of many eligible uses for funding in programs such as HUD's CDBG program and USDA's Community Facilities Loan program. CDBG is formula-based with state entities receiving and dispersing the portion of funding intended for rural areas, while the Community Facilities Loan program is awarded competitively through USDA's state offices. Some programs direct funding to areas that are in particular need of housing infrastructure. For example, the Cranston-Gonzalez Act requires states that share a border with Mexico to set aside CDBG funds for the colonias. This funding may be used to expand water and sewer services and to provide housing assistance.²⁸ USDA's agency for rural development also funds programs to improve infrastructure in the colonias.

Tribes receive funding for housing, health care, and other services through HUD's Native American Housing Assistance and Self-Determination Act (NAHASDA) programs and a variety of programs offered through HHS and

²⁸Since 1997, New Mexico, Arizona, and Texas have set aside 10 percent of their CDBG funds for the colonias and California has set aside from 2 to 5 percent.

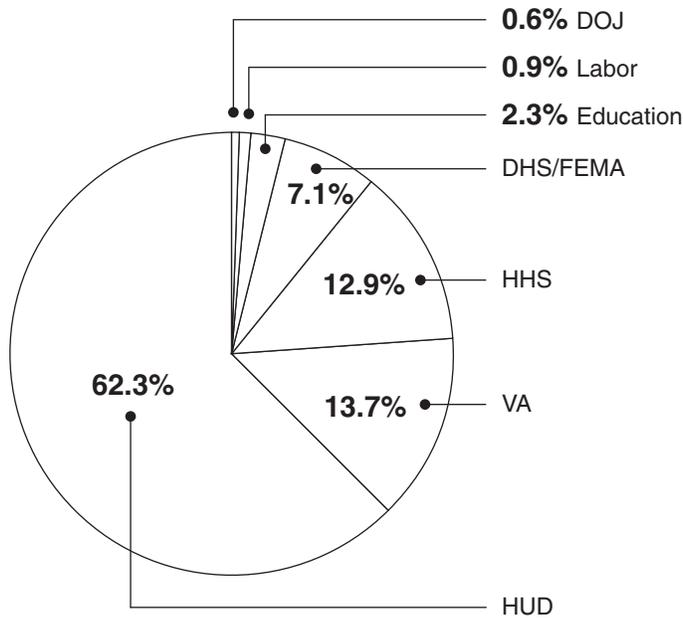
BIA. These programs, although not specifically targeted at homelessness, may assist persons experiencing homelessness. They are available to recognized tribes only and funding generally is formulaic, based on tribal enrollment. Generally, NAHASDA money is distributed to tribal-designated housing entities that use money to build or refurbish housing. BIA programs are funded as contracts awarded to designated tribal entities to provide a range of services. In both cases, tribal governments determine priorities, usage, and eligibility. Housing funds are distributed to regional BIA offices through a formula process and individuals receive assistance based on priority until funds are exhausted.

Limited Data Are Available on the Amount of Targeted and Nontargeted Assistance to Rural Versus Nonrural Areas

The amount of federal funding for targeted homeless assistance programs in rural areas is uncertain. According to the Congressional Research Service, in fiscal year 2009 federal agencies spent more than \$2.85 billion on programs targeted to address the needs of individuals and families experiencing homelessness.²⁹ HUD's targeted homeless programs represent the largest funding source for federal targeted homeless assistance, which for fiscal year 2009 totaled more than \$1.7 billion or more than 62 percent of total targeted funding. Figure 2 shows the targeted funding by federal agency. We were unable to determine the total portion of this funding that went to rural areas.

²⁹Congressional Research Service, *Homelessness: Targeted Federal Programs and Recent Legislation*, RL30442 (Washington, D.C., Jan. 20, 2010).

Figure 2: Percent of Total Federal Funding Targeting Homelessness by Agency for Fiscal Year 2009



Source: GAO analysis of Congressional Research Service data.

Note: Data do not include assistance from mainstream programs which may also provide support to persons experiencing homelessness.

Determining what funding went to rural areas is difficult because some federal agencies use self-reported data that may not be accurate, do not distinguish between rural and nonrural areas, or do not track whether funding went to such areas. As discussed earlier in this report, federal agencies use multiple definitions of rural, complicating any determination of what types of areas received funding. For instance, HUD's CoC programs maintain data on the amount of assistance for rural areas; however, grant applicants could designate (self-identify)—based on a HUD provided definition of rural area—whether they were in rural areas or not. Table 2 shows the funding based on this designation for fiscal years 2006-2008. In fiscal year 2008, according to the HUD data, 9.3 percent of CoC funding went to rural areas, which represented about 15 percent of total projects.

Table 2: Rural Funding within HUD’s CoC Programs, Based on Grant Applicant Reporting as Rural or Not

Fiscal year	Total funding awarded in billions	Funding awarded to rural projects in millions (percentage of total)	Total projects funded	Rural projects funded (percentage of total)
2008	\$1.40	\$129.9 (9.3%)	6336	960 (15.2%)
2007	1.33	99.82 (7.5)	5911	718 (12.2)
2006	1.21	69.82 (5.8)	5288	538 (10.2)

Source: GAO analysis of HUD data.

Similarly, VA can determine spending levels in rural areas for its grant and per diem program using self-reported data. Table 3 shows funding and the number of beds based on this designation for fiscal years 2007-2009. In fiscal year 2009, according to VA data, 13.5 percent of capital grant awards under the Grant and Per Diem program funding went to rural areas, which represented 8.5 percent of the funded beds. HUD’s ESG program targets 30 percent of its funding toward nonentitlement cities or counties, which represent more rural areas. However, according to HUD, ESG provides discretion to the state entity to decide how to allocate ESG funds. A state may limit funds to nonentitlement areas and metropolitan cities and urban counties that did not receive individual allocations, or may choose to fund entitlement cities and counties that received direct allocations from HUD.

Table 3: Urban and Rural Fiscal Year Funding for VA’s Capital Grant Awards for the Grant and Per Diem Program Based on Grant Applicant Reporting as Rural or Not

		2009	2008	2007	Total
Funding in millions (percentage of total)	Urban	\$11.67 (68.9%)	\$29.14 (82.1%)	\$11.3 (77.1%)	\$52.11
	Rural	2.28 (13.5)	4.1 (11.6)	3.35 (22.9)	9.73
	Unidentified	3 (17.7)	2.24 (6.3)	0 (0)	5.24
	Total	\$16.95	\$35.48	\$14.65	\$67.08
Beds (percentage of total)	Urban	827 (71.8)	1337 (88.2)	691 (80.1)	2855
	Rural	98 (8.5)	127 (8.4)	172 (19.9)	397
	Unidentified	227 (19.7)	52 (3.4)	0 (0)	279
	Total	1152	1516	863	3531

Source: VA.

Note: Percentages may not add to 100 percent due to rounding.

Other agencies also maintain limited information on the amount of targeted homeless funding that is allocated to rural or nonrural areas. Depending on the program, HHS and Education do not track whether funding is for providers or projects in rural or nonrural areas. Labor has two size categories within its targeted Homeless Veterans’ Reintegration program, one for urban areas and one for nonurban areas, with different dollar amounts available. However, Labor officials said their definition of nonurban was an area with less than 569,463 persons, which is at least 10 times the population limit specified in other agencies’ definitions of rural.³⁰

Similarly, funding information on the mainstream and other nontargeted programs that can provide support to individuals or families experiencing homelessness is limited. Individuals and families who meet the qualifications for services under mainstream programs are eligible regardless of whether they live in rural, tribal, or nonrural areas. Some

³⁰Labor uses “nonurban” rather than rural in its Homeless Veterans’ Reintegration program. Labor chose 569,463 to include the largest 75 cities in its urban category. All other areas below that population number, regardless of size, are eligible for competition in the nonurban category.

mainstream programs, such as Temporary Assistance for Needy Families, that may offer assistance to individuals or families experiencing homelessness are not required to track housing status, which prevents a determination of how much funding went to persons in rural and nonrural areas. For other nontargeted programs, funding for homelessness is often difficult to disaggregate from other spending. For example, HUD's CDBG funds have many eligible uses as well as usage clauses that required a certain percentage of funding to be used for projects that benefit low-income persons. The building of shelters and transitional housing are among several eligible uses that would assist persons experiencing homelessness; however, the total amount of assistance to specific types of projects is unknown. A certain percentage of CDBG funds for states bordering Mexico are targeted to the colonias, but the amount of funding that specifically addresses homelessness is unknown. For NAHASDA and other programs that fund assistance to tribal entities, individual tribal governments determine usage and disaggregating funds used for persons experiencing homelessness would need to be done at the tribal level. However, USDA, which has nonfood programs that primarily serve rural areas, was able to disaggregate funding within its Community Facilities Loan Program. Eligible uses under this program include homeless and domestic violence shelters, community centers, and fire stations. For fiscal years 2004-2009, the program financed a total of 7 homeless shelters and 76 domestic violence shelters for a total of about \$29.7 million of the program's \$4.5 billion total for those years.

We were unable to determine whether the distribution of federal funding for supporting persons experiencing homelessness was proportional to need in rural and nonrural areas. Such a determination would require complete data on the total number of persons experiencing homelessness in both rural and nonrural areas, as well as reliable information on the funding available in both rural and nonrural areas. We found that the counts of homelessness are not complete for this purpose, and as stated above, funding levels are nondeterminable for a variety of reasons.

Barriers to the Rural Homeless Population Seeking Assistance Include Limited Availability of Services, Lack of Transportation, and Lack of Affordable Housing

According to state and local officials, as well as individuals experiencing homelessness we interviewed in the states we visited, limited availability of services, lack of transportation, and lack of affordable housing have been some common barriers that the rural homeless population encounters when seeking assistance. Factors such as geography, population density, and socio-economic conditions also can make access to services challenging in rural areas—particularly when considered in combination with the barriers cited above.

Providers we spoke to in the states we visited said homeless shelters and transitional housing in rural areas are scarce and serve a wide geographical area, and in some instances, counties do not have shelters. A shelter we visited in Maine with 63 beds is the only multi-purpose shelter that serves the entire homeless population in a county of nearly 1,000 square miles. In addition, 4 of the 16 counties in Maine are without emergency shelters, with 1 of those 4 counties using hotels as an alternative in the winter. Some shelters may dedicate services to a specific subpopulation such as youth, domestic violence, and substance abuse clients, which could narrow the availability of assistance for some individuals or populations. Many of the providers with whom we spoke have had to turn away individuals and families because their shelters were full and backlogged. According to officials in Maine, between June and August 2009, shelters across the state turned away 500 families, including a total of 200 children. Because shelters are one of the visible points of entry to a network of services such as health care, alcohol and drug treatment, job training, and case managers, those experiencing homelessness in rural areas who are without shelters may be more likely to be disconnected from caseworkers who can provide referrals to these supportive services. However, community action agencies, faith-based organizations, and other nongovernmental entities may offer assistance to networks of services. Similarly, supportive services, such as medical and dental, mental health, food, and job training, are also limited in rural areas. For example, one service provider in rural Kentucky stated that the closest mental health center was 50 minutes away, while another service provider in rural Maine told us that the closest psychiatrist was about an hour and a half away. Also in Maine, rural service providers told us that there is no funding to support job training. Furthermore, officials said that domestic violence is associated with homelessness in rural communities and tribal areas, and those individuals have limited resources or services.

According to those we interviewed, the lack of transportation in rural areas has hindered the homeless population in accessing services. Rural areas can be isolating due to the combination of expansive land size and

sparse population. Persons experiencing homelessness might be geographically cut-off from the limited homeless service providers available in their area, and would need to travel long distances to receive needed services. Many of the state and local officials, service providers, and individuals experiencing homelessness interviewed told us that public transportation either was nonexistent or limited (i.e., infrequent service and limited coverage areas). If homeless individuals missed their appointments, they have to reschedule for another appointment at a later time thereby delaying services, or their services could be denied according to one service provider in Minnesota. Individuals experiencing homelessness in some of the areas we visited with no public transportation reported that they utilized dial-a-ride services provided by community action agencies or relied on friends or caseworkers. The cost of public transportation can also be an issue for those with very little income, although some local service providers with whom we spoke were able to give bus passes to their clients. Alternatively, some local nonprofits provided automobiles or buses to connect individuals and families to services, but coverage areas also were limited.

According to many of the people we interviewed, persons experiencing homelessness and seeking assistance also may encounter the barrier of limited safe and affordable housing in rural areas. Providers in certain areas of the states we visited raised concerns about the shortage of affordable housing and, in some cases, quality of housing available in the areas, noting that they were aware of some properties that lacked complete plumbing or heat.³¹ In some of the rural areas we visited, deteriorating housing conditions for private market units may be more severe due to the absence of building code enforcement. According to a service provider in eastern Kentucky, many homes in the areas are heated with wood or coal (a potential fire hazard), and others lacked complete plumbing. Moreover, because market rents in eastern Kentucky have been so low compared to nonrural areas due to high poverty rates, programs, such as the Low- Income Housing Tax Credits (LIHTC) are examples of financial incentives to attract investors who have shied away from supporting low-income housing development in the area.³² Furthermore,

³¹According to the National Alliance to End Homelessness, a 2007 report noted that between 1997 and 2007, 170,000 public units and 300,000 federally subsidized private market units have been lost due to deterioration.

³²The Low-Income Housing Tax Credit program provides an indirect federal subsidy used to finance the development of affordable rental housing for low-income households.

according to providers we spoke with in Kentucky and Texas, topographic conditions, such as limited flat land in eastern Kentucky and flood plains in the colonias in Webb and Hidalgo counties in Texas, have discouraged investors and developers from investing in these rural areas. According to a service provider in Arizona, development on tribal lands is restricted by legal issues relating to sovereign land, which reduces banks' willingness to finance projects. Resistance in local communities also has presented obstacles to building new housing as described by those we interviewed. For example, Minnesota state officials noted that some local communities have resisted the building of shelters and other housing for the homeless or low-income populations because they believe that undesirable persons will move to their communities. For similar reasons, a local government in Texas has not sought funds from state or other sources to fund homeless programs, according to a local shelter provider. Compounding the issue of lack of affordable housing, service providers in some of the states we visited have experienced long waiting lists (about 2 years) for the Housing Choice Voucher Program (tenant-based Section 8).³³ For example, service providers in Maine told us that they have not been able to obtain tenant-based Section 8 vouchers since December 2008.

Based on those with whom we spoke and relevant research, individual barriers such as mental health issues, felony records, and no proof of identification have hindered those seeking assistance. According to the 1996 National Survey of Homeless Assistance Providers and Clients, two-thirds of the rural homeless population report having a mental health or substance abuse problem and may require specialized services such as psychiatric referral and treatment.³⁴ Several individuals with whom we spoke in a shelter indicated that they felt more mentally and emotionally stable after being put on medication received under public health care coverage through the help of shelter staff. Also, program eligibility and rules may exclude some felons from federal housing assistance, including tenant-based and project-based Section 8 programs. Without federal

³³Tenant-based Section 8 vouchers assist very low-income families, the elderly, and the disabled with affordable, decent, safe, and sanitary housing in the private market. Tenant-based Section 8 vouchers are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from HUD to administer the voucher program. A family that is issued a housing voucher is responsible for finding a suitable housing unit that must meet minimum standards determined by the PHA.

³⁴M.R. Burt, et. al., *Homelessness: Programs and the People They Serve, Findings of the National Survey of Homeless Assistance Providers and Clients* (Washington, D.C., Urban Institute, 1999).

housing assistance, these individuals could remain homeless because the ability to find a job that would pay for market rent could also be affected by their criminal records.³⁵ Another individual barrier is the lack of documentation to prove identity. Without birth certificates, driver's licenses, and Social Security cards which, according to some providers with whom we spoke, some persons experiencing homelessness lack, individuals and families might not be able to apply for and obtain services. Table 4 illustrates some examples of barriers for persons experiencing homelessness, as discussed above and further identified in our interviews with local service providers and homeless individuals in the states we visited.

Table 4: Possible Needs of the Homeless Population and Potential Corresponding Barriers in Rural Areas

Possible needs	Structural barriers	Applicant-related barriers
Physical housing		
Temporary housing	<ul style="list-style-type: none"> No shelters or shelters are full. Shortage of transitional housing. Communities' resistance to homeless programs. 	<ul style="list-style-type: none"> Felons generally do not qualify for federal housing assistance.
Permanent Housing	<ul style="list-style-type: none"> Shortage of permanent and permanent supportive housing. Limited number of tenant-based Section 8 vouchers. Substandard housing ineligible for tenant-based Section 8 vouchers. Limited investors for affordable housing development. 	<ul style="list-style-type: none"> Limited income to pay the difference between actual rent and amount subsidized by tenant-based Section 8 vouchers.
Adequate income to afford housing		
	<ul style="list-style-type: none"> Economic environment has resulted in job losses or lower wages. Lack of public transportation to get to a job. 	<ul style="list-style-type: none"> Criminal record may discourage employers from hiring people. Lack of personal identification. Lack of contact information. Low educational attainment rate. Mental health or substance abuse issues not being treated. Lack of child care options.

³⁵According to VA officials, HUD-VASH allows some waivers for felons.

Possible needs	Structural barriers	Applicant-related barriers
Services	<ul style="list-style-type: none"> Limited health care providers, including dental and vision care. Limited mental health providers. Limited or no substance abuse services. Limited access to providers. Limited case managers. Lack of transportation to get to services. 	<ul style="list-style-type: none"> May not qualify for services due to program definitions. Lack of personal identification. Lack of contact information. May not seek services due to pride or privacy. Lack ability to successfully apply for services. Lack knowledge of available assistance.

Source: GAO.

Barriers to the Rural Homeless Service Providers Include Administrative Burden, Lack of Affordable Housing, and Challenges Related to Geography and Population Density

According to state and local officials and local service providers in the states we visited, administrative burden, lack of affordable housing, and challenges related to geography and population density were barriers for rural homeless service providers. Some of the local service providers with whom we spoke indicated that they operated with limited staff and, due to capacity issues, assumed a wide variety of responsibilities from providing direct service to clients to applying for federal and other grants. In particular, service providers in rural areas with whom we spoke have responded to limited resources by applying to, and assembling multiple funding sources from both state and federal programs. As a result, the time consumed in grant writing and meeting the various compliance and review requirements set by statute represented an administrative and workload burden, according to service providers and state officials with whom we spoke. For example, providers in Maine expressed frustration with the duplicative review for the Supportive Housing Grant Program and tenant-based Section 8 Program, both of which HUD administers but under separate authorities. According to some service providers with whom we spoke, many grant applications also require data to demonstrate resource needs. Especially in rural areas with no shelters or visible points of entry for services, counts of the homeless are not documented, and without data it is hard to prove that the services are needed. Because of the administrative burden and challenges in meeting application requirements, some providers with whom we spoke were discouraged from applying for funds from certain programs. A coalition we spoke to in Maine said that many of its members were discouraged by the requirements of programs that received stimulus funds and therefore considered not applying for them. Also, as described in our June 2010 report, issues related to multiple

federal definitions of homelessness have posed challenges for service providers.³⁶ Moreover, according to Minnesota state officials and service providers we spoke with, Minnesota’s definition of homelessness is different from some federal programs, creating another level of complexity in understanding the definition and determining client eligibility. According to state officials, Minnesota’s definition of homelessness includes those who, as long as the person or family’s situation is not stable are doubling up and “couch surfing” for at least a year or four separate occasions over a 3 year period. While this is consistent with a broader definition of homelessness used by Education under the McKinney-Vento Act, it has not been consistent with HUD’s definition of chronic homelessness.

State and local officials and rural service providers cited a lack of affordable housing as another challenge for service providers when addressing homelessness in rural areas. Specifically, some of the local service providers with whom we spoke have been unable to move people from emergency shelters, homeless shelters, or transitional housing programs to permanent housing due to shortages of tenant-based Section 8 vouchers and a shortage of affordable housing. According to service providers in multiple locations, due to the shortage in tenant-based Section 8 vouchers, the shelters they work with are full and stays at shelters have lengthened. Without financial assistance, those experiencing homelessness may find it challenging to move out of short-term housing. Furthermore, to the extent that tenant-based Section 8 vouchers have been available, some providers told us in their communities that the current housing stock has been deteriorating and limited new housing units have been built, so there is nowhere for that voucher to be used. According to HUD, between 1995 and 2007, LIHTC—the principal federal subsidy mechanism for supporting the production of new and rehabilitated rental housing for low-income households—were used predominately for new construction. With that said, the number of new construction units has declined since 2005.³⁷ Moreover, according to HUD regional office officials, the lack of affordable housing also is attributable to the significant reduction in size of the housing projects being built. As a result, some providers told us long waiting lists for tenant-based Section 8

³⁶GAO-10-702.

³⁷HUD, Office of Policy Development and Research, *U.S. Housing Market Conditions* (May 2010).

vouchers exist. According to a rural service provider in Kentucky, the tenant-based Section 8 voucher waiting list had 3,000 names on it.

The persons with whom we spoke also consistently said the size of service areas and low population densities in rural areas presented obstacles to service provision. The combination of expansive service areas and sparse populations require many service providers to drive long distances to serve their clients. For example, several rural service providers, particularly case workers, described their vehicles as their offices because of the amount of time they spent traveling between meetings with other service providers and serving clients. Furthermore, according to HUD, because funding is limited, many rural service providers cannot afford large staffs and often wear many hats. In an urban area, separate staff or separate agencies might be responsible for assessing different needs such as housing, nutrition, education, job-search, mental and physical health, and substance abuse needs. However, in a rural area, one individual may be the client's primary point of contact and may have to consider the whole range of issues. Furthermore, some rural areas do not have broadband services and some providers we spoke with said that they are excluded from some of the communications and resources available over the Internet. For instance, HUD regional office officials acknowledged that some rural service providers have been unable to connect to some of their technical assistance workshops and learn about application preparation, project administration, and management.

Local officials and service providers have cited other barriers such as variability of local commitments and diminishing purchasing power. In some of the states we visited, some service providers mentioned variability in local and state commitment, which can influence the homeless assistance programs. For example, 10 years ago Minnesota invested in an intensive case management pilot program which provides housing and supportive services to assist people with long histories of homelessness. Because of the success of the pilot, the Minnesota legislature has continued to appropriate funding to finance supportive housing for five long-term homeless projects in areas that include approximately 80 percent of Minnesota's population, according to a service provider in Minnesota. In contrast, other communities have been resistant to supporting homeless programs, such as one community organization in Texas described that their local government resisted acquiring additional funds in fear of attracting more homeless individuals and families to the community. Diminishing purchasing power also affects the ability of local service providers to address needs in their communities. According to CoC participants, Maine receives PATH funds,

but the amount has remained steady at \$300,000 per year for the last 17 years. According to officials, the buying power of the program has diminished to \$158,000 (in real dollars) today compared to 17 years ago. Similarly, the per diem rate, funded through HUD's ESG program, has diminished from \$12.41 in 2008 to \$11.21 in 2009, nearly a 10 percent decrease, although service providers in Maine have increased services such as adding more beds in the shelter.³⁸

Limited Effective Collaboration among Federal Homelessness Programs Has Hindered Opportunities to Integrate Services

While a few examples of federal collaboration regarding homelessness have demonstrated aspects of effective collaboration, effective collaboration has been limited between HUD and HHS, two of the key federal agencies funding housing and supportive services that include programs for more than one subpopulation. In an October 2005 report, we identified key collaborative practices among federal agencies that include agreeing on roles and responsibilities, defining and articulating a common outcome, establishing mutually reinforcing or joint strategies, and identifying and addressing needs by leveraging resources.³⁹ Collaboration to link supportive services and housing is particularly significant for rural areas because of the complex system of barriers in rural areas, such as limited bed capacity in shelters, distance to services, and lack of transportation. Such linkage can enhance strategies to address challenges that limited resources and the other barriers pose. One study regarding the linking of affordable housing with supportive services—supportive housing—indicated that over the long term, it could save public resources by reducing the cycle of homelessness through improved housing stability and behavioral health outcomes.⁴⁰ Moreover, some studies indicated that

³⁸State and local governments that receive an ESG allocation by formula establish the reimbursement rate for ESG-funded activities. In Maine, "bednight" refers to one bed in an emergency shelter occupied for one night by one individual. The initial bednight per diem calculation is based on an amount equal to 85 percent of the funds available for the calendar year, which will be divided by a number equal to the total number of bednights of all eligible emergency shelters during the previous calendar year.

³⁹GAO, *Results-Oriented Government: Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies*, [GAO-06-15](#) (Washington, D.C.: Oct. 21, 2005).

⁴⁰In particular, mental illness, alcohol abuse, and drug abuse decreased for participants in the study, which are among some of the most costly public health problems in the country.

offering housing with supportive services resulted in fewer hospital days and emergency room visits, which are publicly provided.⁴¹

Two completed demonstration projects—Collaborative Initiative to Help End Chronic Homelessness (CICH) and Ending Chronic Homelessness through Employment and Housing—and the existing HUD-VASH program demonstrated key collaboration practices identified in our October 2005 report, such as defining roles and responsibilities and leveraging resources. Under the CICH, HUD, HHS, and VA agreed on roles and responsibilities and leveraged resources by allotting 3-year grants from HHS and VA and up to 5-year grants from HUD to 11 communities.⁴² Similarly, Ending Chronic Homelessness through Employment and Housing was a partnership between Labor and HUD in which, through a cooperative agreement, HUD and Labor defined roles and responsibilities and leveraged resources, also consistent with key collaboration practices.⁴³ Since 2008, under the HUD VASH program, HUD has designated more than 30,000 tenant-based Section 8 vouchers to public housing authorities for veterans who are homeless and VA provided funding for supportive services, including case management and clinical

⁴¹L. Sadowski, R. Kee, VanderWeele, et al, “Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults: A Randomized Trial,” *JAMA*, vol. 30, no. 17, 1771-1778 (2009); and T.E. Martinez and M.R. Burt, “Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults,” *Psychiatric Services*, vol. 57, no. 7, 992-999 (2006).

⁴²HUD, HHS, and VA (with the coordination of the Interagency Council) provided housing and supportive services for individuals experiencing chronic homelessness in 11 communities through CICH. According to research studies in behavioral sciences, the CICH demonstration project had positive outcomes due to the combination of resources including federal funding and oversight, technical assistance, and opportunities for meetings with other CICH communities. For more information, see M. Kresky-Wolff, M.Larson, R. O'Brien, and S. McGraw, “Supportive Housing Approaches in the Collaborative Initiative to Help End Chronic Homelessness (CICH),” *The Journal of Behavioral Health Services and Research*, Vol. 37, No. 2 (2010).

⁴³Labor and HUD offered permanent housing, supportive services, and employment assistance to people who were chronically homeless. Martha Burt’s study of the demonstration project in Los Angeles, California, found that the project succeeded in its goal of moving chronically homeless clients into permanent supportive housing and helping them get and keep employment. Martha Burt, Urban Institute, *Evaluation of LA’s HOPE: Ending Chronic Homelessness through Employment and Housing Final Report* (Washington, D.C., 2007).

services.⁴⁴ Particularly, VA identified a number of Veterans Affairs Medical Centers to participate in the program and provide case management resources. While these efforts demonstrated practices that enhanced and sustained collaboration, particularly linking housing assistance and supportive services, HUD-VASH has not demonstrated collaborative strategies that could benefit rural areas specifically, according to officials and rural service providers in some of the states we visited. Because the HUD vouchers must be linked to VA facilities, the recipients of the vouchers have been mostly in nonrural areas in which most VA medical centers are located. However, according to HUD officials, innovative approaches, such as using a mobile clinic, are now being used to serve rural areas. Furthermore, according to VA officials, HUD and VA have discussed opportunities to improve voucher allocation in rural areas.⁴⁵

Additionally, the Interagency Council has developed the first-ever Federal Strategic Plan to Prevent and End Homelessness. The plan, which was presented to Congress on June 22, 2010, reflects interagency agreements on a set of priorities and strategies agencies will pursue over 5 and 10-year timeframes according to population. Also, according to HUD and HHS officials, the two departments, as part of the President's fiscal year 2011 budget, are proposing two demonstration initiatives, one involving 4,000 housing vouchers with health, behavioral health, and other supportive services for chronically homeless persons, and another involving 6,000 housing vouchers linked with mainstream services like job training and income assistance through TANF for homeless and at-risk families with children. Additionally, according to HUD and HHS officials, the two departments established working groups to identify collaboration opportunities related to homelessness. However, given that the Council's strategic plan has only recently been released and that the proposal in the President's fiscal year 2011 budget has yet to be approved, the impact of both of these efforts is uncertain.

According to officials and providers we interviewed, HUD and HHS are the key agencies serving the general population of those experiencing

⁴⁴The 2008 Consolidated Appropriations Act, which authorizes a joint effort between HUD and VA to coordinate housing and supportive services for homeless veterans, articulated steps for identifying roles and responsibilities and a system of leveraging resources. See Pub. L. No. 110-161 (Dec. 26, 2007).

⁴⁵Although HUD-VASH is not included in the fiscal year 2011 budget, HUD officials said that they expect it will be included in future budgets.

homeless. For instance, HUD officials noted that the agency was the only federal provider of permanent supportive housing for the homeless. While several agencies provide supportive services, including HUD, the health-related services on which HHS focuses correspond to needs often associated with persons experiencing homelessness, particularly mental health and substance abuse treatment (see table 5).⁴⁶ Service providers with whom we spoke consistently cited HHS as the appropriate agency for supportive services.

Table 5: Examples of Supportive Services That Federal Agencies, Excluding HUD, Can Provide to Persons Experiencing Homelessness

Types of supportive services	Subpopulation		
	Adult or family	Youth	Veteran
Health services			
Case management	HHS	HHS	VA and HHS
Mental health	HHS	HHS	VA and HHS
Medical	HHS	HHS	VA and HHS
Substance abuse treatment	HHS	HHS	VA and HHS
Nonhealth services			
Education	-	Education	-
Food	DHS and USDA	DHS, HHS, and USDA	DHS and USDA
Job training	Labor and HHS	Labor	Labor and HHS

Source: GAO.

However, according to officials and rural providers we interviewed (and nonrural providers interviewed for our June 2010 report), there is little evidence that HUD and HHS have formally agreed on their respective roles and responsibilities, or identified ways to leverage resources to support the delivery of coordinated housing and supportive services.⁴⁷ According to HUD officials, beginning in 2002, in response to a requirement in the 2001 HUD Appropriations Act, HUD shifted its emphasis towards funding

⁴⁶According to HHS officials, ongoing funding for services in permanent supportive housing is frequently funded through contracts with local departments of health, mental health, behavioral health and social services using HHS block grant resources.

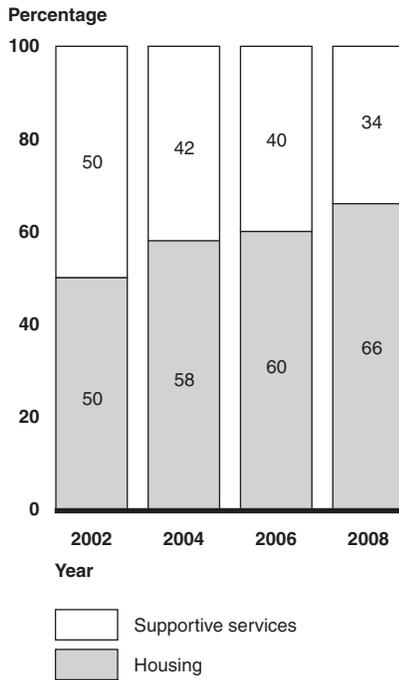
⁴⁷[GAO-10-702](#).

housing for persons experiencing homelessness.⁴⁸ This reduced the proportion of the total CoC funding which went to supportive services from 50 percent in 2002 to 34 percent in 2008, as illustrated in figure 3. In subsequent years, CoCs submitted new and renewal projects with mostly housing activities (such as operation and leasing), and according to HUD officials, this resulted in more than 40,000 newly constructed housing units.⁴⁹ During this shift towards housing assistance, HUD required new and renewal applicants to provide information on how those projects planned to coordinate and integrate with other mainstream health, social services, and employment programs. Even though HUD officials noted that it relied on other federal agencies to fill the supportive services gap, providers we visited told us they are challenged to secure supportive services funding from agencies other than HUD. A requirement that HUD applicants provide information on plans to coordinate with other agencies does not directly address this concern of these service providers.

⁴⁸The 2001 HUD Appropriations Act included the requirement that no less than 30 percent of HUD's total appropriation must go to permanent supportive housing.

⁴⁹Beginning in 2002, HUD began scoring CoCs on housing emphasis, which is a calculation based on the relationship between funds requested for housing activities and funds requested for supportive service activities. Furthermore, HUD began scoring CoCs on enrollment and participation in various mainstream programs.

Figure 3: HUD's CoC Housing and Supportive Services Distribution



Source: HUD.

HUD and HHS, which both have missions to address homelessness, have not adopted some of the key practices that could be used to enhance collaborative efforts, particularly during the period when HUD shifted its resources and responsibilities. HUD officials said that they consulted with HHS prior to their shift in resources and responsibilities. HHS officials told us that there was no formal discussion or agreement between them and HUD about how HHS might fill the gap in supportive services created by HUD's shift toward housing. We previously have recommended that federal agencies adopt a formal approach—including practices such as a memorandum of agreement or formal incentives focused on collaboration, signed by senior officials—to encourage further collaboration. However, while HUD and HHS have not previously done this, they reported that they have started discussions as part of their demonstration initiatives for fiscal year 2011.⁵⁰

⁵⁰GAO, *Rural Economic Development: Collaboration between SBA and USDA Could be Improved*, GAO-08-1123 (Washington, D.C.: Sep. 18, 2009).

Without formally linking housing and supportive services across federal agencies, federal efforts to address homelessness may not be as effective as they could be. According to HUD officials, from 2001 to 2007, HUD and several partners—HHS, VA, Labor, Education, and the Interagency Council—held a series of Policy Academies which focused on fostering collaboration, enhancing partnerships, and building capacity. Additionally, HHS and HUD collaborated to create FirstStep to encourage use of mainstream services. However, the impact of this collaboration is not clear, as evidenced by numerous rural providers who were not aware of the collaboration. In addition, service providers with whom we spoke in both rural and nonrural areas consistently raised concerns about the lack of coordination between HUD and HHS. In spite of HUD’s housing emphasis, which encouraged local communities to coordinate with other mainstream supportive services programs, and HUD’s efforts in issuing guidance to rural areas on ways to collaborate with other organizations, some service providers we spoke with mentioned that they did not observe coordination across federal agencies.⁵¹ They cited the administrative challenges they faced in developing programs for the homeless that incorporated both housing and services.⁵² Particular to Kentucky, state officials and service providers told us that HHS’s PATH program, due to state stipulations, limits resources for serving rural clients, many of whom suffer from mental health or substance abuse problems. The lack of service dollars also affects organizations that could access HHS funding. Officials who administer several shelter and transitional housing programs in rural Maine told us they sought nongovernmental funding to fill the gaps in services. For example, HHS’s Transitional Living Program provided \$200,000 for supportive services over 5 years, but the officials had to seek additional supportive services funds through foundations and private donors. Development by HUD and HHS of formal efforts to link housing and services, which may include their proposed collaboration in the President’s fiscal year 2011 budget, could enhance the effectiveness of federal efforts to address homelessness.

⁵¹For HUD’s guidance to rural communities see HUD, *Homeless Assistance Programs: Rural Continuum of Care* (June 2009). Also, as discussed previously, the McKinney-Vento programs, through the CoC system, require local communities to assemble partners to develop a comprehensive plan for housing and supportive service, such as case management, treatment programs, and training programs, to address the needs of those who are experiencing homelessness.

⁵²[GAO-10-702](#) identified similar challenges in nonrural areas.

Conclusions

The issue of rural homelessness presents a number of challenges for federal agencies, not the least of which is determining its extent. Data limitations and the array of federal programs, some of which are not specifically targeted toward homelessness and some of which do not track if their services or dollars have been expended in rural areas or on persons experiencing homelessness, have resulted in multiple data sets that do not allow for an overall assessment of the characteristics and extent of rural homelessness or a comparison with nonrural homelessness. The data issues are enormously challenging, but they also highlight the importance of coordinating within existing programs to mitigate some of the impact of the information gaps and to effectively deliver services.

As HUD and HHS consider collaborative efforts to address homelessness, formal coordination across these agencies that links supportive services and housing—a model that has shown to be effective—needs to include tangible and accessible opportunities for providers to bridge the gap in funding for supportive services that can be joined with housing for persons experiencing homelessness. Providers with whom we met in rural areas were generally unaware of any collaborative efforts between HUD and HHS that would assist them in linking housing and supportive services. Particularly during HUD’s shift in its resources and responsibilities in 2002, HHS and HUD, the primary agencies for supportive services and housing, did not implement some of the key practices for effective collaboration that could have limited gaps in services. More effective collaboration can create incentives and opportunities for homeless housing and supportive services to be linked, which is considered to be important for the effective delivery of assistance to persons experiencing homelessness, and to further reduce administrative challenges for local service providers. By more formally linking housing and supportive services, HUD and HHS could increase their ability and opportunities to address gaps in efforts to effectively address homelessness and decrease challenges to service providers and persons experiencing homelessness.

Recommendation for Executive Action

To strengthen formal collaboration efforts, we recommend that the Secretary of Housing and Urban Development and the Secretary of Health and Human Services direct the appropriate program offices to further explore opportunities to more formally link housing and supportive services—in the most appropriate forms and combinations of mainstream and targeted programs identified by both agencies—with specific consideration for how such collaboration could minimize barriers to service provision in rural areas.

Agency Comments and Our Evaluation

We provided draft copies of this report to the Departments of Agriculture, Education, Health and Human Services, Housing and Urban Development, Interior, Labor, and Veterans Affairs and the Executive Director of the U.S. Interagency Council on Homelessness for their review and comment. Both HHS and HUD generally agreed with our recommendation and provided technical comments which we incorporated, as appropriate. Letters from the Deputy Assistant Secretary for Legislation at the Department and Health and Human Services, and the Assistant Secretary of Community Planning and Development at the Department of Housing and Urban Development, are reprinted in appendixes II and III of this report, respectively. The Departments of Labor and Veterans Affairs and the staff of the U.S. Interagency Council on Homelessness did not provide formal comments but provided technical comments which we also incorporated, as appropriate. The Departments of Agriculture and Interior did not provide any comments.

HUD's Assistant Secretary of Community Planning and Development stated in written comments that HUD agrees that increased collaboration among federal agencies would improve the delivery of services in rural areas. In addition, HUD stated that due to statutory requirements, federal agencies do not employ a single definition of "rural" and it may not be reasonable for all agencies to utilize the same definition of rural as the purposes of the programs may be vastly different. We do not recommend that agencies utilize a single definition of rural but rather recognize that the varying definitions limit the ability to understand the incidence and prevalence of homelessness in rural areas. HUD also commented that this report presents a limited review of HUD's data collection and reporting efforts and does not acknowledge the progress that HUD has been making in this area or the value of the data currently being collected, or that their Annual Homeless Assessment Report is the only national estimate of homelessness to use longitudinal data. Since we recently issued a report that provides a detailed review of HUD's data collection and reporting efforts and discusses the efforts HUD has taken to improve the data, we did not provide this same level of detail in this report.⁵³ We have added a reference to our June 2010 report for additional information on these topics. In addition, as noted in our June 2010 report, HUD's data in their Annual Homeless Assessment Report are not longitudinal in that they do not follow specific individuals over time; rather HUD collects aggregated data that track numbers of homeless over time.

⁵³ [GAO-10-702](#).

HUD commented that they have undertaken efforts to better align their homelessness data with homelessness data from HHS and VA. We acknowledged these efforts in the report. HUD also commented that the report indicates that effective collaboration hinges predominately on the use of a common vocabulary and offered barriers it considers more significant to effective collaboration. Discussions of issues related to a common vocabulary are not described in this report but are included in our June 2010 report.⁵⁴ Additionally, while HUD agrees with our discussion about the proportion of CoC dollars awarded for supportive services activities having decreased, they commented that the total dollar amount associated with those service remains significant. We do not suggest that the total dollar amount of HUD funded supportive services is insignificant, but rather that the decrease in the proportion of dollars for supportive services has contributed to a gap in funding for providers. Further, HUD commented that it has worked with HHS to improve access by homeless persons to their programs and that federal coordination and collaboration are evident in the U.S. Interagency Council on Homelessness's *Federal Strategic Plan to Prevent and End Homelessness*. We recognize in our report actions that HUD and HHS have taken to collaborate; however, we believe that we correctly assess the opportunities for further progress by the agencies in linking housing and supportive services across their programs.

HUD also commented that it agreed that a common vocabulary among federal agencies and increased collaboration would improve the delivery of services in rural areas, but that the existence of both of these elements does not equate to a seamless integration of various streams of funding to create a project to serve homeless persons. We are not suggesting that a common vocabulary and increased collaboration by themselves will equate to a seamless integration of funding streams, but we believe that it could help to improve the delivery of services. Finally, HUD commented that it believes our report's focus on the anecdotal experiences of local providers does not provide a complete picture of efforts made by HUD regarding data collection, interagency collaboration, and the funding of supportive services. As noted earlier, we did not seek to repeat the level of detail on HUD's efforts regarding data collection as had already been included in our June 2010 report and we refer readers to this report for additional information.⁵⁵ Also, while our report provides the perspectives

⁵⁴ [GAO-10-702](#).

⁵⁵ [GAO-10-702](#).

of local providers as gathered from six site visits, we also conducted numerous interviews with national stakeholder groups and federal agency officials, and reviewed relevant reports and federal agency documents. Based on all of the information we gathered and reviewed, we believe we have correctly assessed the data collection, interagency collaboration, and funding of supportive service issues referred to by HUD in their comment.

HHS's Deputy Assistant Secretary for Legislation stated in written comments that HHS strongly agrees with the importance of collaboration with HUD to effectively address homelessness. In addition, HHS commented that GAO's reference to the demonstration initiative—around housing vouchers for homeless people—included in the Fiscal Year 2011 President's Budget was incomplete. We added an expanded description of this initiative. HHS commented that the Patient Protection and Affordable Care Act will contribute to filling gaps in supportive services for homeless people. We did not examine the Patient Protection and Affordable Care Act as part of our review. HHS also commented that the discussion of funding and services in the report needs to distinguish between linking homeless individuals with the services that they need and aligning services with housing programs that target specific homeless populations. We acknowledge that collaboration between HHS and HUD related to housing and supportive services could take different forms. As we state in our recommendation, the two agencies should explore opportunities to link housing and supportive services while considering the most appropriate forms and combinations for this collaboration.

We will send copies of this report to interested congressional committees, the United States Interagency Council for the Homeless, and to the Departments of Agriculture, Education, Health and Human Services, Housing and Urban Development, Interior, Labor, and Veterans Affairs. This report will also be available on our home page at no charge at <http://www.gao.gov>.

If you have any question 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 IV.



Alicia Puente Cackley
Director, Financial Markets
and Community Investment

List of Committees

The Honorable Christopher J. Dodd
Chairman

The Honorable Richard C. Shelby
Ranking Member Committee on Banking, Housing, and Urban Affairs
United States Senate

The Honorable Robert Menendez
Chairman

The Honorable David Vitter
Ranking Member Subcommittee on Housing, Transportation and
Community Development Committee on Banking, Housing, and Urban
Affairs
United States Senate

The Honorable Barney Frank
Chairman

The Honorable Spencer Bachus
Ranking Member Committee on Financial Services
House of Representatives

The Honorable Maxine Waters
Chairwoman

The Honorable Shelley Moore Capito
Ranking Member Subcommittee on Housing and Community Opportunity
Committee on Financial Services
House of Representatives

Appendix I: Scope and Methodology

To address all of our objectives, we conducted site visits to six states—Arizona, Kentucky, Maine, Minnesota, New Mexico, and Texas. During these visits, we interviewed federal, state, and local housing and homelessness officials and nonprofit homelessness organizations, and toured rural areas in which homelessness was present. We selected the site visit locations based on several factors, including (1) discussions with advocates and researchers in the field of homelessness—including the Housing Assistance Council, the National Alliance to End Homelessness, the National Law Center on Homelessness and Poverty, and the Urban Institute—to learn about rural homelessness issues and the outcomes across different states; (2) a review of studies and reports on local and state efforts to serve the homeless in rural areas, including papers prepared for the 2007 National Symposium on Homelessness Research that highlighted issues related to rural homelessness; (3) the presence of tribal lands and colonias; and (4) geographical diversity. While on site visits we interviewed federal field office officials, state officials, local providers, and local advocates, and in Minnesota panels of homeless individuals. We also toured service areas and providers facilities, and in Texas we toured several colonias. On the site visits to Arizona and New Mexico we visited the tribal lands of the San Carlos Apache Tribe of the San Carlos Reservation, Arizona; the Tohono O’odham Nation of Arizona; the Pueblo of Acoma, New Mexico; and the Pueblo of San Felipe, New Mexico. We interviewed tribal officials from the tribal designated housing entities, service providers on and off tribal lands, and advocates. We reviewed relevant laws, regulations, and program documentation and interviewed officials from various federal agencies, including Departments of Agriculture, Education, Health and Human Services, Housing and Urban Development, Interior, Labor, Veterans Affairs, and the U.S. Interagency Council on Homelessness (Interagency Council). We also conducted interviews with a variety of stakeholders, including advocates and researchers.

To describe the characteristics of homelessness in rural areas, we reviewed existing research and studies on homelessness issues, particularly those that are related to rural homelessness. We conducted interviews with relevant federal and state officials, service providers, national homeless and poverty organizations, and to the extent possible, homeless individuals and families to obtain their perspectives on the conditions of homeless in rural areas and the extent of migration to nonrural areas for assistance. Specifically, we interviewed federal officials to understand the extent data is available in estimating the incidence and prevalence of homelessness in rural areas and how it compares to nonrural areas.

To identify the federal homeless assistance and amount of funding awarded, we reviewed statutes, regulations, and reports, including our prior work, on federal homeless assistance for both targeted and mainstream programs. We interviewed federal, state, and local officials, to understand the range of assistance that is available to assist homeless individuals or families in rural areas, how those assistance programs are delivered, and the amount of funding that has been awarded. To the extent that data were available for comparison, we interviewed selected federal officials to understand funding differences between rural and nonrural areas. Specific data from some programs funded by the Departments of Agriculture, Housing and Urban Development, and Veterans Affairs were determined to be reliable enough to use in this report.

To identify the barriers persons experiencing homelessness and homeless service providers encounter, we interviewed state and local officials, homeless service providers, and to the extent possible, homeless individuals and families for information on barriers encountered when seeking assistance, barriers encountered when providing assistance, and any challenges related to federal coordination and efforts. We also interviewed select federal officials, including officials from the Interagency Council, to understand the extent of federal collaboration in providing services to persons or families experiencing homelessness in rural areas.

We conducted this performance audit from September 2009 to July 2010 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

JUL 12 2010

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

Dear Ms. Cackley:

Attached are comments on the U.S. Government Accountability Office's (GAO) draft report entitled: "RURAL HOMELESSNESS: Better Collaboration by HHS and HUD Could Improve Delivery of Services in Rural Areas" (GAO 10-724).

The Department appreciates the opportunity to review this correspondence before its publication.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrea Palm", with a long horizontal flourish extending to the right.

Andrea Palm
Deputy Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED, "RURAL HOMELESSNESS: BETTER COLLABORATION BY HHS AND HUD COULD IMPROVE DELIVERY OF SERVICES IN RURAL AREAS" (GAO-10-724)

The Department appreciates the opportunity to comment on this GAO draft report.

GAO Recommendations

To strengthen formal collaboration efforts, we recommend that the Secretary of Housing and Urban Development and the Secretary of Health and Human Services direct the appropriate program offices to further explore opportunities to more formally link housing and supportive services--in the most appropriate forms and combinations of mainstream and/or targeted programs identified by both agencies, with specific consideration for how such collaboration could minimize barriers to service provision in rural areas.

HHS Response

The Department strongly agrees with the importance of collaboration with the Department of Housing and Urban Development (HUD) to effectively address homelessness. The Administration for Children and Families (ACF) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) have been actively working with HUD in efforts to design a voucher program demonstration effort for improving services to homeless families. In addition, on June 17, 2010, HHS and HUD issued a letter highlighting the opportunities for state Temporary Assistance for Needy Families programs and HUD's Homelessness Prevention and Rapid Re-Housing Program to coordinate resources and improve services to homeless families.
(http://www.acf.hhs.gov/programs/ofa/policy/colleague-ltr/2010_TANF-HUD.html.)

On page 31, GAO makes a brief reference to HUD and HHS's collaboration on a demonstration initiative around housing vouchers for homeless people, but the description is incomplete. This important initiative, which is part of a broad collaboration between HUD and HHS warrants a more extensive description in the GAO report. Last summer, HHS Secretary Sebelius and HUD Secretary Donovan initiated a collaboration to better integrate the nation's housing, health, and human services delivery systems. The two Departments established workgroups co-facilitated by senior HHS and HUD officials to identify concrete opportunities in three related areas: homelessness, community living (for people with disabilities and the elderly), and livable homes and communities (macro-level, healthy housing and community planning and design). Two demonstration initiatives are included in the FY 2011 President's Budget, one involving 4,000 housing vouchers with health, behavioral health and other supportive services for chronically homeless persons and the other involving 6,000 housing vouchers, linked with a range of mainstream services like job training and income assistance through the Temporary Assistance for Needy Families program, for homeless and at-risk families with children.

Concerning the report's discussion of the need to fill gaps in supportive services for homeless people, we note that the landmark Patient Protection and Affordable Care Act

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED, "RURAL HOMELESSNESS: BETTER COLLABORATION BY HHS AND HUD COULD IMPROVE DELIVERY OF SERVICES IN RURAL AREAS" (GAO-10-724)

will contribute greatly to filling those gaps. Medicaid will be expanded to nearly all individuals under the age of 65 with incomes up to 133 percent of the federal poverty level. This significant expansion will allow more families and adults without dependent children to enroll in Medicaid in 2014 or before. In addition, the Affordable Care Act will support demonstrations to improve the ability of psychiatric facilities to provide emergency services. It will also expand the availability of medical homes for individuals with chronic conditions, including severe and persistent mental illness. Expansion of Community Health Centers is another major change that will serve many vulnerable populations, including those who are homeless or at risk of being homeless.

The discussion about services and their funding sources throughout the report needs to distinguish between linking homeless individuals with the services that they need and aligning services with housing programs that target specific homeless populations. Homeless populations range from those who experience a crisis driven short-term experience of homelessness to those who are chronically homeless for long periods and have complex and multiple service needs. Many individuals and families only need temporary access to housing assistance to escape homelessness, while others, especially chronically homeless individuals, may need longer term housing along with supportive services.

The following are two current examples of demonstration projects in ACF's Family and Youth Services Bureau (FYSB) that focus on rural homeless populations.

Rural Host Home Demonstration Project

The Basic Center Program (BCP) provides shelter and support services to assist youth in crisis, re-unite them with their families, as appropriate, strengthen their family relationships; and help them transition to safe and appropriate alternative living arrangements where they can become independent, self-sufficient and contributing members of society. The Rural Host Homes Demonstration Project was designed to expand those services to runaway and homeless youth who reside in rural areas not served by shelter facilities.

- Expanding Opportunities for Service

Organizations funded through this demonstration project are required to recruit, screen, train, and provide ongoing support to host home families that provide services to youth in their homes. While in the program, youth under age 18 receive:

- shelter for up to 21 days,
- transportation,
- individual, family, and group counseling services,

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- assistance staying connected with their schools or staying current with the curricula, in accordance with the provisions of the McKinney-Vento Homeless Assistance Act, and
 - an after-care plan to ensure continuing support after they leave the program.
- Finding Solutions

Through the demonstration project, FYSB will attempt to assess the gap in services to rural RHY. It will evaluate whether host homes were utilized, and if the youth were able to receive the same services as those in large metropolitan areas.

**Support Systems for Rural Homeless Youth:
A Collaborative State and Local Demonstration Project**

FYSB recently awarded grants to three States – Colorado, Iowa, and Minnesota – to carry out demonstration projects helping young people in rural areas, including Tribal lands and other rural Native communities, who are approaching young adulthood and independence but have few or no connections to a supportive family or community resources.

Specifically, grant awards provide funding to States to collaborate with local community-based organizations to influence policies, programs, and practices that affect the design and delivery of services to RHY, ages 16-21, in the Transitional Living Program (TLP), as well as youth aging out of State child welfare systems and into the Independent Living Program (ILP).

- Focusing on Three Areas

The demonstration project focuses on improving coordination of services and creating additional supports for rural youth, especially in three vital areas:

- survival support services, such as housing, health care, substance abuse, and/or mental health,
 - community service, youth and adult partnerships, mentoring, peer support groups, and/or Positive Youth Development activities, and
 - education and employment, such as high school/General Equivalency Diploma completion, post-secondary education, employment, training, and/or jobs.
- Involving Youth in All Phases

This demonstration project is being conducted in two phases: planning and implementation. Currently, grantees are in the planning phase: identifying, convening

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and consulting with local FYSB-funded agencies providing services to youth in TLP and ILP programs in rural communities.

FYSB sees youth participation as fundamental to the success of the projects. Each project will emphasize youth participation and leadership development in the planning and implementation of project strategies and activities.

Appendix III: Comments from the Department of Housing and Urban Development



ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-7000

JUL 09 2010

Ms. Alicia Cackley, Director
Financial Markets and Community Investment
U.S. Government Accountability Office
441 G Street, NW, Room 2017
Washington, DC 20548

Dear Ms. Cackley:

This is in response to the Government Accountability Office's draft report entitled *Rural Homelessness: Better Collaboration by HHS and HUD Could Improve Delivery of Services in Rural Areas (July 2010)*—GAO-10-724. HUD provided specific technical comments under separate cover. HUD agrees with the overall GAO recommendation regarding the value of collaboration among federal partners. However, HUD is including in this letter additional information that may provide context on complex issues presented in this report, particularly related to the definition of rural, HUD's data collection efforts, and collaboration with other federal agencies. This report contains references to GAO's recently released report on the definition of homelessness. HUD provided extensive comment and a letter for the record to GAO on that report and will not repeat many of those concerns here, and encourages readers to review both reports in order to fully understand HUD's position on the issues. HUD's specific comments related to this report are as follows:

- GAO points out that federal agencies do not employ a single definition of "rural." In many cases, this is due to statutory requirements rather than policy decisions made by the federal agencies. The Office of Special Needs Assistance Programs (SNAPS), for example, has used the definition of rural that was included as part of the "Rural Homelessness Grant Program" that was created in the Stewart B. McKinney Homeless Housing Assistance Amendments Act of 1992. Furthermore, it may not be reasonable for all agencies to utilize the same definition of rural as the purposes of their programs may be vastly different.
- Since 2005, HUD has been reporting local and national level homeless data to Congress through the Annual Homeless Assessment Report (AHAR)—the first and only national estimate of homelessness to use longitudinal data. GAO's report presents a limited review of HUD's data collection and reporting efforts and does not acknowledge the progress that has been made in this area or the value of the data currently being collected or reported.
- This report discusses the need for better coordination between federal agencies that require homeless data collection systems. HUD agrees, and has been working since 2006 with the Departments of Health and Human Services (HHS) and Veterans Affairs (VA) to improve and align data collection and reporting requirements for federally

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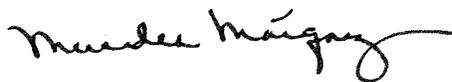
funded programs addressing homelessness. The partnership with HHS has resulted in successful alignment with the Projects for Assistance in Transition from Homelessness (PATH) program noted by a December 2009 joint announcement of HHS' intent to utilize HMIS for the PATH program. The partnership with the VA has resulted in an initial evaluation of alignment for the Grant and Per Diem and HUD VASH programs.

- GAO's report indicates that effective collaboration hinges predominantly on the use of a common vocabulary. HUD offers that, while a common vocabulary and definitions would improve coordination for rural areas, key differences in authorizing statutes, implementing regulations, and administrative processes are more significant barriers to effective collaboration.
- The report discusses the reduction in Continuum of Care (CoC) funds for supportive services costs and indicates that HUD "emphasized the funding of housing activities and decreased its own funding for supportive services." While it is true that the proportion of dollars being awarded for supportive service activities has decreased, the total dollar amount associated with those services remains significant. In 2008, HUD awarded \$453 million for supportive service budget requests.
- The report asserts that there "is little evidence that HUD and HHS have formally agreed on their respective roles and responsibilities, or identified ways to leverage resources to support the delivery of coordinated housing and supportive services." HUD remains committed to ensuring that participants in all of its homeless assistance projects receive needed supportive services and has worked with HHS to improve access by homeless persons to their programs. In fact, this type of federal coordination and collaboration is evident in the U.S. Interagency Council on Homelessness' (USICH) *Federal Strategic Plan to Prevent and End Homelessness*, which was announced by USICH Chair and HUD Secretary Shaun Donovan last month.

The Department agrees that a common vocabulary amongst federal agencies and increased collaboration would improve the delivery of services in rural areas. However, the existence of both of these elements does not equate to a seamless integration of various streams of funding to create a project to serve homeless persons, especially given that agencies often have differing statutory requirements or Congressional direction. In addition, the Department believes that the GAO report's focus on the anecdotal experiences of local providers does not provide a complete picture of efforts made by HUD regarding data collection, interagency collaboration, and the funding of supportive services.

The Department appreciates the opportunity to respond to this report.

Sincerely,



Mercedes Márquez
Assistant Secretary

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

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

Staff Acknowledgments

In addition to the individual named above, Marshall Hamlett, Assistant Director; Aglae Cantave; Chir-Jen Huang; Karen Jarzynka; John Lord; Paul Thompson; Marc Molino; LuAnn Moy; Andrew Pauline; and Barbara Roesmann made key contributions to this report.

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