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Report to the Chairwoman, Committee
on Financial Services, House of
Representatives

September 2021

YOUTH HOMELESSNESS

HUD and HHS Could Enhance Coordination to Better Support Communities

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GAO@100 Highlights

Highlights of [GAO-21-540](#), a report to the Chairwoman, Committee on Financial Services, House of Representatives

Why GAO Did This Study

Youth homelessness is a widespread problem, with one recent study estimating that one in 10 young adults experience some form of homelessness over the course of a year—such as living on the streets or in a shelter or temporarily staying with others. GAO was asked to study youth homelessness. This report examines, among other things, HUD's and HHS's coordination to address youth homelessness and challenges communities face in serving youth through HUD and HHS programs.

GAO analyzed federal agency documents related to homelessness efforts; conducted structured interviews with a nongeneralizable sample of 24 local homelessness providers, selected to reflect communities of different sizes and with different types of programs for youth; and interviewed other local program staff, youth homelessness researchers and advocates, and federal officials.

What GAO Recommends

GAO makes 10 recommendations to improve services for youth experiencing homelessness, including that HUD work with HHS to provide additional information or examples to local communities in the following areas: serving young adults through coordinated entry processes, coordinating to serve unaccompanied minors, and coordinating their programs. HUD generally agreed with four recommendations. HUD neither agreed nor disagreed with two recommendations, but described intended plans to help address these areas. HHS agreed with GAO's recommendations.

View [GAO-21-540](#). For more information, contact Alicia Puente Cackley at (202) 512-8678 or cackleya@gao.gov

September 2021

YOUTH HOMELESSNESS

HUD and HHS Could Enhance Coordination to Better Support Communities

What GAO Found

The Departments of Housing and Urban Development (HUD) and Health and Human Services (HHS) have taken steps to coordinate their programs that serve youth experiencing homelessness. These programs include HUD's Continuum of Care program, which funds housing and homelessness services for people of all ages in nearly all communities across the country, and HHS's Runaway and Homeless Youth program, which funds emergency shelters, transitional housing, and supportive services for youth in a few hundred communities. For example, HHS was involved in the development of HUD's Youth Homelessness Demonstration Program, which provides grants to several dozen communities to address youth homelessness. In addition, the agencies integrated data collection for the Runaway and Homeless Youth program into local data systems operated under the Continuum of Care program to help program providers better coordinate client services at the local level.

GAO's review of documents and interviews with local program providers, agency officials, researchers, and advocates identified several challenges in serving youth experiencing homelessness, including both young adults and minors (those under 18). For example:

- Under the Continuum of Care program, communities must establish a process, known as coordinated entry, for prioritizing who receives limited housing resources. Many providers of homelessness services reported that their community's process tends to prioritize young adults lower than older adults. This is partly because these processes, following HUD guidance, give higher priority to those who have been homeless longer and who have documented disabilities. HUD has provided some information to communities on serving youth through coordinated entry, but this information largely has not addressed how to ensure that young adults are not consistently prioritized below other groups for housing.
- Most providers GAO interviewed reported that minors experiencing homelessness unaccompanied (without a parent or caregiver) do not participate in the coordinated entry process, with several noting there are limited housing options that can serve minors. Some providers and other stakeholders discussed challenges coordinating between the homelessness and child welfare systems to serve this group. However, HUD and HHS have provided limited information about or examples of how providers could coordinate to better serve unaccompanied minors.
- Although HUD and HHS have taken some steps to coordinate the Continuum of Care and Runaway and Homeless Youth programs, providers of these programs reported challenges in coordination and communication, including a lack of understanding of one another's programs and a need for more strategic planning on services for youth.

HUD and HHS have acknowledged a need for additional information related to serving youth. Additional support from HUD and HHS in the areas identified above could help to improve coordination and the delivery of services to both young adults and minors at the local level.

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Abbreviations

| | |
|----------|---|
| CoC | Continuum of Care |
| COVID-19 | Coronavirus Disease 2019 |
| FAQ | frequently asked questions |
| HHS | Department of Health and Human Services |
| HMIS | Homeless Management Information System |
| HUD | Department of Housing and Urban Development |
| LGBT | lesbian, gay, bisexual, and transgender |
| RHY | Runaway and Homeless Youth |
| USICH | U.S. Interagency Council on Homelessness |
| YHDP | Youth Homelessness Demonstration Program |

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September 30, 2021

The Honorable Maxine Waters
Chairwoman
Committee on Financial Services
House of Representatives

Dear Chairwoman:

Youth homelessness is a widespread problem in the United States. One recent study estimated that one in 10 young adults, and one in 30 minors under 18, experience some form of homelessness unaccompanied (i.e., without a parent or caregiver) over the course of a year—such as living on the streets or in a shelter or temporarily staying with others.¹ In addition, the Department of Housing and Urban Development's (HUD) Point-in-Time count found that, on a single night in January 2020, 34,210 unaccompanied youth who did not have children of their own with them were experiencing homelessness. Of this number, 90 percent were between the ages of 18 and 24; the remaining 10 percent were minors. An additional 7,335 youth were experiencing homelessness as parents.² This count took place prior to the emergence of the Coronavirus Disease 2019 (COVID-19) pandemic in the United States, which caused significant economic disruption and may have led to even greater rates of homelessness among youth.

¹M.H. Morton, A. Dworsky, and G.M. Samuels, *Missed Opportunities: Youth Homelessness in America, National Estimates* (Chicago, IL: Chapin Hall at the University of Chicago, 2017). This was the first study to produce national estimates of the prevalence of homelessness among youth ages 13–25 over the course of a year. The study was part of the Voices of Youth Count project, a multicomponent research and policy initiative conducted by Chapin Hall at the University of Chicago. Findings from this study were also published in M.H. Morton et al., "Prevalence and Correlates of Youth Homelessness in the United States," *Journal of Adolescent Health*, vol. 62, no.1 (2018): p. 14–21.

²Department of Housing and Urban Development, *2020 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-in-Time Estimates of Homelessness* (January 2021). This count only includes youth who meet HUD's definition of homelessness, which generally does not include youth temporarily staying in others' homes unless they also meet other criteria. We have previously reported that the Point-in-Time count data likely underestimate the size of the homeless population because it is inherently difficult to identify people experiencing homelessness, and youth in particular may be undercounted. See GAO, *Homelessness: Better HUD Oversight of Data Collection Could Improve Estimates of Homeless Population*, [GAO-20-433](#) (Washington, D.C.: July 14, 2020).

Rates of homelessness are higher among youth of color and among lesbian, gay, bisexual, and transgender (LGBT) youth. One study found that Black youth have an 83 percent higher likelihood of reporting homelessness than non-Black youth, Hispanic youth have a 33 percent higher likelihood than non-Hispanic youth, and LGBT youth have a 120 percent higher likelihood than their non-LGBT peers.³ In related research, youth cited common factors that contributed to their homelessness, including entrance into foster care and homelessness within their family of origin, and the majority reported first experiencing homelessness before the age of 18.⁴ Researchers have found that youth homelessness is a common pathway into homelessness as an adult.⁵

HUD and the Department of Health and Human Services (HHS) provide grants to local organizations to operate programs that serve homeless youth. These programs include HUD's Continuum of Care (CoC) program, which provides grants that fund services for people of all ages experiencing homelessness; HUD's Youth Homelessness Demonstration Program (YHDP), which provides funds to allow selected communities to strengthen services, including housing, for youth experiencing homelessness; and HHS's Runaway and Homeless Youth (RHY) Program, which funds emergency shelters, street outreach, transitional living programs and supportive services for youth. In coordination with the U.S. Interagency Council on Homelessness (USICH), HUD and HHS have established initiatives and participate in a working group focused on the goal of ending youth homelessness.⁶

³Morton, Dworsky, and Samuels, *Missed Opportunities*.

⁴G.M. Samuels et al., *Missed Opportunities in Youth Pathways through Homelessness* (Chicago, IL: Chapin Hall at the University of Chicago, 2019). This work is based on in-depth interviews with 215 youth in five counties in the United States conducted as part of the Voices of Youth Count initiative.

⁵Chris Chamberlain and Guy Johnson, "Pathways into Adult Homelessness," *Journal of Sociology*, vol. 49, no.1 (2011): p. 60–77.

⁶USICH is an independent establishment in the executive branch that is tasked with coordinating the federal response to homelessness. It consists of representatives from 19 agencies, who serve as members of the council, as well as an Executive Director and other staff who support the council's work. The council meets quarterly. USICH also convenes interagency working groups focused on key issues and activities, including youth homelessness.

You asked us to study youth homelessness.⁷ This report (1) describes HUD's and HHS's coordination to address youth homelessness at the federal level, (2) describes local communities' coordination of HUD and HHS grant programs to address youth homelessness and promising strategies for serving youth they have identified, and (3) examines challenges communities reported facing in serving youth through these programs and HUD's and HHS's responses to these challenges.

For all three objectives, we reviewed laws, guidance, and other documents from federal grant programs that serve youth experiencing homelessness. We also reviewed literature on youth homelessness, including past GAO reports.⁸

For our first objective, we analyzed HHS, HUD, and USICH documents related to coordination on youth homelessness. We also interviewed officials from these entities to obtain information about their coordination efforts. For our second and third objectives, we conducted structured interviews with staff from 24 local programs that serve youth experiencing homelessness (12 CoCs and 12 RHY programs) to understand how CoC and RHY providers coordinate on youth homelessness. We conducted a content analysis to define themes and organize the programs' responses. To select the 24 local programs, we constructed a nonprobability sample and randomly selected programs that met defined criteria. Specifically, the programs were selected to reflect communities of different sizes (one-third of the programs were in urban communities, one-third in suburban communities, and one-third in rural communities) and different types of programs for youth (one-third of the programs were in communities that had received a YHDP grant, and two-thirds were in communities that had not). The findings are not generalizable to all CoC and RHY programs.

We also conducted case studies in two CoC communities—Austin/Travis County, Texas, and the Connecticut Balance of State CoC. We selected these communities based on our research and input from federal agency officials and a youth homelessness researcher, who identified these CoCs as having promising approaches for coordinating with their local

⁷This report focuses on youth, including unaccompanied minors, who are runaway and homeless youth. We did not include unaccompanied minors who are refugees, in this report.

⁸[GAO-20-433](#) and GAO, *Homeless Veterans: Opportunities Exist to Strengthen Interagency Collaboration and Performance Measurement Procedures*, [GAO-20-428](#) (Washington, D.C.: May 14, 2020).

RHY providers.⁹ In each community, we met with staff representing the CoC program, RHY program, state or local school districts, state or local juvenile justice system, and child welfare system, as well as youth who have experienced homelessness.

In addition, we interviewed HHS and HUD officials on challenges related to administering youth homelessness programs and actions the agencies have taken to address these challenges. We compared agency efforts against selected leading practices for interagency collaboration we have previously identified, federal internal control standards, and other guidance.¹⁰ Finally, we interviewed researchers and advocates on youth homelessness to obtain their views on how communities are collaborating and how federal agencies could facilitate such collaboration.

Appendix I provides more information on our scope and methodology. Appendix II provides additional information about challenges youth face in participating in local homeless assistance systems, and appendix III provides information from our prior work on homeless subpopulations and the needs of those populations.

We conducted this performance audit from August 2019 to September 2021 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 That Address Youth Homelessness

HUD's Office of Special Needs Assistance Programs provides grants to communities to serve vulnerable populations who are homeless or at risk of homelessness. This office administers HUD's CoC program, which is the largest federal homelessness assistance program, with allocations of

⁹CoCs are regional or local planning bodies that apply for CoC grants and administer the CoC program in their local geographic region. Some CoCs represent a single major city or county, while others cover multiple counties or even wider areas of a state. A "Balance of State" CoC includes all the jurisdictions in a state that are not covered by any other CoC.

¹⁰GAO, *Results-Oriented Government: Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies*, [GAO-06-15](#) (Washington, D.C.: Oct. 21, 2005) and *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014).

approximately \$2.5 billion in fiscal year 2020. CoC funds can be used to provide permanent housing, transitional housing, and supportive services to people experiencing homelessness. The office also administers the Youth Homelessness Demonstration Program (YHDP), which is operated within the framework of the CoC program. YHDP provides selected CoCs with 2-year grants to develop and implement a coordinated community approach to prevent and end youth homelessness. By law, YHDP's eligible population is youth age 24 and under who are experiencing homelessness, including both unaccompanied youth and families headed by youth who are in an unsafe living situation.

While there are about 400 CoCs that cover virtually all communities across the country, YHDP funding is competitively awarded to a subset of CoCs. Since the program's inception in 2016, YHDP has awarded funding to 44 urban and rural CoCs over three funding rounds. According to HUD, funds awarded for the first three rounds in fiscal years 2016, 2017, and 2018 totaled \$151 million, with grants ranging from just over \$1 million to almost \$8 million.¹¹ Funds for additional rounds were appropriated in fiscal years 2019, 2020, and 2021. HUD stated that it combined the appropriated funding for 2019 and 2020 into a single funding round of approximately \$145 million.

HUD announced the availability of these funds in May 2021 and plans to award these funds to up to 50 communities. Officials stated that HUD plans to award the fiscal year 2021 funding through an additional funding round later in 2021.¹² They explained that the delay in issuing the 2019, 2020, and 2021 funding was due to the COVID-19 pandemic and the need to ensure communities could fully concentrate on their pandemic-related safety planning and implementation for the homeless populations they are serving.

HHS's Family and Youth Services Bureau provides shelter, community services, and prevention education for youth, adults, and families to address the safety, stability, and well-being of people who have

¹¹HUD officials said that in fiscal year 2018 an additional \$5 million was used to provide technical assistance to the CoCs that received YHDP awards.

¹²HUD officials said that an additional \$15 million will be used to provide technical assistance to the CoCs that receive YHDP awards in this funding round.

experienced or been exposed to violence, neglect, or trauma.¹³ The Family and Youth Services Bureau administers the Runaway and Homeless Youth (RHY) program, which has three components:

- Basic Center Program grants provide up to 21 days of emergency shelter to runaway and homeless minors (i.e., those under age 18, or older if allowed by state or local law or regulation), as well as other services, such as outreach, crisis intervention, counseling, and family reunification services.
- Transitional Living Program grants provide group homes, host homes, and supervised apartments for minors and young adults generally ages 16–22.¹⁴ The Transitional Living Program also funds Maternity Group Homes, which provide shelter and services to meet the needs of pregnant and parenting youth.
- Street Outreach Program grants provide street-based services to youth generally under age 21, such as food, clothing, information about services, and encouragement to access these services.

As of January 2020, there were 268 Basic Center Program grantees, 223 Transitional Living Program grantees, 106 Street Outreach grantees, and 18 Maternity Group Home grantees, some of which overlapped (a single organization may receive grants for more than one of these program types). Some communities may have more than one RHY program, and many communities do not have any RHY programs.

The RHY program is much smaller than the total CoC and YHDP program funding, with appropriations of approximately \$130.9 million in fiscal year 2020.¹⁵ RHY grants provide a maximum of \$250,000 each for the Transitional Living and Maternal Group Home Programs, \$200,000 for the Basic Center Program, and \$150,000 for the Street Outreach Program

¹³The Runaway and Homeless Youth Act requires that the RHY program provide basic life skills, behavioral health services, financial planning and referrals and use a positive youth development approach. The act also requires that the program coordinate with McKinney-Vento (school) liaisons.

¹⁴Minors entering a Transitional Living Program are eligible for up to 21 months of service, or to remain until they reach the age of 18, whichever is longer. Young adults between the ages of 18 and 21 are eligible for up to 18 months of Transitional Living Program services.

¹⁵The CARES Act provides \$25 million in additional funding to support the activities carried out under the Runaway and Homeless Youth Act. Pub. L. No. 116-136, 134 Stat. 281, 559 (2020).

per year.¹⁶ Although the RHY program is small and not present in every community, it is an important part of many communities' response to youth homelessness. The Runaway and Homeless Youth Act created the program in 1974, and it was the only federal program dedicated to addressing homelessness among minors and young adults before YHDP's implementation in 2016.¹⁷ The program continues to provide services to unaccompanied minors experiencing homelessness, including emergency shelter and supportive services that are not available through any other federal program.

The U.S. Interagency Council on Homelessness (USICH) is responsible for coordinating the federal response to homelessness, including youth homelessness. USICH is statutorily charged with developing and regularly updating a national strategic plan to prevent and end homelessness. To carry out the plan, USICH works with its 19 federal member agencies.¹⁸ As part of implementing its mission, USICH has convened a number of interagency working groups, which have focused on issues that cut across agencies, such as ending youth, family, or veteran homelessness. In recent years, there have been approximately eight such groups, consisting primarily of staff generally from the five agencies with missions that most closely align with serving the homeless population.¹⁹

¹⁶RHY grant awards cover a 36-month project period in three 12-month budget periods.

¹⁷The Department of Education also administers a program specifically for children and youth experiencing homelessness. The Education for Homeless Children and Youth program helps address barriers to school enrollment, attendance, and success for this population. This program was not within the scope of our work because it focuses on educational needs rather than addressing housing and homelessness.

¹⁸USICH member agencies are the Departments of Agriculture, Commerce, Defense, Education, Energy, Health and Human Services, Housing and Urban Development, Interior, Labor, Transportation, and Veterans Affairs, as well as the Corporation for National and Community Service, General Services Administration, Office of Management and Budget, Federal Emergency Management Agency, Social Security Administration, U.S. Postal Service, and Faith and Community Initiative. The statute also includes the Attorney General of the United States as a Council member, as well as the Director of USA Freedom Corps—a former White House office and policy council; however, USICH documentation describes this entity as inactive. 42 U.S.C. § 11312(a).

¹⁹The five member agencies with missions that most closely align with serving the homeless population are the Departments of Education, Labor, Health and Human Services, Housing and Urban Development, and Veterans Affairs.

Federal Definitions of Youth Homelessness

HHS and HUD use different definitions of youth homelessness based on statutory requirements, and these definitions determine who may be eligible for their respective homelessness assistance programs. HHS uses a broad definition that includes those who are staying with others (i.e., “couch-surfing”) or staying in hotels or motels. In contrast, HUD’s definition is narrower and does not consider everyone staying in these situations to be homeless. YHDP uses HUD’s definition of homelessness but also allows for serving youth who are living in unsafe situations.

HHS relies on definitions from the Runaway and Homeless Youth Act, as amended, in administering the RHY program.²⁰ In the act, both the Basic Center Program and the Transitional Living Program define “homeless youth” as individuals for whom it is not possible to live in a safe environment with a relative and who lack safe alternative living arrangements. However, the two programs define the age range of “homeless youth” differently. While the Basic Center Program generally serves youth under age 18 (some youth may be older than 18 if permitted by state or local law), the Transitional Living Program serves youth between the ages of 16 and under 22 (although youth older than 22 may participate if they entered the program before turning 22 and meet other requirements).

HUD uses the definition of homelessness from the McKinney-Vento Homeless Assistance Act, as amended, which has four categories:²¹

- Category 1 includes those who are “literally homeless,” defined as individuals or families who lack a fixed, regular, and adequate nighttime residence (this category does not include those who are sharing the housing of others).²²
- Category 2 includes individuals or families who will lose their primary nighttime residence within 14 days of the date of application for homeless assistance, who lack the resources or support networks

²⁰34 U.S.C. § 11279.

²¹42 U.S.C. § 11302.

²²Lacking a fixed, regular, and adequate nighttime residence means that they have a primary nighttime residence that is a public or private place not meant for human habitation; that they are living in an emergency shelter, transitional housing, or hotel or motel paid for by charitable organizations or public programs; or that they are exiting an institution where they have resided for 90 days or less after previously living in an emergency shelter or a place not meant for human habitation.

needed to obtain other permanent housing, and for whom no subsequent residence has been identified.

- Category 3 includes youth and families who do not qualify as homeless under HUD's other categories but who are defined as homeless under other federal statutes and who also meet other criteria.²³ CoCs must meet certain criteria and receive approval from HUD to serve people in this category, and if they receive approval, there are statutory limitations on the amount of CoC funding that can be used to serve this group.
- Category 4 includes individuals or families who are fleeing, or attempting to flee, domestic violence; have no other residence; and lack the resources or support networks to obtain other permanent housing.²⁴

Coordinated Entry

HUD requires that CoCs establish and operate a coordinated entry process, which is intended to ensure that all people within an individual CoC have fair and equal access to CoC-funded housing and resources, regardless of which homeless assistance provider they seek services from. Coordinated entry involves assessing each person and connecting them to housing and other assistance based on their vulnerabilities and needs through a community-wide process, rather than individual providers deciding what resources to offer to their clients. All organizations that receive CoC funding must participate in the coordinated entry process, and organizations that do not receive CoC funding may also participate if they choose to do so.

A goal of coordinated entry is to ensure that people experiencing homelessness within a CoC are quickly and consistently assessed and referred for services. HUD officials stated that coordinated entry was first

²³Specifically, these youth and families must not have had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to applying for homeless assistance; must have experienced persistent instability, as measured by two or more moves during in the preceding 60 days; and can be expected to continue in their present status for an extended period of time due to special needs or barriers.

²⁴By law, Category 4 includes youth who are fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous conditions related to violence that has taken place in the house or has made them afraid to return to the house, including trading sex for housing, trafficking, physical abuse, or violence (or perceived threat of violence) because of the youth's sexual orientation.

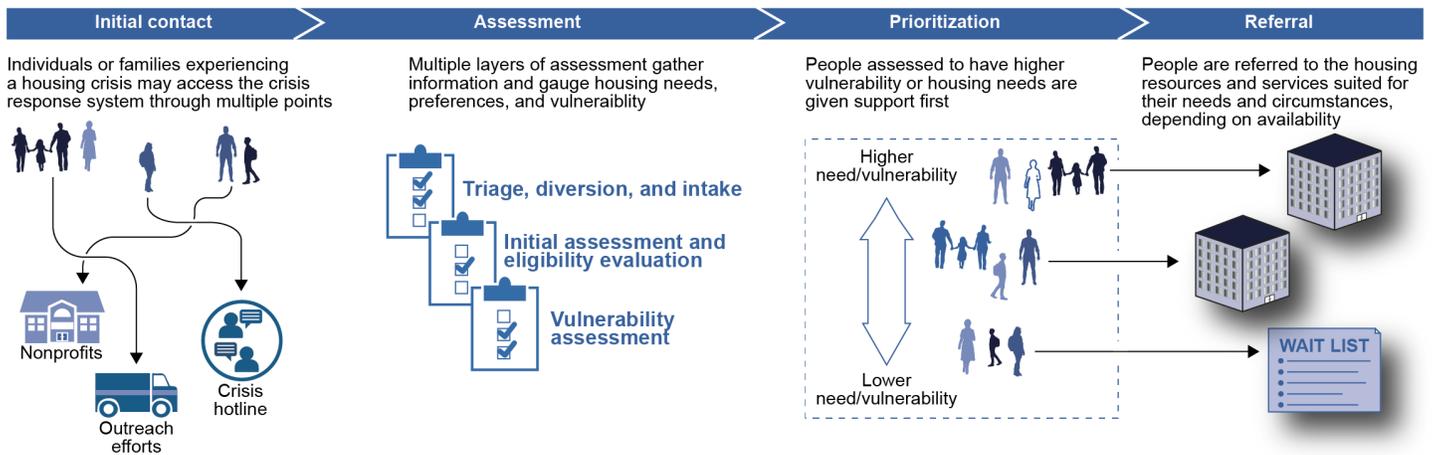
developed by some CoCs based on best practices.²⁵ In 2017, HUD issued a notice expanding upon the regulatory requirement that all CoCs establish a coordinated entry system.²⁶

CoCs must develop their own process for prioritizing the allocation of housing and services, using the framework outlined in HUD's 2017 notice. The first step in this process is assessment, in which program staff use a tool to collect information from people seeking services. The tool then generates a score that is intended to reflect their level of risk, vulnerability, or need. Although HUD requires CoCs to use a standardized assessment tool, several such tools have been developed by different companies, and HUD does not recommend any particular tool. CoCs use the assessment scores to rank people for housing and services. CoCs may also choose to consider other factors besides the assessment score in their prioritization process (for example, to account for population-specific vulnerabilities). People who are not immediately prioritized for available housing or services are placed on a central waiting list (sometimes referred to as a "by-name list"). As housing and services become available, people are referred from the waiting list in order of priority (see fig. 1).

²⁵According to a 2017 HUD notice, some CoCs began to develop and operate coordinated entry processes independently as early as 2009. See Department of Housing and Urban Development, *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*, CPD-17-01 (Washington, D.C.: Jan. 23, 2017).

²⁶Department of Housing and Urban Development, CPD-17-01.

Figure 1: Coordinated Entry Process



Source: GAO analysis of Department of Housing and Urban Development information. | GAO-21-540

Although CoCs create their own prioritization processes, HUD requires that these processes, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for assistance before those with less severe needs and lower levels of vulnerability. As discussed later in this report, HUD guidance also states that CoCs are strongly encouraged to prioritize people who qualify as “chronically homeless” for more service-intensive housing. HUD generally defines “chronically homeless” to mean those who have been homeless for at least 1 year and who have a disability.

HUD and HHS Have Coordinated on a Number of Efforts to Address Youth Homelessness

HUD and HHS Are Active Participants in an Interagency Working Group on Ending Youth Homelessness

USICH, HHS, and HUD jointly chair the Interagency Working Group on Ending Youth Homelessness. In 2017, these agencies and three others signed a memorandum of understanding that outlines the structure and

purpose of the working group.²⁷ HUD officials stated that the working group is one of the major ways that HUD works with HHS on youth homelessness issues. In addition to HHS's Family and Youth Services Bureau, other divisions of HHS also participate in the working group, including the Office of the Assistant Secretary for Planning and Evaluation. This office's activities include policy development, policy coordination, strategic planning, and research, and it serves as a liaison for HHS's coordination with other agencies on youth homelessness efforts.

USICH officials stated that the working group's activities included developing an action plan that supports implementation of Home, Together, the federal strategic plan for ending homelessness that was in effect for most of the period of our review.²⁸ They stated that some of the working group's 2020 activities included providing technical assistance to YHDP sites, presenting information at an annual conference, and hosting a training event for youth providers. USICH officials added that the working group meets quarterly and plans to discuss the 2021 action plan when it reconvenes.

HUD officials said that the working group's primary effort has been developing a set of criteria and benchmarks, published in 2017, that communities can use to determine whether they have effectively ended youth homelessness. The criteria focus on describing essential accomplishments of the community's response. For example, one criterion is that communities use the coordinated entry processes to effectively link all youth experiencing homelessness to housing and services that are tailored to their needs. The benchmarks serve as indicators of how effectively a community's system is working on an ongoing basis. For example, one benchmark is that there are few unaccompanied youth under 25 experiencing homelessness at any given

²⁷The other agencies that signed the memorandum of understanding were the Departments of Education, Justice, and Labor. USICH officials told us that these agencies, as well as the Department of Agriculture, participate in the working group, and other agencies may be involved from time to time. The memorandum of understanding expired on December 31, 2020. USICH officials stated that the interagency working group would discuss the memorandum of understanding when the group reconvenes.

²⁸In October 2020, USICH released a new strategic plan, called *Expanding the Toolbox: The Whole-of-Government Response to Homelessness*. In May 2021, USICH officials told us that, because of the change in administration in early 2021, neither *Expanding the Toolbox* nor *Home, Together* was considered the current strategic plan. At that time, the agency did not have an active strategic plan and planned to develop a new one.

time, including youth experiencing homelessness under any federal definition.

HUD and HHS Have Coordinated on the Youth Homelessness Demonstration Program

Officials from HUD and HHS (specifically, the Office of the Assistant Secretary for Planning and Evaluation and the Family and Youth Services Bureau) described ways in which they coordinated on the development and implementation of HUD's YHDP. For example, HUD officials stated that coordination with HHS on YHDP included evaluating the process for the new program and the timing of the notice of funding availability, as well as scoring applications. Officials from HHS's Family and Youth Services Bureau said they reviewed coordinated community plans submitted by applicants in 2017, 2018, and 2019. These plans are required for YHDP applicants and outline their proposed partnerships within their communities.

Additionally, HUD, HHS, and USICH released a joint statement in 2016 encouraging communities to apply for the initial round of YHDP funding.²⁹ According to USICH officials, the joint statement sent a strong message on the importance of serving youth, and the agencies received positive feedback from communities on the statement, including from both HUD-funded and HHS-funded providers.

HUD and HHS officials also have participated in calls on homelessness efforts every other month, with a focus on YHDP.³⁰ Staff from HHS's Office of the Assistant Secretary for Planning and Evaluation stated they lead these calls, and other HHS participants include staff from the Family and Youth Services Bureau and the Substance Abuse and Mental Health Services Administration. According to HHS officials, these meetings are informal and focus on general updates on what is happening in communities, new notices of funding availability, and training opportunities. HUD officials said there was a period when coordination and communication with HHS was lacking, but they said this improved when the calls began in early 2019. They said the calls have mostly revolved around YHDP and other youth-focused programs.

²⁹HUD Exchange, *SNAPS in Focus: Youth Homelessness Demonstration Program* (Oct. 14, 2016).

³⁰According to officials from HHS's Office of the Assistant Secretary for Planning and Evaluation, these calls have been on hold since fall 2020 because of the transition to the new administration.

Family and Youth Services Bureau officials told us they would like for RHY staff to participate more fully in YHDP activities. For example, they said that HUD did not incorporate some of their recommendations from the early YHDP planning meetings into the ultimate design of YHDP. However, they did not have any documentation to support that they had provided recommendations that were not incorporated. In addition, the officials stated they did not have an opportunity to provide comments on the initial YHDP notice of funding availability because they received the draft only a few days before its official release. The officials also stated they reviewed YHDP applications submitted for the 2016 and 2019 notices of funding availability but did not know how HUD used their feedback in making funding decisions. They also told us they have not been able to participate in YHDP training, technical assistance, and evaluations to the extent they would like.

HUD officials stated that they share the Family and Youth Services Bureau's interest in working together more closely on YHDP. They added that bureau staff have been involved in reviewing applications, and their scores were integrated in the final YHDP selection in the same manner as HUD staff's scores. HUD officials also stated that they plan to continue inviting the bureau's participation in the development of future notices of funding opportunity.³¹ (We discuss HUD and HHS coordination challenges in more detail later in this report.)

Additionally, USICH officials stated they would like to see HHS play a larger role in promoting and supporting RHY grantees in collaborative work with other providers. They noted that, although many RHY providers work closely with CoCs in communities with YHDP grants, HHS has not consistently conveyed the message that RHY providers should be a part of a coordinated community response to youth homelessness.

HUD and HHS Have Integrated Data Collection for Their Programs That Serve Homeless Youth

In 2015, HHS began requiring all RHY program grantees to use the Homeless Management Information System (HMIS) operated by their

³¹HUD began referring to these notices as notices of funding opportunity in the Fiscal Year 2021 Continuum of Care Competition and Non-Competitive Award of Youth Homelessness Demonstration Program Renewal and Replacement Grants.

local CoC for all data reporting to HHS.³² HUD requires all CoCs to develop and use an HMIS for collecting data on CoC program clients and the services they receive. HUD staff stated that the data are used both locally and at the federal level. HUD and HHS explained that, prior to the data integration, providers that received both CoC and RHY funds had to enter data into two different systems. The agencies decided it made sense to coordinate data collection to minimize data entry burdens. HUD officials also stated that requiring RHY providers to enter data on the youth they serve into their local HMIS has enabled more coordination on serving clients at the local level. HUD and HHS have a memorandum of understanding on using HMIS.³³

HUD identified some initial challenges with incorporating RHY data into HMIS, such as ensuring providers are trained on how to use HMIS. HUD officials explained that HUD had experienced similar challenges in its own programs and worked with HHS to address these challenges. According to HUD, the agencies also worked to develop a process to set up new RHY providers to use HMIS. HHS also identified challenges related to incorporating RHY data into HMIS, such as that newer RHY grantees had a difficult time saving data and retrieving information from HMIS. HHS officials stated that they initially had monthly meetings with HUD to talk about some of these issues but that the meetings have become less frequent over time. HHS officials told us they would like to see the meetings resume to help with information sharing on lessons learned and best practices of providers.

To support the integration of RHY data into HMIS, HUD collaborated with HHS to publish an HMIS guide to help RHY providers and CoCs to set up projects in the system. The guide includes separate manuals for both the CoC and RHY programs. HHS officials stated that they annually update the RHY manual to assist grantees with guidance on HUD's data standards and the data standards that are specific to the RHY program. Officials further stated that, during this process, HHS typically sends the updated RHY manual to HUD for review and edits. According to HHS

³²HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to people experiencing or at risk of homelessness. CoCs establish and operate their own local HMIS, following guidelines established by HUD; there is no national HMIS.

³³In December 2014, HUD, HHS, and the Department of Veterans Affairs signed a memorandum of understanding that established the agencies' shared understanding of their respective roles and responsibilities on the use of HMIS.

officials, this is an iterative process, with HHS seeking to ensure that the needs of the RHY grantees are prioritized.

HUD and HHS Have Encouraged Their Local Program Providers to Coordinate with Each Other on Youth Homelessness

We reviewed HUD and HHS documents, including notices of funding availability, guidebooks and written resources, and other messaging information, and interviewed agency officials on their collaboration efforts. We found that HUD and HHS have encouraged CoC and RHY coordination at the local program level. For example:

Program funding applications. YHDP and CoC notices of funding availability and RHY funding opportunity announcements have encouraged coordination between CoCs and other providers that serve youth experiencing homelessness, including RHY providers. For example, the 2019–2020 YHDP notice of funding opportunity required that grantees' coordinated community plans must include a list of partners with representation from a variety of stakeholder groups, including RHY providers. The 2019 and 2021 CoC notices of funding availability stated that CoCs could receive points in the application process by coordinating with homeless youth service providers in various ways.³⁴ HUD explained that it did not specifically mention coordinating with RHY providers in the 2019 CoC notice because RHY programs are not located in every CoC. However, for CoCs that have local RHY providers, the notice would provide an incentive to coordinate with them.

We also found that the annual funding opportunity announcements for RHY's Basic Center Program and Transitional Living Program have required coordination with applicants' local CoCs, although the extent to which HHS has done so has decreased over the past several years. For example, the 2017 Transitional Living Program announcement required applicants to coordinate with the CoC on conducting outreach and providing services to youth, as well as to assist the CoC in developing a coordinated entry system for youth, if youth were not currently included in the CoC's coordinated entry system. It also required applicants to describe a plan for joining and actively participating in their local CoC, if they were not doing so already. The 2018 and 2019 announcements included some of these requirements, but the 2021 announcement included one—that applicants coordinate with the CoC on providing

³⁴HUD did not hold a 2020 funding competition for the CoC program due to the COVID-19 pandemic.

services to youth—and also included language suggesting that coordination with CoCs is optional.³⁵

HHS made similar changes to the Basic Center Program funding announcements between 2019 and 2021. HHS officials said they made these changes based on feedback from RHY grantees regarding challenges participating in coordinated entry. They noted that both Transitional Living Program and Basic Center Program grantees continue to be required to coordinate with their local CoCs for purposes of entering data into the CoC’s HMIS.

Guidebooks and written resources. HHS officials told us that they collaborated with HUD and USICH in developing HUD’s Ending Youth Homelessness Guidebook Series for local communities. One of the guidebooks in this series, on the topic of system planning, stresses the importance of CoCs working with RHY providers in designing a coordinated community response to youth homelessness. This guidebook also highlights examples of RHY providers taking leadership roles within the community and incorporating data on RHY clients, when available, as part of efforts to analyze and improve data within a community.³⁶ In another example, HUD and HHS issued joint information on coordinated entry for youth through a document of frequently asked questions. The agencies developed the document in response to questions from both CoCs and youth-serving providers. It provides information about the development and implementation of coordinated entry processes that are specific to and developmentally appropriate for youth, as well as the role RHY providers can play in such processes.

Information and messaging. In 2016, HUD, HHS, and USICH jointly announced the YHDP notice of funding availability and further encouraged coordination among homeless youth service providers.³⁷ In another example, HUD released a message to communities encouraging partnerships between CoCs and RHY providers. The message stressed

³⁵Specifically, the 2021 funding opportunity announcement for the Transitional Living Program includes the following statement: “If partnering or coordinating with the Continuum of Care(s) (CoC) in your area, indicate whether it operates any permanent supportive housing for youth.”

³⁶Department of Housing and Urban Development, Department of Health and Human Services, and U.S. Interagency Council on Homelessness, *Ending Youth Homelessness Guidebook Series: System Planning* (August 2016).

³⁷HUD Exchange, *SNAPS in Focus: Youth Homelessness Demonstration Program*.

that communities benefit most when they work across traditional silos and systems to address youth homelessness, and it identified key partners, including CoCs, RHY providers, and other entities.³⁸

Communities Varied in Their Coordination of HUD and HHS Programs and Identified Promising Strategies for Serving Youth

Communities Reported Coordination of Their HUD and HHS Grant Programs, but Its Extent Varied

Nearly all of the program providers we interviewed in 24 communities said at least some coordination occurs between their CoC and RHY programs, although the extent of coordination varied. (As discussed later in this report, providers also discussed various challenges related to coordination between the programs and suggested ways that coordination could be improved.) Providers in 23 of the 24 communities said that the programs participate in at least one committee or workgroup together. Providers in 16 of these communities said that coordination between the two programs is discussed in these meetings. In addition, providers in 16 communities reported that the programs interact with one another more frequently than once a month—either through meetings or more informal interactions. Providers in seven communities said the programs interact on a monthly basis, and one said interaction was less frequent than monthly.

One major activity in which CoCs and RHY providers reported coordinating is the development of their community's coordinated entry process. Specifically, providers in 10 of the 24 communities reported that the RHY provider was involved in the initial development of the coordinated entry process.³⁹ Additionally, providers in 20 communities

³⁸HUD Exchange, *SNAPS in Focus: Preventing and Ending Youth Homelessness* (Apr. 9, 2018).

³⁹Providers in 11 communities reported that the RHY provider did not have a role, and providers in three communities did not know or provided an unclear answer to this question.

said the RHY provider has an ongoing role in making new or recurring adjustments to this process.

Providers in communities that had implemented youth-specific coordinated entry processes—such as youth-specific assessment tools and prioritization processes—reported more frequent and effective coordination between the CoC and RHY programs.⁴⁰ Providers in half of the communities reported that their CoC uses a youth-specific assessment tool for young adults, and half also said that their CoC has a separate prioritization process for young adults.⁴¹ Specifically, 10 providers said their CoC prioritizes young adults separately for youth-specific housing—that is, these communities have housing programs that accept only youth, and the CoC has a process for ranking youth only against other youth for these programs. Providers in two communities said they prioritize young adults for general adult housing.⁴² Providers in communities with youth-specific assessment tools or prioritization processes reported more frequent interaction between the CoC and RHY programs than did providers in communities without such processes. In addition, when asked to rate the effectiveness of the programs' coordination on youth homelessness, these providers were more likely to say that coordination was very effective.

⁴⁰HUD requires CoCs to operate a coordinated entry system that covers all populations, including youth. CoCs are allowed, but not required, to develop coordinated entry processes that are targeted toward youth. For example, CoCs may choose to use assessment tools that are designed for youth, and they can designate separate, youth-specific access points to the coordinated entry system. HUD also allows CoCs to use separate access points and variations in assessment processes for four other designated groups: adults without children; adults accompanied by children; households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and people at risk of literal homelessness.

⁴¹CoCs use assessment tools to measure individuals' vulnerability and help determine who should be prioritized for housing. It is not necessary for a community to use a youth-specific assessment tool to prioritize youth separately for housing. For example, a community can use a single assessment tool but have a separate list that prioritizes and ranks youth for placement in a youth-specific housing program as slots become available. Alternatively, a community can use a youth-specific assessment tool without having a separate ranking and prioritization process for youth. In that model, people of all ages are ranked together on the same list, but their assessment scores come from separate tools depending on the person's age.

⁴²In both of the communities that prioritize youth for general adult housing, providers said that young adults are awarded two extra points on their assessment scores.

Similarly, providers in communities with committees or work groups focused on youth homelessness reported greater coordination between the CoC and RHY programs than providers in communities without such committees. Providers in 18 of the 24 communities said that their CoC has at least one such committee or work group. These providers reported more frequent interaction and more effective coordination between the programs than did the other six communities, and they were more likely to report discussion of such coordination at community meetings.

Communities Identified Promising Strategies for Serving Youth through HUD and HHS Grant Programs

Providers identified a number of promising strategies for serving youth experiencing homelessness, based on our structured interviews with CoC and RHY providers and our interviews with a broad range of stakeholders in the two case study communities.⁴³ These strategies included the following:

- **Community-wide planning and coordination on youth homelessness.** Providers in 13 communities discussed benefits of community meetings focused on youth homelessness. Several noted the importance of having representation from a variety of stakeholders in these meetings, such as RHY providers, other systems or organizations that serve youth, and youth who have experienced homelessness. Some also said that such meetings provided an opportunity to engage in system-wide strategic planning about how best to meet the needs of youth. In addition, providers in 10 communities noted that coordination provides access to additional programs and services for youth, such as by ensuring that the homeless system is connecting youth to the full range of available services in the community.

Program Provider Perspectives on Benefits of Community-Wide Planning and Coordination on Youth Homelessness

“[C]oordination has allowed the youth homelessness space to develop into a system, including RHY [Runaway and Homeless Youth] providers and other providers, instead of just programs. One RHY provider alone is not going to solve homelessness, so it’s important that they be part of a system.”

“The key is to have youth involvement for activities such as listening sessions where youth and homeless providers can have honest dialogue that leads to better programming and strategic planning. Youth participation in the homeless system serves as a level of accountability that is critical for planning and continued work.”

Source: GAO interviews with homelessness program providers in selected communities. | GAO-21-540

⁴³Throughout this section, we report the total number of communities that discussed each promising practice, including both structured interview and case study communities.

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- **Case conferencing meetings to discuss individual youth.**
Providers from six communities identified case conferencing meetings as a helpful strategy. In these meetings, staff who work with clients discuss the situations of individual young adults awaiting housing on the community’s by-name list and strategize about how to address their needs through housing placements or other services. Stakeholders from one community noted that youth-specific case conferencing helps to place young adults into housing more quickly, maintain connections with those on the wait list, and facilitate referrals from one service provider to another.

Program Provider Perspective on Benefits of Case Conferencing Meetings for Serving Youth

“The benefits of coordination between the CoC [Continuum of Care] and RHY [Runaway and Homeless Youth] programs are that we are able to better understand where the gaps in the system are and who’s slipping through the cracks. . . . [C]ase conferencing meetings are definitely a place where we can come together and identify which individuals are not being served, who has been sitting on the list the longest and why, and often it’s those individuals between the ages of 18 and 24, because there just isn’t enough housing for them.”

Source: GAO interviews with homelessness program providers in selected communities. | GAO-21-540

- **Youth-specific programs, services, and prioritization processes.**
Providers from six communities discussed the benefits of programs and services specifically designed for youth. Additionally, providers from five communities stated that prioritizing young adults in the coordinated entry process is beneficial for meeting youths’ needs.⁴⁴ As discussed later in this report, many providers said young adults have difficulty obtaining housing through coordinated entry systems, so offering youth-specific housing programs and prioritizing youth within these systems may help to address this challenge.

Several of those we interviewed also said that HUD’s YHDP has been helpful for addressing youth homelessness. Providers from seven of the eight structured interview communities that had received a YHDP grant, as well as stakeholders from both of the case study communities, discussed benefits of YHDP, including the following:

⁴⁴In our structured interviews, we did not expressly ask providers about their opinions on the benefits of youth-specific programs and services or strategies for prioritizing youth in the coordinated entry process. Some providers independently made comments about the benefits of these approaches during broader discussions of serving youth through coordinated entry.

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- **Enhanced coordination on youth homelessness.** Providers from five communities said YHDP has promoted coordination across the organizations and systems that serve youth. For example, stakeholders from the case study communities said that YHDP has encouraged coordination by providing dedicated resources for addressing the needs of youth. They also noted that the youth-specific committees created as a result of YHDP have led to more awareness of and communication on youths' needs. Similarly, providers from one structured interview community said YHDP created energy around addressing youth homelessness, resulting in greater coordination across providers. Another provider said YHDP helped bridge silos across different agencies and allowed for leveraging the full range of housing and services that are available for youth. Providers from two communities noted the technical assistance they received through YHDP has been helpful for improving coordination across programs.

Program Provider Perspectives on Benefits of the Youth Homelessness Demonstration Program (YHDP) for Enhancing Coordination

"The YHDP process was an amazing experience to have so many people at the table to figure out where they fit in and how to coordinate. A lot of providers wanted to be there. . . . When funding was not there, we had no reason to sit around the table."

"Through our YHDP, we brought in five different agencies that existed in a silo. We are able to take a team approach to serve youth and leverage the full amount of housing and services that are available. . . . Our [technical assistance] provider was really knowledgeable about bringing programs together, and it was really good to have a third-party, objective person to look at our process, especially during planning."

Source: GAO interviews with homelessness program providers in selected communities. | GAO-21-540

- **Funding for additional programs and services for youth.** Providers from five communities said the YHDP grant funded additional housing programs for youth, outreach efforts to identify youth and engage them in services, and program staff capacity for entering youth into the coordinated entry system.

Program Provider Perspective on Benefits of the Youth Homelessness Demonstration Program (YHDP) for Enhancing Services for Youth

"The new YHDP grant will create more capacity. Currently, our RHY [Runaway and Homeless Youth] partners don't have enough staff to support the coordinated entry system for more involved parts of the process, like the intake assessments and warm hand-offs between programs."

Source: GAO interviews with homelessness program providers in selected communities. | GAO-21-540

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- **Input from youth who have experienced homelessness.** To receive YHDP funding, CoCs must have a Youth Action Board, a group of at least three youth under age 24 who are involved in making CoC policy decisions. At least two-thirds of these youth must be currently or formerly homeless. Providers from three communities said YHDP led to greater involvement and input from youth with current or past experiences of homelessness. For example, one provider noted that Youth Action Board members suggested creating a navigator position to guide youth through the homeless services system, an idea that was implemented through YHDP.

Some of the youth we interviewed emphasized the importance of ensuring that youth have the opportunity to provide meaningful input through Youth Action Boards, and they did not always feel that this standard had been met. For example, in one of the case study communities, youth said participation in the CoC was challenging because they were not familiar with certain terms and jargon or because CoC board members did not seem to consider their input seriously.

Providers from three additional communities that had not received YHDP funding said that the process of applying for the program has been beneficial. Communities applying for YHDP funding receive additional points for demonstrating collaboration with a variety of partners, including RHY providers, the child welfare system, schools, and youth-led advisory groups. Applicants also receive points for describing the CoC's strategy for preventing and ending youth homelessness. Providers from the three communities said that preparing to apply for YHDP has enhanced coordination with stakeholders that serve youth. In addition, two of these providers said their community created a committee or work group in preparation for applying for YHDP. They said these committees provided an opportunity to focus more deeply on issues related to youth homelessness, such as gaps in services.

Program Provider Perspective on Benefits of Applying for the Youth Homelessness Demonstration Program (YHDP)

"We're looking at all different things related to youth, including needs assessment for youth, with the goal of applying for YHDP. . . . YHDP is an opportunity that has propelled us to take the time and prioritize the need to look at processes more closely and bring more partners in."

Source: GAO interviews with homelessness program providers in selected communities. | GAO-21-540

Communities Reported Several Challenges in Serving Youth, and Additional Support from Federal Agencies Could Help Better Address Them

Young Adults Often Do Not Receive Housing through Coordinated Entry Systems

Many program providers we interviewed said young adults experiencing homelessness face challenges obtaining housing through coordinated entry systems (see table 1).⁴⁵ According to providers, CoCs have a limited supply of housing, and allocation processes tend to prioritize young adults lower than older adults. In addition, many young adults are not eligible for HUD-funded housing through coordinated entry because they are staying with friends instead of in shelters or on the streets.

Table 1: Challenges That Providers Identified Related to Young Adults' Ability to Obtain Housing through Coordinated Entry Systems

| Challenge | Number of providers that discussed this challenge (out of 24) |
|--|---|
| Lack of available programs and services for youth | 21 |
| Lack of programs specific to or appropriate for youth ^a | 14 |
| Department of Housing and Urban Development definition of homelessness, as it does not include all youth experiencing homelessness | 14 |
| Difficulty obtaining housing because youth are generally prioritized lower than older adults | 12 |
| Lack of resources specific to or appropriate for pregnant or parenting youth | 9 |
| Lack of resources specific to or appropriate for lesbian, gay, bisexual, and transgender youth | 8 |

Source: GAO. | GAO-21-540

⁴⁵Because unaccompanied minors experiencing homelessness generally do not participate in coordinated entry, according to providers we interviewed, the housing challenges we discuss here relate to young adults over age 18. In addition, providers described barriers and challenges to serving young adults through coordinated entry on issues other than housing, which are discussed in app. II.

Housing Resources Are Limited, and Young Adults Are Often Prioritized below Older Adults

Note: This table displays the results of structured interviews with 24 youth homelessness program providers. We did not specifically ask providers whether each of these issues was a challenge. Our count includes providers who raised these challenges in the context of broader questions.

^aThis category also includes comments indicating that programs centered on other adults are not appropriate for youth (for example, because youth feel unsafe or the programs do not address the unique needs of youth).

CoCs create their own systems for prioritizing people for housing and services in the coordinated entry process, within guidelines established by HUD. These systems may be based on scores on the assessment tool, as well as other factors that CoCs choose to prioritize. Depending on the types of programs in the CoC, young adults may be able to access both general housing programs (open to all adults experiencing homelessness) and housing programs targeted toward youth.⁴⁶

Providers from 22 of the 24 structured interview communities said the availability of programs and services for young adults going through coordinated entry is either somewhat (13 communities) or very challenging (nine communities). In addition, providers from 14 communities described a lack of programs designed for youth or stated that adult-centered programs were not appropriate for youth (for example, because youth feel unsafe or the programs do not address their unique needs). Providers from some communities cited a lack of resources specific to or appropriate for certain groups, such as pregnant and parenting youth (nine communities) and LGBT youth (eight communities).

In addition, young adults may have difficulty obtaining housing because of how CoCs allocate the limited resources that are available. Providers from 16 communities said it has been either somewhat (eight communities) or very challenging (eight communities) for young adults to obtain programs and services, given their CoC's vulnerability scoring and prioritization process for determining who to serve first. Most of these providers said youth have difficulty obtaining housing through coordinated entry because they are generally prioritized lower than older adults, and providers from one of the case study communities also said that youth

⁴⁶In their coordinated entry processes, CoCs may include both housing funded by the CoC program and housing funded by other sources, if any such housing is available in the community.

generally are not prioritized in coordinated entry.⁴⁷ Providers discussed two primary reasons for this:

- **Young adults tend to score lower on vulnerability assessment tools.** In a vulnerability assessment, a provider questions an individual about factors such as their physical and mental health, substance use, and their history of experiences with homelessness, the justice system, emergency services, and trauma and abuse. The tool then generates a score representing the person’s vulnerability. Several providers said that youths’ assessment scores are generally lower than those of older adults, with a few noting that young adults have relatively less life experience.
- **Young adults are less likely to meet the definition of chronically homeless.** HUD defines “chronically homeless” to mean those who have been homeless for at least 1 year and who have a disability.⁴⁸ HUD guidance strongly encourages CoCs to prioritize this population for more service-intensive housing (known as permanent supportive

⁴⁷An ongoing, HUD-commissioned evaluation of the first 10 CoCs to receive YHDP funding supports these findings. The study found that, at baseline (prior to implementing YHDP), providers in these CoCs reported challenges with a lack of youth-specific housing programs and said that youth often were not prioritized for adult housing programs. See K.A. Henderson et al., *Evaluation of the HUD Youth Homelessness Demonstration Program: Early Implementation Report* (Washington, D.C.: Department of Housing and Urban Development, 2020).

⁴⁸The McKinney-Vento Homeless Assistance Act, as amended (as codified at 42 U.S.C. § 11360(2)), defines “chronically homeless” as an individual or family that has been homeless and living in a place not meant for human habitation, in a safe haven, or in an emergency shelter continuously for at least 1 year, or on at least four separate occasions in the last 3 years. HUD regulations implementing the statute further define the intermittent chronically homeless definition by specifying that, if a person has been homeless on at least four separate occasions in the last 3 years, the combined occasions must equal at least 12 months, and the occasions must be separated by a break in homelessness of at least 7 nights. Also, the statute requires that the individual (or head of household, if it is a family) must have a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability. Additionally, a person who lives in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, and has resided there for fewer than 90 days is considered chronically homeless if the person met all of the requirements described above before entering the facility.

housing).⁴⁹ In addition, HUD guidance for CoCs states that if there is not enough permanent supportive housing to serve the entire chronically homeless population, then chronically homeless people should also be prioritized for other types of CoC housing. Some providers said young adults generally have not been homeless long enough to qualify as chronically homeless, and a few noted that youth are less likely to have a documented disability than older adults are. For example, one provider said that youth with mental illnesses often have not had the time or experience to obtain a diagnosis.⁵⁰

Youth Perspectives on Challenges in Obtaining Programs and Services through Coordinated Entry Systems

“It’s hard to get into any programs unless you’re literally on the streets with a mental health issue.”

“It is frustrating to tell your story, and then providers tell you that you will not get services. They should be able to listen and serve you, but when they tell you they don’t have services, that’s the breaking point. Things have not gotten better with coordinated entry.”

Source: GAO interviews with Youth Action Board members in selected communities. | GAO-21-540

According to HUD officials, the purpose of coordinated entry, including assessment and referral processes, is to implement the goals and priorities of the CoC and its partners. However, as noted above, HUD guidance encourages CoCs to prioritize the chronically homeless population for housing. HUD officials said that identifying those who are chronically homeless is a tool for prioritizing the most vulnerable people

⁴⁹HUD’s 2016 *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing* (CPD-16-11) establishes detailed recommendations for how CoCs should prioritize their permanent supportive housing beds. The notice recommends prioritizing people who meet the definition of chronically homeless before those who do not, and it states that CoCs are strongly encouraged to incorporate this order of priority into their coordinated entry processes. In addition, HUD’s 2017 notice establishing requirements for coordinated entry systems states that CoCs should refer to the 2016 notice for guidance on prioritizing their permanent supportive housing beds.

⁵⁰HUD’s ongoing evaluation of the first 10 YHDP sites also found that, at baseline (prior to implementing YHDP), youth had difficulty accessing permanent supportive housing because they often do not qualify as chronically homeless, given that they have had fewer years than older adults to meet the criteria for chronic homelessness. The study analyzed data on youth ages 14–24 who were served in these CoCs over the course of a year and found that, although 28 percent of these youth reported having a disability, just 3 percent received permanent supportive housing. According to the study, this is likely because youth have difficulty documenting their homelessness and disability status. See Henderson et al., *Evaluation of the HUD Youth Homelessness Demonstration Program*.

for limited available resources. Officials stated they do not view the chronically homeless population as being in competition with young adults for CoC resources. According to HUD officials, while youth are much less likely to experience chronic homelessness than older adults, some youth do. However, several providers told us that the focus on serving chronically homeless people disadvantages young adults and makes it difficult for them to access housing.

HUD's guidebook on coordinated entry states that the assessment process should ensure that the most vulnerable people within each subpopulation rise to a common level of prioritization across all subpopulations. It also states that CoC processes should not consistently prioritize chronically homeless adults over youth, given that youth may not have had the opportunity to experience long periods of homelessness due to their age. However, the guidebook is not consistent with other HUD guidance that encourages CoCs to prioritize the chronically homeless population for housing. It also does not explain how CoCs can avoid systematically prioritizing youth below older adults while also following the HUD guidance to prioritize those who are chronically homeless. The guidebook suggests that implementing youth-specific assessment tools can help ensure consistent prioritization approaches across subpopulations, since such tools account for the specific experiences and vulnerabilities of youth. But several providers whose CoCs use a youth-specific assessment tool told us young adults were less likely than older adults to be prioritized for housing in their CoC, indicating that the use of such tools may not be sufficient to address the issue.⁵¹

HUD also has not provided detailed information about ways that coordinated entry processes can serve youth who are not prioritized for housing. Youth who do not receive housing may still benefit from other types of resources, such as employment, education, or mental health services. In 2016, HUD worked with HHS to develop a frequently asked questions (FAQ) document on youth-specific coordinated entry, which

⁵¹Specifically, providers from seven of the 12 communities that use a youth-specific assessment tool reported that it has been either somewhat (five communities) or very challenging (two communities) for young adults to obtain programs and services through the coordinated entry process, given the vulnerability scoring and prioritization process that their CoC uses. This may be because assessment tools are only one factor that CoCs use to make prioritization decisions; other factors, such as chronically homeless status, are also taken into account. Assessment tools do not affect the determination of whether someone is chronically homeless. Further, even when using a youth-specific assessment tool, young adults may still tend to score lower than older adults.

states that communities should connect youth who are not ranked high enough to receive housing to other resources. The document lists a few examples of programs that such youth may be referred to and encourages CoCs to work with RHY providers in making these referrals. However, it does not provide detailed information about how to build in such referrals as a formal part of the coordinated entry process. For example, it does not contain guidance on how the coordinated entry process can be structured to identify appropriate resources that correspond to youths' needs (for instance, using the results of the assessment tool) and ensure that youth are consistently referred to these resources. The document states that there is a need for additional guidance to help communities develop coordinated entry processes that address the needs of youth, including guidance on making appropriate referrals, and it states that federal agencies are working together to release more detailed guidance. However, no such guidance has been released.

Youth Perspective on the Need for Coordinated Entry Systems to Refer Youth to Other Resources Besides Housing

“When calling [the coordinated entry phone line] for a resource, they don’t recommend any resources besides housing when there’s no housing available. For example, . . . they don’t ask the youth if they need help with food, clothing, employment—there’s so many resources available, but they don’t ask if youth need those.”

Source: GAO interviews with Youth Action Board members in selected communities. | GAO-21-540

Young Adults Often Are Not Eligible to Receive Housing through Coordinated Entry

Some providers we interviewed noted that many young adults cannot receive HUD-funded housing through coordinated entry at all because they are not eligible for this housing under HUD’s definition of homelessness. Providers from 14 communities said HUD’s definition creates challenges because it does not allow CoCs to serve youth who are staying with friends or acquaintances unless they meet other criteria.⁵² According to some providers, youth tend to rely on “couch-surfing” when experiencing homelessness and may avoid homeless

⁵²While our work for this report focused on youth experiencing homelessness, individuals of all ages are subject to HUD’s definition of homelessness and may be excluded from coordinated entry processes because they are not eligible for CoC-funded housing under this definition.

shelters.⁵³ These statements are consistent with a national study of youth homelessness, which found that youth tend to move frequently among different types of homeless situations, including staying with others and sleeping in a car or on the streets.⁵⁴

Program Provider Perspectives on Reasons Youth May Not Be Eligible for Housing through Coordinated Entry

“Youth homelessness is very fluid. A youth might . . . not [meet] the HUD [Department of Housing and Urban Development] definition one day, and the next day they might meet the HUD definition. Young people’s situations are so much more fluid than we see in the adult system.”

“Youth often don’t present at the same shelters as adults that are experiencing homelessness do—they are couch-surfing and bouncing between friends and family. . . . [E]ven if they are in a shelter for a couple of nights, it’s not a place youth want to be, so they go stay with a friend, and they’re no longer considered homeless.”

Source: GAO interviews with homelessness program providers in selected communities. | GAO-21-540

HUD has provided limited information about how coordinated entry processes can serve youth who are not eligible to receive CoC-funded housing under HUD’s definition. The FAQ document about youth-specific coordinated entry states that HUD and HHS strongly encourage communities to serve youth who are not eligible to receive CoC-funded services under HUD’s definition of homelessness—but who do meet other federal definitions of homelessness—through coordinated entry processes. This includes young adults who are “couch-surfing,” since the RHY program defines these youth as homeless. The document states that CoCs can connect such youth to non-HUD-funded programs, as well as HUD-funded programs that are not dedicated for people experiencing homelessness. However, it does not provide more specific information about how CoCs can identify these youth, assess them to determine their needs, and refer them to appropriate resources within the existing

⁵³The HUD evaluation of the baseline experiences of the first 10 YHDP sites also found that youth often were not eligible for housing programs. Interviewees in multiple sites said that youth move frequently between different housing and homeless situations, including staying with others. Some providers from these CoCs said that youth who are staying with others in unsafe situations may be at greater risk than some youth who qualify as literally homeless under HUD’s definition, and therefore should be prioritized for assistance. Both providers and youth also reported that adult shelters were not safe or welcoming for youth. Further, youth said it was challenging to get assistance if they were staying with others, even if these were temporary or unsafe situations, and some reported that they entered adult shelters in order to receive assistance. See Henderson et al., *Evaluation of the HUD Youth Homelessness Demonstration Program*.

⁵⁴Morton, Dworsky, and Samuels, *Missed Opportunities*.

structure of the coordinated entry process, while ensuring compliance with CoC program rules governing eligibility for assistance.

Youth Perspective on the Challenge of Qualifying for Services through the Continuum of Care Program

“We look at homelessness as if you’re literally homeless or couch-surfing. We look at those who are couch-surfing as, ‘Okay, you have more support,’ but that isn’t necessarily true. Those who are sleeping outside, like maybe in a tent, if it’s good weather, can be safer than someone who’s staying with someone else who is doing drugs or abusing them.”

Source: GAO interviews with Youth Action Board members in selected communities. | GAO-21-540

Communities Lack Clear and Consistent Information to Help Them Better Serve Youth

HUD officials stated they have not yet released additional information to CoCs about youth-specific coordinated entry systems because they are still learning about effective practices through their work with communities that have received YHDP funding, including an ongoing evaluation of YHDP. In 2020, HUD began disseminating lessons learned through a series of “spotlights” that profile specific YHDP communities, as well as through documents and webinars about how to effectively collaborate with youth.

However, HUD has shared limited lessons learned from these experiences on youth-specific coordinated entry processes since it started working with YHDP sites in 2016. (As noted above, HUD’s and HHS’s 2016 FAQ document states that federal partners will release more detailed guidance on coordinated entry processes for youth, but no such guidance has been released.) HUD officials also said that they do not have plans to release information on how youth can be prioritized for housing and services, or on how coordinated entry systems can serve youth who are not prioritized or eligible for CoC-funded housing.

A USICH report to Congress states that, to meet the needs of youth, “communities must have the capacity to . . . [d]evelop and utilize screening and assessment tools and coordinated entry systems . . . to prioritize resources for the most vulnerable youth”.⁵⁵ In addition, we have previously reported that federal agencies can enhance their collaborative efforts by establishing mutually reinforcing or joint strategies to achieve a

⁵⁵U.S. Interagency Council on Homelessness, *USICH Report to Congress on How to Better Coordinate Federal Programs Serving Youth Experiencing Homelessness* (Washington, D.C.: April 2016).

common outcome.⁵⁶ Through the RHY program, HHS has several decades of experience working with providers that serve youth experiencing homelessness. This experience, in conjunction with HUD's, could inform the development of information on strategies and best practices for communities seeking to more effectively serve youth.

CoCs could benefit from clear and consistent information on how to increase the likelihood that the most vulnerable youth can access housing through coordinated entry and that youth are not consistently prioritized below other groups. This might include the use of youth-specific prioritization processes, assessment tools, or housing programs. CoCs could also benefit from examples of how communities have addressed the needs of youth not prioritized or eligible for housing through coordinated entry, such as through partnerships with RHY providers or other stakeholders.

By coordinating with HHS to develop additional information on youth-specific coordinated entry processes, HUD could support the agencies' common goal of reducing homelessness among youth. Such information could help communities better serve young adults experiencing gaps in services, as well as help prevent such youth from becoming chronically homeless in the future.

HUD Has Not Provided Clear Information to Communities about Applying to Serve a More Broadly Defined Group of Youth

As discussed earlier, youth often are not eligible to receive CoC-funded programs and services under HUD's definition of homelessness. Many of the program providers we interviewed told us they would like to serve a broader group of youth through the CoC program. A 2009 law allowed CoCs that meet certain criteria, subject to HUD approval, to use up to 10 percent of their funds to serve unaccompanied youth and families with

⁵⁶[GAO-06-15](#).

children who are defined as homeless under other federal statutes.⁵⁷ Within HUD's four categories of homelessness, this group is classified as Category 3.

Youth who meet definitions of homelessness used by HHS and the Department of Education would potentially be included in HUD's Category 3, as long as they meet the other criteria specified in the statute used by HUD. HHS's RHY program generally defines homeless youth as those under age 22 for whom it is not possible to live in a safe environment with a relative and who lack safe alternative living arrangements.⁵⁸ The definition used by the Department of Education covers all children and youth who lack a fixed, regular, and adequate nighttime residence, including those who are sharing the housing of others due to loss of housing, economic hardship, or a similar reason, as well as those who are living in hotels or motels due to the lack of alternative accommodations.⁵⁹

CoCs must apply for and receive approval from HUD to serve youth and families considered homeless under Category 3. By statute, the CoC must demonstrate that the use of the funds either is of an equal or greater priority or is equally or more cost-effective in meeting the overall goals and objectives of the CoC's plan. In 2012, HUD issued regulations

⁵⁷Specifically, the law defines this population as unaccompanied youth, and homeless families with children and youth, defined as homeless under other federal statutes who have experienced a long-term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment (42 U.S.C. § 11302(a)(6)). The HUD regulation implementing the law makes clear that this category only includes those who do not otherwise qualify as homeless under HUD's definition of homelessness, and it further defines some of the criteria from the law (for example, it defines "unaccompanied youth" as youth under age 25, "frequent moves" as two or more moves, and "multiple barriers to employment" as two or more barriers). 24 C.F.R. § 583.5.

⁵⁸34 U.S.C. § 11279.

⁵⁹42 U.S.C. § 11434a(2). The definition also includes children and youth who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations, are living in emergency or transitional shelters, or are abandoned in hospital; the children and youth who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; children or youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and migratory children who qualify as homeless.

requiring that, in order to demonstrate that serving people in Category 3 is of an equal or greater priority than serving people in the other three categories, CoCs must show that it is equally or more cost-effective.⁶⁰ This is different from the law, which states that CoCs must meet only one or the other of these standards.

Since 2012, 37 CoCs have applied to HUD to serve people in Category 3, but HUD has not granted any of these requests. HUD officials told us all of these CoCs failed to demonstrate that serving this population was of an equal or greater priority and was equally or more cost-effective than serving those considered homeless under HUD's other three categories. According to HUD officials, many CoCs did not demonstrate in their applications that they understood the requirements in the regulation regarding serving Category 3. Officials stated that HUD has not received any requests from CoCs for feedback about why their Category 3 applications were denied and has not provided such feedback to the applicants.

Some CoCs may not have applied to serve people in Category 3 because of a lack of clarity in HUD's requirements or guidance. For example, a representative of one CoC provider we interviewed told us her CoC had not applied to serve Category 3 because HUD's guidance for applying to serve this population is not clear.⁶¹ In addition, representatives of a provider in one of the two CoCs we interviewed for our case studies

⁶⁰Specifically, the regulations state that an applicant that intends to serve unaccompanied youth and families with children and youth who qualify under Category 3 must demonstrate in their application, to HUD's satisfaction, that the use of grant funds to serve this population is of an equal or greater priority than serving persons defined as homeless under Categories 1, 2, and 4. To demonstrate that it is of equal or greater priority, applicants must show that it is equally or more cost-effective in meeting the overall goals and objective of the CoC's plan, especially with respect to children and unaccompanied youth. 24 C.F.R. § 578.89(a). The law also specifies that CoCs in which the rate of homelessness is less than one-tenth of 1 percent of the total population are allowed to use more than 10 percent of their funds to serve people in this category. 42 U.S.C. § 11382(j)(2).

⁶¹Of the 12 CoC providers we interviewed, nine said they were aware of the option to apply to serve people in Category 3, but none of these CoCs had applied. Three CoC providers said they were not aware of this option and did not know whether their CoC had applied. Of the nine CoC providers who were aware of the option but had not done so, four said they had not applied because too many people meeting HUD's other categories of homelessness needed to be served first, three said their CoC did not see a need to apply or had never discussed the possibility, one said that meeting the requirements for the application is a burden, and one said that HUD's guidance for applying to serve this population is not clear or easy to implement.

stated they would like to serve youth in Category 3, given that the other categories under HUD's definition do not capture the ways that many youth experience homelessness. However, they said greater clarity is needed on what requirements CoCs must meet to serve this group.

HUD officials told us that because of the prevalence of need in the other categories, a CoC would need to demonstrate that it is excelling in its capacity to serve its existing homeless populations with appropriate housing and services in order to be approved to serve people in Category 3. However, HUD has not communicated how it assesses whether serving people in Category 3 is of an equal or greater priority or how CoCs could demonstrate that serving this population is equally or more cost-effective.

Federal internal control standards state that management should communicate quality information externally to achieve objectives.⁶² Providing CoCs with additional information about how HUD evaluates applications to serve people in Category 3 could help CoCs decide whether to apply and help them understand what to include in their applications. For instance, offering specific examples of how CoCs can demonstrate that they meet Category 3 requirements could help clarify any confusion on this issue.

Differing Eligibility Criteria May Create Challenges for Communities in Coordinating Their HUD and HHS Programs

Several of the providers we interviewed said differences in eligibility criteria make it challenging to coordinate their CoC and RHY programs. The programs differ both in how they define homelessness and in their age requirements for program participants. Youth are eligible for the RHY program if they are unable to live in a safe environment with a relative and have no other safe alternative living arrangement.⁶³ As described above, the CoC program uses a more narrow definition of homelessness that generally does not include youth staying with others or in hotels or motels, unless they meet other specific criteria. However, the CoC program does not have any age restrictions on who can receive services,

⁶²GAO-14-704G.

⁶³34 U.S.C. § 11279.

and HUD's YHDP serves youth age 24 and under. In contrast, the RHY program generally serves youth up to age 22.⁶⁴

In our interviews, eight providers discussed challenges coordinating the RHY and CoC programs as a result of these different eligibility criteria. For example, three said that some providers lack an understanding or awareness of the different definitions and criteria. One provider noted that organizations receiving funding from both programs face challenges in understanding and documenting the two different eligibility frameworks while trying to align services for youth.

HUD and HHS officials also said that service providers face challenges in understanding and correctly applying eligibility criteria. HUD officials said that, although youth are eligible for assistance under the CoC program if they meet HUD's definition for Categories 1, 2, or 4, providers may focus only on Category 1, which covers those who are "literally homeless" (such as those staying in a shelter or on the streets). Categories 2 and 4 cover other situations—those who will imminently lose their housing within 14 days or who are fleeing or attempting to flee domestic violence, respectively. According to HUD officials, if a youth meets the definition of Category 2 or 4 but is not literally homeless, providers may mistakenly believe that the youth does not qualify for CoC services. HHS officials also said that the different definitions of homelessness create confusion for grantees in determining who is eligible for services. They noted that providers must be careful about setting up programs, expending funds, and serving the correct population.

Through its Working Group on Implementation of Federal Definitions of Homelessness, which HUD and HHS both participate in, USICH has developed a framework for an interactive decision-making tool. The goal of this tool is to provide clarity on which federal definitions apply to different types of living arrangements and to help providers identify appropriate federal programs that serve people experiencing homelessness. The working group presented the framework to USICH's governing Council in December 2019, but the COVID-19 pandemic delayed the tool's development. USICH officials said that, over the past year, USICH has not had the resources, capacity, or funding to build and

⁶⁴The specific age requirements vary by RHY program as required by the act. The Basic Center Program serves minors generally under age 18. The Transitional Living Program, which includes the Maternity Group Home Program, enrolls youth generally ages 16–21 and can generally continue serving them for up to 18 months. The Street Outreach Program generally serves youth under age 21.

maintain the tool, and they do not have an anticipated time frame for developing it. They added that they approached HUD in April 2021 about developing the tool, but HUD officials said they did not have the capacity to work on the tool at that time.

USICH officials stated they may publish either the decision-making framework the working group created or an infographic that providers can use to help determine clients' eligibility for federal homelessness assistance programs. However, an interactive tool that guides providers through the collection of client information and generates customized results may be more useful. Such a tool likely would result in more accurate eligibility decisions than an infographic that relies on providers to make their own eligibility determinations, and it may be easier to use.

We have previously reported that federal agencies can enhance their collaborative efforts by establishing compatible policies, procedures, and other means to operate across agency boundaries.⁶⁵ In addition, federal internal control standards state that management should communicate quality information externally to achieve objectives.⁶⁶ An interactive tool could help local providers more easily navigate the differences in eligibility criteria across the various agencies that fund homelessness services, potentially helping to ensure that federal programs reach the appropriate populations. If the development of such a tool is not feasible within existing agency resources, written information in the form of a decision-making framework or infographic could be an alternative option to help address provider confusion on this issue. Because providers reported facing difficulty understanding and applying the CoC and RHY programs' different eligibility criteria, some youth may not be accessing some services for which they are eligible. A tool or written information that

⁶⁵[GAO-06-15](#).

⁶⁶[GAO-14-704G](#).

supports providers in making accurate eligibility determinations could help ensure that youth receive the appropriate services.⁶⁷

Unaccompanied Minors Generally Do Not Participate in Coordinated Entry, and Communities Lack Clear Information for Serving Them

Most of the providers we interviewed said unaccompanied minors experiencing homelessness do not participate in their community's coordinated entry system.⁶⁸ Although HUD policy does not restrict minors from participating in coordinated entry, many providers said coordinated entry is not beneficial for minors because there are no housing options they can access. Specifically, providers from 18 of the 24 communities reported that unaccompanied minors do not participate in coordinated entry at all, while providers from three communities said they enter minors into the coordinated entry system only in anticipation of their becoming eligible for housing at age 18. Providers from two communities reported that minors can access housing through their CoC's coordinated entry system. In one of these communities, the number of such minors was reported to be very small. In the other community, minors must be age 16 to participate, since no housing interventions serve those who are younger, and they generally participate only if close to turning 18 or legally emancipated from parents or guardians.⁶⁹

Providers we interviewed, as well as agency officials, discussed several challenges in serving unaccompanied minors experiencing homelessness, including the following:

⁶⁷Additionally, this tool could inform providers of any changes to federal programs' eligibility criteria. For example, the Appropriations Acts of 2019 (Pub. L. No. 116-6), 2020 (Pub. L. No. 116-94), and 2021 (Pub. L. No. 116-133) included provisions specifying that youth-serving providers may use CoC funding to serve unaccompanied youth aged 24 and under, or families headed by youth aged 24 and under, who are living in unsafe situations. This change is noted in the notices of funding availability for the CoC program for fiscal years 2019 and 2021, which both state that HUD has interpreted "living in unsafe situations" as having an unsafe primary nighttime residence and no safe alternative to that residence. However, the change is not reflected in documents that explain HUD's definition of homelessness because these provisions did not alter the definition of homelessness.

⁶⁸As noted earlier, we define "unaccompanied" to mean youth who are experiencing homelessness without a parent or guardian. Unaccompanied minors are youth under age 18 who are unaccompanied by a parent or guardian.

⁶⁹Providers from the remaining community were not able to specify whether or how minors participate in coordinated entry in their CoC.

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- **Legal limitations.** Minors are generally unable to sign leases and may also be unable to enroll in programs or services without consent from a parent or guardian.
 - **Lack of housing programs.** Several providers reported a lack of longer-term housing programs that can serve minors.⁷⁰ Although not all minors need to be placed in housing (for example, some may be reunited with family), options may be limited for those who do. RHY programs often serve minors, and several of the CoC programs we interviewed said they refer minors directly to their local RHY provider, which then connects these youth to appropriate resources. However, the availability of and services offered by these programs vary by community. Basic Center Programs generally provide up to 21 days of emergency shelter, along with supportive services, for those under 18, while Transitional Living Programs provide longer-term transitional housing (up to 18 months) for those who are at least 16. In communities that lack a Transitional Living Program or similar program, the child welfare system may be the only option for minors who need a longer-term housing placement. According to a few providers, unaccompanied minors often do not want to be referred to child welfare. Providers in two communities noted that housing programs must meet additional licensing requirements to serve minors, which acts as a barrier to programs that could serve this population.⁷¹

Program Provider Perspective on Challenges in Providing Housing to Unaccompanied Minors

“The process to get housing programs to serve minors is really difficult, and there are a lot of barriers. If we ever did get to a place where we had those housing resources that minors were eligible for, there would be all kinds of other challenges related to coordinated entry for minors, like whether they can sign a lease, etc. But right now our challenge is that we just don’t have the resources.”

Source: GAO interviews with homelessness program providers in selected communities. | GAO-21-540

⁷⁰We use the phrase “longer-term housing” to reflect the fact that housing placements for minors may be stable but not necessarily permanent (for example, minors may only need a temporary or transitional placement until they turn 18 and can access independent housing).

⁷¹Staff from a youth homelessness advocacy organization we interviewed also discussed barriers related to licensing requirements. They noted that service providers often must choose between serving minors or adults when applying for RHY grants, since many states’ licensing requirements do not allow for serving both minors and adults in the same facility.

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- **Unclear responsibilities for serving minors.** The role of the child welfare system in addressing homelessness among unaccompanied minors varies across communities. Three RHY providers commented that the child welfare system often does not want to involve itself with these minors, at least those 16 and older.⁷² More generally, providers from six communities discussed challenges coordinating between the homelessness system and the child welfare system, citing a need for more communication and coordination between the two systems. In addition, providers in one of the case study communities stated that it is challenging to serve minors because there is a lack of clarity at the federal level regarding the roles and responsibilities that different local systems should play, including child welfare. Federal agency officials echoed these concerns, with HUD noting it is unclear which system is responsible for addressing the needs of unaccompanied minors, and HHS and USICH describing challenges RHY providers face in coordinating between the two systems to serve this group.

Program Provider Perspective on Challenges in Coordinating Across the Homelessness and Child Welfare Systems to Serve Unaccompanied Minors

“What’s hard in our system is identifying, when there’s an unaccompanied minor experiencing homelessness, what system serves that minor—child welfare? The homelessness system? There’s a big push-pull in our system on that, and we haven’t solved it.”

Source: GAO interviews with homelessness program providers in selected communities. | GAO-21-540

- **Data privacy concerns.** Officials from HUD and HHS said privacy protections that limit the sharing of data on minors make it more difficult for CoCs and RHY providers to coordinate on providing services for this population.

Federal agencies have provided limited information about how local homelessness systems could address unaccompanied minors. HUD’s primary guidance documents on coordinated entry do not discuss this population, although the FAQ document about youth-specific coordinated entry that HUD developed jointly with HHS states that minors should be included in coordinated entry processes. It recommends referring minors to family reunification services and also promotes the integration of RHY programs, including Basic Center Programs, into coordinated entry

⁷²In our structured interviews with providers, we did not specifically ask whether the child welfare system is reluctant to accept referrals for unaccompanied minors experiencing homelessness. Instead, we asked more generally about services and referral practices for minors. The three RHY providers made these comments in response to these general questions.

systems. However, it does not provide specific information or examples of how CoCs could set up their coordinated entry processes to include minors. Given that most communities we interviewed do not include minors in their coordinated entry processes, often citing legal limitations or a lack of housing programs that can serve them, communities may be in need of additional information on how coordinated entry systems can accommodate minors. In addition, although we found in our interviews that the child welfare system often plays a key role in serving unaccompanied minors experiencing homelessness, the FAQ document does not address how the CoC and RHY programs can work with this system to meet the needs of this group.

In separate guidance, HHS has advised RHY grantees that coordinated entry should work the same way for minors as it does for others, with the exception of the confidentiality and consent requirements that apply to minors.⁷³ However, this guidance does not explain how coordinated entry processes can serve minors, given the legal limitations and other barriers many communities reported facing.

HUD officials said the agency does not have any formal guidance or policies on how homelessness systems should address unaccompanied minors but instead leaves these determinations to local communities. They said they have not provided information to CoCs on this topic because of the complexities in serving unaccompanied minors. They said variations in local laws and policies—such as whether minors can sign leases or consent to services—make it difficult to provide uniform direction to communities. HUD has advised communities that its programs do not prohibit providers from serving unaccompanied minors who meet HUD’s definition of homelessness, but that they should be aware of relevant state and local laws or regulations. HUD added that it is gathering information from YHDP communities that should help HUD determine the need for further guidance.

Despite variation in local laws and practices, providers in many of the communities we interviewed reported facing similar barriers to serving

⁷³Both HUD and HHS have provided information to grantees about ensuring data privacy for minors.

unaccompanied minors (as described above).⁷⁴ Moreover, although we did not specifically ask about this in our interviews, providers from three communities raised a need for federal guidance on serving unaccompanied minors experiencing homelessness.⁷⁵ In addition, providers from one of these three communities and two additional communities discussed a need for greater coordination between the CoC and RHY programs on serving minors. HUD officials told us that HUD and HHS had initial discussions about this topic, but they have not pursued the issue further.

Program Provider Perspective on the Need for Federal Guidance on Coordinating to Serve Unaccompanied Minors at the Local Level

“It would be helpful to have guidance around how the federal government is hoping that CoCs [Continuums of Care] and RHY [Runaway and Homeless Youth] programs are coordinating, especially around those who are 18 or younger, because that’s not the population that it would make sense to serve through our coordinated entry system. . . . The programs that can serve minors are few and far between, so I’m wondering what we can be doing to better collaborate, given that so many of our programs are really more appropriate for adults.”

Source: GAO interviews with homelessness program providers in selected communities. | GAO-21-540

We have previously reported that federal agencies can enhance their collaborative efforts by establishing mutually reinforcing or joint strategies to achieve a common outcome and agreeing on roles and responsibilities.⁷⁶ Local providers could benefit from written information featuring examples of communities that have made progress in coordinating across systems to serve unaccompanied minors. This

⁷⁴HUD’s ongoing evaluation of the first 10 YHDP sites also found that these CoCs faced similar challenges in serving unaccompanied minors. At baseline (prior to implementing YHDP), four of the 10 CoCs did not have any crisis housing that could serve minors, and only one CoC served minors through coordinated entry. In the other CoCs, these minors were usually referred to the child welfare system. Sites also reported challenges with minors being unable to sign leases, consent to receive services, or consent to data sharing (due to state-level regulations). See Henderson et al., *Evaluation of the HUD Youth Homelessness Demonstration Program*.

⁷⁵In our structured interviews, we did not specifically ask providers whether additional guidance on serving unaccompanied minors would be helpful. Instead, we asked more generally whether there is any guidance, training, or technical assistance that would be helpful for enhancing coordination between the CoC and RHY programs. In their responses, three providers specifically mentioned guidance on serving unaccompanied minors.

⁷⁶[GAO-06-15](#).

information would not be intended to address all local policies and circumstances, but it could help encourage CoCs to develop their own local policies. For example, in 2019, USICH published a case study of a YHDP grantee community (Nashville, Tennessee) that developed a new approach for responding to homelessness among unaccompanied minors.⁷⁷ This case study could serve as a template for developing examples of additional communities. By working together to provide examples of ways that communities can serve this population, HUD and HHS could help promote the establishment of coordinated local strategies that support the agencies' common goal of providing needed services to these minors. Such information could also help communities determine the roles and responsibilities of different local entities that receive federal funding.

Community Providers of HUD and HHS Programs Identified Challenges in Working Together to Address Youth Homelessness

The effectiveness of coordination between CoCs and RHY providers varies across communities, as discussed above, and such coordination can be challenging, according to program providers. Among providers in the 24 communities we interviewed, about one-third rated their programs' coordination on youth homelessness as very effective, one-third as somewhat effective, and one-third as not too effective. Further, providers from over half of the communities reported that communication or understanding between the CoC and RHY programs related to serving youth is somewhat (11 communities) or very challenging (two communities). Although providers from most communities (17) reported that the frequency of communication between the two programs is about right, seven reported that communication is not frequent enough. Specific coordination challenges providers discussed are listed in table 2.

Table 2: Challenges That Providers Identified Related to Coordination between the Continuum of Care (CoC) and Runaway and Homeless Youth (RHY) Programs

| Challenge | Number of providers that discussed this challenge |
|--|---|
| Lack of knowledge or understanding of RHY programs within the CoC | 7 (out of 24 total providers) |
| Communication challenges between the programs | 5 (out of 24 total providers) |
| Lack of strategic planning and coordination on youth homelessness between the programs | 3 (out of 24 total providers) |

⁷⁷The case study describes how the homelessness, child welfare, and juvenile justice systems collaborated to develop the process, which is intended to serve as an alternative to shelter, foster care, or juvenile detention.

| Challenge | Number of providers that discussed this challenge |
|---|---|
| CoC not focused on youth | 5 (out of 12 RHY providers) |
| RHY provider not fully coordinating with the CoC ^a | 6 (out of 12 CoC providers) |

Source: GAO. | GAO-21-540

Note: This table displays the results of structured interviews with 24 youth homelessness program providers. We did not specifically ask providers whether each of these issues was a challenge. Our count includes providers who raised these challenges in the context of broader questions.

^aAll RHY providers are required to coordinate with their local CoC for purposes of entering data into the CoC's Homeless Management Information System.

Providers from just four of the 24 communities we interviewed reported that their program has received requirements or guidance from HHS or HUD that addresses coordination between the CoC and RHY programs. Providers from nine of the communities reported having received training or technical assistance from the agencies related to such coordination.⁷⁸

Program Provider Perspective on the Need for Additional Federal Support in Coordinating the Continuum of Care (CoC) and Runaway and Homeless Youth (RHY) Programs

“The CoCs and RHY should work together, including for coordinated entry. However, to start with, we need HHS [Department of Health and Human Services] and HUD [Department of Housing and Urban Development] to push for coordination between the programs.”

Source: GAO interviews with homelessness program providers in selected communities. | GAO-21-540

Providers from 15 of the 24 communities reported that additional guidance, training, or technical assistance would be helpful for enhancing coordination between the CoC and RHY programs. For example, one or more providers said they would benefit from information about how RHY programs can be involved in their local CoCs, greater clarity on agencies' expectations for how the two programs should coordinate, additional federal messaging about the importance of collaboration, best practices and examples of successful partnerships between CoCs and RHY providers in other communities, training about the components and

⁷⁸With respect to requirements or guidance on coordination between the CoC and RHY programs, providers from 14 communities reported that they did not think they had received any, providers from five communities reported that they did not know, and providers from one community provided an unclear answer to this question. With respect to training or technical assistance on this topic, providers from 13 communities said that they did not think they had received any, and providers from two communities said that they did not know.

requirements of each program, or technical assistance on how the programs can work together to address youth homelessness.

Program Provider Perspectives on Additional Information That Would Be Helpful for Coordinating the Continuum of Care (CoC) and Runaway and Homeless Youth (RHY) Programs

“I would love to see how other CoCs are coordinating with their RHYs and other homeless providers.”

“I would love to know best practice models, examples where they are working well [together], and share it with [our RHY program] and the CoC.”

Source: GAO interviews with homelessness program providers in selected communities. | GAO-21-540

HUD and HHS each have provided some information to their grantees about coordination between the CoC and RHY programs at the local level, most notably the FAQ document on youth-specific coordinated entry. As described earlier in this report, this information has encouraged CoCs and RHY providers to coordinate with one another on activities such as developing coordinated entry systems, analyzing data on youth, and implementing YHDP. However, the FAQ document and other existing resources have provided limited information about best practices for effective coordination or strategies for overcoming challenges related to coordination and communication between the programs. Further, many CoCs and RHY providers may not be aware of the existing information, given that most providers we interviewed were not aware of it.

HHS officials said that additional guidance could help to strengthen coordination between CoCs, YHDP grantees, and RHY providers. According to HHS officials, many RHY providers have reported challenges having their voices heard in CoC meetings, and some said that their CoCs do not prioritize youth homelessness. Additionally, officials said that some RHY providers have reported that CoCs’ lack of experience serving youth has created challenges in coordinating with them. HHS officials stated that improving coordination with RHY programs would help to strengthen the provision of services to youth experiencing homelessness and noted that additional guidance could promote understanding of the benefits of coordinating with RHY providers.

Several providers and others we interviewed also discussed the benefits of CoCs coordinating with their local RHY providers, given these organizations’ experience in serving youth. For example, two CoC providers said that it would be helpful for RHY providers to offer their

assistance and expertise to CoC-funded organizations that provide housing for young adults. Further, both an advocacy organization for people experiencing homelessness and a youth homelessness researcher told us that RHY providers can play an important role in complementing CoC-funded housing programs by providing supplemental services for youth or serving as an access point into the coordinated entry system.

HUD officials stated that HUD is in the process of evaluating YHDP sites and plans to share lessons learned from these communities. HUD officials said it was too early to say whether this will include information on how the CoC and RHY programs can best work together, and HUD does not have specific plans to release additional information on this topic. However, many communities have had ongoing relationships between their CoCs and local RHY providers and could serve as examples for other communities. HUD could also draw from the experiences to date of YHDP sites—some of which have experience developing coordinated systems among providers that serve youth—to develop information that may be beneficial for other communities.

HUD guidance for CoCs states that communities should “respond to youth homelessness with an integrated, cohesive approach” and that the communities’ structures, protocols, and procedures should “connect community partners and resources via an intentional strategy.”⁷⁹ In addition, we have previously reported that federal agencies can enhance and sustain their collaborative efforts by establishing mutually reinforcing or joint strategies, agreeing on roles and responsibilities, and leveraging resources.⁸⁰ Limited coordination between communities’ CoC and RHY programs may result in missed opportunities to fully leverage their respective resources and strengths and to clearly establish each program’s roles and responsibilities. By working together to develop additional information on and examples of coordination between CoCs and RHY providers, HUD and HHS could help ensure localities have a cohesive, intentional strategy to address youth homelessness.

⁷⁹Department of Housing and Urban Development, Department of Health and Human Services, and U.S. Interagency Council on Homelessness, *Ending Youth Homelessness Guidebook Series: System Planning*.

⁸⁰[GAO-06-15](#).

Performance Measures HUD Has Established for CoCs Do Not Include Measures Specific to Youth

HUD requires CoCs to report on seven system performance measures annually. These measures focus on outcomes in the areas of housing, homelessness, employment, and income.⁸¹ They are intended to assess each community's performance as a coordinated system, rather than the performance of individual programs or providers. The measures encompass the entire population of people experiencing homelessness and are not specific to any subpopulations, including youth.

HUD also requires CoCs to report certain outcome data on youth and other subpopulations through Annual Performance Reports, including data on their destinations and sources of income at the time they exit the CoC program. Additionally, HUD provides tools and information for CoCs that allow them to analyze outcome data separately for certain subpopulations, including youth, at the local level. CoCs can set performance targets for these subpopulations and track their progress toward these targets. HUD officials stated that HUD encourages CoCs to track subpopulation-specific data.

However, even if CoCs choose to monitor outcome data separately for youth, HUD's performance measures are not specifically designed to measure progress for youth. Providers in half of the communities we interviewed indicated that HUD's performance measures may not be well-suited to evaluating community performance in serving youth. For example, providers in five communities stated HUD's outcome measures should include educational attainment, since education is often an important goal for youth (HUD's system performance measures include a measure of employment and income growth, but not a measure of education). In addition, providers from five communities suggested that CoC outcome measures should be tracked separately for the youth population, instead of combining people of all ages.

⁸¹The seven system performance measures are based on statute. 42 U.S.C. § 11386a(b). HUD executes these requirements by looking at the length of time people remain homeless, the extent to which people return to homelessness after being placed in permanent housing, the number of people experiencing homelessness, employment and income growth for people in CoC-funded programs, the number of people who become homeless for the first time, homelessness prevention and housing placement of families and youth who are participating in CoC-funded programs and who meet Category 3 of HUD's definition of homelessness, and successful placement in or retention of permanent housing.

Program Provider Perspectives on Challenges with Using the Department of Housing and Urban Development's (HUD) Performance Measures to Track Progress on Youth Homelessness

"[T]here's no outcome for academic or vocational pursuits. There should be something to track that, because a lot of kids would benefit from completing education to help them in the long run, instead of going full-time into work."

"The HUD metrics look at the entire system, and because youth is a small part of that, their experience is obscured by the rest of the system. So reporting on youth-specific outcomes would be helpful."

"Youth is an entirely different population than the typical adults that we see coming through the system. So putting outcome measures that were designed for the population of age 25 and above and then including the RHY-funded [Runaway and Homeless Youth program] youth in that, without redefining or coming up with specific measures just for that population, has been challenging."

Source: GAO interviews with homelessness program providers in selected communities. | GAO-21-540

Although HUD has not established performance measures tailored to youth, officials noted the agency has taken other steps to help communities track progress on youth homelessness. From fiscal years 2017 to 2019, HUD included questions in the CoC notice of funding availability about how communities are measuring their effectiveness in addressing youth homelessness. CoCs could receive points in the application process based on their responses to these questions. However, such questions were not included in the fiscal year 2021 notice of funding opportunity.⁸² Further, HUD and other members of USICH's working group on youth homelessness have piloted criteria and benchmarks that communities can use to assess whether they have effectively ended youth homelessness.

HUD officials also said they have been working with YHDP grantees to test whether certain outcome measures are more helpful and targeted to youth. This effort informed HUD's recent updates to the data standards providers use to enter data into their local HMIS, including data fields related to educational attainment, which were intended to improve data collection in this area for youth. These changes were implemented with the fiscal year 2022 data standards.

HUD does not have plans to develop any youth-specific outcome measures. HUD officials noted that HUD already provides tools that allow CoCs to analyze outcome data separately for youth. However, these tools

⁸²As noted earlier, HUD did not hold a 2020 funding competition for the CoC program due to the COVID-19 pandemic.

do not include outcome measures designed for youth, and several providers we interviewed said some of HUD's outcome measures are not helpful or appropriate for youth. Additionally, the performance measures that CoCs report to HUD do not reflect all of the outcome areas that USICH has recognized as important for youth. USICH's Framework to End Youth Homelessness identifies four "core outcomes"—stable housing, permanent connections, education or employment, and well-being (which refers to the social and emotional functioning of youth). The system performance measures for the CoC program include measures of stable housing and employment, but not permanent connections, education, or well-being.

HUD officials also stated they prefer to allow local communities to decide whether and how to track their progress on youth homelessness, rather than setting requirements. However, this would not prevent HUD from developing a set of optional youth-specific outcome measures that communities could modify based on local priorities and circumstances. Moreover, providers from 15 of the 24 communities we interviewed reported that their CoC does not track any youth-specific outcomes other than those that are reported to HUD, while providers from four communities reported that they did not know whether their CoC tracks any other youth-specific outcomes. By providing a set of youth-specific performance measures to communities, along with information about how they might track them, HUD could help encourage and facilitate the use of such measures at the local level.

HHS's RHY program has established performance measures that grantees are required to report on to track their program's progress in meeting the needs of youth. For RHY's Basic Center Program and Transitional Living Program, grantees must track outcomes that align with the four core outcome areas identified in USICH's Framework to End Youth Homelessness. These include one measure each in the core areas of well-being (a composite score of general and mental health status), permanent connections (percentage of youth leaving the program who report that there is at least one adult outside the program they can go to for advice or support), and education (percentage of youth leaving the program who are attending school or who have graduated from high

school or obtained an equivalent certification).⁸³ Most of these measures can be tracked using data elements that grantees already collect in HMIS.

Additionally, youth homelessness researchers, with input from federal agency staff, have developed recommended outcome measures that are aligned with the four core outcome areas.⁸⁴ They developed these measures by reviewing outcomes from the RHY program, evaluations of youth homelessness programs, and a survey of youth homelessness providers. The measures were then refined in consultation with stakeholders, including federal agency data officers, RHY providers, CoC staff, and youth who have experienced homelessness. A steering committee that reviewed the recommended measures included HUD, HHS, and USICH officials. The authors noted that there has been limited federal guidance about how to measure youth outcomes in the four core areas and suggested that their work could serve as a starting point in promoting consistent performance measurement across communities. To date, HUD has not worked with HHS (to draw on HHS's knowledge and experience with youth-specific outcome measures) or drawn from the work of the homelessness researchers to identify developmentally appropriate measures for youth experiencing homelessness.

HUD has developed a tool that allows YHDP communities to capture several of the RHY program's outcome measures in their Annual Performance Reports, if they choose to do so. However, this tool is currently available only to YHDP communities (not to all CoCs). Also, the RHY outcome measures are not as extensive or as specific as the measures recommended by the youth homelessness researchers. For example, while the RHY program assesses educational outcomes through a single metric—the percentage of youth who are attending school, who have graduated from high school, or who have obtained an equivalent certification—the researchers suggest using three measures to track different elements of educational progress: enrollment and attendance, educational attainment, and chronic absenteeism. HUD could build on this more robust set of recommended measures to establish

⁸³The measures also include the percentage of youth leaving the program who are employed or looking for work and the percentage of youth who exit the program to a safe and stable destination.

⁸⁴M.H. Morton et al., *Measuring Up: Youth-Level Outcomes and Measures for System Responses to Youth Homelessness* (Chicago, IL: Chapin Hall at the University of Chicago, 2019).

optional performance measures that CoCs could use to more comprehensively evaluate their efforts to serve youth.

A USICH report to Congress states that to meet the needs of youth experiencing homelessness, “communities must have the capacity to . . . [measure] outcomes across key indicators of performance, including education and employment.”⁸⁵ In addition, we have previously reported that, to be useful, performance measures should be relevant and credible.⁸⁶ By establishing a set of optional youth-specific outcome measures for the CoC program and providing information to support CoCs in tracking these measures, HUD could help communities better assess their progress in serving youth and identify areas needing additional attention. HUD would not need to develop these measures entirely on its own; rather, HUD could leverage existing work on youth-specific performance measures as a starting point. Such measures could also promote the use of service delivery approaches that support youths’ goals and educational achievement, instead of approaches that emphasize short-term employment and income gains that may not be sustainable in the long term. Additionally, by providing a standard set of measures that communities could use, HUD could foster more consistent and comparable performance information across communities. By working with HHS to promote the involvement of RHY providers in their local CoCs’ efforts to implement these measures, HUD could help facilitate coordination on youth homelessness performance monitoring at the community level.

Conclusions

Youth homelessness is a serious problem affecting both rural and urban communities across the United States, and if not addressed early, it may lead to long-term homelessness in adulthood. HUD and HHS, with support from USICH, have coordinated on a number of efforts to help communities meet the needs of youth experiencing homelessness. However, opportunities exist for the agencies to help strengthen local systems that serve youth and address the following challenges:

- Many young adults may be unable to obtain housing through the coordinated entry process, and as a result, they may experience longer periods of homelessness and eventually become chronically

⁸⁵U.S. Interagency Council on Homelessness, *USICH Report to Congress on How to Better Coordinate Federal Programs Serving Youth Experiencing Homelessness* (Washington, D.C.: April 2016).

⁸⁶GAO, *Managing for Results: Enhancing Agency Use of Performance Information for Management Decision Making*, [GAO-05-927](#) (Washington, D.C.: Sept. 9, 2005).

homeless. By working with HHS to provide additional information on how the coordinated entry process can best serve these young adults, HUD can help communities more effectively leverage their available programs and services, including RHY programs, to increase the likelihood that youth in need of assistance are not turned away.

- Communities that may meet the legal requirements to serve people in Category 3 of HUD's homelessness definition may not understand how to demonstrate that they meet these requirements because HUD has not provided clear information about how it reviews CoCs' applications to serve this group. By clarifying how CoCs could meet the standards outlined in the HUD regulations, HUD could help ensure CoCs are better positioned to complete applications that contain the necessary information for demonstrating that they meet the standards.
- Some youth who are currently eligible for federal homelessness programs, including the CoC and RHY programs, may be mistakenly denied services because providers have difficulty applying the complex and varied federal eligibility requirements. USICH, HUD, and HHS could improve the accuracy and consistency of eligibility determinations by developing an interactive tool or written information that helps providers understand the different eligibility criteria and refer individuals to appropriate programs.
- In some communities, local roles and responsibilities for serving unaccompanied minors experiencing homelessness are unclear, which may hinder service delivery for this vulnerable group. By sharing examples with communities that illustrate ways this population could be addressed, HUD and HHS could support better coordination of services at the local level, which may help ensure that these minors receive needed services from the various programs and systems they encounter.
- Some CoCs and RHY providers face challenges in working together to create a cohesive and integrated local service system for youth experiencing homelessness. HUD and HHS could help communities implement a more unified approach by providing information on strategies and promising practices for coordinating the programs.
- The performance measures that HUD has established for CoCs do not include any measures that are specific to youth, and the measures may not be well suited to tracking communities' progress in meeting the unique needs of youth. By coordinating with HHS and building on existing work to develop a set of optional, youth-specific measures, HUD could help communities better monitor the performance of local programs that serve youth.

Through these actions, federal agencies could support better service delivery for young adults and minors experiencing homelessness by helping communities strengthen coordination of services, ensure that youth are offered the programs they are eligible for, and more effectively assess their progress in addressing youth homelessness.

Recommendations for Executive Action

We are making a total of 10 recommendations—six to HUD, three to HHS, and one to USICH.

HUD's Deputy Assistant Secretary for Special Needs, in coordination with HHS's Family and Youth Services Bureau, should develop additional information for homelessness providers on how the coordinated entry process can more effectively serve youth. This information should address (1) how to help ensure that youth are not consistently prioritized below older adults for housing and services in coordinated entry systems and (2) how CoCs can work with RHY providers and other stakeholders to serve youth who are not prioritized for housing or are not eligible for housing under CoC program rules. (Recommendation 1)

HUD's Deputy Assistant Secretary for Special Needs should provide additional information to CoCs to clarify how they could meet the standards outlined in regulation for serving people in Category 3 of HUD's definition of homelessness. This information should include examples that illustrate specific ways that CoCs could demonstrate that use of funds to serve these youth and families meets Category 3 requirements, including methods CoCs could use to develop estimates of cost-effectiveness. (Recommendation 2)

The Interim Executive Director of USICH, in coordination with HUD's Office of Special Needs Assistance Programs and HHS's Office of the Assistant Secretary for Planning and Evaluation, should establish a timeline for developing and disseminating information, such as an interactive decision-making tool, to help providers accurately identify the federal homelessness assistance programs for which individuals seeking services are eligible. (Recommendation 3)

HUD's Deputy Assistant Secretary for Special Needs, in coordination with USICH and HHS's Office of the Assistant Secretary for Planning and Evaluation, should establish a timeline for developing and disseminating information, such as an interactive decision-making tool, to help providers accurately identify the federal homelessness assistance programs for which individuals seeking services are eligible. (Recommendation 4)

HHS's Assistant Secretary for Planning and Evaluation, in coordination with USICH and HUD's Office of Special Needs Assistance Programs, should establish a timeline for developing and disseminating information, such as an interactive decision-making tool, to help providers accurately identify the federal homelessness assistance programs for which individuals seeking services are eligible. (Recommendation 5)

HUD's Deputy Assistant Secretary for Special Needs, in coordination with HHS's Family and Youth Services Bureau and Children's Bureau, should develop information for local providers that includes examples of how communities have addressed the needs of unaccompanied minors experiencing homelessness, including the role of the CoC program and other entities (such as RHY providers and child welfare) in serving this population in these communities. (Recommendation 6)

HHS's Associate Commissioners for the Family and Youth Services Bureau and for the Children's Bureau, in coordination with HUD's Office of Special Needs Assistance Programs, should develop information for local providers that includes examples of how communities have addressed the needs of unaccompanied minors experiencing homelessness, including the role of the CoC program and other entities (such as RHY providers and child welfare) in serving this population in these communities. (Recommendation 7)

HUD's Deputy Assistant Secretary for Special Needs, in coordination with HHS's Family and Youth Services Bureau, should provide communities with additional information on strategies and promising practices for coordinating their CoC and RHY programs' efforts to address youth homelessness. (Recommendation 8)

HHS's Associate Commissioner for the Family and Youth Services Bureau, in coordination with HUD's Office of Special Needs Assistance Programs, should provide communities with additional information on strategies and promising practices for coordinating their CoC and RHY programs' efforts to address youth homelessness. (Recommendation 9)

HUD's Deputy Assistant Secretary for Special Needs, in coordination with HHS's Family and Youth Services Bureau, should develop a set of optional youth-specific performance measures that CoCs could use to assess their local efforts to address youth homelessness. HUD should also provide CoCs with information on how they might track these measures. (Recommendation 10)

Agency Comments and Our Evaluation

We provided a draft of this report to HUD, HHS, and USICH for review and comment. In written comments, reproduced in appendix IV, HUD agreed with four recommendations and neither agreed nor disagreed with two recommendations. In written comments, reproduced in appendixes V and VI, HHS and USICH agreed with the recommendations directed to them. HHS also provided technical comments, which we incorporated as appropriate.

HUD neither agreed nor disagreed with our first recommendation on developing, in coordination with HHS, additional information for homelessness providers on how the coordinated entry process can more effectively serve youth, including information on helping to ensure that youth are not consistently prioritized below older adults and on serving youth who are not prioritized or eligible for housing. HUD stated that it relies on communities to set local priorities for coordinated entry and that it is not HUD's position that communities should change their coordinated entry policies and prioritization criteria to prioritize youth above certain older adults. We are not suggesting that youth should be prioritized above older adults, but rather we found that they are often prioritized below older adults. HUD could provide information to communities that are interested in addressing this issue based on their needs and situations. HUD also stated that it is assessing the approaches used by communities and will only promote approaches when there is confidence that they are effective and will help communities make progress toward their homelessness goals. HUD added that as it identifies effective strategies, it will produce technical assistance products to highlight strategies communities can implement for youth, including those not eligible for CoC-funded housing projects. We acknowledge HUD's plans for providing additional information on youth coordinated entry and strategies for serving youth and our work for this report suggests that there are additional opportunities for HUD to coordinate with HHS to share information with communities on how the coordinated entry process can more effectively serve youth.

In its written comments, HUD generally agreed with recommendations two, four, six, and eight. For recommendations two and eight, the actions that HUD said it plans to take aligned with our recommendations. Regarding our fourth recommendation—on establishing a timeline for developing and disseminating information to help providers accurately identify the federal homelessness assistance programs for which individuals seeking services are eligible—we made similar recommendations to USICH and HHS (recommendations three and five, respectively) and included in the recommendations that the agencies

should coordinate on this effort. HUD stated that recommendations three, four, and five should be coordinated by USICH, given their expertise as a coordinating agency. Going forward, the agencies would have the flexibility to decide whether one agency could take a lead role in coordinating implementation of this recommendation. Regarding our sixth recommendation, we made a similar recommendation to HHS, and HUD said that it was eager to work with HHS on these recommendations.

HUD neither agreed nor disagreed with our 10th recommendation on developing a set of optional youth-specific performance measures that CoCs could use to assess their local efforts to address youth homelessness. In its written comments, HUD stated that it and other federal partners and researchers have been studying what performance measures would be appropriate to youth and that HUD is evaluating the supplemental youth measures currently used by YHDP grantees to determine if they are effective before promoting wider adoption. HUD also stated that our report equates the lack of a universal (i.e., for all CoC programs, not just those funded under YHDP) measurement of educational attainment as HUD's lack of support for youth investing in themselves and future earnings through education, and that this mischaracterizes HUD's position. HUD described its work with the Department of Education to assist communities in coordinating with educational providers, and noted that it is exploring adding a measure of participants' self-reported well-being for all clients (adults as well as youth).

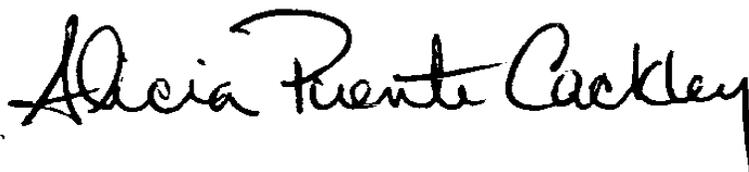
We did not intend to imply that HUD does not support youth investing in themselves and further earnings through education. In the report, we note that HUD officials said they have been working with YHDP grantees to test whether certain outcome measures are more helpful and targeted to youth. This effort informed HUD's recent updates to the data standards providers use to enter data into their local HMIS, including data fields related to educational attainment. However, as also stated in our report, the performance measures that CoCs report to HUD do not reflect all of the outcome areas that USICH has recognized as important for youth, including permanent connections, education or employment, and well-being. We acknowledge HUD's plans to evaluate supplemental youth measures currently used by YHDP grantees to determine if they are effective before promoting wider adoption. As noted in the report, by establishing a set of optional youth-specific outcome measures for the CoC program and providing information to support CoCs in tracking these measures, HUD could help communities better monitor the performance of local programs that serve youth.

HHS concurred with recommendations five, seven, and nine and cited actions to address them. USICH agreed with recommendation three on establishing a timeline for developing and disseminating information to help providers accurately identify the federal homelessness assistance programs for which individuals seeking services are eligible. USICH also encouraged coordination with the Department of Education's Office of Elementary and Secondary Education and Department of Labor's Employment and Training Office in implementing this recommendation. USICH explained in its written comments that the working group through which USICH developed a framework for an interactive decision-making tool (for helping providers identify appropriate programs for serving homeless individuals) consisted of USICH, the Department of Education, the Department of Labor, HUD, and HHS and encouraged coordination among them in addressing the recommendation. While our report focused on HUD, HHS, and USICH in the context of youth homelessness, this does not preclude these entities from including the Department of Education and the Department of Labor in implementing this recommendation.

As agreed with your office, 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 of this report to the Secretary of Housing and Urban Development, the Secretary of Health and Human Services, the Interim Executive Director of the U.S. Interagency Council on Homelessness, and other interested parties. In addition, this report will be available at no charge on GAO's website at <https://www.gao.gov>.

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

Sincerely yours,



Alicia Puente Cackley
Director, Financial Markets and Community Investment

Appendix I: Objectives, Scope, and Methodology

This report (1) describes the Department of Housing and Urban Development's (HUD) and the Department of Health and Human Services' (HHS) coordination to address youth homelessness at the federal level, (2) describes local communities' coordination of HUD and HHS grant programs to address youth homelessness and promising strategies for serving youth they have identified, and (3) examines challenges communities reported facing in serving youth through these programs and HUD's and HHS's responses to these challenges.

For all objectives, we reviewed laws, guidance, and program documents from selected HUD and HHS grant programs that serve youth who are experiencing homelessness. We interviewed HUD officials from the Office of Special Needs Assistance Programs, which oversees the administration of the Continuum of Care (CoC) program and the Youth Homelessness Demonstration Program (YHDP), and the Office of Policy Development and Research. We interviewed HHS officials from the Family and Youth Services Bureau within the Administration for Children and Families, which oversees the Runaway and Homeless Youth (RHY) program; the Office of the Assistant Secretary for Planning and Evaluation; and the Children's Bureau. We also reviewed literature and prior GAO reports on homelessness to identify the challenges and needs of this population.¹

For our first objective, we analyzed documents related to agency coordination. For example, we reviewed notices of funding availability, guidebooks and written resources, and a memorandum of understanding related to HUD's Homeless Management Information System. We also interviewed officials from HHS, HUD, and the U.S. Interagency Council on Homelessness to obtain information about their coordination on youth homelessness.

For our second and third objectives, we conducted structured interviews with staff from 24 local programs that serve youth experiencing homelessness (12 CoC programs and 12 RHY programs). To select the 24 programs, we constructed a nonprobability sample by randomly selecting programs that met defined criteria. The findings are not generalizable to all CoC and RHY programs. Using data from HUD, we constructed a list of the 395 CoCs that were active as of late 2019. CoCs

¹GAO, *Homelessness: Better HUD Oversight of Data Collection Could Improve Estimates of Homeless Population*, [GAO-20-433](#) (Washington, D.C.: July 14, 2020) and *Homeless Veterans: Opportunities Exist to Strengthen Interagency Collaboration and Performance Measurement Procedures*, [GAO-20-428](#) (Washington, D.C.: May 14, 2020).

are regional or local planning bodies that apply for CoC grants and administer the CoC program in their local geographic region. Some CoCs represent a single major city or county, while others cover multiple counties or even wider areas of a state. Because the purpose of these interviews was to explore coordination between the CoC and RHY programs, we narrowed this list to include only the 210 CoCs that had at least one RHY program located within their geographic boundaries, based on our analysis of the HUD and HHS data.

We then randomly selected 24 of these CoCs, stratifying the sample on two factors: (1) CoC category, using HUD's definition (eight of the 24 CoCs were urban, eight suburban, and eight rural) and (2) whether the CoC had received a YHDP award (eight CoCs were YHDP recipients and 16 were not). For half of these CoCs, we interviewed representatives from the CoC program, and for the other half, we interviewed staff from an RHY program located within the CoC's geographic area.

We developed a structured interview instrument that included questions on how CoC and RHY providers coordinate to serve youth experiencing homelessness, benefits and challenges they face in coordinating across the programs, and other topics. We pretested our instrument with seven additional randomly selected programs (four CoCs and three RHY providers) to obtain feedback on the clarity of our interview questions. We used an Excel instrument to record responses during interviews. We conducted a content analysis to define themes and organize the programs' responses.

We also conducted case studies in two CoC communities—Austin/Travis County, Texas, and Connecticut Balance of State—to examine how they coordinate within their communities on youth homelessness, promising approaches they have identified, and any barriers they face in coordinating across HHS and HUD youth homelessness programs.² We selected these CoCs because they were identified as having promising approaches for coordinating with their local RHY providers, based on our research and input from federal agency officials and a youth homelessness researcher. We also selected them because they provide geographic diversity and a mix of urban and rural settings. In each community, we met with staff representing CoCs, RHY programs and other youth-serving organizations, state or local school districts, domestic

²A "Balance of State" CoC includes all the jurisdictions in a state that are not covered by any other CoC.

violence shelters, the state or local juvenile justice system, and the child welfare system, as well as youth who have experienced homelessness who participated in their local youth boards.

We also interviewed staff from three advocacy organizations—the National Alliance to End Homelessness, the National Network for Youth, and the National Innovation Service—and a youth homelessness researcher from Chapin Hall at the University of Chicago. We obtained their perspectives on how CoC and RHY programs are coordinating at the community level, challenges providers face in serving youth who are experiencing homelessness, and steps federal agencies have taken or could take to address any challenges identified.

Finally, to identify steps agencies could take to improve coordination, we interviewed HHS and HUD staff on actions the agencies have taken to address challenges identified during our interviews with program providers. We compared the agencies' coordination practices against federal internal control standards.³ For example, we determined that the information and communication principles of the internal control standards were significant to our work. We assessed how HUD communicates its practices for collecting and evaluating information from CoCs against the principle that management should communicate quality information externally to achieve objectives. We also compared the agencies' coordination practices related to youth homelessness against selected leading practices for interagency collaboration we have previously identified.⁴ These practices involved determining roles and responsibilities, establishing joint strategies, leveraging resources, and developing compatible policies and procedures.

We conducted this performance audit from August 2019 to September 2021 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

³GAO, *Standards for Internal Controls in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014).

⁴GAO, *Results-Oriented Government: Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies*, [GAO-06-15](#) (Washington, D.C.: Oct. 21, 2005). We did not compare HUD's and HHS's practices against all of the leading practices from this report, since some practices were not integral to our scope of work, including defining and articulating a common outcome; monitoring, evaluating, and reporting on results; and reinforcing agency or individual accountability for collaborative efforts.

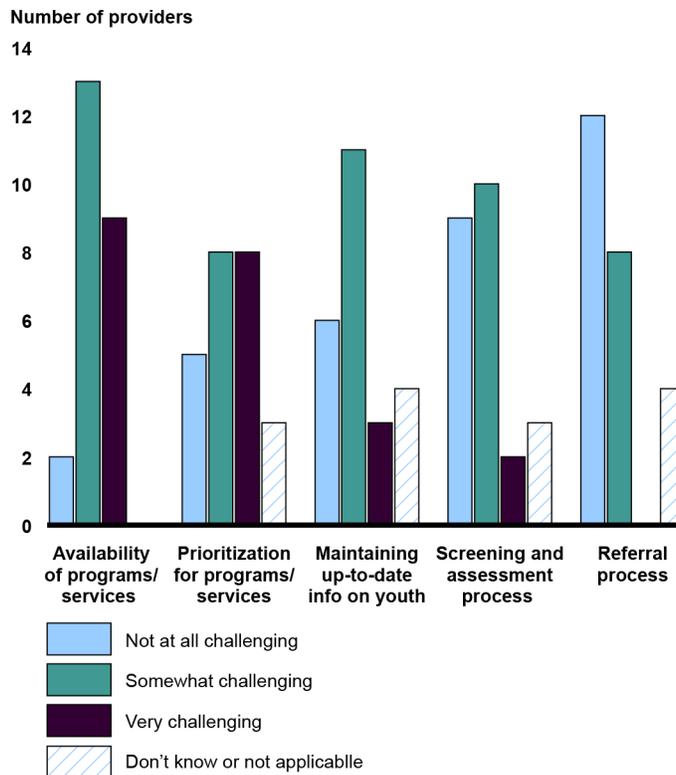
**Appendix I: Objectives, Scope, and
Methodology**

that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Challenges Young Adults Face in Coordinated Entry Systems

In our structured interviews with 24 communities, we asked Continuum of Care (CoC) and Runaway and Homeless Youth (RHY) providers to rate how challenging five specific issues have been for young adults participating in their CoC’s coordinated entry process. Responses are shown in figure 2.¹

Figure 2: Providers’ Ratings of Challenges Associated with the Coordinated Entry Process for Young Adults



Source: GAO interviews with homelessness program providers in 24 communities. | GAO-21-540

¹Figure 2 displays the five challenges that we specifically asked providers to rate. In responding to open-ended questions, providers discussed additional challenges not shown here.

In the interviews, providers described these and other challenges associated with serving young adults through coordinated entry systems:²

Maintaining accurate and up-to-date information about young adults.

Providers from 14 communities said that it has been either somewhat (11 communities) or very challenging (three communities) to keep young adults' information up-to-date on the CoC's by-name list of people awaiting placement into housing (see fig. 2). According to providers, keeping client information updated is challenging because this population tends to move frequently and may be difficult to contact. Although a few providers noted that this is a challenge for all people experiencing homelessness, others said that it is particularly difficult for youth because they tend to be more mobile and harder to locate.

Screening and assessing young adults. As shown in figure 2, providers from 12 communities said that the process of screening and assessing young adults for coordinated entry has been either somewhat (10 communities) or very challenging (two communities).³ For example, providers from five communities said their CoC's coordinated entry assessment tool may not be appropriate for youth or equitable for different populations. Additionally, providers from one of the case study communities discussed the same issue. Some providers noted the assessment questions are too personal or invasive, making it difficult for providers to build rapport with youth, while others said the tool may not be culturally appropriate for certain groups of youth, such as Black or Native American youth. Some providers also said service provider staff may administer the assessment tool inconsistently, youth may feel uncomfortable or frustrated with the assessment process, and youth may not understand the assessment questions or may answer them incorrectly, resulting in an inaccurate score.

Referring young adults to programs. Providers from eight communities said the coordinated entry referral process has been somewhat challenging for young adults, once an appropriate program has been

²Two of the challenges shown in figure 2 (availability of programs and services and prioritization of youth for these programs and services) are described in detail previously in this report and therefore are not discussed here.

³Screening involves conducting client intake and determining eligibility to participate in coordinated entry, while assessment involves asking standardized questions using an assessment tool, which results in a score representing an individual's level of vulnerability. The assessment score is used to help make decisions about how clients will be prioritized for housing programs.

identified that has space available (see fig. 2). For example, one provider noted that youth may no longer qualify as homeless by the Department of Housing and Urban Development's definition once a space in a program becomes available (because they may have switched to "couch-surfing" by that point, rather than staying in a shelter or on the streets). One provider also noted that providers may feel a youth is not a good fit for their program, even when the youth has been matched to it through coordinated entry.

Ensuring young adults have access to coordinated entry systems and programs. Providers from four communities said young adults face challenges accessing the coordinated entry system. For example, youth may lack knowledge about how to access the system or may feel unsafe at certain coordinated entry access points, such as adult homeless shelters. Providers from six communities noted that young adults may be reluctant to participate in the coordinated entry process. For example, three providers said youth do not trust the coordinated entry system, or systems in general, with one noting that youth may have had bad experiences engaging with systems in the past. One provider explained that young adults often want to be independent and are reluctant to ask for help, and another said that the low likelihood of obtaining housing through coordinated entry makes youth less likely to participate. Additionally, providers from nine communities said that young adults may lack awareness of available programs or have limited knowledge about the programs they are eligible for.

Appendix III: Selected Focus Group Responses in Related Work on Homeless Subpopulations

In related prior work, we conducted four focus groups with homelessness experts and practitioners to obtain views on the homeless subpopulations with the greatest needs and gaps in services.¹ The focus groups ranged from four to nine participants each; one group consisted of homelessness researchers, one group consisted of homelessness advocates, one group consisted of representatives of local Continuum of Care communities, and one group consisted of representatives from the U.S. Interagency Council on Homelessness. The focus group topics covered six areas: trends or changes in subpopulations, subpopulations with the greatest gaps in programs/services, subpopulation needs, barriers/challenges, promising or suggested approaches, and gaps in knowledge or research.² Selected focus group responses are summarized below.

Trends in Selected Homeless Subpopulations

One or more focus groups identified the following homelessness trends:

- The homeless population is aging. There are now more homeless older adults, particularly unsheltered older adults.
- The number of people who have become newly homeless has increased. Spikes in the rental markets in many cities are thought to be a key driver of this trend.
- Unsheltered homelessness has increased, particularly on the West Coast.

Subpopulations Identified as Having the Greatest Gaps in Programs and Services

Figure 3 summarizes the homeless subpopulations identified in the focus groups as having the greatest gaps in programs and services. During our discussions, some focus group participants were hesitant to identify which subpopulations have greater gaps in programs and services. They noted that all subpopulations have unmet needs, and said that it was important not to imply that some subpopulations are more deserving of assistance than other subpopulations. We asked focus group participants for their views on which subpopulations of people experiencing homelessness

¹The prior work on homeless subpopulations was conducted under the same request as this report, and resulted in briefings to the House Financial Services Committee in July and August 2019.

²We did not seek to independently validate the information provided during the focus groups, nor do we express an opinion on or evaluation of any of the views expressed by focus group participants. The focus group information presented in this appendix reflects only the perspectives of the focus group participants.

Appendix III: Selected Focus Group Responses in Related Work on Homeless Subpopulations

have the greatest gaps in available programs and services (including the landscape of federal homeless assistance programs).

Figure 3: Homeless Subpopulations That Focus Groups Identified as Having the Greatest Gaps in Programs and Services

| Subpopulation characteristic | Identified subpopulation as having the greatest gaps in programs/services | | | |
|---|--|---|---|---------------------|
| | 4 of 4 focus groups | 3 of 4 focus groups | 2 of 4 focus groups | 1 of 4 focus groups |
|  ■ Adults ■ Non-chronically homeless people ■ Single individuals ■ Youth |  ■ Families ■ People not meeting definition of homeless and/or not eligible for services ■ Unsheltered people |  ■ Chronically homeless people ■ Homeless population generally ■ Lesbian, gay, bisexual, and transgender people ■ People in rural areas ■ People of color ■ People with criminal justice involvement |  ■ Children/babies ■ People not engaged in services ■ People who are newly homeless ■ People who are transient ■ People with mental health or substance use issues – general ■ Transgender people ■ Unaccompanied minors ■ Women | |

Source: GAO focus groups with homelessness experts and practitioners. | GAO-21-540

Note: Under the Department of Housing and Urban Development’s definition, “chronically homeless” generally refers to a person who has been homeless for at least 1 year and who has a disability.

The following are statements from the focus groups about gaps in programs and services for selected subpopulations.

- **Non-chronically homeless single adults.** As shown in figure 3, all four focus groups identified this subpopulation as having relatively greater gaps in programs and services. According to focus group participants, these gaps exist because this population does not qualify as being chronically homeless and therefore is not prioritized for services. These individuals may not meet the definition of chronically homeless because they have not been homeless long enough or because they do not have a disability.
- **Youth.** Focus group participants also cited several subgroups of youth as having gaps in programs and services, especially lesbian, gay, bisexual, and transgender (LGBT) youth, but also minors (i.e., those under age 18), youth from racial and ethnic minority groups, students, and youth who do not meet some programs’ definition of homelessness or are not otherwise eligible for services.
- **Families.** Participants from focus groups identified families who are doubled-up or unstably housed as having relatively greater gaps in

Appendix III: Selected Focus Group Responses in Related Work on Homeless Subpopulations

programs or services (relative to other subpopulations). Such families are not eligible for most homelessness services because they do not generally meet the Department of Housing and Urban Development's (HUD) definition of homelessness.

Homeless Needs for All Subpopulations

Figure 4 summarizes homeless services and needs identified in focus groups for all subpopulations.

Figure 4: Homeless Needs for All Subpopulations Identified in Focus Groups

| | Identified as the greatest need | | |
|--|--|---|--|
| | 4 of 4 focus groups | 3 of 4 focus groups | 2 of 4 focus groups |
|  <p>Needs</p> | <ul style="list-style-type: none"> ■ Behavioral health needs – general ■ Employment services ■ Health needs – general ■ Outreach ■ Prevention services ■ Specific/appropriate/welcoming services ■ Substance use needs ■ Supportive services – general | <ul style="list-style-type: none"> ■ Affordable housing ■ Case management ■ Health needs – other ■ Housing – general ■ Legal services ■ Mental health needs ■ Permanent housing with supportive services ■ Transportation ■ Trauma-related needs ■ Vouchers/rental assistance | <ul style="list-style-type: none"> ■ Child care ■ Education ■ Housing – other ■ Low-barrier shelter/housing ■ Shelter – general ■ Time-limited rental assistance |

Source: GAO focus groups with homelessness experts and practitioners. | GAO-21-540

Note: The figure presents the needs focus groups mentioned most frequently, but there may be other homeless subpopulation needs that were not mentioned and are not presented here. There were no needs identified by only one focus group.

Selected Subpopulations and Their Needs Identified in Focus Groups

Below are selected homelessness subpopulations and needs identified in focus groups.

- **Unsheltered.** According to focus group participants, the unsheltered population tends to have extensive health care needs, including for substance use and mental health issues. Some may also have experienced violence or other trauma. In addition, focus group participants noted that this population needs low-barrier shelters and housing programs—that is, shelters and programs that do not have restrictions related to issues such as substance use, bringing partners or pets, or storing belongings. Focus group participants also identified employment services as a need for this population. In addition, focus group participants discussed the need for case management, legal services, and documentation/identification, which is often needed to participate in treatment or services.
- **Chronically homeless.** Focus group participants stated that chronically homeless people are often prioritized for assistance in the HUD Continuum of Care process because of their higher levels of

vulnerability.³ However, focus group participants noted that this population faces multiple barriers, such as substance use and mental health issues. Focus group participants cited permanent housing with supportive services as a successful approach for this population, but they noted that there is not enough such housing to serve everyone.

- **Youth.** Focus group participants identified several needs for youth, including youth-focused or youth-specific interventions, health-related services, substance use-related services, and prevention services. Focus group participants also noted that LGBT youth need welcoming and affirming service providers, so that these youth will choose to engage in services. In one focus group, participants discussed the specific needs of transgender youth, who may have substance use and mental health challenges and may also experience hate crimes to a greater degree than LGBT youth overall.
- **Families.** Focus group participants stated that both children and their parents may need trauma-related services. Other needs that focus group participants identified for families included prevention services and employment services. In addition, one focus group cited a need for shelters that allow family members to stay together. Some focus group participants noted that children have specific developmental and educational needs.
- **Racial and ethnic minorities.** Focus group participants noted that people of color, especially Black individuals, are very overrepresented among the homeless population. They pointed to issues of discrimination in housing and employment, a lack of welcoming or culturally appropriate services, and an underrepresentation of racial and ethnic minorities among service provider staff as barriers faced by this subpopulation.
- **Older adults.** This group includes both people who have aged while homeless and older people who are experiencing homelessness for the first time. Stakeholders from one focus group noted that older adults have a particular need for affordable housing, given that they often have fixed or very low incomes. Medical respite care is another need one focus group cited for this population.
- **Domestic violence survivors.** Multiple focus groups identified this population as having unmet needs, such as safe shelters or housing, mental health and trauma-related services, childcare, employment services, education, financial assistance, and transportation.

³To qualify as chronically homeless under HUD's definition, an individual must have been homeless for at least a certain length of time and must also have a disability.

**Appendix III: Selected Focus Group
Responses in Related Work on Homeless
Subpopulations**

- **People with criminal justice involvement.** According to focus group participants, this subpopulation includes people reentering society from incarceration and those who have criminal histories that may disqualify them for certain services. Discrimination and legal issues were each identified in one focus group as barriers faced by this population, while ineligibility for housing and services (because of criminal records) was cited in two focus groups. Participants in two focus groups specifically mentioned the needs of those reentering society from incarceration; one group stated that discharge planning may help prevent them from becoming homeless, and another cited the importance of legal services for this population.
- **People in rural areas.** Focus group participants noted that a lack of transportation to services and jobs, as well as a lack of services located in rural areas, are major barriers for this group.
- **People with substance use or mental health issues.** Focus group participants cited a need for services related to substance use and mental health and concerns about a lack of availability of such services. In addition, they identified a number of other needs and barriers for people with behavioral health issues. Participants noted a need for shelters and housing that will accept those actively using substances. In addition, participants noted that treatment slots for substance use often are not available at the time when clients decide they are ready. One focus group participant added that in some cases, once a slot is available, the client may no longer be willing to accept treatment or cannot be found.

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



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

PRINCIPAL DEPUTY ASSISTANT SECRETARY
FOR COMMUNITY PLANNING AND DEVELOPMENT

September 20, 2021

Ms. Alicia Puente Cackley
Director of Financial Markets and
Community Investment
441 G Street, NW
Washington, DC 20548-0001

Dear Ms. Cackley:

RE: Response of the Office of Community Planning and Development (CPD) for Draft report entitled "HUD and HHS Could Enhance Coordination to Better Support Communities (GAO-21-540)"

In August 2021, the Government Accountability Office (GAO) provided a draft report, HUD and HHS Could Enhance Coordination to Better Support Communities, to HUD's CPD Office for advance review and agency comment. This draft report outlines the need for further interagency collaboration between HUD and HHS and for further guidance from HUD to address challenges CoCs face when serving youth experiencing homelessness. The GAO draft report provides six recommendations for HUD. These recommendations are detailed below.

The need for coordination of Federal resources is always important to ensure communities can utilize all available resources effectively and impactfully to address their needs. HUD and its partner agencies prioritize a 'whole of government' approach. To this end, HUD is engaged in multiple interagency efforts, including regularly scheduled collaboration efforts with both HHS and USICH. HUD is providing comments on each of the recommendations:

GAO Recommendation 1: HUD's Deputy Assistant Secretary, Office of Special Needs, in coordination with HHS's Family and Youth Services Bureau, should develop additional information for homelessness providers on how the coordinated entry process can more effectively serve youth. This information should address (1) how to help ensure that youth are not consistently prioritized below older adults for housing and services in coordinated entry systems and (2) how CoCs can work with RHY providers and other stakeholders to serve youth who are not prioritized for housing, or not eligible for housing under CoC Program rules.

HUD does not proscribe rating factors for coordinated entry and relies on communities to set local priorities for coordinated entry, and in our experience, communities have a wide range of approaches to prioritization. Several communities give more weight to the youth-specific vulnerabilities and utilize youth-specific assessment tools (e.g., the TAY VI-SPDAT). While

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others use criteria that prioritize older adults with long histories of homelessness and a high likelihood of mortality. It is not HUD's position that communities should change their coordinated entry policies and prioritization criteria to prioritize youth above these older adults, especially considering that homelessness rates among older adults have been rising rapidly nationwide and older adults are less likely to effectively navigate and receive housing assistance than other populations.

Communities are asking for guidance from HUD about best practices related to prioritization policies, including how to best prioritize youth experiencing homelessness. HUD is assessing the approaches used by communities, including those that are part of the Youth Homelessness Demonstration Program (YHDP), to determine which approaches to prioritization are most effective. HUD will only promote approaches when there is confidence that they are effective and will help communities make progress toward their homelessness goals.

As HUD identifies effective strategies, the Department will produce Technical Assistance products to highlight strategies communities can implement for youth, including those who are not eligible for CoC-funded housing projects. These products will highlight partnerships with stakeholders who may have different eligibility, such as RHY providers, as well as looking at the impact and implementation of supportive-services only projects that may help youth locate or stabilize in housing without on-going housing support.

GAO Recommendation 2: HUD's Deputy Assistant Secretary, Office of Special Needs should provide additional information to CoCs to clarify how they could meet the standards outlined in regulation for serving people in Category 3 of HUD's definition of homelessness. This information should include examples that illustrate specific ways that CoCs could demonstrate the use of funds to serve these youth and families meets Category 3 requirements, including methods CoCs could use to develop estimates of cost-effectiveness.

HUD plans to offer additional information (for example, through future CoC Program NOFOs) on how a community could qualify to serve Category 3 individuals and families through YHDP and the CoC Program.

GAO Recommendation 3: The Executive Director of USICH, in coordination with HUD's Office of Special Needs Assistance Programs and HHS's Office of the Assistant Secretary for Planning and Evaluation, should establish a timeline for developing and disseminating information, such as an interactive decision-making tool, to help providers accurately identify the federal homelessness assistance programs for which individuals seeking services are eligible.

GAO Recommendation 4: HUD's Deputy Assistant Secretary for Special Needs, in coordination with USICH and HHS's Office the Assistant Secretary for Planning and Evaluation, should establish a timeline for developing and disseminating information, such as an interactive decision-making tool, to help providers accurately identify the federal homelessness assistance programs for which individuals seeking services are eligible.

GAO Recommendation 5: HHS's Assistant Secretary for Planning and Evaluation, in coordination with USICH and HUD's Office of Special Needs Assistance Programs, should establish a timeline for developing and disseminating information, such as an interactive decision-making tool, to help providers accurately identify the federal homelessness assistance programs for which individuals seeking services are eligible.

HUD agrees with these recommendations (3, 4, 5). HUD believes these recommendations should be combined and coordinated by USICH, given their expertise as a coordinating agency. USICH is already developing an interactive decision-making tool, and HUD will continue to support the development and implementation/dissemination of the tool in partnership with HHS.

GAO Recommendation 6: HUD's Deputy Assistance Secretary, Office of Special Needs, in coordination with HHS's Family and Youth Services Bureau and Children's Bureau, should develop information for local providers that includes examples of how communities have addressed the needs of unaccompanied minors experiencing homelessness, including the role of the CoC Program and other entities (such as RHY providers and child welfare) in serving the population in these communities.

GAO Recommendation 7: HHS's Associate Commissioners for the Family and Youth Services Bureau and for the Children's Bureau, in coordination with HUD's Office of Special Needs Assistance Programs, should develop information for local providers that includes examples of how communities have addressed the needs of unaccompanied minors experiencing homelessness, including the role of the CoC Program and other entities (such as RHY providers and child welfare) in serving the population in these communities.

HUD agrees with recommendations 6 and 7 and is eager to work with HHS on these recommendations as they have the expertise and oversight responsibility for the child welfare system.

GAO Recommendation 8: HUD's Deputy Assistant Secretary, Office of Special Needs, in coordination with HHS's Family and Youth Services Bureau, should provide communities with additional information on strategies and promising practices for coordinating their CoC and RHY Programs' efforts to address youth homelessness.

HUD has published resources to help communities coordinate among different stakeholders and providers. For example, the [YHDP Guidebooks](#) include information about coordination. To better promote these partnerships, including between projects funded through the CoC and RHY Programs, HUD plans to publish more information about effective partnerships based on the experiences of communities, including YHDP communities.

GAO Recommendation 10: HUD's Deputy Assistant Secretary, Office of Special Needs, in coordination with HHS's Family and Youth Services Bureau, should develop a set of optional youth-specific performance measures that CoCs could use to assess their local efforts to address youth homelessness. HUD should also provide CoCs with information on how they might track these measures.

**Appendix IV: Comments from the Department
of Housing and Urban Development**

4

HUD and other federal partners and researchers have been studying what performance measures would be appropriate to youth. HUD is continuing to evaluate the supplemental youth measures currently used by YHDP grantees to determine if they are effective before promoting wider adoption and will continue to work with HHS and USICH to assess suitability of the measures.

The report equates the lack of a universal (i.e., for all CoC programs, not just those funded under YHDP) measurement of educational attainment as HUD's lack of support for youth investing in themselves and future earnings through education. This mischaracterizes HUD's position. Educational attainment is a major focus within the YHDP program, in which HUD coordinates with the Department of Education to give specific technical assistance to communities on coordinating with education providers. This TA has also resulted in products, available to all CoCs, including [*Incorporating Education into Coordinated Community Responses to Youth and Young Adult Homelessness*](#). Additionally, HUD is currently exploring adding a measure of participant's self-reported well-being for all clients (adults as well as youth).

Thank you for the opportunity to comment on this draft report. The discussions leading to this draft report have already resulted in thoughtful, internal discussions and renewed dialogue with HHS. HUD looks forward to reviewing the final report.

If you have any follow up questions, please contact Norman Suchar at Norman.A.Suchar@hud.gov.

Sincerely,

**JAMES
JEMISON**

James A. Jemison, II
Principal Deputy Assistant Secretary
Office of Community Planning and Development

Digitally signed by
JAMES JEMISON
Date: 2021.09.21
18:18:14 -04'00'

Appendix V: 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

September 10, 2021

Alicia Puente Cackley
Director, Financial Markets
and Community Investment Issues
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, "*Youth Homelessness: HUD and HHS Could Enhance Coordination to Better Support Communities*" (Job code 103766/GAO-21-540).

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

Sincerely,

Rose M.
Sullivan -S

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Sullivan -S
Date: 2021.09.10 13:06:40
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Rose Sullivan
Acting, Assistant Secretary for Legislation
Principal Deputy Assistant Secretary for Legislation

Attachment

**Appendix V: Comments from the Department
of Health and Human Services**

**GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN
SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT
REPORT ENTITLED – YOUTH HOMELESSNESS: HUD AND HHS COULD
ENHANCE COORDINATION TO BETTER SUPPORT COMMUNITIES (GAO-21-540)**

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 5

HHS's Assistant Secretary for Planning and Evaluation, in coordination with USICH and HUD's Office of Special Needs Assistance Programs, should establish a timeline for developing and disseminating information, such as an interactive decision-making tool, to help providers accurately identify the federal homelessness assistance programs for which individuals seeking services are eligible. **(Recommendation 5)**

HHS Response

HHS concurs with GAO's recommendation.

ASPE has worked in the past with USICH, HUD, and other Federal agencies on an effort to help communities identify the federal homelessness assistance programs for which individuals seeking services are eligible. ASPE will collaborate with USICH and HUD to identify the most effective and efficient vehicle for developing and disseminating this information and develop a potential timeline, which may include the steps necessary to secure resources for implementation.

Recommendation 7

HHS's Associate Commissioners for the Family and Youth Services Bureau and for the Children's Bureau, in coordination with HUD's Office of Special Needs Assistance Programs, should develop information for local providers that includes examples of how communities have addressed the needs of unaccompanied minors experiencing homelessness, including the role of the CoC program and other entities (such as RHY providers and child welfare) in serving this population in these communities. **(Recommendation 7)**

HHS Response

HHS concurs with GAO's recommendation.

HHS will plan to engage HUD's Office of Special Needs in conversations about their interest in participating in a series of meetings to determine the best approach for identifying best practices in serving unaccompanied minors experiencing homeless, which might include gathering feedback on effective partnerships between Runaway and Homeless Youth (RHY) grantees and the local CoCs.

We consider the ability to engage HUD in ongoing communication as a best practice for enhancing coordination of services to RHY youth in partnership with the COCs.

**Appendix V: Comments from the Department
of Health and Human Services**

**GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN
SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT
REPORT ENTITLED — YOUTH HOMELESSNESS: HUD AND HHS COULD
ENHANCE COORDINATION TO BETTER SUPPORT COMMUNITIES (GAO-21-540)**

Recommendation 9

HHS's Associate Commissioner for the Family and Youth Services Bureau, in coordination with HUD's Office of Special Needs Assistance Programs, should provide communities with additional information on strategies and promising practices for coordinating their CoC and RHY programs' efforts to address youth homelessness. **(Recommendation 9)**

HHS Response

HHS concurs with GAO's recommendation.

HHS will plan to hold several listening sessions with RHY grantee providers to continue to assess best or promising practices and to solicit input from communities where there have been successful coordination with their CoCs. For example, one promising practice that RHY providers have recommended is having a separate youth coordinated entry system so youth are prioritized with other youth and not adults. One area that needs further exploration for promising practices is in communities where there is only one RHY provider within a CoC and how to better coordinate.

Appendix VI: Comments from the U.S. Interagency Council on Homelessness



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

Dear Director Cackley:

The United States Interagency Council on Homelessness (USICH) thanks you for the opportunity to review and comment on the Government Accountability Office's (GAO) draft report titled, *Youth Homelessness: HUD and HHS Could Enhance Coordination to Better Support Communities (GAO-21-540)*.

In its report, the GAO made the following recommendation:

"The Executive Director of USICH, in coordination with HUD's Office of Special Needs Assistance Programs and HHS's Office of the Assistant Secretary for Planning and Evaluation, should establish a timeline for developing and disseminating information, such as an interactive decision-making tool, to help providers accurately identify the federal homelessness assistance programs for which individuals seeking services are eligible. (Recommendation 3)"

USICH concurs with this recommendation with an added caveat to include coordination with the Department of Education Office of Elementary and Secondary Education and Department of Labor Employment and Training Office. As the report acknowledges, "through its Working Group on the Implementation of the Federal Definitions of Homelessness, which HUD and HHS both participate in, USICH has developed a framework for an interactive decision-making tool." In 2019, this Working Group was created and led under the direction of Council Chair leadership: The Department of Education. The working group membership consisted of USICH, ED, DOL, HUD, and HHS. The working group was facilitated by USICH as part of a larger effort to support communities in understanding and using data sources that include the annual Point-in-Time (PIT) count and school year data from the Education for Homeless Children and Youths (EHCY) Program.

USICH agrees with this recommendation and would encourage coordination with ED and DOL in helping providers to accurately identify the federal homelessness assistance programs for which individuals seeking services are eligible.

Again, thank you for the opportunity to review and respond to the draft report.

Sincerely,

A handwritten signature in black ink that reads "Anthony Love".

Anthony Love
Interim Executive Director
United States Interagency Council on Homelessness

Appendix VII: GAO Contact and Staff Acknowledgments

GAO Contact

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

Staff Acknowledgments

In addition to the contact named above, Andrew Pauline (Assistant Director), Janet Fong (Analyst in Charge), Hannah Dodd, Christina Lee, Marc Molino, Steven Putansu, Jessica Sandler, Jennifer Schwartz, Farrah Stone, and Tatyana Walker made key contributions to this report.

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