



September 2022

HOMELESSNESS

VA Provides Support to the Most Vulnerable Women Veterans and Has Taken Steps to Improve Services

Why GAO Did This Study

Past research shows that women who are experiencing homelessness are more likely to be veterans than those in the general population. Further, they are more often than men accompanied by children, according to VA. SSVF aims to promote housing stability among veterans facing homelessness, including their families. The program uses a nationwide network of nonprofit service providers to help with housing needs, services, and benefits, such as income support and child care.

The Deborah Sampson Act of 2020 included a provision for GAO to review whether SSVF is meeting the needs of women veterans. GAO examined (1) the characteristics of women veterans who participated in SSVF and services they received; and (2) how VA ensures that SSVF service providers meet the needs of veterans, including women.

GAO analyzed VA data on veterans served by SSVF from fiscal years 2017 through 2021, and interviewed VA officials and SSVF service providers in 10 localities. These localities were selected to achieve variation in factors including concentrations of veterans facing homelessness and geographic location. GAO also conducted four discussion groups with women veterans who had faced homelessness in the last 5 years. GAO reviewed relevant federal laws, policies, and VA guidance, as well as literature on women veterans and homelessness.

What GAO Recommends

GAO recommends that VA evaluate and report to Congress and the public on SSVF's efforts and progress in improving service provider quality. VA agreed with GAO's recommendation.

View [GAO-22-105360](#). For more information, contact Kathryn A. Larin at (202) 512-7215 or larink@gao.gov.

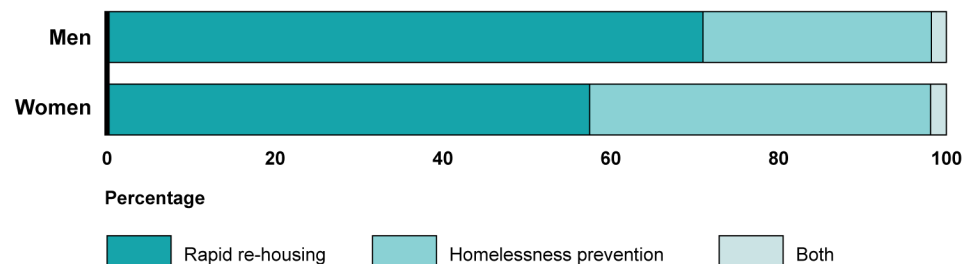
HOMELESSNESS

VA Provides Support to the Most Vulnerable Women Veterans and Has Taken Steps to Improve Services

What GAO Found

From fiscal years 2017 through 2021, the Department of Veterans Affairs' (VA) Supportive Services for Veteran Families (SSVF) program served about 11,100 women veterans annually, making up about 13 percent of all veterans served each year. About 40 percent of these women veterans had children with them. The program supports women veterans through (1) rapid re-housing to help those who are experiencing homelessness transition to permanent housing, and (2) prevention services to help veterans remain in their home as they resolve a housing crisis. The program prioritizes serving veterans who are experiencing homelessness and hence, about 57 percent of women veterans in SSVF were enrolled for rapid re-housing (see figure). About 56 percent of women veterans in SSVF received temporary financial assistance to help with housing costs. For example, SSVF provided an annual average of \$911 to women veterans for help with paying rent, compared with \$789 for men. SSVF officials said women veterans are more likely than men to be living with children and thus, require larger, more expensive apartments.

Percentage of Veterans in SSVF Enrolled for Rapid Re-Housing or Homelessness Prevention by Gender, on Average Each Year, Fiscal Years 2017-2021



Source: GAO analysis of data from the Department of Veterans Affairs' (VA) Supportive Services for Veteran Families (SSVF) program. | [GAO-22-105360](#)

SSVF uses veterans' feedback to identify and address service needs, and is taking steps to enhance its oversight of provider quality. Based on feedback, SSVF provided additional funding to service providers to hire staff to help veterans navigate health care and legal systems. Staff from five of the 10 service providers GAO interviewed described how these new efforts may benefit women veterans, such as those seeking health care for sexual trauma. SSVF also uses periodic audits and other tools to oversee the quality of service providers. However, GAO found that several providers continually ranked lower than their peers when veterans were asked about quality of services and courteousness of staff. Further, four of the six women veterans in GAO's discussion groups who had received SSVF services described feeling demoralized or shamed by VA or provider staff. SSVF officials outlined recent efforts to enhance oversight in this area, such as a new process implemented in fiscal year 2022 that requires service providers to address veteran feedback from surveys. Evaluating these new efforts would help SSVF determine whether additional actions are needed to improve provider quality. Reporting to Congress and the public on the results would be consistent with VA's commitment to accountability and transparency.

Contents

Letter		1
	Background	4
	SSVF Supported About 11,100 Women Veterans Facing Homelessness Annually with Services Such As Temporary Financial Assistance	10
	SSVF Uses Veterans' Feedback to Identify and Address Service Needs, and Is Taking Steps to Enhance Oversight of Provider Quality	25
	Conclusions	34
	Recommendation for Executive Action	34
	Agency Comments and Our Evaluation	35
Appendix I	Objectives, Scope, and Methodology	36
Appendix II	Comments from the Department of Veterans Affairs	40
Appendix III	GAO Contact and Staff Acknowledgments	42
Table		
	Table 1: Selected Localities for Interviews with SSVF Service Providers	38
Figures		
	Figure 1: Services Offered by SSVF Service Providers	8
	Figure 2: Funding for the Supportive Services for Veteran Families (SSVF) Program, Fiscal Years 2020-2022	9
	Figure 3: Percentage of Veterans in SSVF Who Were Living on Their Own versus with Children by Gender, on Average Each Year, Fiscal Years 2017-2021	11
	Figure 4: Percentage of Women Veterans in SSVF by Selected Demographics, on Average Each Year, Fiscal Years 2017-2021	12
	Figure 5: Percentage of Veterans in SSVF Who Were Enrolled for Rapid Re-Housing or Homelessness Prevention by Gender, on Average Each Year, Fiscal Years 2017-2021	13

Figure 6: Uses and Amounts of Temporary Financial Assistance for Women Veterans in SSVF, on Average Each Year, Fiscal Years 2017-2021	15
Figure 7: Housing Outcomes for Women Veterans upon Exit from SSVF, on Average Each Year, Fiscal Years 2017-2021	17
Figure 8: SSVF Target Populations, Fiscal Years 2017-2022	21
Figure 9: Percentage of Veterans Enrolled in SSVF for Homelessness Prevention, Fiscal Years 2017-2021	24

Abbreviations

CHALENG	Community Homelessness Assessment, Local Education and Networking Groups
HUD	Department of Housing and Urban Development
SSVF	Supportive Services for Veteran Families
VA	Department of Veterans Affairs

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September 8, 2022

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

The Honorable Mark Takano
Chairman
The Honorable Mike Bost
Ranking Member
Committee on Veterans' Affairs
House of Representatives

Women veterans are the fastest growing segment of the veteran population, estimated by the Department of Veterans Affairs (VA) to be 2 million of nearly 19.2 million veterans in fiscal year 2021. As the number of women veterans has grown, so have concerns about homelessness among this population. Women experiencing homelessness were more likely to be veterans than those in the general population, according to a 2012 study.¹ Further, the Congressional Research Service reported in 2015 that women veterans face challenges that could contribute to their risks of homelessness. For example, past research found that women veterans are more likely to have reported incidents of sexual assault than those in the general population, and nearly 40 percent of women veterans who experienced homelessness and used VA health care services in fiscal year 2010 had experienced sexual assault or harassment while in the military.² Other studies indicate that women veterans at risk of

¹J. Fargo, S. Metraux, T. Byrne, E. Munley, A. E. Montgomery, H. Jones, G. Sheldon, V. Kane, and D. Culhane, "Prevalence and Risk of Homelessness Among US Veterans," *Preventing Chronic Disease*, vol. 9 (2012): 110112.

²Congressional Research Service, *Veterans and Homelessness*, RL34024 (Washington, D.C.: Nov. 30, 2015). Also see D. Washington, E. Yano, and J. McGuire, et al., "Risk Factors for Homelessness among Women Veterans," *Journal of Health Care for the Poor and Underserved*, vol. 21, no. 1 (2010): 81-91 and J. Pavao, J. Turchik, and J. Hyun, et al., "Military Sexual Trauma Among Homeless Veterans," *Journal of General Internal Medicine*, vol. 28, no. S2 (2013): 536-541.

homelessness may experience substance abuse, post-traumatic stress disorder, health issues, intimate partner violence, and unemployment.³

VA, along with other federal agencies, assists veterans facing homelessness with a number of programs and services. For example, VA's Supportive Services for Veteran Families (SSVF) program aims to promote stability among veterans facing homelessness by helping them find short-term and maintain long-term housing, among other things. The program serves veterans of all genders, including their families, who meet certain income requirements and are considered to be, or at imminent risk of, experiencing homelessness. Under the program, VA awards competitive grants to eligible private nonprofit organizations nationwide, referred to as service providers.⁴ These service providers are to help veterans address their housing needs and obtain supportive services for which they may be eligible, such as health care, income support, transportation, and child care.

The Deborah Sampson Act of 2020 included a provision for GAO to review whether SSVF is meeting the needs of women veterans facing homelessness, including those who have children.⁵ GAO examined (1) the characteristics of women veterans who participated in SSVF and services they received; and (2) how VA ensures that SSVF service providers meet the needs of veterans, including women.

To examine information on the characteristics of women veterans who participated in SSVF and the services they received, we analyzed data from the SSVF program. Specifically, we examined the number of veterans served from fiscal years 2017 through 2021, their demographic characteristics (e.g., gender, race, ethnicity, age, and whether they had

³Also see, for example, A. Hamilton, I. Poza, and D. Washington, "Homelessness and Trauma Go Hand-in-Hand: Pathways to Homelessness among Women Veterans," *Women's Health Issues*, vol. 21, no. 4 (2011): 203–209 and S. Felder and P. Delany, "The life course of homeless female Veterans: Qualitative study findings," *Journal of Military, Veteran and Family Health*, vol. 6, no. 3 (2020): 31-39.

⁴The term "private nonprofit organization" refers to any incorporated private institution or foundation that meets certain specified criteria, a for-profit limited partnership, the sole general partner of which is an organization meeting the specified criteria, a corporation wholly owned and controlled by an organization meeting the specified criteria, or a tribally designated housing entity (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. § 4103)). 38 C.F.R. § 62.2.

⁵Title V of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 is known as the Deborah Sampson Act of 2020. Pub. L. No. 116-315, tit. V, § 5001, 134 Stat. 4931, 5021 (2021).

dependents), the types of services they received (e.g., case management services and assistance obtaining VA benefits), and outcomes upon exit from the program (e.g., how many veterans obtained health insurance, an income source, and housing). We determined that the data were sufficiently reliable for the purpose of describing the characteristics, services, and outcomes upon exit of veterans in SSVF.

To further examine how SSVF serves women veterans and ensures that service providers that receive SSVF grants are meeting veterans' needs, we interviewed VA officials, veteran advocates, and SSVF service providers. Specifically, we met with VA officials from SSVF as well as four other VA offices who work with women veterans facing homelessness. We also interviewed veteran advocates from two organizations that conduct research and advocacy on issues pertaining to women veterans and homelessness.

Additionally, we interviewed program managers and staff responsible for providing SSVF services in 10 localities served by a "Continuum of Care." A Continuum of Care is a network composed of stakeholders in a geographical area that, among other things, coordinate to provide homelessness services, apply for grants, set local priorities, and collect homelessness data for all homeless populations. We selected the 10 localities to achieve variation in factors including concentrations of veterans experiencing homelessness and women veterans experiencing homelessness, progress toward meeting federal criteria and benchmarks for ending veteran homelessness, geographic location, and population density (i.e., rural versus urban). The selected localities spanned across 11 states, including California, Florida, Illinois, Kansas, Louisiana, Massachusetts, Michigan, Missouri, Pennsylvania, Tennessee, and Washington. The information obtained in selected localities is not generalizable to all localities. We also examined results from participant satisfaction surveys that were available from fiscal years 2017 through 2020, in which veterans who were served by SSVF had the opportunity to provide feedback on the quality and timeliness of services.

To inform both objectives, we held four discussion groups with both women veterans who had been served by SSVF and those who had not, but had faced homelessness within the last 5 years. We identified these veterans by working with staff from selected SSVF service providers and VA officials from the Center for Women Veterans, who helped us solicit participants for our groups. Of the 11 women veterans who volunteered to attend, six had been served by SSVF. Though not generalizable, we used the information obtained from women veterans to provide illustrative

examples of their experiences. Lastly, we reviewed relevant federal laws, policies, and VA guidance, as well as literature on women veterans and homelessness. For additional information about our objectives, scope, and methodology, see appendix I.

We conducted this performance audit from August 2021 to September 2022 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

Homelessness and Women Veterans

The federal government has made concerted efforts to end veteran homelessness over the last decade. For example, VA, the Department of Housing and Urban Development (HUD), and others have collaborated through their agency representatives on the U.S. Interagency Council on Homelessness to establish initiatives and a working group focused on ending veteran homelessness.⁶ The Council has established criteria and benchmarks intended to help communities drive down the number of veterans experiencing homelessness as close to zero as possible, while building systems to respond to future needs.

GAO identified 16 federal homelessness programs that target services to veterans in a 2020 report.⁷ These programs provide short- and long-term housing, health care, employment assistance, and supportive services, such as assistance with rent, utilities, and moving costs. Some programs serve veterans experiencing homelessness whereas others also serve those at risk of experiencing homelessness, which can include veterans facing imminent evictions or temporarily living with family members or

⁶The U.S. Interagency Council on Homelessness is an independent entity within the Executive Branch charged with coordinating the federal response to homelessness and creating a national partnership at every level of government and with the private sector to reduce and end homelessness nationally while maximizing the effectiveness of the federal government in contributing to the end of homelessness.

⁷GAO, *Homeless Veterans: Opportunities Exist to Strengthen Interagency Collaboration and Performance Measurement Procedures*, [GAO-20-428](#) (Washington, D.C.: May 14, 2020).

friends.⁸ According to HUD data, the number of veterans counted as experiencing homelessness has declined by one-half, from about 74,000 in fiscal year 2010 to about 37,000 in fiscal year 2020.

GAO and others have raised concerns that federal homelessness programs and services may not be tailored to meet the specific needs of women veterans. For example, VA noted in 2020 that men experiencing homelessness are frequently living on their own, without family or dependents, and are more likely to use federal programs for emergency shelter and shorter-term housing. VA noted further that women experiencing homelessness are more often accompanied by children, which may prevent them from accessing these services that are traditionally targeted to individual adults. Our prior work in 2011 found that 60 percent of VA transitional housing programs that served women veterans did not house children.⁹ Further, most programs that did house children placed restrictions on the ages or numbers of children. A 2021 study also found that though there were no differences among genders in the lifetime prevalence of homelessness among veterans using VA health care services, men were more likely to be identified as experiencing homelessness and to use homelessness programs.¹⁰ More than 3,100 women veterans were counted as experiencing homelessness in 2020, making up more than 8 percent of all veterans counted as experiencing homelessness that year, according to HUD data. However, the actual number may be higher because women veterans may often live

⁸Definitions of homelessness can vary among federal programs. In this report, we refer to “veterans experiencing homelessness” or “literally homeless” as those who lack a fixed, regular, and adequate nighttime residence. This can include veterans living in encampments or temporary shelters. We refer to “veterans at risk of experiencing homelessness” or “experiencing housing instability” as those who may lose their housing within a specified period of time and lack options for another place to live. We refer to both groups as “veterans facing homelessness.”

⁹See GAO, *Homeless Women Veterans: Actions Needed to Ensure Safe and Appropriate Housing*, [GAO-12-182](#) (Washington, D.C.: Dec. 23, 2011).

¹⁰J. Tsai, R. Pietrzak, and D. Szymkowiak, “The Problem of Veteran Homelessness: An Update for the New Decade.” *American Journal of Preventive Medicine*, vol. 60, no. 6 (June 2021): 774-780.

temporarily with family members or friends, making them hard to identify as experiencing homelessness, according to VA.¹¹

VA's Supportive Services for Veteran Families Program

SSVF was the first VA homelessness program designed to serve veterans inclusive of their families, according to VA.¹² SSVF aims to promote housing stability among veterans who are facing homelessness by

1. conducting community outreach and identifying veterans facing homelessness;
2. rapidly re-housing veterans experiencing homelessness into safe, affordable permanent housing;¹³
3. resolving housing crises for veterans at risk of homelessness;
4. helping veterans increase their income through employment and access to VA and other public benefits so they can maintain their housing once immediate crises have passed; and
5. helping veterans resolve barriers to finding and maintaining housing, including addressing legal, health, transportation, child care, and other needs.

To help achieve these goals, SSVF awards competitive grants to service providers nationwide to offer a range of supportive services to veterans. Specifically, service providers are required to conduct outreach to identify veterans who may be in need of services, determine their eligibility, and

¹¹Similarly, GAO has previously reported on limitations for measuring homelessness, and found that data likely underestimate the size of the homeless population because identifying people experiencing homelessness is inherently difficult. See GAO, *Homelessness: Better HUD Oversight of Data Collection Could Improve Estimates of Homeless Population*, [GAO-20-433](#) (Washington, D.C.: July 14, 2020) and *Homelessness: HUD Should Help Communities Better Leverage Data to Estimate Homelessness*, [GAO-22-104445](#) (Washington, D.C.: Nov. 22, 2021).

¹²The program was authorized under the Veterans' Mental Health and Other Care Improvements Act of 2008, Pub. L. No. 110-387, tit. VI, § 604(b)(1), 122 Stat. 4109, 4132-36 (codified at 38 U.S.C. § 2044).

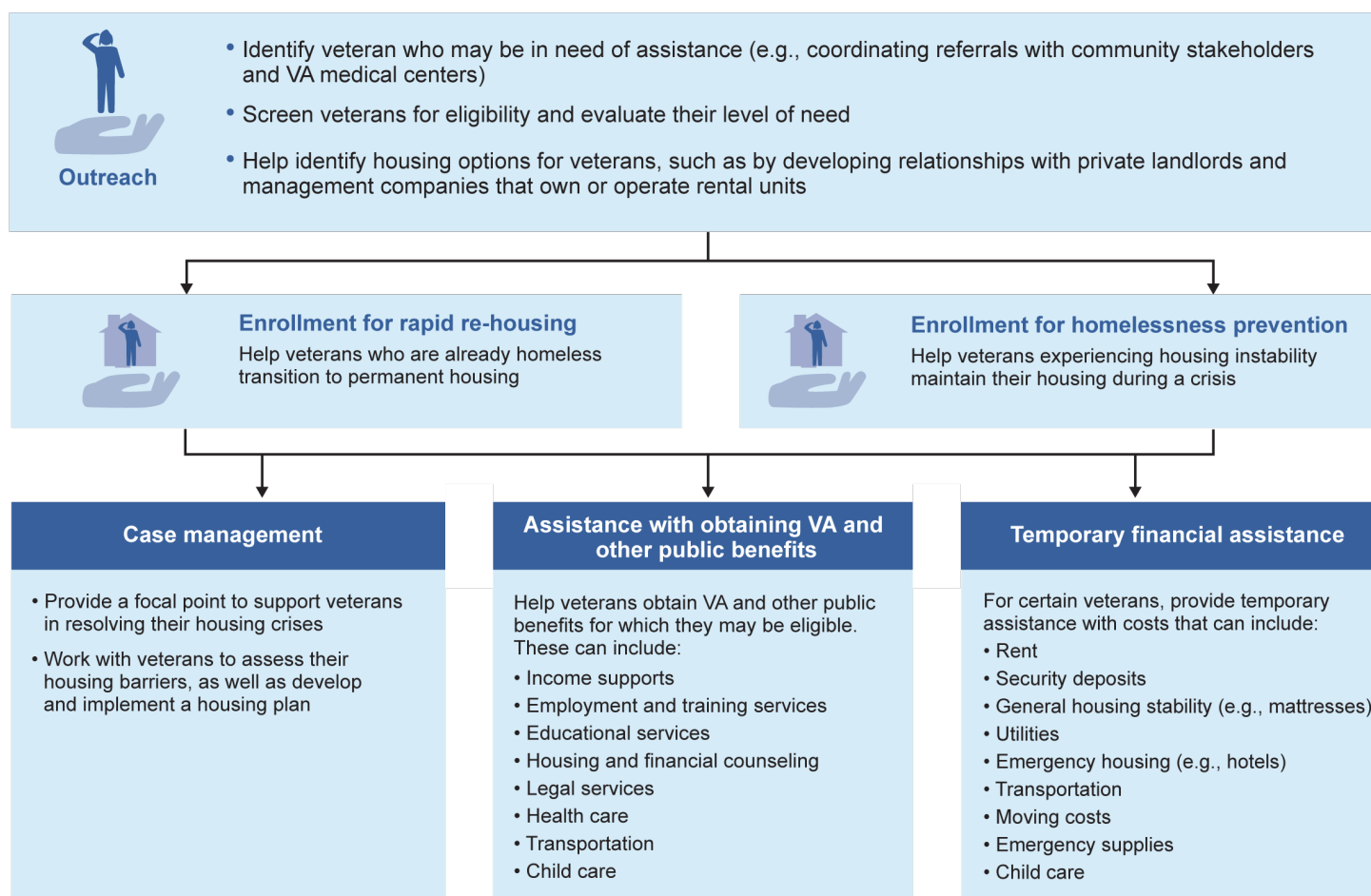
¹³SSVF defines "permanent housing" as community-based housing without a designated length of stay where an individual or family has a lease in accord with state and federal law that is renewable and terminable only for cause. This can include a house or apartment with a month-to-month or annual lease term, or home ownership.

evaluate their needs.¹⁴ Providers then enroll identified veterans for either rapid re-housing or homelessness prevention. Rapid re-housing aims to help veterans experiencing homelessness quickly exit homelessness and transition to permanent housing. Homelessness prevention aims to help veterans experiencing housing instability remain in their home as they resolve a housing crisis (e.g., an imminent eviction). Once enrolled, service providers are required to offer all veterans case management services to help them develop and implement a housing plan. Service providers are also required to help veterans obtain VA and other public benefits, and may also provide temporary financial assistance to certain veterans to help them obtain new housing or remain in their current housing as they secure additional income (see fig. 1).¹⁵ Service providers may choose to provide additional services not required by SSVF, with the program's approval.

¹⁴According to the SSVF Program Guide, to be a participant in the program the following conditions must be met (1) be a veteran or member of a veteran family, (2) be part of a household whose income does not exceed 50 percent of area median income, and (3) be literally homeless or facing a loss of their current primary nighttime residence within 30 days. Veterans who are fleeing a domestic violence situation are considered literally homeless. Veterans who are literally homeless must have a plan with their service provider to transition to permanent housing within 90 days.

¹⁵SSVF service providers have discretion in determining which veterans are offered temporary financial assistance. Service providers are required to prioritize the assistance to veterans who would remain or become homeless without it, and focus the assistance on addressing the most critical threats to the veteran's housing stability. SSVF guidance to service providers also outlines restrictions on the uses, amounts, and duration of temporary financial assistance. For example, direct cash assistance is prohibited, as are certain expenses including credit card bills, mortgages, and pet care.

Figure 1: Services Offered by SSVF Service Providers

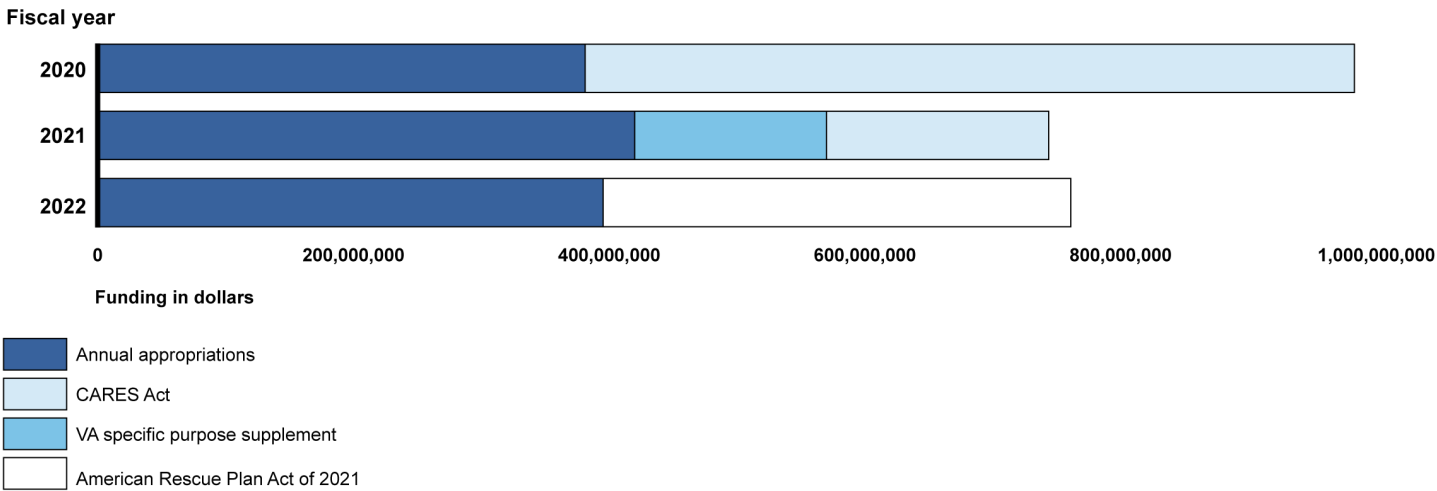


Source: GAO summary of documents from the Department of Veterans Affairs' (VA) Supportive Services for Veteran Families (SSVF) program. | GAO-22-105360.

Beginning in fiscal year 2020, funding provided to SSVF was supplemented by Congress and VA in response to the COVID-19 pandemic, according to VA officials. The SSVF program received nearly \$1.2 billion from annual appropriations in fiscal years 2020 through 2022 (an average of about \$398.9 million each year). According to VA officials, the program received an additional \$775.3 million provided to VA under the CARES Act in fiscal years 2020 and 2021, as well as an additional

\$150 million from VA specific purpose funds in fiscal year 2021.¹⁶ According to SSVF officials, SSVF was able to use these specific funds for general program purposes. Lastly, SSVF received an additional \$365.7 million provided to the VA under the American Rescue Plan Act of 2021 in fiscal year 2022.¹⁷ According to SSVF officials, SSVF is able to use some of these funds for general purposes, and others are to be used for specified purposes such as rental assistance and legal services (see fig. 2). SSVF officials said they used these funds primarily to provide grants to over 260 service providers each year.

Figure 2: Funding for the Supportive Services for Veteran Families (SSVF) Program, Fiscal Years 2020-2022



Source: GAO analysis of information from the Department of Veterans Affairs. | GAO-22-105360

¹⁶The CARES Act was enacted on March 27, 2020. Pub. L. No. 116-136, 134 Stat. 281 (2020). According to VA officials, SSVF received additional VA specific purpose funds as authorized under the CARES Act due to the public health emergency.

¹⁷The American Rescue Plan Act of 2021 was enacted on March 11, 2021. Pub. L. No. 117-2, 135 Stat. 41.

SSVF Supported About 11,100 Women Veterans Facing Homelessness Annually with Services Such As Temporary Financial Assistance

A Majority of Women Veterans Served by SSVF Did Not Have Children with Them and Were Already Experiencing Homelessness

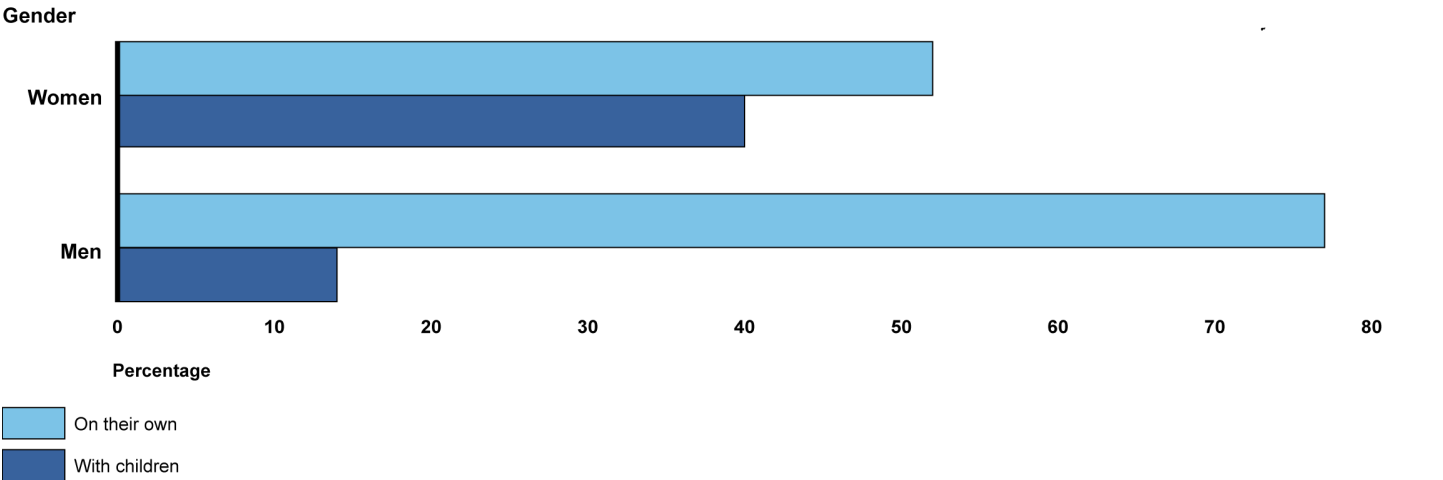
From fiscal years 2017 through 2021, SSVF served an average of about 11,100 women veterans each year, consistently making up about 13 percent of all veterans served, according to our analysis of SSVF data.¹⁸ In comparison, women veterans were about 10 percent of the overall veteran population, on average, and about 9 percent of all veterans identified as experiencing homelessness each year.¹⁹ Of women served by SSVF, most lived on their own without dependents, including children or other family members. However, women more often than men had

¹⁸The analysis in this section presents data on veterans served during a 5-year time period, unless otherwise noted. Because an individual veteran's service period may have extended across fiscal years, we examined data in each year and calculated an average across years when describing the number and percentages of veterans served, the services they received, and their outcomes. Results can vary year-to-year, for example, due to program changes and available funding during the public health emergency. We noted some examples of this variation in our report, particularly if the variation pertained to women veterans. For this analysis, we removed duplicate cases of veterans who were served more than once in the same fiscal year, with some exceptions. First, veterans who were served in the same fiscal year by different service providers may not have been identified as the same veteran. Second, in our analysis of services and benefits received under SSVF, the same veteran may have received various services or benefits more than once in the same fiscal year.

¹⁹Data on the number of women veterans in the general population were not readily available for 2017. Thus averages for the number of women veterans were calculated using data from 2018 through 2021 only. In addition, existing data on the number of veterans identified as experiencing homelessness for fiscal year 2021 were incomplete. Thus, averages for the number of veterans identified as experiencing homelessness were calculated using data from fiscal years 2017 through 2020 only. As mentioned previously, data on the size of the homeless population is likely an underestimate because identifying people experiencing homelessness is inherently difficult.

children living with them.²⁰ Specifically, 40 percent of women veterans participating in SSVF had children, with about three-fourths of these veterans being single parents.²¹ In comparison, 14 percent of men served by SSVF had children, with about one-third of these veterans being single parents (see fig. 3).

Figure 3: Percentage of Veterans in SSVF Who Were Living on Their Own versus with Children by Gender, on Average Each Year, Fiscal Years 2017-2021



Source: GAO analysis of data from the Department of Veterans Affairs’ (VA) Supportive Services for Veteran Families (SSVF) program. | GAO-22-105360

Note: Values do not sum to 100 percent because the figure does not include veterans who entered SSVF with family members other than children. For example, 4 percent of women veterans participated in SSVF with a spouse but no children, compared with 7 percent for men, on average each year from fiscal years 2017 through 2021.

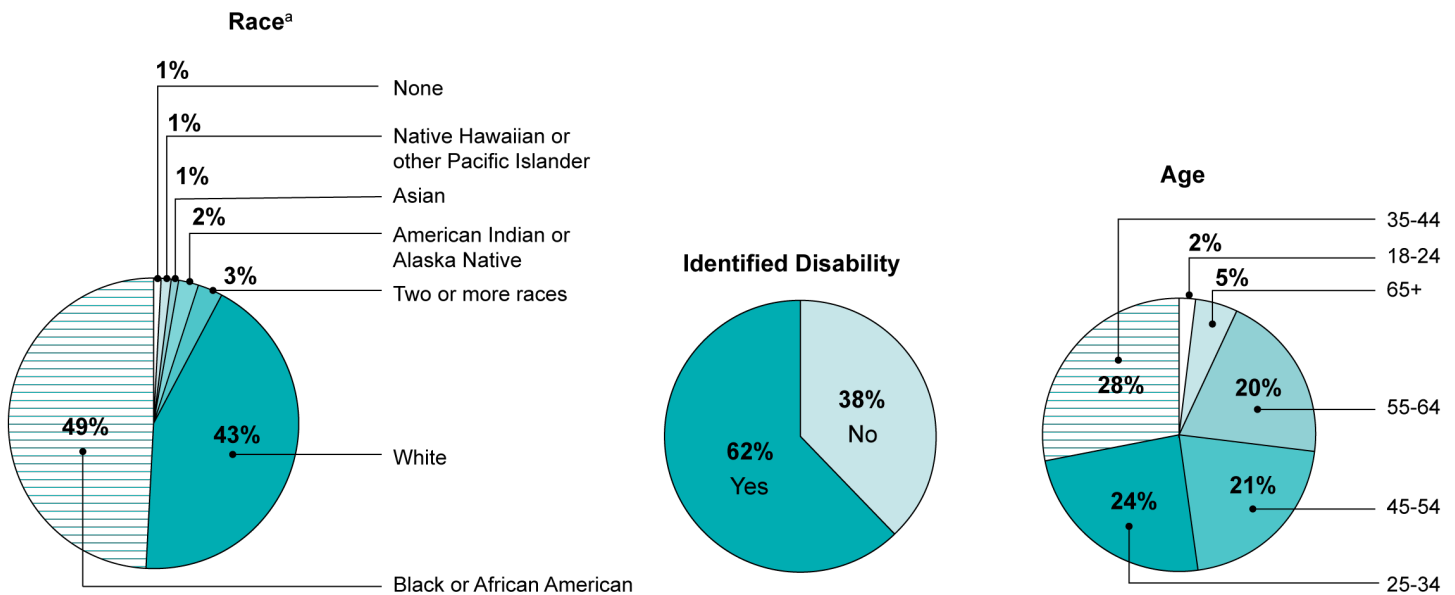
Each year on average, about 49 percent of women veterans served by SSVF identified as Black or African American and about 62 percent identified as having a disabling condition, such as post-traumatic stress disorder, a developmental disability, or a service-connected injury or illness (see fig. 4). In comparison to the overall population of women

²⁰SSVF collects information about veterans who identified themselves as male, female, transgender, and gender non-conforming, though all of these options for identifying a gender were not always available between fiscal years 2017 through 2021. Veterans who identified as a gender other than male or female made up about 0.2 percent of the population served by the program during this time. Because this percentage is small, we did not include these veterans in comparisons with the percentage of women veterans served in our report.

²¹In our analysis, we defined a “single parent” as a veteran enrolled in the program with only children listed in their household.

veterans, VA identified about 19 percent of all women veterans as Black or African American and 25 percent as having a service-connected disability in 2017.²²

Figure 4: Percentage of Women Veterans in SSVF by Selected Demographics, on Average Each Year, Fiscal Years 2017-2021



Source: GAO analysis of data from the Department of Veterans Affairs' (VA) Supportive Services for Veteran Families (SSVF) program. | GAO-22-105360

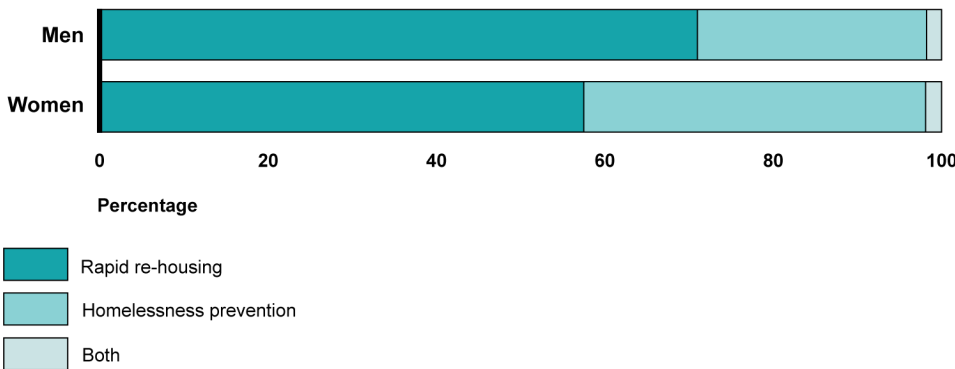
^aIn addition to race, SSVF collects data on ethnicity, specifically whether a veteran identifies as Hispanic or Latino. About 9 percent of women veterans served by SSVF identified as Hispanic or Latino, each year on average from fiscal years 2017 through 2021.

SSVF primarily enrolled women veterans for rapid re-housing because they were experiencing homelessness. Specifically, about 57 percent of the women veterans served by SSVF were enrolled for rapid re-housing, on average each year from fiscal years 2017 through 2021. However,

²²Department of Veteran Affairs, National Center for Veterans Analysis and Statistics, *Profile of Veterans: 2017*, (March 2019). Demographic data for the overall population of women veterans were not readily available for our study period from fiscal years 2017 through 2021. Further, the data reported by VA for 2017 identified veterans with service-connected disabilities and may not capture all disabling conditions. A study from 2020 using data from VA medical centers on veterans screened for homelessness found that veterans who identify as a race other than White—regardless of gender—were more likely to report that they experienced housing instability. See A. E. Montgomery, D. Szymkowiak, and J. Tsai, "Housing Instability and Homeless Program Use Among Veterans: The Intersection of Race, Sex, and Homelessness," *Housing Policy Debate*, DOI: 10.1080/10511482.2020.1712613 (2020).

women more often than men were enrolled for homelessness prevention because they were at risk of losing their housing. Forty-one percent of women veterans were enrolled for homelessness prevention, and 2 percent were enrolled in both homelessness prevention and rapid re-housing.²³ In comparison, 71 percent of men were enrolled for rapid re-housing, 27 percent for homelessness prevention, and 2 percent for both, on average each year (see fig. 5).

Figure 5: Percentage of Veterans in SSVF Who Were Enrolled for Rapid Re-Housing or Homelessness Prevention by Gender, on Average Each Year, Fiscal Years 2017-2021



Source: GAO analysis of data from the Department of Veterans Affairs' (VA) Supportive Services for Veteran Families (SSVF) program. | GAO-22-105360

SSVF Primarily Helped Women Veterans with Temporary Financial Assistance and Case Management Services, but Women Veterans May Still Face Housing Challenges

SSVF most commonly served women veterans enrolled in the program—either for rapid re-housing or homelessness prevention—with temporary

²³SSVF officials explained that a veteran may be enrolled for both homelessness prevention and rapid re-housing, for example, if they had enrolled in SSVF while experiencing housing instability and enrolled again when they began experiencing homelessness later in the year. SSVF aims to ensure that veterans exiting SSVF into permanent housing are stable and have the resources and supports to sustain housing, at least in the near term. However, veterans may re-enroll in the program if they face homelessness in the future.

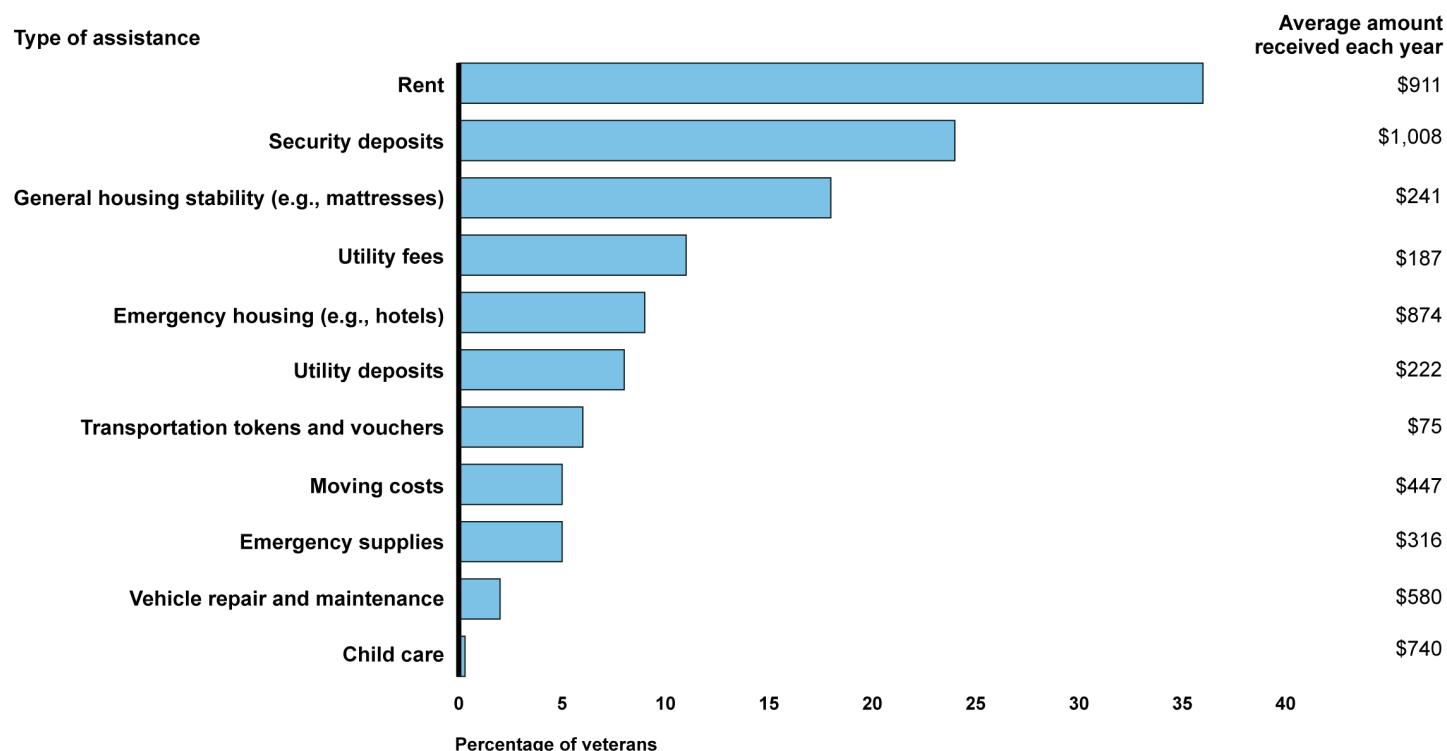
financial assistance and case management services.²⁴ On average each year, about 56 percent of enrolled women veterans received temporary financial assistance. This assistance helps veterans with certain costs for obtaining or maintaining housing (such as rent or a security deposit) while they work to secure additional income. In addition, over 52 percent of women veterans received case management services, which supports veterans who need help with resolving their housing crises and creating a housing plan.

While women and men received these SSVF services at similar rates, the average amount of temporary financial assistance that SSVF provided to each woman veteran was often greater. From fiscal years 2017 through 2021, SSVF most commonly provided temporary financial assistance for housing-related expenses including rent, security deposits, and general housing stability. General housing stability includes a broad array of expenses to facilitate stability in a new or existing residence, ranging from driver's license fees to the purchasing of mattresses. SSVF provided an annual average of \$911 to women veterans for assistance with paying rent, compared with \$789 for men.²⁵ Similarly, SSVF provided an annual average of \$1,008 to women veterans for security deposits, compared to \$867 for men (see fig. 6). SSVF officials explained that because women veterans are more likely than men to be accompanied by children, they are more likely to require larger, more expensive apartments.

²⁴Temporary Financial Assistance is paid directly to a third party on behalf of a participant for rental assistance, utility fee payment assistance, security or utility deposits, moving costs, childcare, transportation, emergency supplies, emergency housing, and general housing assistance, as necessary and within program limits.

²⁵SSVF officials said veterans may receive temporary financial assistance to help with expenses for a short period of time or supplement what the veteran had been paying (e.g., supplementing rent payments for 1 month).

Figure 6: Uses and Amounts of Temporary Financial Assistance for Women Veterans in SSVF, on Average Each Year, Fiscal Years 2017-2021



Source: GAO analysis of data from the Department of Veterans Affairs' (VA) Supportive Services for Veteran Families (SSVF) program. | GAO-22-105360

Note: Though we analyzed data across years, annual average amounts of temporary financial assistance can vary based on factors including how much assistance was available and the number of veterans who were provided such assistance.

The use and amounts of most types of temporary financial assistance increased among all veterans during the COVID-19 pandemic. In fiscal year 2019, about 51 percent of all veterans served by SSVF received temporary financial assistance compared with over 65 percent in fiscal year 2021. In addition, SSVF provided an average amount of about \$903 for help with paying rent to women veterans and \$778 for men in fiscal year 2019, compared with about \$990 and \$878, respectively, in fiscal year 2021. A senior SSVF official told us that increases in program spending were made possible with funding provided under the CARES Act and American Rescue Plan Act of 2021. In addition, they said they were able to temporarily lift certain restrictions on the uses, amounts, and duration of funds, including for temporary financial assistance, by

exercising authority provided to agencies under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.²⁶

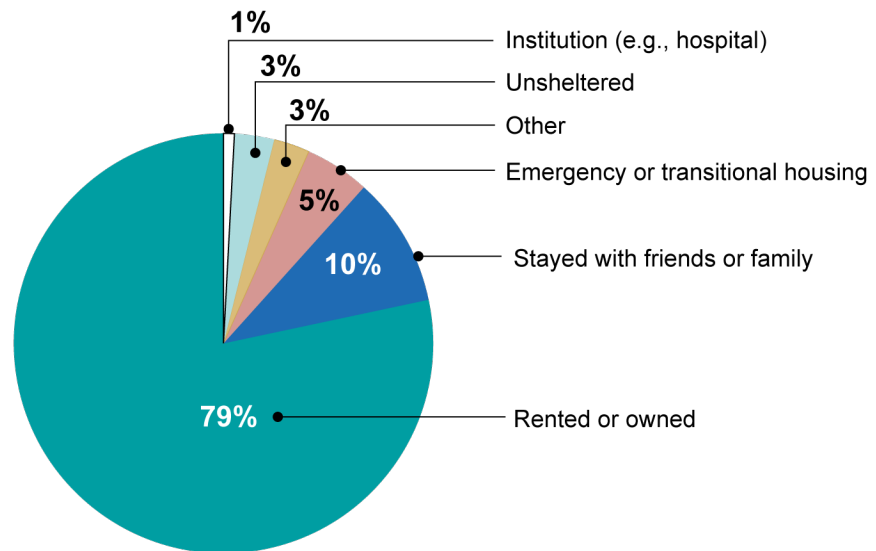
Services less commonly provided to women veterans included assistance with obtaining or coordinating public benefits as well as VA benefits, which were provided to 5 percent and 3 percent of women veterans, on average each year. These services can include assistance with obtaining health care, child care, legal services, and vocational training. Such services may be less frequently used, in some cases, because women veterans were already connected to benefits when they entered SSVF. For example, an annual average of about 92 percent of women veterans served by SSVF had entered the program with health insurance, and over 93 percent of women veterans had exited with it. Further, about 77 percent of women veterans had entered with at least one income source, such as income from employment or disability compensation, and 82 percent had exited with at least one such source. Lastly, about 44 percent of women veterans had entered with at least one type of non-cash benefit, such as food assistance, child care, or transportation benefits, and over 46 percent had exited with at least one such benefit. Though women were more likely to enter SSVF already connected to these benefits than men, the gains made were similar for both genders.²⁷

Our analysis found that women veterans most often exited the program into permanent housing. Specifically, about 79 percent of women exited the program into housing they rented or owned, on average each year from fiscal years 2017 through 2021 (see fig. 7). Men had similar outcomes, with about 73 percent exiting the program into housing they rented or owned.

²⁶This act allows federal agencies to modify or waive administrative conditions of federal assistance programs under certain limited circumstances. See 42 U.S.C. § 5141.

²⁷From fiscal years 2017 through 2021, an average of 91 percent of men had entered the program with health insurance each year, 72 percent with an income source, and 39 percent with at least one type of non-cash benefit. Of the men that exited, an average of 92 percent had health insurance, 79 percent had an income source, and 41 percent had at least one type of non-cash benefit. We were unable to determine the percentage of veterans who were connected to specific benefits, such as legal services, because SSVF does not collect information on all services and benefits veterans had upon entry to and exit from the program.

Figure 7: Housing Outcomes for Women Veterans upon Exit from SSVF, on Average Each Year, Fiscal Years 2017-2021



Source: GAO analysis of data from the Department of Veterans Affairs' (VA) Supportive Services for Veteran Families (SSVF) program. | GAO-22-105360

Note: Values may not sum to 100 percent because we rounded values to the nearest whole percent.

While overall, women veterans who participated in SSVF showed gains such as obtaining benefits or permanent housing, some women veterans we spoke with still faced challenges and expressed concerns about their housing situations and options. Four of the six women veterans in our discussion groups who had been served by SSVF, as well as veteran advocates from the two organizations we interviewed, described issues with safe and appropriate housing.²⁸ For example, one veteran told us that she decided not to accept housing through SSVF because she did not feel safe in the neighborhood where the housing was located. Another veteran told us about difficulties caring for her two young children while she stayed in SSVF-provided emergency housing (see textbox). In addition, veteran advocates from one organization we spoke with told us that some women may feel unsafe in emergency housing such as shelters, which can house genders other than women or require them to

²⁸We conducted our discussion groups and interviews with women veterans and others using semi-structured interview protocols, which included open-ended questions about veteran challenges, services received, and general thoughts on the SSVF program. Individuals volunteered their responses to these open-ended questions and thus, the counts of those who provided responses can vary as not every individual answered every open-ended question.

live in an open space with other people. Specifically, they said that this can be particularly difficult for those who had previously experienced sexual trauma. Representatives from one of these organizations also said that many temporary housing programs and shelters will only serve adults, which limits the number of shelter options available to women with children.

"It was more like a trucker stop hotel and it was far away from my daughter's school... At the time, my son was a newborn – I had just delivered him like 3 months prior to facing homelessness... [The hotel room] didn't even have a microwave... I had to go down to the lobby [to] microwave his bottles."

A woman veteran in our discussion groups describing challenges she faced in the emergency housing received under SSVF

Finding safe and appropriate housing for women veterans has been a long-standing challenge. For example, we reported in 2011 that women veterans faced difficulties finding safe housing as they awaited more permanent options. Specifically, nine of the 142 VA transitional housing programs we surveyed for that report indicated that there had been reported incidents of sexual harassment or assault on women residents. Providers we surveyed for that report also cited safety concerns as a barrier to accessing veteran housing.²⁹ Staff from four of the 10 SSVF service providers we spoke with also cited challenges finding housing options for women veterans. Staff from one service provider said they must be more selective when searching for housing for women veterans because these veterans need to be placed somewhere that feels safe. Further, they said permanent options can be difficult to find in a competitive housing market. VA reported in SSVF's fiscal year 2019 annual report that finding affordable housing has been an ongoing issue for service providers due to issues such as increasing costs of rent and a lack of landlords willing to participate in the program.³⁰

VA has prioritized efforts to expand and increase its housing stock and provide more options for veterans. VA's strategic plan for homeless

²⁹[GAO-12-182](#).

³⁰We also reported in 2020 that high housing costs and limited stock make it difficult to find affordable housing for veterans experiencing homelessness. See GAO, *Homeless Veterans: Opportunities Exist to Strengthen Interagency Collaboration and Performance Measurement Procedures*, [GAO-20-428](#) (Washington, D.C.: May 14, 2020)

programs for fiscal years 2021 through 2025 includes an objective to address this. In addition, SSVF has implemented a number of initiatives to expand options for veterans in the program. For example:

- **Shallow subsidies.** Beginning in October 2019, SSVF allowed service providers in selected communities with high-cost rental markets to offer up to 2 years of rental assistance, called “shallow subsidies,” to veterans with household incomes under 50 percent of area median income.³¹ SSVF expanded the ability to provide shallow subsidies to all service providers in all communities in August 2021. Further, VA issued final regulations that increased the maximum allowable subsidy rate from 35 to 50 percent of the “reasonable rent,” which is determined annually by HUD for specified localities.
- **Rapid Resolution.** According to a senior SSVF official, just before the start of the COVID-19 pandemic, the program introduced “Rapid Resolution” as an intervention to help veterans identify and be supported in alternative housing solutions. For example, service providers are encouraged to work with veterans in the program to identify any potential safe places where they can stay, even if temporary. Providers may support the veteran in reconnecting or reconciling with family members or friends so they may find additional housing options and avoid experiencing homelessness.
- **Landlord outreach.** SSVF encourages service providers to develop relationships with landlords, property management companies, and others with rental units as part of their outreach responsibilities. Staff from three of the 10 service providers we interviewed told us about their ongoing efforts to develop relationships with landlords to secure housing in competitive markets, including hiring staff dedicated to landlord outreach.

³¹The selected communities included six communities in California; Washington, D.C.; Honolulu, Hawaii; Cook County, Illinois; New York City and four counties in New York; and Seattle, Washington.

SSVF's Focus on Serving the Most Vulnerable Veteran Populations May Result in Fewer Services for Women Who Are At Risk Of, but Not Already Experiencing Homelessness

According to SSVF officials, the program prioritizes serving the most vulnerable veteran populations, and focuses on those already experiencing homelessness. Though the program's goal is to promote housing stability among all eligible veterans facing homelessness, SSVF officials explained that the number of veterans in need of assistance is well beyond their capacity to serve. Therefore, SSVF prioritizes serving those most in need first. SSVF officials acknowledged that as a result, some veterans may not be served because they are not considered as vulnerable as others under program criteria.

SSVF's priorities for serving the most vulnerable populations are reflected in the program's selection of service providers as well as its enrollment of veterans.

Selection of service providers. In its process for awarding competitive grants to service providers nationwide, SSVF officials explained they may score providers higher for selection based on their responses to questions about how they have served specific target populations (see fig. 8).³² SSVF defines the target populations in each year's Notice of Funding Opportunity, and they have remained consistent since at least fiscal year 2017. SSVF officials explained that the target populations reflect those that are underserved by other programs. In addition, they said they consider the geographic distribution of providers compared to the population of veterans experiencing homelessness in that area when selecting service providers. Women veterans are not listed as a target population specifically, and SSVF officials explained that this is because women veterans are generally overrepresented in the program compared to their presence in the overall veteran population. Further, they said women veterans are likely to be included in some of the target populations, particularly veterans with dependents. As mentioned previously, our analysis found that women veterans made up 13 percent of all veterans served by SSVF compared to 10 percent of the overall veteran population, on average each year from fiscal years 2017 through 2021, and were more likely than men to have children living with them.

³²SSVF scores provider applicants based on their answers to various narrative, financial, and performance questions. SSVF ranks from highest to lowest those applicants that receive a certain threshold of points and then uses the applicant's ranking as the primary basis for selection for funding.

Figure 8: SSVF Target Populations, Fiscal Years 2017-2022



Source: GAO analysis of information from the Department of Veterans Affairs' (VA) Supportive Services for Veteran Families (SSVF) program. | GAO-22-105360.

SSVF officials stated that though women veterans were not designated as a target population, the needs of women veterans were taken into consideration when designing the program. Officials explained that they wrote SSVF program regulations using information from VA's fiscal year 2010 Community Homelessness Assessment, Local Education and Networking Groups for Veterans (CHALENG) survey, which is used to identify unmet needs for all veterans.³³ The report identified family and legal services as the highest unmet needs, ahead of permanent, transitional, and emergency housing. Officials said they also conducted interviews with individual women veterans and examined information from veteran advocates and researchers when designing the program. As a result, they wrote the regulations to include services that they identified as

³³CHALENG is an annual national survey of veterans formerly or currently experiencing homelessness, VA staff, community providers, and other stakeholders about the needs of veterans experiencing homelessness in their communities. For the report in fiscal year 2010, VA collected data from 19,847 respondents, with 13,432 of them being veterans formerly or currently experiencing homelessness.

important for women veterans such as child care and provisions to allow special considerations for survivors of domestic violence.

Enrollment of veterans. SSVF prioritizes the enrollment of veterans experiencing homelessness over those experiencing housing instability. Specifically, service providers are generally required to spend at least 60 percent of their temporary financial assistance funds on veterans experiencing homelessness and thus enrolled for rapid re-housing. Accordingly, the majority of veterans in the program, including women veterans, were enrolled for rapid re-housing on average each year from fiscal years 2017 through 2021, as mentioned previously. SSVF officials said that though they understand the need to help veterans facing housing instability, they are constrained by their current financial resources. Given those limits, SSVF focuses services primarily on the more vulnerable veterans, those experiencing homelessness.

SSVF's priorities may result in fewer services aimed at meeting the needs of veterans who are facing housing instability, but are not experiencing homelessness, which may particularly affect women. As mentioned previously, 41 percent of women veterans in SSVF were enrolled for homelessness prevention compared to 27 percent for men, on average each year. In our discussion groups, four of the five women veterans who were not served by SSVF discussed challenges obtaining services despite the risks they faced losing their home or their temporary living situations with family members or friends (for example, see textbox).

"If you're behind on your rent they tell [you] it's best if you get evicted [so they] can help you get housed faster versus keeping the veteran stable in the home that their kids are already in."

A woman veteran in our discussion groups

Though SSVF officials acknowledged that fewer veterans may be enrolled for homelessness prevention given the program's priorities, the program has tools to help ensure those most in need of homelessness prevention are served. For example, SSVF directs service providers to use a "homelessness prevention screening form" to determine eligibility and prioritize enrollment for homelessness prevention when provider resources are limited due to high demand. SSVF revised this form in

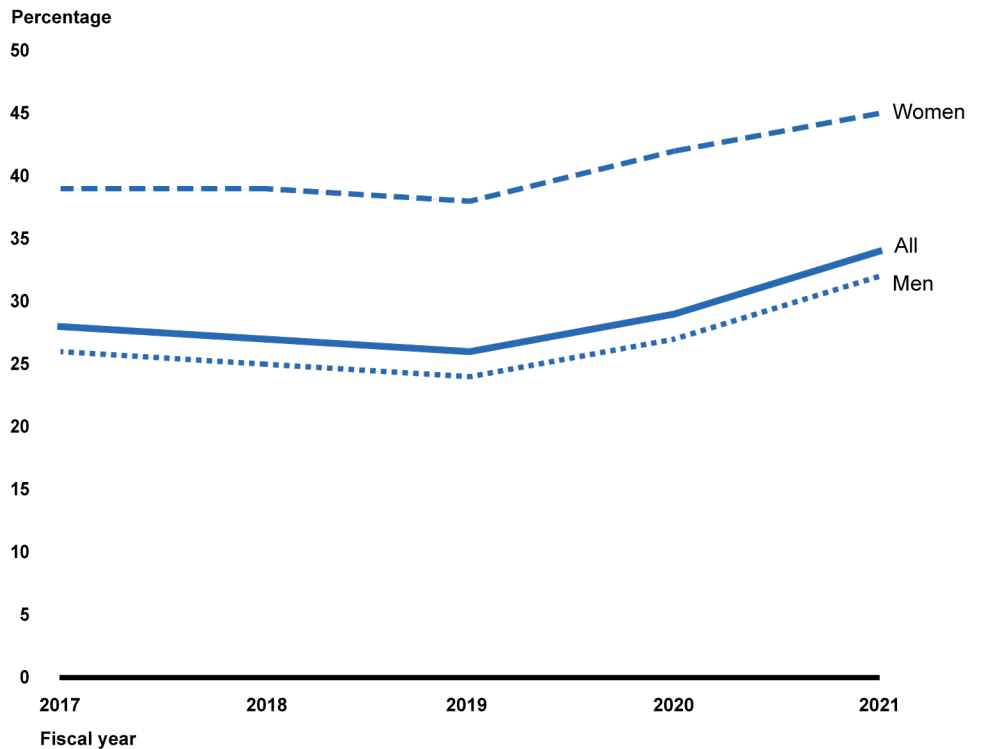
October 2021 to give higher priority to veterans with dependents, a population that is likely to include women. SSVF also provides flexibility for service providers to increase the amount of temporary financial assistance they can provide to veterans enrolled for homelessness prevention, if necessary to meet the needs of their community. SSVF allows service providers that meet certain criteria to submit a “rapid re-housing waiver” to lower the amount of temporary financial assistance funds dedicated to veterans enrolled for rapid re-housing and instead direct more funding to veterans in homelessness prevention.³⁴

During the COVID-19 pandemic, SSVF removed limits on the amount of temporary financial assistance providers could use for veterans enrolled for homelessness prevention. A senior SSVF official explained that they were able to do so given the increased funding and flexibilities provided during the public health emergency. Following this shift, the percentage of all veterans enrolled for homelessness prevention increased from 26 percent in fiscal year 2019 to 34 percent in fiscal year 2021, according to our analysis of SSVF data (see fig. 9).³⁵

³⁴To submit a waiver, service providers must either (1) have reached defined goals of ending homelessness, (2) operate in a rural area, or (3) be one of multiple SSVF service providers in a defined geographic area.

³⁵The number of women veterans who were enrolled for homelessness prevention increased by 33 percent during this time, compared with 51 percent for men. The overall number of veterans who were served, including by gender, generally remained consistent from fiscal years 2017 through 2021.

Figure 9: Percentage of Veterans Enrolled in SSVF for Homelessness Prevention, Fiscal Years 2017-2021



Source: GAO analysis of data from the Department of Veterans Affairs' (VA) Supportive Services for Veteran Families (SSVF) program. | GAO-22-105360

While two of the 10 SSVF service providers we spoke with expressed concern about maintaining their level of support for homelessness prevention once pandemic funding and flexibilities end, many were satisfied with SSVF's priorities. Specifically, staff from these two service providers said increased amounts and flexibility of funding increased their ability to serve veterans facing housing instability; however, they were concerned about their ability to continue serving such veterans once the public health emergency is over and supplemental funding ends. Staff from one of the service providers said they anticipate an influx of veterans seeking homelessness prevention once state and federal governments end pandemic-related assistance. However, staff from five service providers indicated they were satisfied with the program's limits and

flexibilities for spending on veterans enrolled for homelessness prevention.³⁶

SSVF Uses Veterans' Feedback to Identify and Address Service Needs, and Is Taking Steps to Enhance Oversight of Provider Quality

SSVF Uses Participant Satisfaction Surveys and Other Sources to Help Identify Needed Services and Inform Program Offerings

In recent years, SSVF has used surveys to gather feedback from veteran participants about what services they need and to inform program initiatives, such as increased assistance with accessing health care and addressing legal issues. For example, SSVF requires service providers to distribute a VA-designated participant satisfaction survey to veterans within 30 days of their planned exit from the program. These surveys include questions about the types and quality of services the veterans received, and the courteousness of service providers' staff. SSVF also examines results from VA's annual CHALENG survey, which gathers information from veterans formerly or currently experiencing homelessness, VA staff, community providers, and other stakeholders about the needs of veterans experiencing homelessness in their communities.

SSVF officials said they use results from participant satisfaction surveys to identify barriers veterans face in accessing services. For example, after veterans reported experiencing difficulties proving their veteran status—an eligibility requirement for receiving SSVF services—the program undertook a multi-year effort to develop the SQUARES application. This VA web-based application allows service providers to verify an individual's veteran status with proof of identification such as a driver's

³⁶SSVF officials said they plan to reinstate requirements for service providers to spend at least 60 percent of their temporary financial assistance funds on veterans enrolled for rapid re-housing later this year. Officials said further that they are in the process of determining when to end other flexibilities they temporarily authorized under the Robert T. Stafford Disaster Relief and Emergency Assistance Act in response to challenges presented by the COVID-19 pandemic.

Women Veterans and Challenges Accessing VA Services

Many of the women veterans, service provider staff, and veteran advocates we spoke with told us about challenges for women veterans in accessing SSVF. For example, they said some women may not identify themselves as a veteran eligible for services (e.g., because they were not deployed to a combat zone), may be reluctant to seek VA services because of past negative experiences (such as reported harassment from other veterans at VA medical centers or being deemed ineligible for services previously), or may not be aware that certain VA services exist. Such challenges for women veterans have been reported across VA programs, including for housing and health care.

Over the last decade, GAO and others have reported on VA efforts to outreach to women veterans and make VA programs and services more inclusive of women. For example, we reported in 2011 that VA had launched an outreach campaign to increase awareness that included communications materials specifically aimed at women veterans experiencing homelessness. VA's Advisory Committee on Women Veterans also issued reports in 2018 and 2020 with recommendations on how VA can address emerging issues impacting women veterans, and has been tracking progress on its recommendations.

Source: Summary of GAO interviews and reports as well as information from the Department of Veterans Affairs (VA). | GAO-22-105360.

license and Social Security number.³⁷ The application, which launched in 2019, is used by SSVF staff and service providers as well as other providers of federal homelessness programs.³⁸ While staff from one SSVF service provider we interviewed noted that the SQUARES application is not always accurate, the four service providers who mentioned SQUARES said it is generally useful for determining the veteran status of individuals who are facing homelessness but do not have their discharge paperwork readily accessible.

SSVF officials also said they used feedback from veterans who are facing homelessness as well as service providers to modify program offerings to better meet veterans' needs with obtaining health care, legal services, and emergency housing. Specifically, SSVF's report on participant satisfaction survey results for fiscal year 2018 showed that of the 15 services that were evaluated, the lowest scores went to services that assist veterans with obtaining health care and guidance on legal issues.³⁹ In addition, legal issues represented six of the top 10 unmet needs identified by veterans experiencing homelessness on VA's 2020 CHALLENGE survey. According to an internal survey of SSVF providers about the legal services they provide, as of October 2020, 65 reported providing direct legal services to their veteran participants (out of a total of 266 providers in fiscal year 2021). At that time, service providers reported that a major reason for not offering these services was a lack of funding. SSVF officials also told us they identified a need for alternative emergency housing arrangements as shelters became unsafe during the COVID-19 pandemic. SSVF subsequently implemented new initiatives to

³⁷Prior to the implementation of SQUARES, veterans often proved their veteran status with military-issued documents, such as a DD Form 214. According to SSVF officials, many veterans experiencing homelessness do not have these documents readily accessible.

³⁸For example, these include providers of VA's Grant and Per Diem and Contract Emergency Residential Services programs.

³⁹SSVF did not produce similar reports for other years within our study period, from fiscal years 2017 through 2021. Other services evaluated include assistance with moving costs, security and utility deposits, and housing counseling, among others. Though assistance with health care and legal issues were the services that received the lowest satisfaction scores, the majority of veterans (72 percent) rated their satisfaction with these services as above average or excellent.

help address these needs, which some SSVF service providers we interviewed said may specifically benefit women veterans.⁴⁰

Health care navigation. In July 2020, SSVF announced that additional pandemic-related funding was available for service providers to help them hire designated “health care navigators.” These navigators are responsible for working with VA medical centers and community-based health care systems to ensure appropriate care coordination for veterans. Specifically, health care navigators are trained to help veterans gain access to health care, identify barriers to care in veterans’ health care plans, and educate them about wellness-related topics. For example, navigators help veterans find transportation and child care that enables them to attend health care appointments. For veterans who are ineligible for VA health care, health care navigators refer them to other community health care resources to meet their needs.

Staff at three of the 10 SSVF service providers we interviewed highlighted the importance of health care navigation services for women veterans, specifically those who experienced domestic violence or sexual trauma while in the military. On a more general level, one service provider noted that navigating the VA health care system can be difficult even for experienced health care navigators, emphasizing that navigators can be helpful in assisting veterans in meeting their health care needs.

SSVF officials told us that some service providers have experienced difficulty hiring new staff, including health care navigators, due in part to challenges presented by the ongoing COVID-19 pandemic. In response, SSVF hosted a nationwide webinar for providers in December 2021 entitled “Hiring, Retention and How to Build a Strong SSVF Workforce.” The webinar highlighted strategies for attracting new employees, setting salaries, and retaining staff.

Legal services. In October 2021, SSVF announced that additional pandemic-related funding was available for service providers to enable them to expand their capacity to provide legal services for veterans enrolled in SSVF. Legal services can help veterans address barriers to securing permanent housing, according to SSVF officials we interviewed. For example, they said a history of evictions can prevent veterans from

⁴⁰We did not evaluate the effectiveness of these initiatives. The VA Office of Inspector General has ongoing work examining some of these initiatives as part of its review of SSVF’s use of pandemic-related funding under the CARES Act. VA officials said this report is expected to issue in fall 2023.

finding a landlord who will accept them as a tenant. Further, VA's 2020 CHALENG survey found that veterans facing homelessness often needed legal assistance to avoid evictions and foreclosures, regain a driver's license, obtain child support, or resolve outstanding warrants and fines, among other issues.

Staff from four of the 10 SSVF providers we interviewed told us that legal services may be particularly beneficial for women veterans. For example, staff from one provider said women veterans may need legal support in dealing with domestic violence issues, which can include obtaining protection orders.

When we spoke with staff from SSVF providers in October to December 2021, they were in various stages of incorporating legal services into their programs. Most staff reported that their organizations were already offering legal services, but some told us they were in the process of hiring, contracting for, or expanding these services. SSVF officials we spoke to said hiring someone to provide legal services in their location was another area where service providers faced staffing challenges.

Emergency housing. Beginning in March 2020, SSVF officials said they lifted restrictions on the amounts and duration of spending service providers can offer veterans for emergency housing needs arising from pandemic-related challenges. This change allowed service providers to offer more emergency housing, typically located in hotels and motels, to move veterans out of homeless shelters, encampments, and other group housing situations that could present high risks for COVID-19 infection. SSVF officials said this expanded ability to offer emergency housing in hotels and motels helped service providers reach more veterans who had previously not expressed interest in temporary housing options. For example, they said some veterans told them they did not want to stay in shelters because they would lose personal freedoms or not be allowed to keep pets. Officials also noted that hotels and motels may be a better option for veterans with children, since some shelters are unable to house families together.

Staff from one SSVF provider we spoke with said women veterans are more likely to accept a hotel room over a shelter placement, particularly those who are concerned about the safety of shelters, have a history of sexual trauma, or are caring for children. SSVF officials said they plan to continue offering hotels and motels as an emergency housing option under certain circumstances, such as to keep families together when shelter options do not exist.

In November 2021, VA issued regulations that, among other things, extend the maximum allowable emergency housing stay from 45 to 60 days.⁴¹ According to SSVF officials, this change was necessary because additional time was needed to transition veterans in emergency housing into permanent settings, particularly the most vulnerable veterans who are living in competitive rental markets. Further, officials said they had received feedback from providers and veterans that the extended emergency housing during the pandemic was helpful in meeting veterans' needs.

Evaluation and Reporting Could Bolster SSVF's Efforts to Enhance Oversight of Provider Quality

SSVF uses various oversight tools to ensure that its service providers are meeting program requirements and providing quality services to meet veteran needs. In addition to gathering veteran feedback on services through participant satisfaction surveys, SSVF also audits service providers every 2 years. These audits review whether providers are complying with applicable laws, rules, and regulations. Further, the purpose of the audits is to evaluate management and oversight of the provider's operations, identify areas requiring improvement, and provide specific recommendations, as needed. If an audit identifies deficiencies, SSVF officials said they require service provider staff to develop a corrective action plan to address the deficiencies. Though SSVF officials noted that their audits of providers seldom result in major negative findings, they told us that they have stopped renewing grants for a few providers in recent years due to significant audit deficiencies. These deficiencies include, for example, finding that a provider was unable to account for how they used program funds. Further, officials said audit findings are considered in future grant renewal applications for existing service providers.

SSVF officials also told us that they use data submitted by service providers to monitor the number of veterans served and types of services provided. Specifically, officials said they share summary reports derived from these data with service providers on a monthly basis, and that regional SSVF staff periodically review these reports to identify any gaps. An SSVF official who works with service providers in one region told us that they recently contacted a service provider after noticing that the provider was not serving as many veterans as would be expected in

⁴¹According to VA officials, the regulatory limits on the maximum allowable emergency housing stay under 38 C.F.R. § 62.34(f)(2) are temporarily suspended under the authorities of the Robert T. Stafford Disaster Relief and Emergency Assistance Act which allows federal agencies to modify or waive administrative conditions of federal assistance programs under certain limited circumstances. See 42 U.S.C. § 5141.

these data. The service provider explained that over one-half of their organization's staff had left, and they were facing challenges providing quality services to the number of veterans they were expected to serve. In response, the SSVF official said they worked to brainstorm solutions and share best practices with the provider.

SSVF officials also told us that they provide extensive training to service providers and encourage them to pursue accreditation to further ensure that they can provide quality services to veterans. For example, SSVF recently conducted a number of webinars about new program initiatives, such as different models for implementing legal services, and offers access on its website to prior trainings. Further, SSVF officials said they sometimes facilitate mentoring relationships between new and well-established service providers, and require managers from each service provider to attend an annual training session in which participant satisfaction survey results are discussed with providers. Finally, SSVF offers incentives for providers to gain accreditation through one of three accreditors that conduct a third-party review of their operations.⁴² Providers that receive an approved accreditation and meet all program requirements are eligible to receive a continuous 3-year SSVF grant, rather than having to apply annually.

Despite SSVF's use of these tools, our review of participant satisfaction survey results and our discussion groups with women veterans raised questions about the quality of services providers offered, particularly for certain individual providers. Our review of SSVF annual reports about their participant satisfaction surveys show that many of the same service providers had the lowest participant satisfaction scores for multiple years. Specifically, 12 providers had received particularly low scores compared with their peers in at least 2 of the 3 years for which results were

⁴²The three accreditation options are (1) a 3-year accreditation from the Commission on Accreditation of Rehabilitation Facilities in Employment and Community Services: Rapid Rehousing and Homeless Prevention standards, (2) a 4-year accreditation from the Council on Accreditation in Housing Stabilization and Community Living Standards, and (3) a 3-year accreditation in The Joint Commission's Behavioral Health Care: Housing Support Services Standards.

available.⁴³ In addition, four of the six women veterans in our discussion groups who had received SSVF services told us that they had felt demoralized or shamed by VA or SSVF service provider staff when they sought help (for example, see textbox).⁴⁴ Further, these veterans described instances in which they did not receive the services they understood the staff had promised them, or that were listed as available. For example, one veteran described receiving emergency housing and help with her security deposit, but no rental assistance when she transitioned to permanent housing, which she understood to be part of the program.

"They were almost rude in the fact that they wanted to know why I didn't have more money saved up or why I didn't have a better paying job. You know, they just kind of made me feel like I wasn't trying hard enough."

A woman veteran in our discussion groups

SSVF officials said they had not addressed provider quality at an individual provider level in the past. Instead, they had focused on addressing issues that were commonly identified nationwide with all providers, in addition to prioritizing efforts over the last 2 years to respond to pandemic-related challenges. They said that many factors influence provider quality, including staff turnover and its impact on experience and training, community factors such as a lack of affordable housing, and program leadership.

⁴³In the annual reports we reviewed, SSVF ranked providers based on veterans' answers to questions about the overall quality of services received and the courteousness of staff. We examined scores for providers that were in the bottom 10 compared with their peers. Because some providers were given the same scores, there were 17 providers in the bottom 10 in fiscal year 2018, 20 in fiscal year 2019, and 17 in fiscal year 2020. Though we requested participant satisfaction survey results for fiscal years 2017 through 2021, we did not include fiscal year 2017 because SSVF used a different method of scoring quality that year. Further, SSVF did not conduct participant satisfaction surveys in fiscal year 2021 due to challenges presented by the COVID-19 pandemic.

⁴⁴At the time of our discussion groups, these veterans lived in five different states. However, these states were not necessarily the ones the veterans received SSVF services in.

SSVF officials said they have recently refocused attention on improving provider quality. They outlined four recent and ongoing efforts that may help enhance oversight in this area:

- **Requiring service providers to address veteran feedback.** Beginning in fiscal year 2022, SSVF implemented a process for service providers to review and address results from their participant satisfaction surveys. Specifically, SSVF's new process begins with sending results to service providers for them to review on a quarterly basis. SSVF officials said they gave providers scores derived from the surveys alongside the national averages for the first time in February 2022, allowing providers to see how their results compare with those of their peers. Providers are also now required to certify that they have reviewed the survey results with their staff, highlighted areas of success, and developed an action plan for areas in need of improvement. For example, action plans should address any areas where a provider's scores fall below the national average. Regional staff are also responsible for working with providers to examine any progress they made in subsequent quarterly survey results. SSVF officials told us that they may require providers with consistently below-average scores to work with SSVF's compliance staff to develop a formal corrective action plan.
- **Collecting demographic data about veterans who provide feedback to help identify any service inequities.** In fiscal year 2022, SSVF began collecting demographic data about veterans who complete a participant satisfaction survey. Such data include information on the veteran's race, ethnicity, sexual orientation, and gender identity. SSVF officials said they will use this information to analyze any trends or differences among groups of veterans who receive services, including women.
- **Ensuring that veterans have the opportunity to provide feedback.** SSVF officials told us about their ongoing efforts to make the participant satisfaction survey more accessible to veterans and to increase survey completion rates. SSVF results for fiscal year 2020, the most recent year of data available, showed that completion rates were about 20 percent nationwide, though the number of surveys completed varied widely by provider. SSVF officials said they created a team to review and update the survey after service providers expressed concerns that it was too long and had some questions that were difficult to understand. SSVF officials said they had collected recommendations from service providers in February 2022. They said they then plan to pilot a revised survey with veterans to receive feedback, and have the final survey by July 2022. SSVF officials said

they are also exploring ways to make sure that all veterans have the opportunity to take the survey, such as by encouraging providers to dedicate a private space with a laptop where veterans can take the survey. Lastly, monitoring response rates is a part of the new process for reviewing participant satisfaction survey results. Specifically, if a service provider has a 15 percent survey completion rate or lower, SSVF now requires them to develop strategies for increasing survey completion rates.

- **Conducting unannounced calls to monitor providers' responsiveness to veterans seeking services.** SSVF officials told us that they added a new quality check for providers into their fiscal year 2022 audit process. This quality check was modeled after an effort SSVF undertook in fiscal years 2018 through 2020, when they made "unannounced standardized veteran" visits to service providers. During these visits, an actor used a specific script to seek out a pre-identified set of services from a sample of providers. Providers were rated on how easily the visitor could access services, how helpful and courteous provider staff were, and how smooth and timely the experience was for the visitor. SSVF subsequently used results from these visits to identify issues and provide a nationwide webinar to providers about areas of concern, including the need for providers to more clearly list their location and contact information online; use the SQUARES application to verify veteran status; and ensure that veterans who visited an SSVF provider had a plan to access food and shelter, regardless of whether they complete an intake with the provider. Though SSVF no longer has a contract to continue these visits, officials said they have incorporated similar unannounced phone calls as part of their routine audits of service providers. SSVF officials said these calls aim to test the provider's phone number and responsiveness.

SSVF officials said these efforts can help ensure that providers are responsive to veteran feedback to better meet their needs, and are providing quality, equitable services. For example, one SSVF official told us that the process for addressing veteran feedback on surveys can help providers improve their services by identifying gaps in internal policies and procedures or areas for additional staff training. This official also said that simple fixes that emerged from past veteran feedback have included making providers' phone numbers more visible on their websites and implementing a process where providers return veterans' calls within 24 hours. In addition, SSVF officials said their analysis of demographic data about veterans who provide feedback can help the program identify and address any service inequities across groups.

SSVF's recent efforts to improve service provider quality are consistent with VA's strategic plan, which includes an objective for the agency to hold external service providers accountable for delivering excellent customer service. Given that the program's efforts are new, SSVF has yet to determine results such as whether service provider quality improves or whether more veterans in the program provide feedback.

GAO has previously reported that both federal agencies and Congress need evaluative information to help them make decisions about programs they oversee—information that tells whether and why a program is working well or not. For example, SSVF could evaluate and report to Congress and the public on the types of actions the program is taking to address the veteran feedback they receive; whether participant satisfaction survey response rates are increasing; whether survey results show that quality is improving overall and by service provider; and what differences, if any, are reported by veterans as analyzed by different demographics. These steps would provide SSVF with insights about the effectiveness of its efforts, and enable it to determine whether additional actions are needed to improve service quality for women veterans and families. Additionally, reporting on its progress in improving service provider quality would be consistent with VA's stated commitment to accountability and transparency.

Conclusions

As the number of women veterans has grown—estimated by VA to be 2 million in fiscal year 2021—so have concerns about homelessness among this population. SSVF serves as an important source of support for many veterans facing homelessness, including women. The program has made a number of changes in response to the needs of these veterans, such as providing additional health care, legal, and other services. As SSVF turns its attention to improving service provider quality, evaluating the results of its new efforts in this area would help the program determine whether it is achieving the desired results and if additional actions are needed. In addition, reporting on the results can help hold service providers accountable for delivering quality services, and give Congress and the public insight into VA's actions and progress.

Recommendation for Executive Action

The Secretary of Veterans Affairs should evaluate and report to Congress and the public on SSVF's efforts and progress in improving service provider quality (Recommendation 1).

Agency Comments and Our Evaluation

We provided a draft of this report to VA for review and comment.

In its comments reproduced in appendix II, VA concurred in principle with our recommendation to evaluate and report to Congress and the public on SSVF's efforts and progress in improving service provider quality. VA stated that SSVF's annual report is and has been available to Congress and the public on its website and that it is open to further refining its report to include any missing information moving forward. In addition to the ongoing efforts the agency noted about publishing information in the annual report, we continue to encourage VA to focus specifically on evaluating and reporting on its recent efforts to improve service provider quality. For example, VA could consider reporting on whether participant satisfaction survey response rates are increasing or what differences, if any, are reported by veterans as analyzed by different demographics. VA also provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Veterans Affairs, and other interested parties. The report will also be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or larink@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.



Kathryn A. Larin
Director, Education, Workforce, and Income Security Issues

Appendix I: Objectives, Scope, and Methodology

Our report examines (1) the characteristics of women veterans who participated in the Department of Veterans Affairs' (VA) Supportive Services for Veteran Families (SSVF) program and services they received; and (2) how VA ensures that SSVF service providers meet the needs of veterans, including women. This appendix provides information about the three main methods we used to answer these objectives.

Analyses of VA Data on the SSVF Program

To address our first objective on the characteristics of women veterans served by SSVF and the services they received, we analyzed data from the SSVF program. For fiscal years 2017 through 2021, we examined

- the number of all veterans served;
- veterans' demographic characteristics, including gender, race, ethnicity, any disabling conditions, age, and whether they had dependents;
- the types of services veterans received, including case management services, assistance obtaining VA and other public benefits, and temporary financial assistance; and
- veterans' outcomes upon exit from the program, including how many obtained health insurance, had at least one income source such as from employment or disability compensation, had at least one type of non-cash benefits such as food assistance or child care, and went into permanent housing.

To assess the reliability of these data, we performed electronic testing of relevant data fields, reviewed existing information about the data and the system in which they are stored, and interviewed agency officials knowledgeable about the data. Electronic testing included checks for missing data elements, duplicative records, and obvious human errors such as values outside the current time period.

We present the data on veterans served during a 5-year time period, unless otherwise noted. Because an individual veteran's service period may have extended across fiscal years, we examined data in each year and calculated an average across years when describing the number and percentages of veterans served, the services they received, and their outcomes. Results can vary year-to-year, for example, due to program changes and available funding during the public health emergency. We noted some examples of this variation in our report, particularly if the variation pertained to women veterans. In our analysis, we removed duplicate cases of veterans who were served more than once in the same

fiscal year, with some exceptions.¹ First, veterans who were served in the same fiscal year by different service providers may not have been identified as the same veteran. Second, in our analysis of services received under SSVF, the same veteran may have received various services and benefits more than once in the same fiscal year. We determined that the VA data we reviewed were sufficiently reliable for the purpose of describing the characteristics, services, and outcomes upon exit of veterans in SSVF.

To address our second objective on how SSVF ensures its service providers are meeting the needs of veterans, we examined results from SSVF participant satisfaction surveys that were available from fiscal years 2017 through 2020. These surveys are to be provided to veterans within 30 days of their pending exit from the program, and includes questions about the types and quality of services received, the timeliness of such services, and the courteousness of service providers' staff. SSVF results for fiscal year 2020, the most recent data available, show that completion rates were about 20 percent nationwide, though the number of surveys completed varied widely among providers. We reviewed the methodology SSVF used to administer the survey and analyze results, and interviewed agency officials knowledgeable about the data. We determined that the data were sufficiently reliable for describing the performance of providers on survey questions about the quality of their service across years.

Interviews with VA Officials, Veteran Advocates, and SSVF Service Providers

To further examine how SSVF serves women veterans and ensures that service providers are meeting veteran needs, we interviewed a number of stakeholders who work with women veterans or on issues pertaining to women veterans and homelessness. First, we met with VA officials from SSVF, the National Call Center for Homeless Veterans, the National Center on Homelessness Among Veterans, the Center for Women Veterans, and Women's Health Services. Second, we interviewed veteran advocates from two organizations that conduct research and advocacy on issues pertaining to women veterans and homelessness. We selected organizations based on recommendations from GAO internal subject matter experts and others we interviewed. These organizations were Disabled American Veterans and Women Veterans Interactive. Lastly, we interviewed staff from 10 SSVF providers located within 10 localities served by a "Continuum of Care," between October 2021 and December

¹The number of duplicate cases we removed made up about 7 percent of over 89,000 veteran records we reviewed each year, on average from fiscal years 2017 through 2021. The records represent any veteran enrolled in SSVF at any time during a fiscal year, including individuals who may have exited SSVF and later re-enrolled services.

2021. A Continuum of Care is a network composed of stakeholders in a geographical area that, among other things, coordinate to provide homelessness services, apply for grants, set local priorities, and collect homelessness data for all homeless populations.

For our interviews with SSVF services providers, we met with program directors, case managers, and other staff from one provider in each of the 10 selected localities. We selected the localities to achieve variation in factors including concentrations of veterans experiencing homelessness and women veterans experiencing homelessness, progress toward meeting federal criteria and benchmarks for ending veteran homelessness, geographic location, and population density (i.e., rural versus urban). If there was more than one SSVF service provider in a selected locality, we eliminated any provider that had not operated for at least the last 3 years and then judgmentally selected one provider. See table 1 for the selected localities, which spanned across 11 states.

Table 1: Selected Localities for Interviews with SSVF Service Providers

State	Locality (i.e., name of the Continuum of Care)
California	Sacramento City & County
Florida	Ocala/Marion County
Illinois	Waukegan, North Chicago/Lake County
Kansas and Missouri	Kansas City, Independence, Lee's Summit/Jackson, Wyandotte Counties
Louisiana	Shreveport, Bossier/Northwest Louisiana
Massachusetts	Massachusetts Balance of State
Michigan	Lenawee County
Pennsylvania	Chester County
Tennessee	Chattanooga/Southeast Tennessee
Washington	Seattle/King County

Source: GAO summary of localities selected for conducting interviews. | GAO-22-105360

We conducted our interviews using semi-structured interview protocols, which included open-ended questions about the needs and challenges of women veterans facing homelessness, the services these veterans received, the providers' expertise in providing services to this population, any guidance provided by SSVF in outreaching to and serving this population, and general thoughts on the SSVF program. Individuals volunteered their responses to these open-ended questions and thus, the counts of those who provided responses can vary as not every individual answered every open-ended question. The information obtained in selected localities is not generalizable to all localities.

Discussion Groups with Women Veterans

We also obtained perspectives from women veterans to inform both objectives. We held four discussion groups with both women veterans who had been served by SSVF and those who had not but had faced homelessness within the last 5 years. Of the 11 women veterans who volunteered to attend, six had been served by SSVF.

We identified these veterans by using two outreach methods. First we asked staff from selected SSVF service providers we interviewed to identify and contact women veterans they had recently served to determine if they were interested in attending a discussion group to share their perspectives. Second, we asked VA officials from the Center for Women Veterans to share information about our study to solicit participants to sign up for our groups. The Center helped us reach out to their network of women veterans using email and social media. Of the 67 women veterans who expressed an interest in attending, we invited 40 based on factors including participation in SSVF and geographic diversity.

We conducted our discussion groups using a standard protocol that included open-ended questions about the experiences of women veterans; any services they received (or did not receive); unmet needs or challenges accessing services, if any; and any recommendations for SSVF improvements or general thoughts on the program. Individuals volunteered their responses to these open-ended questions, and thus the counts of those who provided responses can vary as not every individual answered every open-ended question. To ensure accurate collection of information, we conducted and recorded virtual discussion groups that were transcribed using a live-transcription function. Though not generalizable, we used the information obtained from women veterans to provide illustrative examples of their experiences.

We conducted this performance audit from August 2021 through September 2022 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

August 12, 2022

Ms. Kathryn Larin
Director
Education, Workforce, and Income Security Issues
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Larin:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***HOMELESSNESS: VA Provides Support to the Most Vulnerable Women Veterans and Has Taken Steps to Improve Services*** (GAO-22-105360).

The enclosure contains VA's response to the draft report recommendation as well as technical comments. VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in black ink, appearing to read "Tanya Bradsher".

Tanya Bradsher
Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report
***HOMELESSNESS: VA Provides Support to the Most Vulnerable Women Veterans
and Has Taken Steps to Improve Services***
(GAO 22-105360)

Recommendation 1: The Secretary of Veterans Affairs should evaluate and report to Congress and the public on SSVF's efforts and progress in improving service provider quality.

VA Response: Concur in Principle. The Veterans Health Administration's (VHA) Supportive Services for Veteran Families (SSVF) is pleased to share that SSVF has and will continue to make its annual report available to Congress and to the public on its publicly accessible website. The report can be accessed at www.va.gov/homeless/ssvf/research-library. SSVF has produced and published this report annually since the program's inception. SSVF shares the report broadly with Federal partners and advocacy organizations like the National Alliance to End Homelessness and the National Coalition for Homeless Veterans and regularly updates Congress.

The full SSVF website can be accessed at www.va.gov/homeless/ssvf/index.html and VHA encourages Veterans, their families, providers, researchers and city and state governments to use the information provided to connect Veterans with available services.

VA is open to working collaboratively to further refine our work if there are specific areas GAO feels are missing from prior reports.

SSVF has completed the work on the recommendation and requests closure.

Status: Complete

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Kathryn A. Larin at (202) 512-7215 or larink@gao.gov

Staff Acknowledgments

In addition to the contact named above, the following staff members made key contributions to this report: Sara Schibanoff Kelly (Assistant Director), Nhi Nguyen (Analyst-in-Charge), Lauren Mosteller, and Emily Smith. Also contributing to this report were Jocelyn Kuo, Kirsten Lauber, Ted Leslie, Lydie Loth, Mimi Nguyen, Liam O’Laughlin, Aaron Olszewski, Joy Solmonson, Meg Sommerfeld, Amy Sweet, and Almeta Spencer.

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