HOMELESSNESS

Actions to Help Better Address Older Adults' Housing and Health Needs

Report to Congressional Requesters

September 2024
GAO-24-106300
United States Government Accountability Office

Accessible Version

GAO Highlights

View GAO-24-106300. For more information, contact Alicia Puente Cackley at (202) 512-8678 or cackleya@gao.gov.
Highlights of GAO-24-106300, a report to congressional requesters
September 2024

HOMELESSNESS

Actions to Help Better Address Older Adults' Housing and Health Needs

Why GAO Did This Study

High levels of homelessness, the aging U.S. population, and rising housing costs have raised concerns among researchers that a growing number of older adults could experience homelessness.

GAO was asked to review homelessness among older adults. This report examines the needs of older adults experiencing homelessness and barriers to addressing those needs. It also examines federal actions to address older-adult homelessness.

In nine communities selected for diversity of geography and population density, GAO conducted nongeneralizable interviews with 45 service providers and other stakeholders and 34 older adults with experiences of homelessness. In addition, GAO reviewed agency documents and interviewed federal agency officials.

What GAO Recommends

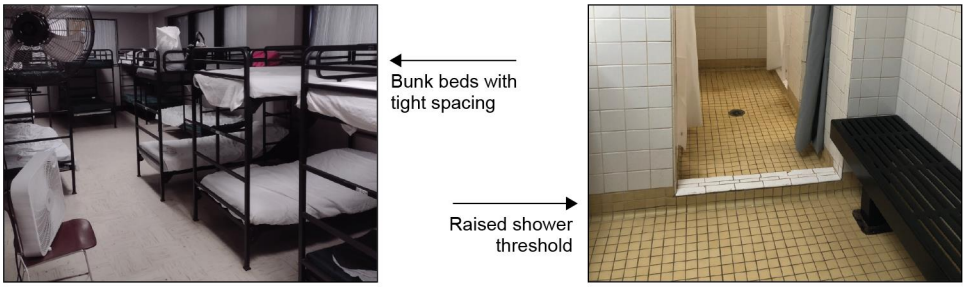
GAO is making two recommendations to the Department of Health and Human Services for the Housing and Services Resources Center to (1) clearly define outcomes and (2) collect and use related performance information to assess progress. The Department of Health and Human Services concurred with the recommendations.

What GAO Found

About 138,000 older adults (aged 55 and older) experienced homelessness on a single night in 2023, according to Department of Housing and Urban Development estimates. These adults often have needs that can be particularly challenging to address, according to 45 homelessness service providers and other stakeholders GAO spoke with.

- **Housing needs.** In addition to affordable housing, older adults often need housing with accessibility features. Providers described challenges finding accessible housing within the already limited supply of affordable housing.
- **Health needs.** Older adults often have mobility limitations, functional impairments (e.g., incontinence), or chronic conditions. These can be challenging to address in shelters, such as those with bunk beds or bathrooms with limited accessibility features (see figure). Some shelters GAO visited modified their spaces or services to accommodate these needs, while others cited resource constraints. Additionally, older adults transitioning into housing may need home and community-based services, such as home health care and personal care. Providers described challenges connecting older adults to such services, such as limited availability of providers.

Examples of Shelter Spaces with Limited Accessibility



Source: GAO (photos). | GAO-24-106300

Some stakeholders also said older adults belonging to certain racial, ethnic, or other groups can encounter additional barriers when accessing homelessness assistance programs. For example, they said members of some racial or ethnic groups may experience unfair treatment, an unwelcoming environment, or cultural insensitivity. Some providers reported taking steps to promote more equitable provision of services in their programs.

Some agencies have taken steps to address the needs of older adults experiencing homelessness, but collaboration practices of a key effort could be enhanced. Specifically, the interagency Housing and Services Resource Center, led by the Department of Health and Human Services, provides information and technical assistance on the housing and health needs of older adults experiencing homelessness. The center has generally incorporated six of GAO's eight leading practices for effective interagency collaboration. However, it has not yet clearly defined short- and long-term outcomes or collected and used related performance information to assess progress. Doing so would better ensure that the center is achieving its goals.

Contents

Abbreviations

ACL	Administration for Community Living
ACS	American Community Survey
CoC	Continuum of Care
HHS	Department of Health and Human Services
HUD	Department of Housing and Urban Development
HUD-VASH	Housing and Urban Development-Veterans Affairs

	Supportive Housing
USICH	U.S. Interagency Council on Homelessness
VA	Department of Veterans Affairs

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
441 G St. N.W.
Washington, DC 20548

September 9, 2024

The Honorable Robert P. Casey, Jr.
Chairman
Special Committee on Aging
United States Senate

The Honorable Maxine Waters
Ranking Member
Committee on Financial Services
House of Representatives

About 653,000 people experienced homelessness on a single night in 2023—the highest count since the Department of Housing and Urban Development (HUD) began reporting these estimates in 2007.[1] With the U.S. population aging and housing costs continuing to rise, researchers, advocacy organizations, and Members of Congress have raised concerns that a growing number of older adults may experience homelessness.[2] Moreover, recent research has raised concerns about the specialized needs of older adults experiencing homelessness, including accessible housing and age-related health care services.

HUD, the Department of Health and Human Services (HHS), and the Department of Veterans Affairs (VA) administer several of the largest federal homelessness assistance programs.[3] The U.S. Interagency Council on Homelessness (USICH) coordinates the federal response to homelessness with its 19 federal member agencies.

You asked us to conduct a review of homelessness among older adults. This report examines (1) national estimates of older adults experiencing homelessness and housing cost data that could indicate risks of homelessness for older renters; (2) housing needs prevalent among older adults experiencing homelessness and barriers communities may face in addressing those needs; and (3) federal strategic planning and HHS, HUD, and VA efforts to address homelessness among older adults.

For the first objective, we reviewed HUD's national estimates of the number of older adults experiencing homelessness on a single night in 2023 (known as the Point-in-Time count).[4] We also reviewed HUD's national

[1]Department of Housing and Urban Development, *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness* (Washington, D.C.: Dec. 2023).

[2]Definitions of older adults vary. For the purposes of this report, we define older adults as people aged 55 or older.

[3]The definition of "homeless" varies by federal program. Unless otherwise stated, for purposes of this report, we use "homeless" to refer to a person that lacks a fixed, regular, adequate nighttime residence, consistent with the McKinney-Vento Homeless Assistance Act, as amended. 42 U.S.C. § 11302(a)(1).

[4]Department of Housing and Urban Development, *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness*. In prior work, we have noted that the Point-in-Time count likely underestimates the size of the homeless population. GAO, *Homelessness: Better HUD Oversight of Data Collection Could Improve Estimates of Homeless Population*, GAO-20-433 (Washington, D.C.: July 14, 2020). While the Point-in-Time count does not provide a reliably precise estimate of individuals experiencing homelessness, we determined it provides an appropriate estimate for the purpose of describing levels of homelessness among older adults.

estimates of the number of older adults participating in shelter and other types of homelessness assistance programs in fiscal year 2021.[5] We also analyzed the Census Bureau's American Community Survey data on rental housing costs for renter households headed by older adults relative to household income for the period 2018 to 2022.[6]

For the second objective, we reviewed relevant literature and conducted 45 interviews with stakeholders in nine Continuums of Care (CoC), which are regional or local planning bodies that coordinate homelessness services in a geographic area. We selected CoCs to ensure they included all four Census regions and varying types (five major city, two suburban, and two rural).[7] In these communities, we interviewed collaborative applicants or their designated CoC representatives, homelessness service providers, regional VA homeless program staff, and Area Agencies on Aging.[8] We also interviewed one state hospital association. Findings from our analysis of these interviews cannot be generalized to all stakeholders who might have relevant knowledge and expertise or to all communities.

We also visited shelters and other homelessness service providers in eight of the selected CoCs. During these visits, we conducted nongeneralizable interviews with 34 older adults with experiences of homelessness. In addition, we visited two Tribes and interviewed their tribal officials for nongeneralizable perspectives on addressing homelessness among older tribal members.

For the third objective, we reviewed agency documentation and interviewed HHS, HUD, VA, and USICH officials regarding federal strategic planning and agency efforts related to older-adult homelessness. We compared the activities of the interagency Housing and Services Resource Center against leading practices for

[5]Department of Housing and Urban Development, *2021 Annual Homelessness Assessment Report (AHAR) to Congress: Part 2: Estimates of Homelessness in the United States* (Washington, D.C.: July 2023). The estimates for fiscal year 2021 were the most recent available as of June 2024. We determined the data provide an appropriate estimate for the purpose of describing use of shelters and other types of homelessness assistance programs among older adults. In August 2024, HUD released estimates of the number of older adults participating in shelter and other types of homelessness assistance programs in fiscal year 2022. Department of Housing and Urban Development, *2022 Annual Homelessness Assessment Report (AHAR) to Congress: Part 2: Annual Estimates of Sheltered Homelessness in the United States* (Washington, D.C.: May 2024). We did not include those estimates in this report because HUD could not provide information on the precision of its estimates in time for publication.

[6]The American Community Survey is a nationwide survey that collects and produces information on social, economic, housing, and demographic characteristics of the nation's population each year. We used the survey's most recently available 5-year estimates, covering 2018–2022. We determined the data were sufficiently reliable for the purpose of analyzing housing cost burdens among renter households headed by older adults.

[7]HUD categorizes CoCs into four geographic groups: (1) major city CoCs that contain one of the 50 largest U.S. cities; (2) other largely urban CoCs; (3) largely suburban CoCs; and (4) largely rural CoCs. For purposes of this report, we refer to these CoC types as major city, other urban, suburban, and rural, respectively. The major city CoCs we selected were Boston, Mass.; District of Columbia; Portland/Gresham/Multnomah County, Ore.; San Diego City and County, Calif.; and Tulsa City and County, Okla. The suburban CoCs we selected were Dakota, Anoka, Washington, Scott, Carver Counties, Minn. (the suburban counties surrounding Minneapolis and St. Paul) and Massachusetts Balance of State. The rural CoCs we selected were Oregon Balance of State and Virginia Balance of State. Balance of state CoCs comprise all jurisdictions in a state that are not covered by any other CoC and may include nonmetropolitan areas or smaller cities.

[8]A collaborative applicant is the entity designated by a CoC to prepare and submit the CoC's application for planning funds under HUD's Continuum of Care program. VA's homelessness assistance programs are administered by the Veterans Health Administration's Homeless Programs Office, which has staff in each of VA's 18 regional health networks (known as Veterans Integrated Service Networks). We interviewed VA regional homeless program coordinators and geriatric specialists whose regions included the selected CoCs. Area Agencies on Aging are public or nonprofit agencies designated by a state to address the needs and concerns of people aged 60 or older at the regional and local levels.

interagency collaboration that we have identified in our prior work.[9] See appendix I for additional details on our methodology.

We conducted this performance audit from October 2022 to September 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Federal Agencies and Programs Addressing Homelessness

HHS, HUD, and VA administer various programs that assist people experiencing homelessness (see table 1).[10] These programs can assist, but do not target, older adults. Some of these programs are targeted generally to people experiencing or at risk of homelessness, while others target assistance to specific populations, such as veterans or people with mental health conditions or substance-use disorders. Eligibility for assistance may also depend on how these programs define homelessness.

[9]GAO, *Government Performance Management: Leading Practices to Enhance Interagency Collaboration and Address Crosscutting Challenges*, GAO-23-105520 (Washington, D.C.: May 24, 2023). That report validated and updated leading interagency collaboration practices that we first developed in 2012 through an analysis of prior GAO reports examining aspects of collaboration in the federal government, a literature review, and expert interviews. GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, GAO-12-1022 (Washington, D.C.: Sept. 27, 2012).

[10]Because multiple federal agencies have programs aimed at addressing homelessness, these efforts are fragmented. We have defined fragmentation as those circumstances in which more than one federal agency (or more than one organization within an agency) is involved in the same broad area of national need. See GAO, *Fragmentation, Overlap, and Duplication: An Evaluation and Management Guide*, GAO-15-49SP (Washington, D.C.: Apr. 14, 2015).

Table 1: Selected HHS, HUD, and VA Homelessness Assistance Programs

Agency	Program examples
HHS Health Resources and Services Administration	The Health Care for the Homeless program awards grants to health centers to provide care for individuals experiencing homelessness or those who may live in temporary, transitional, or permanent supportive housing targeted to homeless populations.[a]
HHS Substance Abuse and Mental Health Services Administration	Projects for Assistance in Transition from Homelessness provides grants to states, which fund local organizations that provide services, such as outreach and case management, to reduce or eliminate homelessness and imminent risk of homelessness for individuals with serious mental illnesses and co-occurring substance use disorders.
HHS Substance Abuse and Mental Health Services Administration	The Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery program increases access to the disability income benefit programs administered by the Social Security Administration for people experiencing or at risk of homelessness and who have a serious mental illness, medical impairment, or a co-occurring substance use disorder.
HUD	The Continuum of Care program provides grants to states, local governments, Tribes and tribally designated housing entities, and nonprofit providers to provide housing and supportive services to individuals and families experiencing or at risk of homelessness. The program also includes funding for planning activities and for operating homeless management information systems (that is, local databases used to collect client-level data and data on the provision of housing and services to people experiencing and at risk of homelessness).
HUD	The Emergency Solutions Grants program provides grants to state, local, and territorial governments to assist those experiencing or at risk of homelessness through eligible activities such as emergency shelters, temporary housing, and homelessness prevention.
HUD and VA	The HUD-VA Supportive Housing program provides HUD rental assistance and VA case management and supportive services to eligible veterans experiencing homelessness.
VA	The Health Care for Homeless Veterans program provides resources to identify veterans experiencing homelessness who are eligible for VA services and assist them in accessing appropriate health care and benefits through outreach, case management, and contracted residential services.
VA	The Homeless Providers Grant and Per Diem program provides grants to community-based agencies for transitional housing and supportive services to help veterans experiencing homelessness. The program also provides grants for case management services to help veterans at risk of homelessness maintain permanent housing.

Source: Department of Health and Human Services (HHS), Department of Housing and Urban Development (HUD), and Department of Veterans Affairs (VA) regulations and agency documentation. | GAO-24-106300

[a]As authorized by section 330(h) of the Public Health Service Act, these grant recipients are a subset of the Health Center Program, which provides funding for comprehensive primary health care services for medically underserved populations. 42 U.S.C. § 330.

The definition of "homeless" varies by federal program. For example, the Continuum of Care, Emergency Solutions Grants, and HUD-VA Supportive Housing (HUD-VASH) programs define "homeless" based on the definition set forth in the McKinney-Vento Homeless Assistance Act (as amended, the McKinney-Vento Act).[11] The act's definition includes several categories of individuals, such as people who lack a fixed, regular, and adequate nighttime residence; people whose primary nighttime residence is a public or private place not designed for or ordinarily used as a regular sleeping accommodation, such as a car, abandoned building, bus station, or park; and people living in a supervised publicly or privately operated shelter.[12]

The U.S. Interagency Council on Homelessness is responsible for coordinating the federal response to homelessness and partnering with the private sector and every level of government to reduce and end

[11]*See* 42 U.S.C. § 11302; 24 C.F.R. §§ 578.3 ("Homeless"), 576.2 ("Homeless"); and Department of Veterans Affairs, Veterans Health Administration, Directive 1162.05(2) (Washington, D.C.: June 24, 2024).

[12]42 U.S.C. § 11302(a).

homelessness. USICH consists of representatives from 19 federal agencies (to whom we refer as the Council) and a full-time staff led by an Executive Director. The McKinney-Vento Act requires USICH to develop and regularly update a national strategic plan to end homelessness.[13] USICH's staff help to implement the strategic plan.

USICH also relies on policy and planning groups, comprised of staff from the Council's member agencies, to establish its strategic direction and promote interagency collaboration. For example, the Council Policy Group coordinates policies and programs, develops special initiatives, and prepares recommendations for the Council to consider. USICH has also convened interagency working groups focused on specific issues or populations, such as veterans.

Services Available to Older Adults Experiencing Homelessness

Older adults experiencing homelessness can receive various types of services and supports from local homelessness assistance providers, including the following:

- **Supportive services** help people experiencing or at risk of homelessness obtain and maintain housing. These services include case management, which assesses, arranges, coordinates, and monitors the delivery of services to meet program participants' needs. Other supportive services include housing search and counseling; life skills training (such as budgeting and money management); transportation; health care; mental health and substance use disorder treatment; and assistance with moving, food, utility costs, and other needs.
- **Shelter programs** provide people experiencing homelessness places to stay, such as emergency shelters, safe havens, and transitional housing.[14] Congregate shelters have shared sleeping spaces, while non-congregate shelters have private or semi-private bedrooms. In addition, some shelter programs provide participants vouchers for hotels or motels.
- **Permanent housing programs** help people experiencing homelessness obtain community-based housing. Specifically, **rapid rehousing programs** provide temporary rental assistance combined with case management and other supportive services to help people move quickly into permanent housing and achieve stability. **Permanent supportive housing programs** provide permanent housing and intensive supportive services on a long-term basis. They serve people who were experiencing homelessness when they entered the program and who have disabilities that reduce their ability to maintain housing without additional support.

In addition to homelessness programs, mainstream federal programs can help older adults experiencing homelessness obtain and maintain housing. Some of these programs have age-based eligibility requirements, and older adults under age 65 may not qualify for benefits, particularly if they do not have disabilities. Examples include the following:

[13]42 U.S.C. § 11313(a)(1).

[14]Emergency shelters are facilities with the primary purpose of providing temporary shelter for people experiencing homelessness. Safe havens are projects that provide private or semi-private long-term housing for people with severe mental illness and are limited to serving no more than 25 people within a facility. Transitional housing programs provide people experiencing homelessness a place to stay combined with supportive services for up to 24 months.

- **HHS programs.** Medicare and Medicaid offer health services and other supports that can help older adults obtain and maintain housing.[15] For example, some states use Medicaid authorities to cover housing-related services that help individuals prepare for and transition to housing and achieve and maintain housing stability. These authorities can also cover home and community-based services (such as home health care and personal care) that can help people avoid moving to a nursing home or other facility for care.[16] Under the Older Americans Act of 1965, HHS also funds a range of home and community-based services that are delivered and overseen through Area Agencies on Aging.[17]
- **HUD programs.** The Housing Choice Voucher program—the largest federal rental assistance program—pays subsidies to landlords for housing that program participants lease in the private rental market. The Supportive Housing for the Elderly (Section 202) program provides funding for supportive housing targeted to very low-income elderly households (head of household or spouse aged 62 or older). In addition, some project-based rental assistance and public housing properties have units designated for elderly households.[18]
- **VA programs.** The Office of Geriatrics and Extended Care, within the Veterans Health Administration, facilitates the delivery of care for eligible veterans with serious chronic diseases and disabling conditions, including through home and community-based programs. Services provided include home-based primary care, skilled home care, home health aides, and community adult day care.

How HUD Measures Homelessness

HUD reports two estimates on the U.S. homeless population annually.

[15]Adults aged 55 or older who are too young to be eligible for certain HHS programs based on their age may be eligible if they have disabilities. For example, the Medicare program offers federal health insurance for people aged 65 or older, certain younger people with disabilities, and people with certain diseases. Medicaid is a joint, federal-state program that finances health care coverage for certain low-income and medically needy populations, including people who are aged 65 or older, are blind, or have disabilities. To participate in Medicaid, states must cover certain groups of individuals and provide certain mandatory benefits. States can choose to cover additional groups and provide optional benefits beyond federal requirements.

[16]In 2023, the Centers for Medicare & Medicaid Services released an informational bulletin and accompanying framework of services and supports to address health-related needs that the agency considers allowable under specific Medicaid authorities. See Centers for Medicare & Medicaid Services, *Coverage of Services and Supports to Address Health-Related Social Needs in Medicaid and the Children's Health Insurance Program* (Washington, D.C.: Nov. 16, 2023) and Centers for Medicare & Medicaid Services, *Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children's Health Insurance Program (CHIP)* (Washington, D.C.: Nov. 2023). For a description of Medicaid authorities for states to cover home and community-based services, see Centers for Medicare & Medicaid Services, *Medicaid Program: Ensuring Access to Medicaid Services*, 89 Fed. Reg. 40,542 (May 10, 2024).

[17]Pub. L. No. 89-73, 79 Stat. 218 (codified at 42 U.S.C. §§ 3001–58ff). Home and community-based services funded under the Older Americans Act are available to anyone aged 60 or older, but they are to be targeted to those with the greatest economic or social need. As noted previously, Area Agencies on Aging are public or nonprofit agencies designated by a state to address the needs and concerns of people aged 60 or older at the regional and local levels.

[18]For a more detailed discussion of housing programs serving older adults, see GAO, *Older Adult Housing: Future Collaborations on Housing and Health Services Should Include Relevant Agencies and Define Outcomes*, GAO-18-232 (Washington, D.C.: Apr. 26, 2018).

- **Point-in-Time estimates.** HUD produces annual estimates of the number of people experiencing sheltered and unsheltered homelessness on a single night.[19] The Point-in-Time counts are conducted by CoCs nationwide and generally occur during the last week in January of each year.[20]
- **One-year estimates of sheltered homelessness based on homeless management information systems.** HUD requires each CoC to maintain a homeless management information system or comparable database that collects client-level data and data on the provision of housing and services to people experiencing and at risk of homelessness. HUD uses CoC-submitted summary reports from these databases to produce annual estimates on the number of people who used a shelter at any time during a 1-year period.[21] Separately, HUD also uses these reports to estimate the use of rapid rehousing and permanent supportive housing programs by people who formerly experienced homelessness. The estimates do not provide information on unsheltered homelessness.

Racial and Ethnic Disparities in Homelessness

According to HUD estimates, some racial and ethnic groups have been overrepresented in the homeless population compared to their proportion of the U.S. population. Data from HUD's January 2023 Point-in-Time count and Census Bureau estimates of the U.S. population as of July 2022 indicate the following:

- HUD estimated that about 37 percent of the people experiencing homelessness identified as Black, African, or African American.[22] The Census Bureau estimated that about 14 percent of the U.S. population identified as Black or African American.[23]
- HUD estimated that about 4 percent of people experiencing homelessness identified as American Indian, Alaska Native, or Indigenous. The Census Bureau estimated that about 1 percent of the U.S. population identified as American Indian and Alaska Native.
- HUD estimated that about 2 percent of people experiencing homelessness identified as Asian or Asian American. The Census Bureau estimated that about 6 percent of the U.S. population identified as Asian.

[19]In HUD reports on its estimates, sheltered homelessness refers to people who are staying in emergency shelters, transitional housing programs, or safe havens. Unsheltered homelessness refers to people whose primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people.

[20]HUD requires CoCs to conduct an unsheltered and sheltered Point-in-Time count every 2 years and incentivizes annual counts through its funding process. Most CoCs conduct sheltered and unsheltered counts every year. If a CoC does not conduct an unsheltered count for the reporting year, HUD carries forward the prior year's count to avoid misleading changes in the data.

[21]The reporting period for each annual estimate aligns with the federal fiscal year (October 1 through September 30). HUD encourages CoCs to submit annual summary data from their homeless management information systems. HUD uses these data to produce estimates. Because of unresolved data quality issues, HUD excludes some data from the final sample that it uses to produce national estimates. The estimates are weighted to extrapolate from participating projects to the entire country.

[22]Department of Housing and Urban Development, *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness*. The racial and ethnic categories discussed are those reported by HUD, which used some categories that differed from those in Census estimates.

[23]The racial and ethnic categories discussed are those reported in Census Bureau, Population Division, *Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States: April 1, 2020, to July 1, 2022*, NC-EST2022-SR11H (Washington, D.C.: June 2023).

- HUD estimated that about 2 percent of people experiencing homelessness identified as Native Hawaiian or Pacific Islander. The Census Bureau estimated that less than 1 percent of the U.S. population identified as Native Hawaiian and Other Pacific Islander.
- HUD estimated that about 6 percent of people experiencing homelessness identified as multiple races. The Census Bureau estimated that about 3 percent of the U.S. population identified as two or more races.
- HUD estimated that about 50 percent of people experiencing homelessness identified as White. The Census Bureau estimated that about 76 percent of the U.S. population identified as White.
- HUD estimated that about 28 percent of people experiencing homelessness (of any race) identified as Hispanic/Latin(a)(o)(x). The Census Bureau estimated that about 19 percent of the U.S. population identified as Hispanic of any race.

About 138,000 Older Adults Were Homeless in January 2023, and Older Renters Face Increased Risks

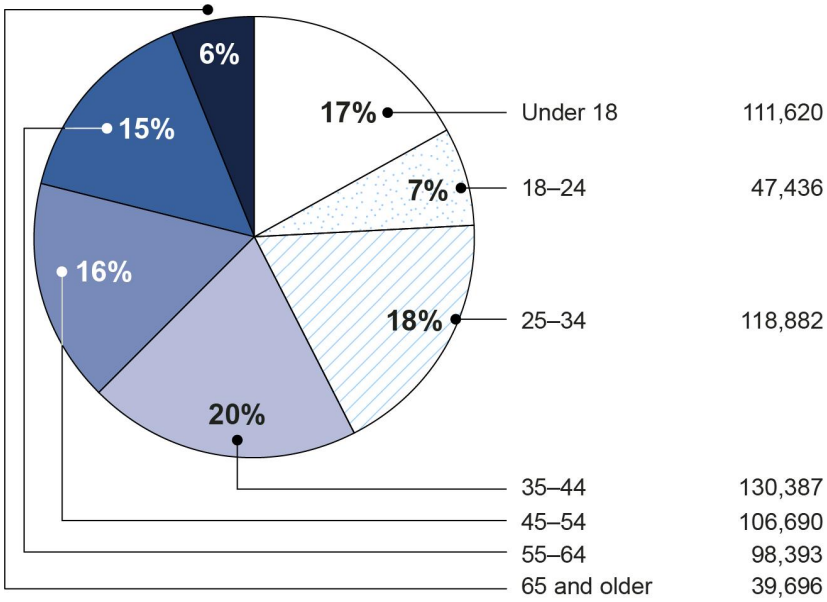
About 21 Percent of People Experiencing Homelessness in HUD's 2023 Point-in-Time Count Were Older Adults

HUD estimated that about 138,000 older adults were homeless during the January 2023 Point-in-Time count, representing about 21 percent of the total.[24] Of these, about 15 percent (about 98,000 people) were aged 55–64, and about 6 percent (about 40,000 people) were aged 65 or older (see fig. 1). About 46 percent of these older adults were unsheltered and about 54 percent were sheltered.[25]

[24]Department of Housing and Urban Development, *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness.* Adults aged 55 or older were about 30 percent of the population overall and about 26 percent of the population living in poverty in 2022, the most recent year available, according to Census's 1-year population estimates from the American Community Survey.

[25]Sheltered homelessness refers to people who are staying in emergency shelters, transitional housing programs, or safe havens. People served in rapid rehousing, permanent supportive housing, or other permanent housing programs are not included in estimates of sheltered homelessness.

Figure 1: Estimated Proportion of Homelessness by Age Group in the 2023 Point-in-Time Count, January 2023



Source: Department of Housing and Urban Development (HUD). | GAO-24-106300

Accessible Data for Figure 1: Estimated Proportion of Homelessness by Age Group in the 2023 Point-in-Time Count, January 2023

Age Groups	Total	Percentage
Under 18	111,620	17%
18 to 24	47,436	7%
25 to 34	118,882	18%
35 to 44	130,387	20%
45 to 54	106,690	16%
55 to 64	98,393	15%
65 and older	39,696	6%

Source: Department of Housing and Urban Development (HUD). I GAO-24-106300

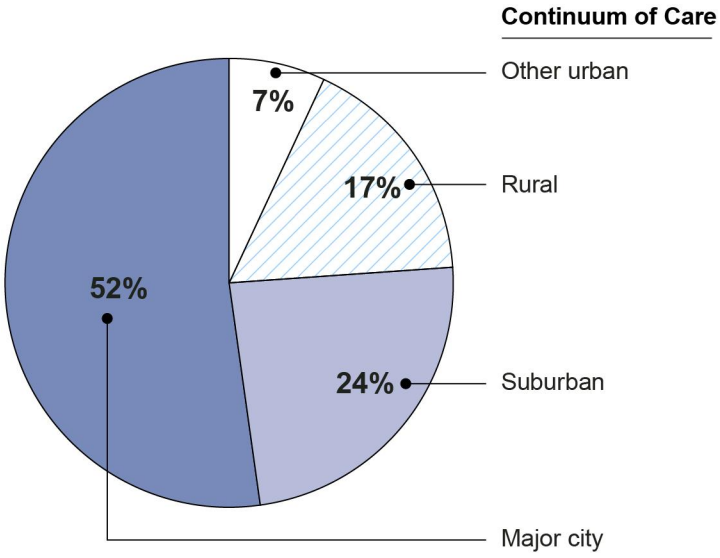
Note: These data are from HUD, *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness* (Washington, D.C.: Dec. 2023). Percentages do not add to 100 because of rounding. HUD did not produce data on the precision of the age-group estimates reported by the agency.

HUD's Point-in-Time count data on older adults are limited. For example, HUD did not separately estimate homelessness among older adults prior to 2023, and therefore no comparisons could be made with prior years.[26] In addition, HUD did not produce confidence intervals or standard errors for these Point-in-Time count data, so the level of precision of these estimates cannot be assessed. Finally, HUD's published data in the 2023 report on the Point-in-Time count do not provide information about the proportion of older adults experiencing homelessness by categories of race, ethnicity, or gender.

[26]Prior to the 2023 count, HUD used a single age category to provide estimates for all individuals experiencing homelessness who were older than 24.

However, the Point-in-Time count does provide some breakdowns on older adults. HUD estimated that 98 percent of the older adults experiencing homelessness (about 135,000 people) were in adult-only households.[27] About 52 percent of those older adults were in major city CoCs (see fig. 2).

Figure 2: Estimated Proportion of Older Adults Experiencing Homelessness in Adult-Only Households by Continuum of Care Type, January 2023



Source: Department of Housing and Urban Development (HUD). | GAO-24-106300

Accessible Data for Figure 2: Estimated Proportion of Older Adults Experiencing Homelessness in Adult-Only Households by Continuum of Care Type, January 2023

Age group	Major City CoCs	Other Largely Urban CoCs	Largely Suburban CoCs	Largely Rural CoCs
Over 54	52%	7%	24%	17%

Source: Department of Housing and Urban Development (HUD) I GAO-24-106300

Note: These data are from HUD, *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness* (Washington, D.C.: Dec. 2023). Older adults were individuals aged 55 or older. HUD did not produce data on the precision of the age-group estimates reported by the agency.

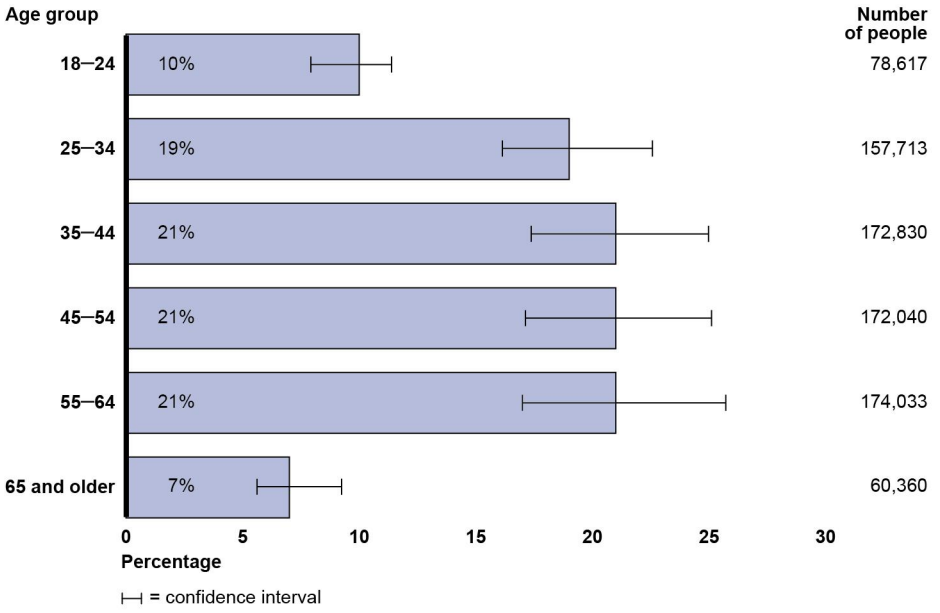
Among Adult-Only Households, Older Adults Represented about 29 Percent of Shelter Users in 2021

When examining sheltered homelessness only, HUD estimated that about 29 percent of shelter users (about 234,000 people) in adult-only households were older adults in fiscal year 2021, the most recent year available

[27]Adult-only households are households made up of one or more adults aged 18 or older, and no children under 18, that were experiencing homelessness on the night of the Point-in-Time count.

for these 1-year estimates as of June 2024.[28] About 21 percent of shelter users (about 174,000 people) in adult-only households were aged 55–64, and another 7 percent (about 60,000 people) were aged 65 or older (see fig. 3).[29] HUD's method for generating 1-year estimates of shelter use is limited in its precision because not all CoCs submit usable data.[30]

Figure 3: Estimated Proportion of Shelter Users in Adult-Only Households by Age Group, Fiscal Year 2021



Source: Department of Housing and Urban Development (HUD) data. | GAO-24-106300

Accessible Data for Figure 3: Estimated Proportion of Shelter Users in Adult-Only Households by Age Group, Fiscal Year 2021

	Percentage in fiscal year 2021	Number of people	95% CI - Lower	95% CI - Upper
18-24	10	78,617	7.9%	11.4%
25-34	19	157,713	16.1%	22.6%
35-44	21	172,830	17.4%	25.0%
45-54	21	172,040	17.1%	25.1%

[28]Department of Housing and Urban Development, *2021 Annual Homelessness Assessment Report (AHAR) to Congress: Part 2: Estimates of Homelessness in the United States*. We describe the proportion of older adults in adult-only households because, according to HUD's estimates, nearly all older adults (98 percent) who used shelters (i.e., emergency shelters, safe havens, or transitional housing) in fiscal year 2021 were in adult-only households and because HUD estimates from the Point-in-Time count show that families with children experiencing homelessness use shelters at higher rates than adult-only households. We also reviewed HUD's published estimates for fiscal years 2019 and 2020 but did not report them because the differences for adult-only households were not statistically significant from fiscal year 2021 at a 95 percent confidence level. For a discussion of our methodology for assessing the reliability of HUD's estimates of sheltered homelessness for purposes of this report, see app. I.

[29]The estimates for the 55–64 and 65-and-older age groups do not sum to 29 percent because of rounding.

[30]HUD reported that about 199 CoCs submitted usable data on sheltered homelessness out of 389 CoCs that were active at the time the fiscal year 2021 estimates were being developed.

	Percentage in fiscal year 2021	Number of people	95% CI - Lower	95% CI - Upper
55-64	21	174,033	17.0%	25.7%
65 and older	7	60,360	5.6%	9.2%

Source: Department of Housing and Urban Development (HUD) data I GAO-24-106300

Note: These data are from HUD, *2021 Annual Homelessness Assessment Report (AHAR) to Congress: Part 2: Estimates of Homelessness in the United States* (Washington, D.C.: July 2023). Percentages do not sum to 100 percent because of rounding. The relative margin of error of the estimated number of people for each age group is 23.66 percent or less.

Older adults' use of shelters in fiscal year 2021 was affected by the COVID-19 pandemic. HUD observed that many shelters reduced capacity, shifting to temporary hotel and motel accommodations. Some shelter providers and CoC officials told us they prioritized older adults or medically vulnerable individuals—for example, those needing electrical outlets for medical equipment.[31]

Like the separately estimated homelessness data from the Point-in-Time count, HUD's full-year estimates of shelter use do not include data on the race or ethnicity of older adults.[32] Officials from HUD and its data contractor said their methodology was not designed to generate age-group estimates by race and ethnicity. They said that further stratifying the data that way may not allow for precise estimates.

HUD's 2021 annual report on sheltered homelessness also reported the following:

- **Chronic patterns of homelessness.** Older adults made up about 36 percent (about 82,000 people) of shelter users in adult-only households who had chronic patterns of homelessness in fiscal year 2021, HUD estimated.[33] About 27 percent (about 62,000 people) of these shelter users were aged 55–64, and about 9 percent (about 20,000 people) were aged 65 and older (see fig. 4).[34]

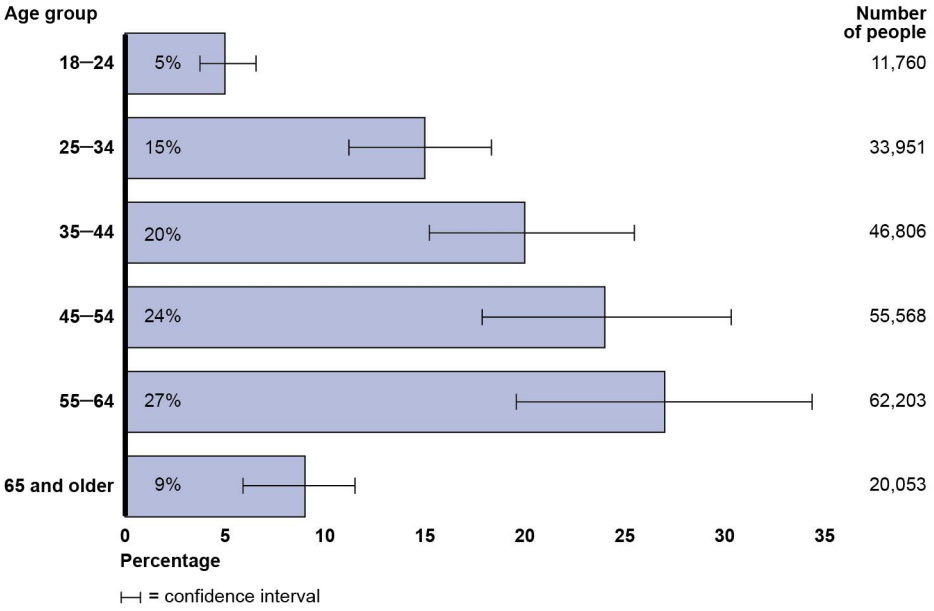
[31]In this report, we summarize perspectives from interviews in selected CoCs, including with officials from 15 shelter providers and eight organizations representing Continuums of Care. We use "some," "many," and "nearly all" to characterize responses. We defined "some" to be up to 49 percent of organizations interviewed, "many" to be 50 percent to 90 percent of organizations interviewed, and "nearly all" to be 91 percent to 99 percent of organizations interviewed.

[32]HUD prepared estimates of shelter use by race and ethnicity for the whole population of shelter users but did not do so for its estimates of shelter use by age group.

[33]According to HUD, 95 percent of sheltered individuals experiencing chronic homelessness were in adult-only households in fiscal year 2021. HUD's 2021 annual report defined a chronic pattern of homelessness as occurring when someone with a disability has been homeless continuously for at least 1 year—or has had four or more episodes of homelessness totaling at least 1 year—within the past 3 years. The report defined a disability as a physical or mental impairment that substantially limits one or more major life activities.

[34]HUD's estimates do not address the age distribution of people experiencing homelessness for the first time or the age at which people first experienced homelessness. In a nongeneralizable study of adults experiencing homelessness in California only, researchers found that about 40 percent of single adults aged 50 or older experienced homelessness for the first time at age 50 or older. The researchers found that about 48 percent of single adults experiencing homelessness were aged 50 or older. The study, which was conducted between late 2021 and late 2022, was designed to be representative of adults experiencing homelessness in California and included results from about 3,200 questionnaires and 365 interviews. See Margot Kushel, M.D., et al., "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness," University of California-San Francisco, Benioff Homelessness and Housing Initiative (San Francisco, Calif.: June 2023). HUD estimated that California accounted for about 28 percent of people experiencing homelessness in the 2023 Point-in-Time count.

Figure 4: Estimated Proportion of Shelter Users in Adult-Only Households Who Had Chronic Patterns of Homelessness by Age Group, Fiscal Year 2021



Source: Department of Housing and Urban Development (HUD) data. | GAO-24-106300

Accessible Data for Figure 4: Estimated Proportion of Shelter Users in Adult-Only Households Who Had Chronic Patterns of Homelessness by Age Group, Fiscal Year 2021

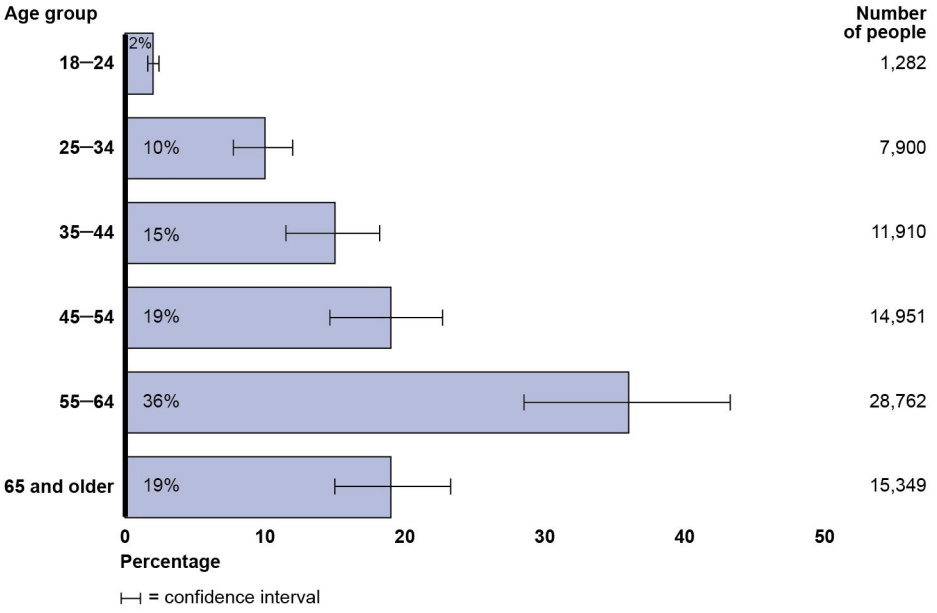
Age group	Fiscal year 2021	Numbers	95% CI - Lower	95% CI - Upper
18-24	5	11,760	3.7%	6.5%
25-34	15	33,951	11.2%	18.3%
35-44	20	46,806	15.2%	25.5%
45-54	24	55,568	17.9%	30.3%
55-64	27	62,203	19.6%	34.4%
65 and older	9	20,053	5.9%	11.5%

Source: Department of Housing and Urban Development (HUD) data. I GAO-24-106300

Note: These data are from HUD, *2021 Annual Homelessness Assessment Report (AHAR) to Congress: Part 2: Estimates of Homelessness in the United States* (Washington, D.C.: July 2023). The relative margin of error of the estimated number of people for each age group is 31.78 percent or less.

- **Homelessness among veterans.** About 55 percent of sheltered veterans experiencing homelessness in adult-only households (about 44,000 people) were older adults in fiscal year 2021, according to HUD estimates. About 36 percent of veterans experiencing homelessness (about 29,000 people) were aged 55–64, and about 19 percent (about 15,000 people) were aged 65 or older (see fig. 5).

Figure 5: Estimated Proportion of Shelter Use by Veterans in Adult-Only Households by Age Group, Fiscal Year 2021



Source: Department of Housing and Urban Development (HUD) data. | GAO-24-106300

Accessible Data for Figure 5: Estimated Proportion of Shelter Use by Veterans in Adult-Only Households by Age Group, Fiscal Year 2021

Age group	Fiscal year 2021	Numbers of Vets	95% CI - Lower	95% CI - Upper
18-24	2	1,282	1.2%	2.0%
25-34	10	7,900	7.7%	12.0%
35-44	15	11,910	11.5%	18.2%
45-54	19	14,951	14.6%	22.7%
55-64	36	28,762	28.5%	43.3%
65 and older	19	15,349	15.0%	23.3%

Source: Department of Housing and Urban Development (HUD) data. I GAO-24-106300

Note: These data are from HUD, *2021 Annual Homelessness Assessment Report (AHAR) to Congress: Part 2: Estimates of Homelessness in the United States* (Washington, D.C.: July 2023). Percentages do not sum to 100 percent because of rounding. The relative margin of error of the estimated number of people for each age group is 26.14 percent or less.

- **Use of permanent supportive housing and rapid rehousing.** HUD estimated that about 148,000 older adults used permanent supportive housing and about 36,000 older adults used rapid rehousing subsidies in fiscal year 2021. Older adults made up the largest share (39 percent) of individuals using permanent supportive housing. About 15 percent of all people in households that received rapid rehousing subsidies were older adults, HUD estimated.

Most Low-Income Older Renters Had High Housing Costs, Which May Increase Homelessness Risks

Some providers we spoke with identified high or increasing rents as a factor contributing to the risk of homelessness among older adults, particularly those on fixed incomes.[35] In a 2022 survey of Area Agencies on Aging, respondents most frequently cited lack of affordable housing as a major challenge for older adults.[36] Many respondents also noted that rent increases that price older adults out of long-term rentals was a major challenge.

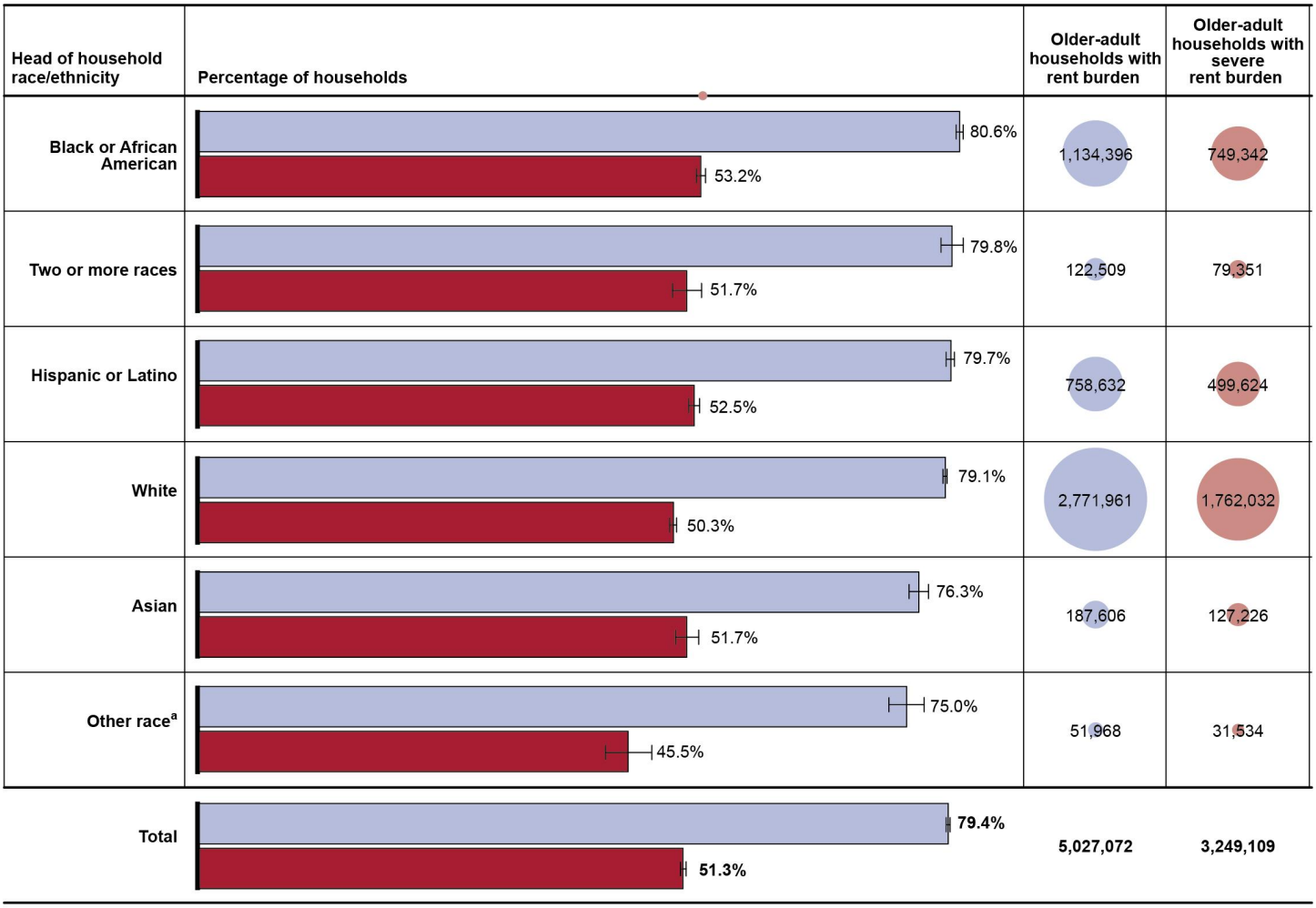
Most low-income renting households headed by older adults pay a substantial portion of their income for housing, based on American Community Survey data for 2018–2022.[37] About 79 percent of these households spent more than 30 percent of income on housing—a threshold HUD uses to define rent burden. About 51 percent were severely rent burdened, meaning they spent more than 50 percent of income on housing. These trends were relatively consistent across racial and ethnic groups we analyzed (see fig. 6).

[35]In this report, we summarize the perspectives of officials from 27 homelessness service providers, including 15 shelter providers and 18 permanent housing providers. Some of the providers operated both shelter and permanent housing programs, and some offered other services such as street outreach, supportive services, and homelessness prevention.

[36]Survey results were reported in USAging, *2023 CHARTBOOK: More Older Adults, More Complex Needs: Trends and New Directions from the National Survey of Area Agencies on Aging* (Washington, D.C.: 2023). Of the 444 Area Agencies on Aging that responded to USAging's survey, 85 percent identified a lack of affordable housing as a major challenge. The next four most frequently cited major challenges were: high costs for long-term care (76 percent), unavailability of or long waitlist for subsidized housing or housing vouchers (71 percent), increasing rents that result in being "priced out" of long-term rental housing (64 percent), and lack of accessible housing (63 percent). USAging reported that its national web-based survey was administered between September and December 2022, and the response rate was 74.2 percent (457 respondents), although not all respondents answered all questions.

[37]We defined a low-income household as one whose household income was below 50 percent of the median income for the geographic area where the household was located. The geographic areas in our analysis are Public Use Microdata Areas as defined within the American Community Survey. For more detail, see app. I.

Figure 6: Low-Income Households Headed by an Older Adult That Were Rent-Burdened or Severely Rent-Burdened, by Race/Ethnicity, 2018–2022



Source: GAO analysis of Census Bureau data. | GAO-24-106300

Accessible Data for Figure 6: Low-Income Households Headed by an Older Adult That Were Rent-Burdened or Severely Rent-Burdened, by Race/Ethnicity, 2018–2022

Head of household race/ ethnicity	Households with rent burdens: Number	Households with rent burdens: Percentage	Households with severe rent burdens: Number	Households with severe rent burdens: Percentage
Non-Hispanic White	• 2.77 million • (2.75 million–2.80 million)	• 79.1 • (78.8–79.3)	• 1.76 million • (1.74 million– 1.78 million)	• 50.3 • (49.9–50.6)
Non-Hispanic Black or African American	• 1.13 million • (1.12 million–1.15 million)	• 80.6 • (80.2–81.0)	• 749,000 • (739,000–760,000)	• 53.2 • (52.7–53.7)
Non-Hispanic Asian	• 188,000 • (182,000 -194,000)	• 76.3 • (75.3–77.3)	• 127,000 • (122,000-132,000)	• 51.7 • (50.5-53.0)
Non-Hispanic other[a]	• 52,000 • (49,000–55,000)	• 75.0 • (73.1–76.9)	• 32,000 • (29,000–34,000)	• 45.5 • (43.1–48.0)
Non-Hispanic two or more races	• 123,000 • (119,000–126,000)	• 79.8 • (78.6–81.0)	• 79,000 • (76,000–83,000)	• 51.7 • (50.2–53.3)
Hispanic or Latino	• 759,000 • (748,000–770,000)	• 79.7 • (79.2–80.1)	• 500,000 • (491,000–509,000)	• 52.5 • (51.9–53.1)
All race/ethnicity categories	• 5.03 million • (4.99 million– 5.07 million)	• 79.4 • (79.2–79.6)	• 3.25 million • (3.22 million– 3.28 million)	• 51.3 • (51.0–51.6)

Head of household race/ethnicity	Older-adult households with rent burden	Older-adult households with severe rent burden
Non-Hispanic Black or African American	1,134,396	749,342
Hispanic or Latino	758,632	499,624
Non-Hispanic two or more races	122,509	79,351
Non-Hispanic Asian	187,606	127,226
Non-Hispanic White	2,771,961	1,762,032
Non-Hispanic Other	51,968	31,534
Total	5,027,072	3,249,109

Source: GAO analysis of Census Bureau data. I GAO-24-106300

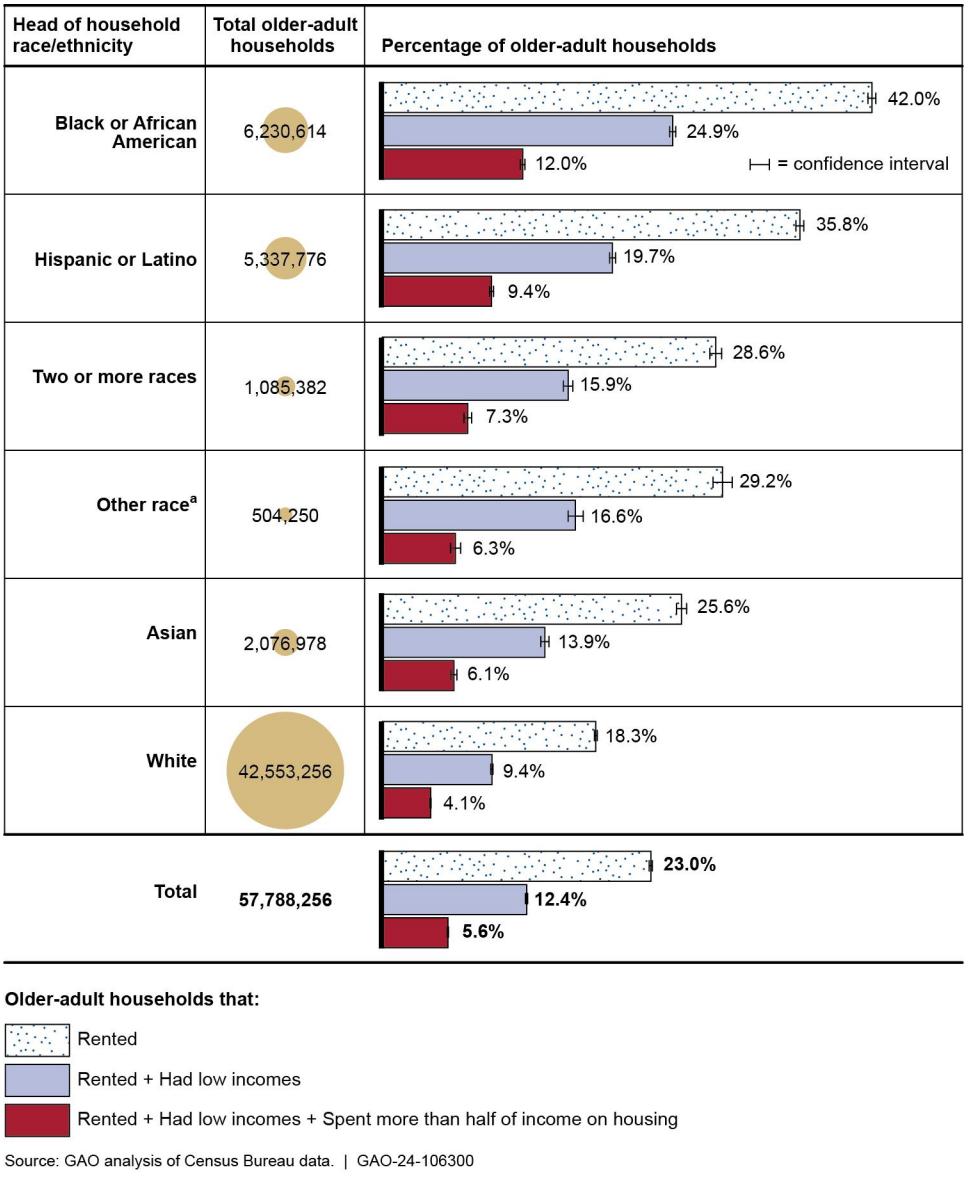
Notes: We analyzed the Census Bureau's American Community Survey (ACS) Public Use Microdata Sample from 2018–2022. Older adults were individuals 55 or older. The category "Hispanic or Latino" includes Hispanic or Latino individuals of any race, and the other categories do not include individuals who are Hispanic or Latino. Households with rent burdens spent more than 30 percent of household income on rent and utilities, and households with severe rent burdens spent more than 50 percent of household income on rent and utilities. Low-income households had incomes that were less than 50 percent of the median household income for the household's geographic area, which we determined using ACS's Public Use Microdata Areas defined in the 2020 Census. Confidence intervals were calculated for a 95 percent confidence level.

[a]Combines households from several race categories that together make up less than 2 percent of all households in the analysis. These categories include American Indians, Alaska Natives, and Native Hawaiians and other Pacific Islanders.

Expanding our analysis to all households headed by an older adult, about one in every 18 households (5.6 percent) was a low-income, renting household that spent more than half of its income on housing (see fig. 7). Our analysis found differences by race and ethnicity. For example, about one in eight households (about 12 percent) headed by a Black or African American older adult was a renting household that spent more than half of its income on housing. The comparable proportion for households headed by a White older adult was about

one in 24 households (about 4 percent). In addition, Black or African American and Hispanic or Latino older-adult-headed households had higher proportions of renters and higher proportions of renters with low incomes than other groups.[38]

Figure 7: Renting Status, Income Level, and Housing Costs of All Households Headed by an Older Adult, by Race and Ethnicity, 2018–2022



Source: GAO analysis of Census Bureau data. | GAO-24-106300

[38]The category “Hispanic or Latino” includes Hispanic or Latino individuals of any race. Other categories we analyzed, such as “Black or African American” and “White,” do not include individuals who are Hispanic or Latino.

Accessible Data for Figure 7: Renting Status, Income Level, and Housing Costs of All Households Headed by an Older Adult, by Race and Ethnicity, 2018–2022

Race/Ethnicity	Rent	+Low income	+Rent burden
Black	41.97%	24.88%	12.03%
Hispanic or Latino	35.80%	19.72%	9.36%
Non-Hispanic (2 or more races)	28.58%	15.92%	7.31%
Non-Hispanic (other)	29.15%	16.55%	6.25%
Asian	25.64%	13.92%	6.13%
White	18.29%	9.40%	4.14%
Total	23.02%	12.37%	5.62%

Source: GAO analysis of Census Bureau data. I GAO-24-106300

Notes: We analyzed the Census Bureau's American Community Survey (ACS) Public Use Microdata Sample from 2018–2022. Older adults were individuals 55 or older. The category "Hispanic or Latino" includes Hispanic or Latino individuals of any race, and the other categories do not include individuals who are Hispanic or Latino. Low-income households had incomes that were less than 50 percent of the median household income for the household's geographic area, which we determined using ACS's Public Use Microdata Areas defined in the 2020 Census. Confidence intervals were calculated for a 95 percent confidence level.

[a]Combines households from several race categories that together make up less than 2 percent of all households in the analysis. These categories include American Indians, Alaska Natives, and Native Hawaiians and other Pacific Islanders.

We and others have previously found that rising or unaffordable rents are among the factors associated with increases in homelessness. For example, in a 2020 report, we estimated that a $100 increase in median rent was associated with about a 9 percent increase in the homelessness rate per 10,000 people.[39] In 2023, HUD observed that when low-income households pay half their income on housing, it creates an untenable situation that puts people at risk of homelessness.[40] HUD also reported that a shortage of affordable rental housing has resulted in a rise in households with unaffordable rents or living in substandard housing.[41]

Providers in some of the communities we visited had homelessness prevention initiatives targeting unaffordable rents. In San Diego County, California, providers conducted a needs assessment that recommended a publicly funded "shallow subsidy" for older adults at risk of homelessness due to financial insecurity.[42] In response, in 2022, the San Diego County government approved a subsidy of $500 per month in

[39]See GAO-20-433. Other factors cited by experts as contributing to homelessness included poverty, job loss, eviction, and mental health and substance-use challenges.

[40]Department of Housing and Urban Development, *2021 Annual Homelessness Assessment Report (AHAR) to Congress: Part 2: Estimates of Homelessness in the United States*. A 2024 analysis by Harvard University's Joint Center for Housing Studies found that low-income renting households that spent more than half their income on housing spent less money on food and health care than renters who had lower housing costs as a proportion of income. The study also observed that other individuals with high housing costs relative to income may end up living in overcrowded or structurally inadequate conditions that threaten health and well-being. See Joint Center for Housing Studies of Harvard University, *America's Rental Housing 2024* (Cambridge, Mass.: Jan. 25, 2024).

[41]Specifically, HUD reported an increase in families with "worst-case housing needs," defined as those that do not receive housing assistance, earn 50 percent or less of the area median income, and pay more than half of their income on housing or live in substandard housing. See Department of Housing and Urban Development, Office of Policy Development and Research, *Worst Case Housing Needs: 2023 Report to Congress* (Washington, D.C.: May 2023).

[42]The needs assessment characterized a shallow subsidy as a minimal amount of monthly funding that would prevent older adults living on a fixed income from losing their housing or having to forgo basic needs, such as medical expenses, food, or transportation.

rental assistance for older adults that met income and other eligibility requirements.[43] Such a subsidy can be cheaper than providing assistance to those who have become homeless, according to the needs assessment.

Similarly, in a suburban area we visited, an organization used a state-funded homelessness prevention program to direct rental assistance to older-adult households facing eviction. However, a program official noted a challenge in determining when to stop temporary financial assistance, as many older adults on fixed incomes face persistent unaffordable rent.

Older Adults' Housing and Health Needs Are Challenging to Address, Making It Difficult to Exit Homelessness

Older adults seeking to exit homelessness are more likely to face certain challenges, such as employment and income constraints or a need for accessible housing. In addition, this population often has complex health-related needs that can complicate providers' efforts to serve them. Further, older adults from diverse backgrounds may encounter obstacles when accessing homelessness assistance because of unfair treatment, cultural insensitivity, language barriers, and other challenges.

Older Adults Have Affordable and Accessible Housing Needs That Present Particular Challenges

Older adults experiencing homelessness often have characteristics that make it especially challenging to obtain suitable housing and exit homelessness, according to stakeholders.[44]

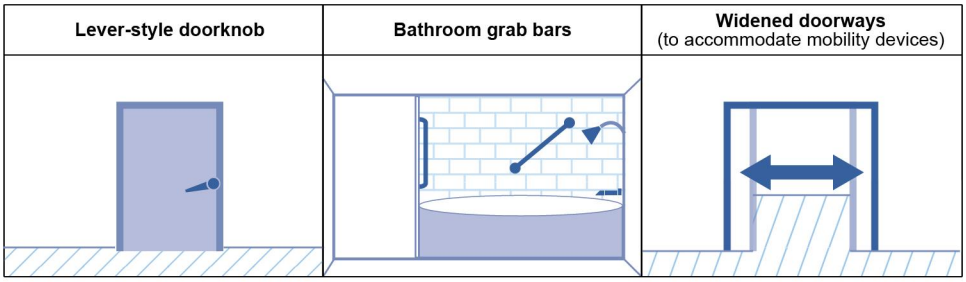
- **Employment and income constraints.** Older adults experiencing homelessness are less likely than younger adults to find employment, many providers stated. Older adults may be beyond working age or unable to work because of disabilities or health conditions, or they may face age discrimination, according to some providers. Short-term subsidies, such as those offered through rapid rehousing programs, may not offer a lasting solution for older adults whose incomes are fixed. Permanent supportive housing and mainstream rental housing assistance can offer ongoing subsidies, but their availability is limited.
- **Accessibility needs.** Older adults experiencing homelessness are more likely to need housing with accessibility features, according to many providers. Examples of accessibility features include lever-style door handles, bathroom grab bars, and widened doorways that can accommodate mobility devices (see fig.

[43]The subsidy was part of a pilot project and was to be paid for 18 months to a limited number of participants. To be eligible, housed individuals had to have incomes that were no more than 50 percent of the area median income (adjusted for family size) and housing costs of more than 50 percent of income, among other things.

[44]In this report, we use the term "stakeholders" when we refer collectively to 27 homelessness service providers, eight organizations representing CoCs, seven homeless program offices in VA regional health networks, and three Area Agencies on Aging we interviewed. The 27 homelessness service providers included 15 shelter providers and 18 permanent housing providers. Some of the providers operated both shelter and permanent housing programs, and some offered other services such as street outreach, supportive services, and homelessness prevention. In characterizing responses, we defined "some" to be up to 49 percent of organizations interviewed, "many" to be 50 percent to 90 percent of organizations interviewed, and "nearly all" to be 91 percent to 99 percent of organizations interviewed.

8). However, accessible units are in short supply, according to many providers, in part because of the aging housing stock and infrequent turnover of existing accessible units.[45]

Figure 8: Examples of Accessibility Features in Housing



Source: GAO analysis of Department of Housing and Urban Development information; GAO (illustrations). | GAO-24-106300

- **Location needs and preferences.** Older adults experiencing homelessness may be particularly concerned about finding housing in an area they perceive as safe, according to some providers. Older adults may also prefer to stay in a familiar area near support networks. Finally, older adults may require accessible public transportation, some providers stated. Some older adults we interviewed discussed their location-related needs (see text box).

Some older adults we interviewed who had experienced homelessness described challenges finding housing that met location-related needs.

A 55-year-old man was searching for housing through a rapid rehousing program. He said he was having difficulty finding a place in a neighborhood where he would feel safe walking around despite hip problems that limited his mobility.

A 69-year-old woman who was living in permanent supportive housing after experiencing homelessness in her early 60s said she had difficulty finding a unit that was close to public transit. Although she did not have mobility limitations, she did not feel she could walk over a mile to a bus stop.

A 60-year-old woman who was experiencing homelessness in a rural area and did not own a car said her need for access to transportation was a challenge as she sought suitable housing.

Source: GAO. | GAO-24-106300

To help address the housing needs of older adults experiencing homelessness, providers described employing various strategies:

- **Increasing income.** Some providers stated they seek to help older adults increase their income by identifying employment and training opportunities. Employment services can include assistance with resume writing and online applications, job training, and education. Some providers also described helping

[45]In March 2023, we reported that fully accessible units are limited in number and that more than 300,000 HUD-assisted households with a member using a mobility device (such as a wheelchair or walker) reported living in units without any accessibility features, according to the 2019 American Housing Survey. GAO, *HUD Rental Assistance: Serving Households with Disabilities*, GAO-23-106339 (Washington, D.C.: Mar. 29, 2023).

older adults apply for government benefits, including Supplemental Security Income and Social Security Disability Insurance.[46]

- **Assisting with housing searches and applications.** Some providers stated they tailored their housing search assistance when serving older adults. For instance, to support older adults who had difficulty using the internet, they assisted with online housing searches and applications or distributed physical flyers and forms. Some providers stated they also helped older adults obtain government identification (e.g., birth certificates) needed to complete housing applications.[47]

Despite these strategies, the nationwide shortage of affordable and accessible units, combined with complex housing needs, pose significant challenges to housing older adults experiencing homelessness.[48] Some stakeholders emphasized a need for more housing production tailored to older adults. In some cases, providers have their own initiatives to purchase or develop permanent housing that serves older adults experiencing homelessness.[49] Yet many stakeholders stressed that increasing the affordable housing supply more generally was crucial to meeting the housing needs of older adults.[50]

Complex Health Needs Complicate Providers' Efforts to Support Older Adults

Older adults experiencing homelessness often have complex health needs that are difficult to address and pose challenges to obtaining and maintaining permanent housing.

Addressing the Health Needs of Older Adults Experiencing Homelessness

Older adults are more likely than other age groups to have complex health-related needs that can be challenging to address while they are experiencing homelessness.

[46]Supplemental Security Income is an assistance program administered by the Social Security Administration that provides cash benefits to certain individuals who are aged 65 or older or have blindness or a disability and who meet certain financial eligibility requirements. Social Security Disability Insurance, which is also administered by the Social Security Administration, provides cash benefits to individuals unable to work because of a disability. To be eligible, an individual must have a specified number of work credits under Social Security.

[47]For more information on the barriers people experiencing homelessness may encounter when attempting to obtain government identification, see GAO, *Barriers to Obtaining ID and Assistance Provided to Help Gain Access*, GAO-24-105435 (Washington, D.C.: Feb. 7, 2024).

[48]The United States faces a shortage of housing units that are affordable to very low- and extremely low-income renter households. For example, HUD estimated that in 2021, only 61 affordable units were available for every 100 extremely low-income households, and only one-half of the affordable units were both physically adequate and available for occupancy for every 100 extremely-low-income households. Department of Housing and Urban Development, *Worst Case Housing Needs: 2023 Report*.

[49]For example, one provider stated it had recently purchased two properties, with a total of 30 units, to provide permanent housing for individuals experiencing chronic homelessness and with disabilities, including some older adults.

[50]Later in this report, we discuss USICH's federal strategic plan to end homelessness, which addresses the need to increase the supply of affordable and accessible housing.

- **Mobility issues.** Older adults with mobility-related needs may face particular challenges using shelter accommodations that do not have certain accessibility features, according to many shelter officials.[51] Some older adults we interviewed also discussed such challenges (see text box).[52]

Some older adults we interviewed who had experienced homelessness described challenges they faced in shelters related to their mobility limitations.

- A 62-year-old man said he decided to leave a shelter, in part because he did not feel safe in the bathroom. He had chronic back and knee problems and was concerned about slipping on wet floors that he said were littered with obstructions.
- A 72-year-old woman used a walker because of a bad knee, but it had been stolen. She said her knee problems made it challenging to sleep on floor mats at the shelter she had been using for about a year. She had to use a chair to push herself up.
- A 62-year-old woman also used a walker because of knee problems. The shelter had an entrance ramp, but she found it challenging to use without help.

Source: GAO. | GAO-24-106300

As seen in figure 9, some shelter spaces have limited accessibility features, such as grab bars, showers without raised thresholds, and standard beds (instead of floor mats or bunk beds). This can pose difficulties for people who have mobility impairments, including those who use a wheelchair, or who are prone to falling.[53]

[51]Homeless shelters are subject to federal laws and regulations designed to provide equal opportunities to individuals with disabilities. The extent to which shelter accommodations must have specific accessibility features will depend on the applicable law or regulation and other facts and circumstances. This review was not designed to evaluate compliance with these requirements.

[52]In the 2023 nongeneralizable study of adults experiencing homelessness in California, researchers found that among participants aged 50 or older, about one-third reported difficulty with mobility and one-third used a mobility aide such as a cane, crutches, walker, or wheelchair. Participants with mobility challenges reported that many congregate shelters were inaccessible. See Kushel et al., "Toward a New Understanding."

[53]In a nongeneralizable study of 350 adults aged 50 or older experiencing homelessness in Oakland, Calif., researchers found that 27 percent of participants reported difficulty walking. In addition, 34 percent reported one or more falls in the past 6 months, and 14 percent reported they had fallen three or more times. Of participants who reported falling, one-third required medical treatment. See Rebecca T. Brown et al., "Geriatric Conditions in a Population-Based Sample of Older Homeless Adults," *Gerontologist*, vol. 57, no. 4 (2017).

Figure 9: Example of a Shelter Room with Bunk Beds and Shower Area with a Raised Threshold

Source: GAO (photos). | GAO-24-106300

- **Functional impairments.** Older adults experiencing homelessness who have functional impairments require assistance with daily living activities such as eating and toileting.[54] However, shelters often struggle to provide adequate support, according to some stakeholders. For example, some shelter officials reported addressing incontinence issues by providing adult diapers or placing certain people closer to restrooms, but noted these measures were insufficient when individuals were unwilling or unable to use them.[55] Many shelter officials said their staff are restricted from assisting individuals with daily living activities. Shelter officials identified staff not having the necessary training and legal liability as reasons for these restrictions.

  Some stakeholders described a service gap for older adults with functional impairments. They noted that shelters are generally designed for people who can function independently, alternative facilities are scarce, and supportive services like home health aides typically require stable housing. Representatives of one

[54]In the 2023 nongeneralizable study of adults experiencing homelessness in California, researchers found that about 40 percent of participants aged 50 or older reported difficulty with at least one activity of daily living, and about 30 percent reported difficulty with at least two. Kushel et al., "Toward a New Understanding."

[55]The 2017 nongeneralizable study of 350 adults aged 50 or older experiencing homelessness in Oakland, Calif., found that 48 percent of respondents screened positive for urinary incontinence. See Brown et al., "Geriatric Conditions."

CoC said older adults experiencing homelessness often sought assistance with activities of daily living in emergency rooms, straining the system. However, because of limited appropriate alternatives, these individuals are often discharged back to the streets.

- **Complex or chronic health conditions.** Some stakeholders observed that homelessness exacerbates health issues for older adults, accelerating their aging process.[56] In shelters, older adults with complex or chronic health conditions may require ongoing support, including medication management or space for medical equipment. While some shelter officials said they offer refrigerated medication storage, guests must self-administer medications.

  Many shelters we interviewed had on-site health clinics, hosted visiting clinicians, or helped older adults schedule and obtain transportation to appointments. However, some shelter officials described challenges arranging care for older adults with mental health conditions or substance use disorders, citing shortages of providers and long wait times to receive care.[57]

- **Recovery after hospitalization.** Some stakeholders said that older adults experiencing homelessness often require post-hospitalization support to fully recover.[58] However, limited options may force them to stay in hospitals longer than necessary or be discharged to shelters or the street. Many shelter officials said they did not have the space or staff to provide the necessary support. This can result in a high risk of rehospitalization for older adults discharged to unsheltered settings or ill-equipped shelters.

[56]In the 2017 nongeneralizable study of 350 adults aged 50 or older experiencing homelessness in Oakland, Calif., researchers found the prevalence of geriatric conditions among the study participants, whose median age was 58, was similar to or higher than adults in the general population with a median age of 79. Brown et al., "Geriatric Conditions." Also, in the 2023 nongeneralizable study of adults experiencing homelessness in California, researchers found that about two-thirds of participants aged 50 or older reported having at least one chronic health condition. The researchers also noted that poor access to health care may contribute to underreporting of chronic health problems, such as diabetes and high blood pressure, among people experiencing homelessness. See Kushel et al., "Toward a New Understanding." In technical comments on our draft report, VA noted high premature mortality among aging adults experiencing homelessness as an important clinical issue. VA also observed that, as premature deaths occur, this could affect the proportion of aging adults experiencing homelessness over time.

[57]Using data from the 2023 nongeneralizable study of adults experiencing homelessness in California, researchers found that about 80 percent of participants aged 50 or older reported experiencing at least one severe mental health symptom in their life, mainly severe depressive or anxiety symptoms. About 65 percent of participants aged 50 or older reported having used illicit drugs three times per week or more at any point in their life, and about 60 percent reported regular heavy alcohol use at some point in their life. Those who first experienced homelessness before age 50 were more likely to have experienced significant mental health and substance use issues than those who first experienced homelessness at age 50 or older. See Marisa Espinoza et al., "Toward Dignity: Understanding Older Adult Homelessness in the California Statewide Study of People Experiencing Homelessness," University of California-San Francisco, Benioff Homelessness and Housing Initiative (San Francisco, Calif.: May 2024).

[58]In the 2023 nongeneralizable study of adults experiencing homelessness in California, researchers found that about one-quarter of participants aged 50 or older reported being hospitalized for a physical health condition in the last 6 months. The researchers noted that participants who had been hospitalized reported a lack of adequate post-hospitalization care. See Kushel et al., "Toward a New Understanding."

Some stakeholders reported efforts to coordinate with hospitals during patient discharge, but they cited challenges like poor communication and staff shortages.[59] This led to instances where older adults returned to shelters needing more care than available, prompting shelter officials to call ambulances to return them to the hospital.

Older adults with complex health needs can be vulnerable to bullying or exploitation by others experiencing homelessness, both on the street and in shelters, according to some stakeholders. These older adults may avoid shelters because of safety concerns or may prefer facilities with sobriety requirements. Some older adults we interviewed discussed concerns about safety (see text box).

Some older adults we interviewed who had experienced homelessness described concerns about safety in unsheltered and sheltered settings.

A man in his early 60s with a back injury that prevented him from working, and whose wife had severe arthritis, had recently obtained housing after living on the streets. They did not feel comfortable seeking shelter separately, but local shelters did not accept couples. He said they felt unsafe on the streets and vulnerable to being attacked by younger people, especially at the beginning of the month when they received their disability benefits.

A 63-year-old man described his inability to relax or get adequate sleep in the shelter system because he was afraid of theft. He preferred living on the streets, where he and other older men cooperated to defend themselves. However, he noted that living on the streets had taken a toll on his health, causing more frequent and serious illnesses.

A 69-year-old woman who experienced homelessness when she was in her early 60s described feeling unsafe in her shelter due to drug activity, fighting, and theft among fellow guests.

A 60-year-old man said he had stayed at a shelter for 3 months until an altercation with another guest prompted him to leave the shelter for his safety.

Source: GAO. | GAO-24-106300

The shelter officials we contacted described employing various strategies to address the health-related needs of older adults experiencing homelessness. They also reported limitations to these strategies.

- **Adapting congregate shelter.** Many congregate shelter officials said they accommodated older adults by placing them in more accessible locations, such as bottom bunks or beds near bathrooms. Some shelters adapted their layout, such as increasing space between beds to accommodate wheelchairs and medical equipment. One shelter we visited dedicated a dormitory area for older adults (see fig. 10). The area was accessible by elevator and had standard beds close to wheelchair-accessible restrooms and personal lockers.

[59]A California law that went into effect in 2019 requires hospitals to include a written homeless patient discharge planning policy and process within the hospital's discharge policy. The policy should require individual discharge plans for such patients to help prepare for their return to the community by connecting them with available community resources, treatment, shelter, and other supportive services. Unless the patient is being transferred to another licensed health facility, the policy should require the hospital to identify a post-discharge destination for the patient, with priority given to identifying a sheltered destination with supportive services. CAL. HEALTH & SAFETY CODE § 1262.5(n). However, officials from the California Hospital Association noted several challenges that hospitals in the state have experienced in implementing the law, including limited availability of community resources to facilitate discharge, limited locations suitable for discharging patients experiencing homelessness who have functional impairments or medical conditions, and limited willingness of shelters to hold beds for patients being discharged.

Figure 10: Example of a Shelter Dormitory Dedicated to Older Adults

Source: GAO (photos). | GAO-24-106300

However, some shelter officials stated that space, time, or financial constraints can limit their ability to adapt their facilities. They may not have room to increase the space between beds or discontinue use of bunk beds without reducing their capacity to serve other shelter guests. One CoC adopted age-friendly shelter guidelines in 2022, but local shelters had made limited progress implementing the guidelines because of overwhelming demand and resource limitations.

- **Developing non-congregate shelter.** Some shelter officials have created non-congregate shelter spaces, which they said are better suited for older adults with mobility limitations or functional impairments. These spaces offer private or semi-private rooms and may have accessible bathrooms. Some stakeholders noted that non-congregate shelters provide more protection to older adults vulnerable to infectious diseases or recovering from a hospital stay or illness.[60] Some older adults we interviewed also cited benefits of non-congregate shelter (see text box).

[60]In the CoC program applications for fiscal years 2022 and 2023, HUD encouraged CoCs to demonstrate increasing capacity to provide non-congregate shelter.

Two older adults that we interviewed who were experiencing sheltered homelessness cited advantages of non-congregate shelter.

A 69-year-old man who had a prosthetic leg told us his private unit had critical accessibility features, including a folding bench in the shower and grab bars near the toilet.

A 62-year-old woman said she felt safer in the non-congregate shelter because she had her own door that locked.

Source: GAO. | GAO-24-106300

However, some shelter officials stated that accommodations for older adults are not always feasible even in non-congregate shelters. For example, non-congregate shelters in former motels may lack elevators. One such shelter we visited had a long waitlist for lower-level units because of high demand from individuals with mobility needs. Another shelter we visited had few accessible bathrooms.

- **Offering medical respite facilities.** Some providers operate their own medical respite or recuperative care facilities for homeless individuals recovering from a medical procedure or hospital stay.[61] For example, one provider we visited offered a recuperative care program with more intensive services than its congregate shelter. The program was staffed with an external agency nurse, and other clinical staff checked on participants as needed. Another recuperative care program we visited provided semi-private rooms for short-term care (up to 90 days). A medical respite program we visited installed a shower with grab bars and no threshold to accommodate guests who use a wheelchair (see fig. 11).

[61]The National Health Care for the Homeless Council defines medical respite care as acute and post-acute care for persons experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital.

Figure 11: Example of a Recuperative Care Unit (Provider 1) and Wheelchair-Accessible Shower in a Medical Respite Facility (Provider 2)

Source: GAO (photos). | GAO-24-106300

Some stakeholders cited a shortage or absence of medical respite or recuperative care beds in their communities.[62] This contributed to the difficulties in identifying appropriate settings for hospitals to discharge older adults experiencing homelessness.

Addressing Health Needs in Permanent Housing

Older adults with mobility limitations, functional impairments, or health conditions may need supportive services to maintain permanent housing, according to some stakeholders. These services may include home health care, personal care assistance, transportation, housekeeping, or meals. In addition, if they can no

[62]The National Health Care for the Homeless Council's National Institute for Medical Respite Care identified 145 medical respite care programs in 40 states and territories as of May 2023 based on self-reported data from programs participating in its directory. The programs varied in capacity from three to 210 beds, and the median program capacity was 16 beds.

longer live independently, older adults may need placement in a nursing home or other facility to exit or prevent a return to homelessness.

Additional factors can compound older adults' health needs, requiring more intensive support beyond typical homelessness assistance, according to some stakeholders. Loneliness and social isolation can harm health and housing stability, especially for those without family or support networks.[63] Older adults may also need help using technology to access services. Those with patterns of chronic homelessness often require support adjusting to permanent housing or complying with lease terms. Furthermore, older adults may have difficulty accessing care for mental or behavioral health conditions, which can affect their ability to maintain housing, according to some officials.

Some providers described strategies they used to tailor their supportive services to help older adults maintain their housing. These included arranging in-home care and transportation to medical appointments, conducting wellness checks, and offering on-site health clinics.[64] Some providers also stated they helped older adults modify their units or relocate to accommodate mobility limitations or other changing needs. In addition, some providers described offering services like efforts to overcome social isolation and address behavioral issues such as hoarding.

Some providers also described efforts to place older adults experiencing homelessness in assisted living, nursing homes, or other facilities when independent living was not viable because of functional impairments or declining health. One permanent supportive housing provider also operated an assisted living facility where it could place older adults who could no longer live independently. Additionally, many regional VA homeless program officials described their efforts to facilitate the placement of older veterans in assisted living or other facilities.[65]

But some stakeholders noted that staff helping people experiencing homelessness often have limited knowledge of geriatric health issues or available community resources. To address this, one CoC and its Area Agency on Aging partnered to offer two training programs on topics like common health conditions and community services for older adults.[66] Some providers in other CoCs described collaborating with Area Agencies on Aging or local service providers to educate staff and assess the needs of and arrange services for older clients.

[63]A nongeneralizable study in greater Boston, Mass., of 30 older veterans who formerly experienced homelessness and reported at least one chronic medical condition identified voluntary social isolation as a common challenge. Max Winer et al., "Housing and Social Connection: Older Formerly Homeless Veterans Living in Subsidized Housing and Receiving Supportive Services," *Clinical Gerontologist*, vol. 44, no. 4 (2021).

[64]For example, a provider we interviewed has partnered with housing developers to pair permanent supportive housing for older adults with medical, social, and home care services through its Program of All-Inclusive Care for the Elderly. We visited one of its properties, which had an on-site health clinic. The Program of All-Inclusive Care for the Elderly is a Medicare program; states can choose to include it as an optional Medicaid benefit. It offers comprehensive health care services designed to enable participants aged 55 or older to live in the community as long as medically and socially feasible, among other objectives. *See* 42. C.F.R. §§ 460.2, 460.4.

[65]We discuss a VA initiative to increase access to geriatrics services and housing for older veterans experiencing homelessness in more detail later in this report.

[66]That CoC had also convened an ad hoc committee that included homelessness assistance, housing, and health care providers and local government departments to identify and address the needs of older adults experiencing homelessness.

However, some providers reported facing limitations when implementing these strategies, including the following:

- older adults' reluctance to accept in-home services or higher levels of care because of cost or independence concerns;
- challenges navigating eligibility requirements to receive coverage for home and community-based services or higher levels of care;
- limited availability of in-home care providers and affordable assisted living facilities or nursing homes; and
- refusal of some assisted living facilities and nursing homes to accept older adults with mental or behavioral health conditions or substance use disorders.

Older Adults Belonging to Certain Racial, Ethnic, or Other Groups May Face Additional Challenges

Older adults of certain races, ethnicities, or other groups may face additional challenges to participating in homelessness assistance programs, some stakeholders reported.[67] While these challenges are not exclusive to older adults, they can still have a significant effect. Examples of challenges cited by some providers and CoC officials and strategies to address them included the following:

- **Unfair treatment or cultural insensitivity.** Members of some racial or ethnic minority groups may encounter unfair or unwelcoming treatment, cultural insensitivity, or other barriers when accessing services.[68] To address these concerns, some providers we spoke with offered or partnered with culturally specific programs that tailor their staffing and services to specific communities. For example, one housing provider offered mental health and addiction treatment programs specifically designed for Black or Hispanic participants.
- **Language barriers.** Non-English speakers can face challenges accessing services because of language barriers. For example, a shelter provider stated it struggled to hire bilingual staff, which made it harder to assist native Spanish speakers. To overcome this, some providers described using outside translation services when bilingual staff are unavailable.
- **Women's safety.** Women experiencing homelessness can face safety risks that may make them more hesitant than men to access shelters and services. To address this, a co-ed day center created a dedicated

[67]Federally assisted programs are subject to laws, regulations, and other requirements designed to provide equal opportunities to individuals in certain protected classes. For example, Title VI of the Civil Rights Act of 1964 prohibits discrimination on the grounds of race, color, or national origin under any program receiving federal financial assistance. 42 U.S.C. § 2000d. *See also, e.g.,* 24 C.F.R. pt. 1 § 1.4. Such programs must also be accessible to individuals with limited English proficiency as set forth in Executive Order No. 13166. 65 Fed. Reg. 50,121 (Aug. 11, 2000). In addition, HUD's Equal Access Rule prohibits discriminatory eligibility determinations in HUD-assisted housing programs, including any projects funded by the CoC or Emergency Solutions Grants programs, based on actual or perceived sexual orientation, gender identity, or marital status. Department of Housing and Urban Development, *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*, CPD-17-01 (Washington, D.C.: Jan. 23, 2017), 6. *See also* 24 C.F.R. § 5.105(a). This review was not designed to evaluate compliance with these types of requirements.

[68]Officials from the two Tribes we contacted also cited these factors as obstacles for tribal members experiencing homelessness.

space for women. Officials said this proved particularly appealing to older women seeking a private and quiet area during the day.

- **Sexual orientation and gender identity.** Lesbian, gay, bisexual, and transgender individuals may have difficulty accessing services or may experience violence or harassment in shelters. Some stakeholders in Washington, D.C., and Portland, Oregon, noted those cities each had a shelter focused on serving lesbian, gay, bisexual, and transgender adults experiencing homelessness.

HUD requires CoCs applying for funding under the CoC program to describe how they analyzed racial disparities in the provision or outcomes of assistance.[69] HUD does not require applicants to assess racial disparities by age group, but some CoCs we contacted had done so. For example, one CoC developed a data dashboard showing client demographics, including race and ethnicity, by age group, including older adults. Some other CoCs stated they had not specifically analyzed disparities by age but acknowledged that disparities in the broader homeless population could exacerbate challenges for older adults.

To promote more equitable provision of services, some CoCs described revising their assessment and prioritization processes.[70] For example, the CoC that developed a data dashboard also revised its policies to address racial disparities in permanent housing placements. CoC representatives said that, based on their needs, older adults were more likely to be prioritized for assistance because of the new prioritization factors, which include duration of homelessness, eviction history, veteran status, and use of emergency rooms, crisis care facilities, or tribal health clinics.

In addition, officials from the two Tribes we contacted discussed how homelessness and housing insecurity affected older tribal members. They said some older tribal members experience unsheltered or sheltered homelessness. More commonly, though, family members let relatives temporarily stay with them as a cultural

[69]Department of Housing and Urban Development, *Notice of Funding Opportunity for Fiscal Year 2023 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants*, FR-6700-N-25 (Washington, D.C.: Sept. 2023), 86–87.

[70]HUD requires CoCs to establish and operate a coordinated entry process to help communities prioritize people who are most in need of assistance. Coordinated entry involves: (1) assessing each person using a standardized assessment tool that the CoC can develop or select; (2) assigning a score that indicates each person's risk, vulnerability, or need based on the assessment; (3) prioritizing individuals for assistance based on policies established by the CoC; and (4) determining whether individuals meet the specific eligibility requirements for projects for which they are prioritized and to which they are referred. The prioritization process may use a combination of factors to prioritize people for access to housing and services based on severity of needs. These factors include vulnerability to illness or death; high utilization of crisis or emergency services to meet basic needs; and significant challenges or functional impairments, including disabilities, which require a significant level of support to maintain permanent housing. CoCs are prohibited from using a prioritization process that discriminates based on age, race, color, religion, national origin, sex, familial status, disability, type or amount of disability or disability-related service or supports required, sexual orientation, gender identity, or marital status. Department of Housing and Urban Development, *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*, CPD-17-01 (Washington, D.C.: Jan. 23, 2017). *See also* 24 C.F.R. § 578.7(a)(8).

norm.[71] They said such "doubling up" can lead to overcrowding.[72] One tribal official said older tribal members taking in younger relatives may violate their leases, which could put them at risk of eviction. The tribal officials said it can be difficult to identify older adults in such situations and connect them to needed housing, health, or other services, in part because they may be reluctant to ask for help.[73]

Officials from both Tribes described their efforts to collaborate across tribal departments and with partners to serve older tribal members experiencing homelessness or housing insecurity on rural tribal lands. Housing services include emergency housing, temporary rental assistance, and support in searching for affordable housing. Other services address needs such as nutrition, transportation, and health care.

However, officials from both Tribes noted several constraints in addressing the needs of older tribal members, including the following:

- limited resources for emergency housing, financial assistance, and subsidized housing;
- limited capacity for mental health and substance use disorder treatment, with few options and long waits;
- limited availability of transportation to appointments; and
- limited availability of affordable assisted living facilities for those who can no longer live independently.

Federal Plan Includes Strategies to Help Older Adults, and a Key Effort Has Incorporated Six of Eight Leading Collaboration Practices

USICH's federal strategic plan addresses homelessness among older adults by calling for new affordable and accessible housing, among other things. A related interagency collaborative effort, the Housing and Services Resource Center, coordinates training, technical assistance, and resource development to support older adults experiencing homelessness, among other populations. The center's partner agencies have generally incorporated six of eight leading practices for interagency collaboration. In addition, VA's separate Homeless Aging and Disabled Veterans Initiative aims to increase access to geriatrics services and housing for older veterans experiencing homelessness.

[71]People who are temporarily staying with others—also known as doubling up—are often undercounted and may not always have access to homelessness prevention programs. For example, HUD does not include people who are doubling up in Point-in-Time counts of people experiencing homelessness. Also, depending on the facts and circumstances, people who are temporarily staying with others may not be considered homeless for purposes of program eligibility. *See*, *e.g.*, 24 C.F.R. §§ 576.2, 578.3 ("Homeless").

[72]A congressionally mandated study funded by HUD found widespread use of doubling up or overcrowding as a strategy to prevent literal homelessness (sleeping outside, in a shelter, or in someplace not meant for human habitation) on tribal lands. See Nancy Pindus et al., *Housing Needs of American Indians and Alaska Natives in Tribal Areas: A Report from the Assessment of American Indian, Alaska Native, and Native Hawaiian Housing Needs* (Washington, D.C.: Department of Housing and Urban Development, Office of Policy Development and Research, Jan. 2017). We also previously reported that doubling up and overcrowding were forms of homelessness we observed in rural areas we visited, including tribal lands. See GAO, *Rural Homelessness: Better Collaboration by HHS and HUD Could Improve Delivery of Services in Rural Areas*, GAO-10-724 (Washington, D.C.: July 20, 2010).

[73]Officials from two urban providers that target their services to American Indian and Alaska Native people also said the older adults they serve tend to stay with relatives as much as possible, which makes it difficult to enroll them in services, especially those that prioritize people experiencing patterns of chronic homelessness.

Federal Planning on Homelessness Includes Strategies Related to Older Adults

USICH's most recent interagency strategic plan, which involved HHS, HUD, VA, and the other federal member agencies, includes some strategies and actions related to older-adult homelessness.[74] The plan was released in December 2022 and set a goal of reducing homelessness by 25 percent by 2025.[75] It identified older adults as a key subpopulation to prioritize, in addition to people with disabilities or chronic health conditions.[76] The plan stated that the needs of people experiencing homelessness can vary by age and emphasized the importance of tailoring actions to the specific needs of key populations, such as older adults.

Additionally, the strategic plan outlined actions USICH and relevant federal member agencies intended to take. Such actions include creating new affordable and accessible housing, strengthening system capacity to help individuals with chronic health conditions, and increasing access to home and community-based services to reduce housing instability.

USICH officials said they prioritized actions that were under way or could be started quickly. For example, in May 2023, USICH launched ALL INside, which aims to address unsheltered homelessness in seven participating communities, including one that prioritized older adults.[77] USICH coordinated the effort by establishing memorandums of understanding with each community that outlined roles and activities for federal, state, and local collaborators, according to USICH officials. They said the memorandums with multiple communities addressed older adults by addressing unsheltered homelessness broadly, but the one with California specifically prioritized older adults. The priorities identified in the memorandum included providing federal technical assistance to the state on Medicaid reimbursement and waivers for older adults.[78]

As of April 2024, USICH's Council Policy Group, comprised of staff from each member agency, had identified strategies from the plan to prioritize in fiscal year 2024. One priority was identifying ways to increase the supply of housing for vulnerable populations, such as older adults experiencing homelessness. Other priorities included encouraging Medicaid-financed service approaches and models and encouraging state and local

[74]USICH is statutorily charged with developing and regularly updating a national strategic plan to end homelessness. Evaluating the overall development and implementation of this strategic plan, which addresses broad issues beyond homelessness among older adults, was beyond the scope of this report. In this report, we describe strategies and actions in the plan that are related to older adults experiencing homelessness.

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

[76]Although prioritizing key subpopulations, the strategic plan did not set targets for reducing homelessness among them. USICH officials said previous plans that set subpopulation-specific goals had inadvertently caused competition for funding and resources among programs serving the subpopulations. The most recent federal strategic plan with targets for subpopulations, published in 2018, aimed to eliminate homelessness for veterans, people with disabilities, families with children, and unaccompanied youth.

[77]ALL INside is an effort to respond to unsheltered homelessness by providing dedicated resources to and partnering federal officials with specific communities. The seven communities included in ALL INside are: Chicago, Ill.; Dallas, Tex.; Denver, Colo.; Los Angeles, Calif.; the Phoenix, Ariz., metropolitan area; Seattle, Wash.; and the State of California.

[78]With approval from the Centers for Medicare & Medicaid Services, some states use Medicaid authorities, including certain waiver and expenditure authorities, to reimburse providers for certain housing-related services or home and community-based services. Under these authorities, California's Medicaid program has initiatives to provide housing-related supportive services and care coordination to address homelessness or housing stability.

governments and territories to implement a flexible array of supports that affect housing stability. These supports can include housing-related and home and community-based supports for older adults.

USICH leveraged existing initiatives and interagency groups to advance efforts in the priority areas.[79] For example, the Council Policy Group identified the interagency Housing and Services Resource Center (discussed below) as a key supporter of the strategic plan's actions related to expanding the supply of affordable and accessible housing and encouraging Medicaid-financed service approaches. In addition, USICH convened an internal workgroup to pursue the prioritized strategies for preventing homelessness, such as encouraging implementation of supports that affect housing stability.

Partners on Key Effort Generally Incorporated Most Leading Collaboration Practices but Have Not Clearly Defined Desired Outcomes

In December 2021, before the release of the federal strategic plan, several HHS agencies and HUD established the Housing and Services Resource Center.[80] The center's mission is to coordinate the agencies' training, technical assistance, and resource development efforts related to the needs of older adults, people with disabilities, and those experiencing or at risk of homelessness. The center also seeks to facilitate state and local partnerships between housing and service systems. It aims to help communities leverage resources for housing, Medicaid-funded home and community-based services, behavioral health supports, and transportation services.

HHS and HUD created the Housing and Services Resource Center to help address concerns about homelessness among older adults and their risk of housing loss. While the center's focus extends beyond older adults experiencing or at risk of homelessness, officials from HHS, HUD, and USICH identified it as a key interagency effort addressing the interrelated housing and service needs of this population.

HHS' Administration for Community Living (ACL), which supports the needs of the aging and disability populations, serves as the Housing and Services Resource Center's lead agency (see fig. 12).[81] The center's initial members also included HUD and three other HHS agencies that support research on homelessness among older adults or administer programs that support this population. Between January 2023 and March 2024, additional agencies joined the center's activities. These agencies included the Department of Agriculture's Rural Development, which oversees programs that can support housing stability for older adults in

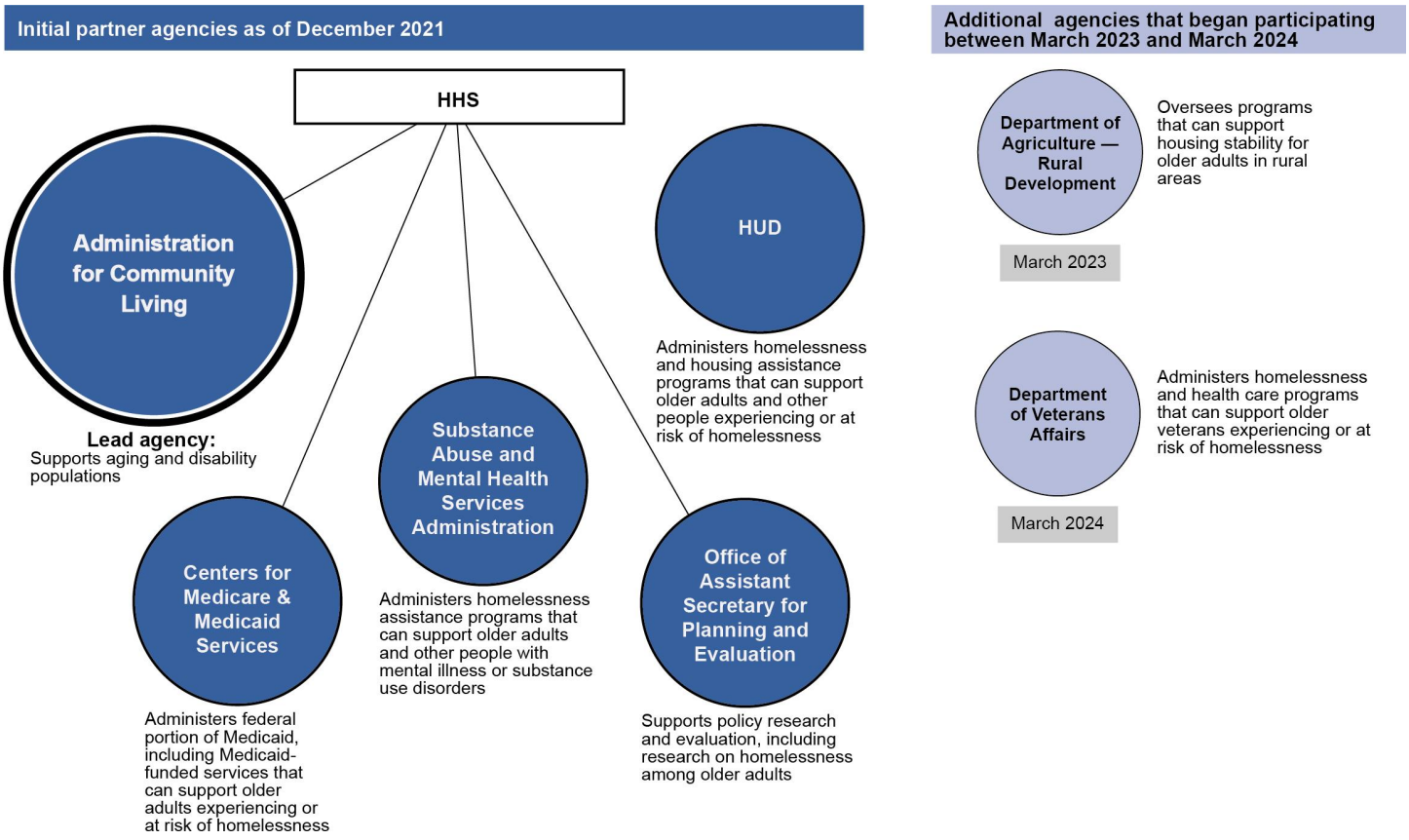
[79]According to USICH officials, to avoid duplicating efforts, the Council Policy Group opted to use existing initiatives and groups rather than establishing new interagency workgroups.

[80]The center operates independently of USICH. The federal strategic plan cited the center as an interagency collaboration related to increasing the supply and effectiveness of permanent supportive housing—an action outlined in the plan.

[81]ACL was created, in part, to reduce fragmentation that exists among federal programs addressing the community living service and support needs of both the aging and disability populations. See Department of Health and Human Services, Statement of Organization, Functions, and Delegations of Authority; Administration for Community Living, 80 Fed. Reg. 31,389 (June 2, 2015).

rural areas, and VA, which administers housing and health care programs that can support older veterans experiencing or at risk of homelessness.[82]

Figure 12: Federal Agencies Participating in the Housing and Services Resource Center and How Their Work Can Address Older-Adult Homelessness



Source: Agency documents from the Departments of Health and Human Services (HHS), Housing and Urban Development (HUD), Agriculture, and Veterans Affairs. | GAO-23-106300

Note: Two other HHS components, the Centers for Disease Control and Prevention and Administration for Children and Families, also began participating in the center in January and February 2023, respectively. Their roles as described in information provided by the Administration for Community Living do not relate specifically to homelessness among older adults.

In February 2024, the center selected eight states and the District of Columbia to participate in a new initiative, the Housing and Services Partnership Accelerator.[83] The initiative offers each participant 12 months of support to develop strategies for providing housing and support services to older adults or people with disabilities who

[82]Agriculture's Rural Development and VA joined the center in March 2023 and March 2024, respectively. Two other agencies—HHS's Administration for Children and Families and Centers for Disease Control and Prevention—joined in early 2023. Because their roles in the center, as described in ACL information, do not relate directly to addressing homelessness among older adults, we do not focus on their participation in this report. ACL officials said representatives of the Departments of Energy and Labor also began attending center meetings in the first quarter of 2024 but their roles had not been defined as of June 2024. As a result, we did not consider them formal partners in the center for purposes of this report.

[83]States with approval under certain Medicaid authorities to cover housing-related supports and services for people experiencing or at risk of homelessness were eligible to apply. As part of the application, the center required states to form a core team of representatives from their state Medicaid agency as well as state aging, disability, and housing and homelessness organizations.

are experiencing or at risk of homelessness. Through their technical assistance contractors, HUD and HHS are providing one-on-one coaching to each participant's team of housing and service entities, according to HHS officials. Peer-to-peer learning sessions have focused on topics identified by the participants, such as combining funding sources for housing-related supports, according to the officials. The agencies also held a national conference in June 2024 for all 16 states that applied to participate in the initiative. In addition, they planned to develop a webinar and issue briefs to share lessons learned from the initiative.

As we have previously reported, effective collaboration can help agencies address cross-cutting challenges in areas involving fragmentation, such as assisting older adults experiencing homelessness, and help achieve meaningful results.[84] We assessed the extent of collaboration among the center's partner agencies, including ACL, and found that they have generally incorporated six of the eight leading practices for effective interagency collaboration established in our prior work, and they have partially incorporated the other two (see fig. 13).

[84]See GAO-23-105520.

Figure 13: Assessment of Housing and Services Resource Center Efforts Compared with Leading Practices for Interagency Collaboration

Leading practices	Examples of key considerations	Our assessment of the center compared with leading collaboration practices
Define common outcomes	• Have the cross-cutting challenges or opportunities been identified? • Have short-term and long-term outcomes been clearly defined?	◑
Ensure accountability	• What are the ways to monitor, assess, and communicate progress towards the short- and long-term outcomes?	◑
Bridge organizational cultures	• Have strategies to build trust among participants been developed?	●
Identify and sustain leadership	• Has a lead agency been identified?	●
Clarify roles and responsibilities	• Have the roles and responsibilities of the participants been clarified? • Has a process for making decisions been agreed upon?	●
Include relevant participants	• Have all relevant participants been included? • Do the participants have the appropriate knowledge, skills, and abilities to contribute? • Do participants represent diverse perspectives and expertise?	●
Leverage resources and information	• How will the collaboration be resourced through staffing? • How will the collaboration be resourced through funding? • Are methods, tools, or technologies to share relevant data and information being used?	●
Develop and update written guidance and agreements	• If appropriate, have agreements regarding the collaboration been documented? • Have ways to continually update or monitor written agreements been developed?	●

● Generally incorporated
◑ Partially incorporated
○ Did not incorporate

Sources: GAO-23-105520 and GAO analysis of information from the Departments of Health and Human Services and Housing and Urban Development; Vector (icons). | GAO-24-106300

Note: Each leading collaboration practice contains key considerations against which GAO may evaluate collaboration efforts within and across government agencies. We assessed Housing and Services Resource Center activities against key considerations relevant to how agencies collaborate on efforts to support the housing and service needs of older adults experiencing or at risk of homelessness. We determined that the Housing and Services Resource Center generally incorporated a practice if its processes reflected most or all of the relevant key considerations related to that practice and partially incorporated a practice if its processes reflected some of the relevant key considerations related to the practice.

Steps the center's partner agencies have taken to generally incorporate six of the leading practices include the following:[85]

- **Bridge organizational cultures.** The center's partner agencies have taken steps to bridge organizational cultures and build trust by holding regular meetings to share information and coordinate implementation of the center's efforts. According to interviews with ACL and HUD officials, these meetings and ongoing communication enabled the partners to solve problems and identify new opportunities to work together, including on the Housing and Services Partnership Accelerator. The meetings have helped build a shared understanding of each agency's programs, including those that can assist older adults experiencing homelessness. For example, a HUD official said briefings during the meetings deepened HUD staff understanding of HHS programs, enabling them to better support HUD grantees.
- **Identify and sustain leadership.** Under a December 2021 memorandum of understanding establishing the Housing Services and Resource Center, ACL operates as the lead agency for the center. ACL is responsible for dedicating staff to manage the center's activities and convene the partner agencies. It also maintains the center's website, which includes resources on addressing and preventing homelessness among older adults.
- **Clarify roles and responsibilities.** The memorandum of understanding defined the roles and responsibilities of the initial partner agencies. ACL provided separate information describing the agreed-upon roles and responsibilities of the agencies that joined the partnership in 2023 and 2024. Consistent with the center's purpose, this information describes the agencies' roles in coordinating their resources related to the housing and service needs of older adults, people with disabilities, and people experiencing homelessness. It also identifies some responsibilities specific to homelessness among older adults.[86] ACL officials said the center's partner agencies agreed to make decisions by consensus at regular meetings.
- **Include relevant participants.** The initial partner agencies have resources and expertise related to addressing the needs of older adults experiencing homelessness. In addition, ACL and HUD officials said the center invited additional agencies to participate because they were involved in related initiatives with the initial partners or had relevant expertise.[87] For example, ACL officials said the center invited Agriculture's Rural Development to participate because it provides grants to help elderly homeowners remain stably housed in rural areas.[88] The center also invited VA to join in recognition of its role addressing homelessness among older veterans, according to the officials. To obtain input from nonfederal stakeholders, the center formed an advisory group consisting of aging, disability, housing and

[85]We identified these steps based on our analysis of the center's documentation and interviews with ACL and HUD officials. Our analysis considered steps the center's partner agencies had taken that related specifically to older adults experiencing or at risk of homelessness. We also considered steps it had taken related to its broader emphasis on older adults, people with disabilities, and people experiencing or at risk of homelessness because their housing and services needs and the resources for addressing them can overlap with those of older adults experiencing or at risk of homelessness.

[86]For example, HHS's Office of the Assistant Secretary for Planning and Evaluation was tasked with engaging with the other partner agencies during a review of services and best practices that address homelessness among older adults. The study was completed in October 2023 and incorporated findings from an environmental scan that included a literature review and discussions with subject matter experts, housing and service providers, and people with experiences of homelessness in older adulthood. See Kathryn A. Henderson et al., *Addressing Homelessness Among Older Adults (Final Report)* (Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, Oct. 26, 2023).

[87]ACL officials described an informal process for agreeing to add new partners, with the existing partner agencies agreeing in the center's regular meetings to add new members.

[88]The Single Family Housing Repair Loans and Grants program provides grants of up to $10,000 to remove health and safety hazards for homeowners aged 62 or older with very low incomes whose properties are located in eligible rural areas.

homelessness, and health organizations. The group has helped the center identify ways to strengthen partnerships and build awareness of its initiatives, according to ACL officials.

- **Leverage resources and information.** ACL and the other partner agencies have designated staff to participate in the center's meetings and activities. Their staff or technical assistance contractors have also shared information for the center's website and webinars.[89] In addition, three of the partner agencies (HUD, ACL, and HHS' Substance Abuse and Mental Health Services Administration) used their separate technical assistance funding to provide the coaching and in-person conference for participants in the center's Housing and Services Partnership Accelerator, according to HUD and HHS officials. Combining their resources allowed the agencies to provide more technical assistance than they would have been able to provide individually.
- **Develop and update written guidance and agreements.** The center's initial partners documented their agreements through the December 2021 memorandum of understanding, which states the purpose of the center and their respective roles in its operation. ACL supplemented the memorandum by documenting the roles of newly added partner agencies by email, according to agency officials. They said the partner agencies plan to formally reflect the new agencies' roles when they renew the memorandum, which expires in December 2024. They noted the partner agencies have begun updating the memorandum and plan to renew it before its expiration. It will be important for the partners to complete the new memorandum and monitor whether additional guidance or agreements are needed as the partnership continues to mature and add partners.

However, the partner agencies have partially incorporated the two remaining leading collaboration practices.

- **Define common outcomes.** The partner agencies have outlined general goals for the collaboration. In the center's memorandum of understanding, the partner agencies identified some cross-cutting challenges, such as older adults' need for both affordable housing and access to community services to maintain housing. It also cites goals, such as increasing the availability of accessible and affordable housing and helping older adults avoid or exit homelessness.

  The memorandum also identified some broad short- and long-term intended goals or outcomes of the center.[90] However, the memorandum did not include more concrete goals or outcomes, such as those with quantitative targets or time frames.[91] ACL officials said they did not develop more specific outcomes separately. The memorandum stated that partner agencies intended to create a strategic plan for the Housing Services and Resource Center, which could have provided a basis for defining outcomes more

[89]The center's website includes information produced by the partner agencies and their contractors on addressing and preventing homelessness among older adults. The center also offers webinars that draw on information from the partner agencies. For example, a webinar on a state partnership to promote housing stability for older adults involved representatives and information from ACL, HUD, and the Centers for Medicare & Medicaid Services.

[90]In its comments on our draft report, HHS cited the memorandum of understanding's stated aim of providing a federally coordinated approach to providing resources, program guidance, training, and technical assistance to disability and aging network organizations as an example of a short-term outcome. It also cited an aim to develop, strengthen, and advance partnerships in the disability, aging, housing, and health networks as an example of a long-term outcome.

[91]Goals include long-term outcomes and near-term results for an organization's activities. Near-term results, or performance goals, have quantitative targets and time frames against which performance can be measured. See GAO, *Evidence-Based Policymaking: Practices to Help Manage and Assess the Results of Federal Efforts*, GAO-23-105460 (Washington, D.C.: July 12, 2023).

clearly. However, ACL officials said the center's initial partner agencies later agreed to use the federal strategic plan, instead of creating their own.[92]

By more clearly defining the outcomes the Housing Services and Resource Center aims to achieve, the partner agencies would have greater assurance that the collaboration is focused on a shared set of goals. For example, the center's partner agencies could identify outcomes related to the intended results of the Housing and Services Partnership Accelerator.

- **Ensure accountability.** ACL tracks registration and attendance at the center's webinars and the size of its mailing list. These data can help the partner agencies monitor audience demand for the center's offerings. However, ACL has not identified what the center intends to achieve in measurable terms, which should dictate the types of information needed to assess progress and ensure accountability among partner agencies.[93] Collecting and using performance information and other types of evidence can help the partner agencies assess progress toward desired outcomes and reinforce accountability for collaborative efforts. For example, comparing performance goals (i.e., short-term outcomes) to actual performance in terms of target and time frame could help the partner agencies better manage their activities. It can help them understand which activities are achieving intended results and where the center may need to take actions to address any unmet goals.

VA Initiative Combines Homelessness and Health Care Programs to Support Older Veterans

In August 2021, VA launched the Homeless Aging and Disabled Veterans Initiative, designed to enhance access to VA housing and health care services for veterans experiencing homelessness who are aging or have disabilities.[94] The initiative involves VA's Office of Geriatrics and Extended Care and its Homeless Programs Office, which administers the HUD-VA Supportive Housing (HUD-VASH) program.[95]

As noted earlier, HUD estimated that older adults were 55 percent of the population of veterans in adult-only households who were experiencing sheltered homelessness in fiscal year 2021.[96] HUD also estimated that about 70 percent of veterans (of any age) experiencing sheltered homelessness had a disability.

[92]As noted earlier, the federal strategic plan included the goal of reducing homelessness by 25 percent by 2025 and outlined actions USICH and relevant federal member agencies intended to take. The plan did not specify outcomes expected from individual actions.

[93]For more information on practices that can help federal leaders and employees develop and use evidence to effectively manage and assess the results of federal efforts, see GAO-23-105460.

[94]At the time of our interviews with regional VA officials, the officials generally told us their regions had not yet hired or had just recently hired staff whose roles would include developing plans for implementing this initiative in their regions. Therefore, we considered it premature to evaluate the initiative. In this report, we describe the initiative and examples of initial efforts to implement it. We have separate work under way looking at the availability of affordable housing for veterans who have participated in programs administered by VA's Homeless Programs Office.

[95]The HUD-VASH program combines HUD-funded rental assistance in the form of vouchers administered by public housing agencies with VA-funded case management and clinical services. The Office of Geriatrics and Extended Care facilitates the delivery of care for eligible veterans with serious chronic diseases and disabling conditions, including through home and community-based programs.

[96]Department of Housing and Urban Development, *2021 Annual Homelessness Assessment Report (AHAR) to Congress: Part 2: Estimates of Homelessness in the United States*.

VA has established four strategies for the Homeless Aging and Disabled Veterans Initiative:

Increase access to VA's geriatric health care programs. This strategy focuses on building partnerships between HUD-VASH and Geriatrics and Extended Care staff at VA medical centers to facilitate access to in-home health services and supports.[97] The goal is to help aging veterans who have complex medical needs and are experiencing or at risk of homelessness obtain or maintain independent permanent housing, according to VA.

To support this strategy, the Homeless Programs Office offered funding to hire regional geriatrics specialists to coordinate initiatives involving HUD-VASH and Geriatrics and Extended Care staff. As of February 2024, 15 regions had hired a specialist, one was recruiting for the position, and two had declined to fill it, according to VA officials. In fiscal year 2023, VA reported that Geriatrics and Extended Care provided more than 16,500 personal care services, such as a home health aide, to veterans experiencing or at risk of homelessness. The Homeless Programs Office intends to use such data to monitor the initiative's progress, according to VA officials.

Expand use of HUD-VASH vouchers in specialized settings. VA is exploring options to expand use of HUD-VASH housing vouchers for settings such as assisted living facilities or medical foster homes.[98] VA's goal is to increase the availability of supportive housing for veterans with complex medical needs. In 2021, HUD began requiring public housing agencies to allow tenant-based HUD-VASH vouchers to be used to live in special types of housing, such as congregate housing.[99] However, the voucher cannot be used to pay for supportive services these facilities provide, which can be a significant expense that may increase over time if the veteran's needs intensify.

According to VA officials, specialized housing types offer a potential solution for a subset of veterans experiencing homelessness.[100] However, officials said two significant barriers remain: the costs of services and veterans' reluctance to move into these settings. For example, officials from one regional VA medical network successfully placed veterans in assisted living facilities. But they identified limited affordable and accessible units and the cost of services for older veterans as primary obstacles, particularly in rural areas or near tribal lands.

Expand use of HUD-VASH vouchers in project-based settings with more intensive geriatric services. This strategy includes efforts to increase the use of HUD-VASH project-based vouchers in settings that offer more intensive geriatric services for veterans with complex medical needs. VA's initiative has funded enhanced

[97]In-home health services and supports include home-based primary care, skilled home care, and home health aides.

[98]Assisted living facilities are rental properties with caregivers on duty that can help individuals with activities of daily living (such as dressing and bathing). Under VA's community residential care program, these facilities are appropriate for individuals who do not require hospital or nursing home care but cannot live independently due to a medical condition. A medical foster home is a private home in which a live-in caregiver provides services to a few individuals who may require a greater level of care.

[99]Department of Housing and Urban Development, *Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-Veterans Affairs Supportive Housing Program,* 86 Fed. Reg. 53,207, 53,213 (Sept. 27, 2021). HUD-VASH vouchers are generally tenant-based, meaning that the assistance continues if the household moves from one unit on the private market to another, provided the household is complying with program requirements. However, public housing agencies can designate some HUD-VASH vouchers for use in a specific housing development (referred to as project-based vouchers).

[100]According to Homeless Program Office officials, in fiscal year 2023 the HUD-VASH program used vouchers to place 96 veterans in medical foster homes, community residential care facilities, or assisted living facilities, 10 of whom died while in the program.

services through interdisciplinary teams that include doctors, nurses, social workers, drivers, dieticians, and home health aides.

VA's Homeless Programs Office reported in its fiscal year 2023 annual report that 477 aging and disabled veterans used HUD-VASH vouchers to live in project-based settings where they can receive enhanced care, compared to 2,347 in standard project-based settings with less intensive services. Officials from one regional VA medical network said this strategy allowed them to place older veterans in project-based housing, including on a VA medical center campus, where they received enhanced support from nurses and occupational therapists. The officials said they were working with public housing agencies to designate units in three other properties for veterans using HUD-VASH vouchers.

Partner with community agencies to serve aging and disabled veterans experiencing homelessness. This strategy focuses on building partnerships with local organizations that assist individuals experiencing homelessness or older adults. This assistance can include transit and meal delivery services, legal aid, and home health services. VA seeks to increase organizations' understanding of and access to VA programs and facilitate referrals between VA and community partners. Its goal is to provide more comprehensive care and resources to aging or disabled veterans.

VA and HUD held one virtual and 10 in-person "boot camps" from August 2023 through March 2024 to train public housing agencies and VA medical centers on HUD-VASH requirements and recent changes, including the use of vouchers in special housing types. Officials from one regional VA medical network said these trainings helped housing providers understand the special housing type model and its associated costs, enabling them to better explain these costs to veterans.

Conclusions

The number of older adults experiencing homelessness underscores the importance of addressing this population's special needs, which can include accessible housing and support for age-related health needs. The interagency Housing and Services Resource Center has made progress in fostering collaboration and partnerships to address the housing and service needs of older adults experiencing or at risk of homelessness.

However, opportunities exist for the Housing and Services Resource Center to better manage fragmentation and strengthen its efforts by incorporating additional leading practices for interagency collaboration. First, by clearly defining short- and long-term outcomes the center hopes to achieve, its partner agencies would focus on a shared set of goals, including those related to older-adult homelessness. Second, by collecting and using performance information and other types of evidence related to those goals, the partners could better assess their progress and ensure greater accountability.

Recommendations for Executive Action

We are making the following two recommendations to HHS:

The Secretary of HHS should ensure that the ACL Administrator, as the lead agency for the Housing and Services Resource Center, works with partner agencies to clearly define short- and long-term outcomes for the center, consistent with leading collaboration practices. (Recommendation 1)

The Secretary of HHS should ensure that the ACL Administrator, as the lead agency for the Housing and Services Resource Center, works with partner agencies to collect and use performance information and other relevant evidence to assess progress toward the center's desired outcomes, consistent with leading collaboration practices. (Recommendation 2)

Agency Comments and Our Evaluation

We provided a draft of this report to HHS, HUD, VA, and USICH for review and comment. HHS provided written comments that are reprinted in appendix II. HHS concurred with our recommendations and described actions it planned to address them. These actions, if fully implemented, should address the intent of our recommendations.

While HHS agreed with our first recommendation, it said that it had already identified some short- and long-term outcomes for the Housing and Services Resource Center. It stated that ACL would continue working with the partner agencies to define these outcomes more clearly. We revised the report to acknowledge the examples of outcomes HHS cited. We also clarified that the center had not defined concrete goals or outcomes, such as those with quantitative targets or time frames. Considering the general nature of the outcomes HHS cited, we maintain that clearly defining short- and long-term outcomes for the center would be beneficial.

In addition, HHS and VA provided technical comments, which we incorporated as appropriate. HUD and USICH did not have any comments on the report.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees, the Secretaries of Health and Human Services and Veterans Affairs, the Acting Secretary of Housing and Urban Development, and the Executive Director of USICH. In addition, the report will be available at no charge on the GAO website at https://www.gao.gov.

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

Alicia Puente Cackley
Director, Financial Markets and Community Investment

Appendix I: Objectives, Scope, and Methodology

The objectives of this report were to examine: (1) national estimates of older adults experiencing homelessness and housing cost data that could indicate risks of homelessness for older renters; (2) housing needs prevalent among older adults experiencing homelessness and barriers communities may face in addressing those needs; and (3) federal strategic planning and efforts by the Department of Health and Human Services (HHS), Department of Housing and Urban Development (HUD), and Department of Veterans Affairs (VA) to address homelessness among older adults.[1]

To address all three objectives, we reviewed relevant legislation, regulations, and agency documentation, including with respect to homelessness assistance programs. We interviewed officials at HHS, HUD, VA, and the U.S. Interagency Council on Homelessness (USICH). We also interviewed one academic researcher and representatives of seven national organizations focused on homelessness or older adults about the vulnerabilities and special challenges of older adults experiencing homelessness.[2]

To address our first objective, we reviewed HUD's national estimates of the number of people experiencing homelessness on a single night in January 2023 (known as the Point-in-Time count) and their proportion by age group and type of Continuum of Care (CoC).[3] To assess the reliability of these Point-in-Time count estimates for our purposes, we reviewed documentation on the methodology used to conduct the count. In previous work, we have noted that the Point-in-Time count likely underestimates the size of the homeless population because identifying people experiencing homelessness—particularly in unsheltered locations—is inherently difficult and that year-over-year fluctuations in the count raise questions about data accuracy.[4] Although the Point-in-Time count data do not provide a reliably precise estimate of individuals experiencing homelessness, we determined they provide an appropriate estimate for the purpose of describing levels of homelessness among older adults.

We also reviewed HUD's national estimates of the number of people using shelters and other types of homelessness assistance programs and proportion by age group for fiscal years 2019–2021. We reviewed HUD data on the precision of these estimates (measured using standard errors and confidence intervals). We concluded that there were not statistically significant differences at a 95 percent confidence level in the number of older adults experiencing homelessness in adult-only households in fiscal years 2019 and 2020 compared

[1]Definitions of older adults vary. For the purposes of this report, we define older adults as people aged 55 or older.

[2]The seven national organizations we interviewed were AARP, the Corporation for Supportive Housing, the National Alliance to End Homelessness, the National Association of Community Health Centers, the National Coalition for Homeless Veterans, the National Health Care for the Homeless Council, and USAging.

[3]CoCs are regional or local planning bodies that coordinate homelessness services within a geographic area. The Point-in-Time count data we reviewed were published in Department of Housing and Urban Development, *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness* (Washington, D.C.: Dec. 2023).

[4]GAO, *Homelessness: Better HUD Oversight of Data Collection Could Improve Estimates of Homeless Population*, GAO-20-433 (Washington, D.C.: July 14, 2020).

with fiscal year 2021—the most recent year available as of June 2024. Therefore, we only reported data for fiscal year 2021.[5]

To assess the reliability of the estimates for fiscal year 2021, we reviewed HUD's written methodology and data on the precision of its estimates and interviewed HUD officials. We determined the data provide appropriate estimates for the purpose of describing use of shelters and other types of homelessness assistance programs among older adults in fiscal year 2021.

We also used data from the Census Bureau's American Community Survey to analyze the relationship between household income and housing costs—rent and utilities—for older-adult renter households.[6] We defined older-adult renter households as households that were renting and had a head of household that was aged 55 or older. Our analysis measured the number of older-adult renter households that spent more than 30 percent of household income or more than 50 percent of household income on rent and utilities. These are the same thresholds used by HUD to measure rent burden and severe rent burden, respectively. Our analysis measured these housing-cost thresholds for older-adult renter households with incomes below 50 percent of the area median income.

For our analysis of American Community Survey data, we used the survey's Public Use Microdata Sample for the 5-year period from 2018 through 2022, which was the most recent 5-year period available when we analyzed the data.[7] The Public Use Microdata Sample includes data from the 50 states and the District of Columbia. The variables we used included those that measured the age, race, and ethnicity of the head of household; household income; household housing costs; and the household's geographic area. We determined the household's geographic area using the American Community Survey's Public Use Microdata Areas defined in the 2020 Census.[8] Our analysis excluded data on renting households without a rent payment, group quarters, and vacant housing units.[9]

We assessed the reliability of the American Community Survey data we used by reviewing the documentation produced by the Census Bureau, examining our results for missing data or outliers, and calculating confidence

[5]The fiscal year 2021 estimates of sheltered homelessness we reviewed were published in Department of Housing and Urban Development, *2021 Annual Homelessness Assessment Report (AHAR) to Congress: Part 2: Estimates of Homelessness in the United States* (Washington, D.C.: July 2023) and Department of Housing and Urban Development, *2021 Annual Homelessness Assessment Report to Congress: Appendix* (Washington, D.C.: July 2023). In August 2024, HUD released estimates of the number of older adults participating in shelter and other types of homelessness assistance programs in fiscal year 2022. Department of Housing and Urban Development, *2022 Annual Homelessness Assessment Report (AHAR) to Congress: Part 2: Annual Estimates of Sheltered Homelessness in the United States* (Washington, D.C.: May 2024). We did not include those estimates in this report because HUD could not provide information on the precision of its estimates in time for publication.

[6]The American Community Survey is a nationwide survey that collects and produces information on social, economic, housing, and demographic characteristics of the nation's population each year.

[7]The survey's 5-year estimates, such as those for 2018 through 2022, represent data collected over a period of time. We used 5-year estimates rather than 1-year estimates because multiyear estimates have increased statistical reliability for less populated areas and small population subgroups.

[8]Public Use Microdata Areas are nonoverlapping, statistical geographic areas that partition each state or equivalent entity into contiguous geographic areas of at least 100,000 people. Because Public Use Microdata Areas are state-specific, we used the state in conjunction with Public Use Microdata Areas to identify the area where a household was located.

[9]In addition, households with zero or negative income in the American Community Survey data are not included because a rent burden cannot be calculated for these households.

intervals for each race and ethnicity category we report.[10] We determined the data were sufficiently reliable for the purpose of analyzing older-adult renter households that spent more than 30 percent or more than 50 percent of household income on housing costs by race and ethnicity of the head of household.

To address our second objective, we reviewed articles from scholarly journals and reports obtained using a database search for studies in research journals, conference papers, working papers, and books published from 2013 to January 2023, when our search was executed. We compiled an initial list of relevant peer-reviewed scholarly articles by conducting keyword searches using databases that included ProQuest, EBSCOhost, Dialog, and Scopus.[11] From this list, we examined summary-level information about each article and reviewed 66 articles that we determined were potentially relevant for the scope of our report. In addition to the literature search for work conducted between 2013 and January 2023, we obtained and reviewed certain research published after January 2023 that we identified through our ongoing research.[12]

We also interviewed 45 stakeholders in nine CoCs. We selected CoCs to ensure inclusion of all four Census regions and varying types of CoCs as designated by HUD.[13] We selected five major city CoCs, two suburban CoCs, and two rural CoCs. The major city CoCs we selected were Boston, Massachusetts (Northeast Census region); District of Columbia (South Census region); Portland/Gresham/Multnomah County, Oregon (West Census region); San Diego City and County, California (West Census region); and Tulsa City and County, Oklahoma (South Census region). The suburban CoCs we selected were Dakota, Anoka, Washington, Scott, Carver Counties, Minnesota (the suburban counties surrounding Minneapolis and St. Paul in the Midwest Census region); and Massachusetts Balance of State (Northeast Census region).[14] The rural CoCs we selected were Oregon Balance of State (West Census region) and Virginia Balance of State (South Census region).

The stakeholders we interviewed in these nine communities included eight collaborative applicants or their designated CoC representatives; 27 homelessness service providers; Department of Veterans Affairs

[10]The upper and lower bounds of 95 percent confidence intervals are shown in fig. 6 and fig. 7 of the report.

[11]We searched these databases using several series of keywords, including various combinations of “older,” “elder,” “homeless,” “unsheltered,” “fixed address,” and “people without housing.”

[12]We also used some of this research to address our first objective.

[13]HUD categorizes CoCs into four geographic groups: (1) major city CoCs that contain one of the 50 largest cities in the United States; (2) other largely urban CoCs in which the population lives predominately in an urbanized area within the CoC’s principal city or cities but the CoC does not include one of the nation’s 50 largest cities; (3) largely suburban CoCs in which the population lives predominantly in suburban areas (defined as urbanized areas outside of a principal city or urban clusters within 10 miles of urbanized areas); and (4) largely rural CoCs in which the population lives predominantly in urban clusters that are more than 10 miles from an urbanized area or in Census-defined rural areas. For purposes of this report, we refer to these CoC types as major city, other urban, suburban, and rural, respectively. Because we sought a mix of urban, suburban, and rural perspectives, we combined the major city and other urban categories when we made our selections.

[14]Balance of state CoCs comprise all jurisdictions in a state that are not covered by any other CoC and may include nonmetropolitan areas or smaller cities.

homeless program staff in seven regions; and three Area Agencies on Aging.[15] The 27 homelessness service providers included 15 shelter providers and 18 permanent housing providers. Some of the providers operated both shelter and permanent housing programs, and some offered other services such as street outreach, supportive services, and homelessness prevention.

We selected the homelessness service providers we interviewed to include a range of homelessness programs offered that served older adults (including emergency shelter, rapid rehousing, and permanent supportive housing) and received varied types of federal funding. We also considered recommendations from CoCs in making our selections. We selected the seven VA regions because they were the regions in which the nine CoCs were located. We selected the three Area Agencies on Aging because our research or interviews identified them as being involved in a selected CoC or addressing homelessness among older adults.[16] We also interviewed the California Hospital Association to obtain perspective on a state law related to discharge planning for patients experiencing homelessness.

Information from these interviews cannot be generalized to all stakeholders who might have relevant knowledge and expertise or to all communities. Rather, the information gleaned from these interviews provides illustrative examples of challenges homelessness service providers face in meeting the needs of older adults experiencing homelessness and the strategies they use to address these challenges.

We also conducted site visits to eight of the nine CoCs. These visits included tours of 19 facilities (such as shelters, permanent supportive housing, and medical clinics) to better understand service-delivery logistics and potential barriers to serving older adults. During these visits, we interviewed 34 older adults who were experiencing homelessness or who had prior experiences with homelessness as an older adult.[17] These individuals were identified by staff of the facilities we toured. These interviews are not generalizable but provide illustrative examples of challenges faced by older adults experiencing homelessness.

In addition, we visited and interviewed tribal officials representing two Tribes that we selected because of their varying populations—one large Tribe and one small Tribe—and their proximity to two CoCs we visited. These interviews are not generalizable but provide illustrative examples of these Tribes' experiences addressing homelessness among older tribal members.

For the third objective, we reviewed agency documentation and interviewed HHS, HUD, VA, and USICH officials regarding federal strategic planning and agency efforts related to older-adult homelessness. Specifically, we reviewed the most recent federal strategic plan on homelessness, issued in December 2022,

[15]In addition, we received and analyzed a written response to questions from representatives of one CoC with which we were unable to schedule an interview. A collaborative applicant is the entity designated by a CoC to prepare and submit the CoC's application for planning funds under HUD's Continuum of Care program. VA's homelessness assistance programs are administered by the Veterans Health Administration's Homeless Programs Office, which has staff in each of VA's 18 regional health networks (known as Veterans Integrated Service Networks). We interviewed VA regional homeless program coordinators and geriatric specialists whose regions included the selected CoCs. Area Agencies on Aging are public or nonprofit agencies designated by a state to address the needs and concerns of people aged 60 or older at the regional and local levels.

[16]The designated representative of one of the rural CoCs we interviewed was also the Area Agency on Aging for a portion of its state, and one of the homelessness service providers in the other rural CoC was also the Area Agency on Aging for its service area.

[17]We also conducted four additional interviews that providers arranged: three with people who experienced homelessness between the ages of 50 and 54 and who described how age affected their experiences, and one with a person over 55 who was staying with family after losing their housing.

and interviewed USICH officials to discuss their implementation of the plan.[18] In addition, we reviewed documentation on the interagency Housing and Services Resource Center and interviewed officials from HHS and HUD on their collaboration related to the center. We compared the collaboration against leading practices and relevant key considerations for interagency collaboration that we identified in prior work.[19]

We excluded from our assessment considerations that we determined were not relevant to this collaborative effort. For example, because one agency was leading the effort, we excluded a consideration related to agreeing to roles and responsibilities if leadership will be shared among agencies. We also excluded a consideration related to reassessing and updating outcomes because we considered it to be premature for an effort that began in December 2021. Finally, we reviewed documentation on VA's Homeless Aging and Disabled Veterans Initiative and interviewed VA officials to discuss their implementation of the initiative.

We conducted this performance audit from October 2022 to September 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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

[19]GAO, *Government Performance Management: Leading Practices to Enhance Interagency Collaboration and Address Crosscutting Challenges*, GAO-23-105520 (Washington, D.C.: May 24, 2023). That report validated and updated leading interagency collaboration practices that we first developed in 2012 through an analysis of prior GAO reports examining aspects of collaboration in the federal government, a literature review, and expert interviews. GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, GAO-12-1022 (Washington, D.C.: Sept. 27, 2012).

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

August 16, 2024

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

Dear Ms. Cackley:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, **"HOMELESSNESS: Actions to Help Better Address Older Adults' Housing and Health Needs" (GAO-24-106300).**

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Melanie Anne Egorin

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED – HOMELESSNESS: ACTIONS TO HELP BETTER ADDRESS OLDER ADULTS' HOUSING AND HEALTH NEEDS (GAO-24-106300)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

Recommendation 1
The Secretary of HHS should ensure that the ACL Administrator, as the lead agency for the Housing and Services Resource Center, works with partner agencies to clearly define short and long-term outcomes for the center, consistent with leading collaboration practices.

HHS Response
HHS concurs with GAO's recommendation.

While the Housing and Services Resource Center (HSRC) has already identified short-term and long-term outcomes in the Memorandum of Understanding (MOU) between the partnering agencies (see examples), ACL will continue to work with HSRC partner agencies to more clearly define these outcomes for the HSRC.

Example Short-Term Outcome:

- A federally coordinated approach to providing resources, program guidance, training, and technical assistance to disability, aging, housing, and health organizations. This short-term outcome has been achieved by establishing the Housing and Services Resource Center which includes the HSRC website, webinars and technical assistance resources and activities that are developed and provided collaboratively.

Example Long-Term Outcome:

- Develop, strengthen, and advance partnerships in the disability, aging, housing, and health networks. The Housing and Services Partnership Accelerator and HSRC webinars featuring partnerships are activities to address this long-term outcome.

Recommendation 2
The Secretary of HHS should ensure that the ACL Administrator, as the lead agency for the Housing and Services Resource Center, works with partner agencies to collect and use performance information and other relevant evidence to assess progress toward the center's desired outcomes, consistent with leading collaboration practices.

HHS Response
HHS concurs with GAO's recommendation.

Presently, the HSRC is collecting and using data regarding the HSRC technical assistance activities. For example, people participating in HSRC TA activities (webinars, peer-to-peer learning sessions, in- person convenings) are asked to respond to a short list of questions to provide their input on the extent to which the TA activity was helpful to them, and their ideas on

how the TA activity could be improved. The HSRC partner agencies use this information to plan and improve technical assistance activities. To the extent possible with available resources, ACL will work with partner agencies to collect and use performance information and other relevant evidence to assess progress toward the center's desired outcome.

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

August 16, 2024

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

Dear Ms. Cackley:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "HOMELESSNESS: Actions to Help Better Address Older Adults' Housing and Health Needs" (GAO-24-106300).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED – HOMELESSNESS: ACTIONS TO HELP BETTER ADDRESS OLDER ADULTS' HOUSING AND HEALTH NEEDS (GAO-24-106300)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

Recommendation 1
The Secretary of HHS should ensure that the ACL Administrator, as the lead agency for the Housing and Services Resource Center, works with partner agencies to clearly define short and long-term outcomes for the center, consistent with leading collaboration practices.

HHS Response
HHS concurs with GAO's recommendation.

While the Housing and Services Resource Center (HSRC) has already identified short-term and long-term outcomes in the Memorandum of Understanding (MOU) between the partnering agencies (see examples), ACL will continue to work with HSRC partner agencies to more clearly define these outcomes for the HSRC.

Example Short-Term Outcome:

- A federally coordinated approach to providing resources, program guidance, training, and technical assistance to disability, aging, housing, and health organizations. This short-term outcome has been achieved by establishing the Housing and Services Resource Center which includes the HSRC website, webinars and technical assistance resources and activities that are developed and provided collaboratively.

Example Long-Term Outcome:

- Develop, strengthen, and advance partnerships in the disability, aging, housing, and health networks. The Housing and Services Partnership Accelerator and HSRC webinars featuring partnerships are activities to address this long-term outcome.

Recommendation 2

The Secretary of HHS should ensure that the ACL Administrator, as the lead agency for the Housing and Services Resource Center, works with partner agencies to collect and use performance information and other relevant evidence to assess progress toward the center's desired outcomes, consistent with leading collaboration practices.

HHS Response

HHS concurs with GAO's recommendation.

Presently, the HSRC is collecting and using data regarding the HSRC technical assistance activities. For example, people participating in HSRC TA activities (webinars, peer-to-peer learning sessions, in- person convenings) are asked to respond to a short list of questions to provide their input on the extent to which the TA activity was helpful to them, and their ideas on how the TA activity could be improved. The HSRC partner agencies use this information to plan and improve technical assistance activities. To the extent possible with available resources, ACL will work with partner agencies to collect and use performance information and other relevant evidence to assess progress toward the center's desired outcome.

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

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

Staff Acknowledgments

In addition to the contact named above, Paige Smith (Assistant Director), Julianne Dieterich (Analyst in Charge), Garrett Hillyer, James Holley, Briana Lalman, Toby Lister, Ying (Sophia) Liu, Marc Molino, Kirsten Noethen, Steve Robblee, Farrah Stone, and Robert Treadwell made key contributions to this report.

GAO's Mission

The Government Accountability Office, the audit, evaluation, and investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents at no cost is through our website. Each weekday afternoon, GAO posts on its website newly released reports, testimony, and correspondence. You can also subscribe to GAO's email updates to receive notification of newly posted products.

Order by Phone

The price of each GAO publication reflects GAO's actual cost of production and distribution and depends on the number of pages in the publication and whether the publication is printed in color or black and white. Pricing and ordering information is posted on GAO's website, https://www.gao.gov/ordering.htm.

Place orders by calling (202) 512-6000, toll free (866) 801-7077, or
TDD (202) 512-2537.

Orders may be paid for using American Express, Discover Card, MasterCard, Visa, check, or money order. Call for additional information.

Connect with GAO

Connect with GAO on Facebook, Flickr, Twitter, and YouTube.
Subscribe to our RSS Feeds or Email Updates. Listen to our Podcasts.
Visit GAO on the web at https://www.gao.gov.

To Report Fraud, Waste, and Abuse in Federal Programs

Contact FraudNet:

Website: https://www.gao.gov/about/what-gao-does/fraudnet

Automated answering system: (800) 424-5454 or (202) 512-7700

Congressional Relations

A. Nicole Clowers, Managing Director, ClowersA@gao.gov, (202) 512-4400, U.S. Government Accountability Office, 441 G Street NW, Room 7125, Washington, DC 20548

Public Affairs

Sarah Kaczmarek, Acting Managing Director, KaczmarekS@gao.gov, (202) 512-4800, U.S. Government Accountability Office, 441 G Street NW, Room 7149
Washington, DC 20548

Strategic Planning and External Liaison

Stephen J. Sanford, Managing Director, spel@gao.gov, (202) 512-4707
U.S. Government Accountability Office, 441 G Street NW, Room 7814, Washington, DC 20548