

FINAL REPORT



*Study of PHAs'  
Efforts to Serve People  
Experiencing Homelessness*



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Prepared for:  
U.S. Department of Housing  
and Urban Development  
Washington, D.C.

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## Disclaimer

The contents of this report are the views of the authors and do not necessarily reflect the views or policies of the U.S. Department of Housing and Urban Development or the U.S. Government.

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## Executive Summary

The use of mainstream housing assistance programs will be essential if the nation is to achieve the goals of the 2010 *Federal Strategic Plan to Prevent and End Homelessness*, including ending chronic homelessness by 2015 and ending homelessness for families, youth, and children by 2020. The U.S. Department of Housing and Urban Development (HUD) has residential programs specifically targeted to people experiencing homelessness, but those resources are small by comparison with the 2.5 million Housing Choice Vouchers (HCVs) and the 1.1 million public housing units managed by public housing agencies (PHAs) across the country. This study was commissioned by HUD's Office of Policy Development and Research to provide a status report on efforts by PHAs to serve homeless households with mainstream housing assistance resources. Data were collected from PHAs throughout 2012 and early 2013 using two approaches: a Web-based survey of roughly 4,000 PHAs and follow-up telephone discussions with staff at 120 PHAs.

The study found that about a quarter (24 percent) of all PHAs were attempting to serve people experiencing homelessness by using their ability to prioritize some people over others on waiting lists for housing assistance and by removing barriers that make it difficult for homeless households to use housing assistance programs. Those PHAs had a strong general preference that put people experiencing homelessness at or near the top

of the waiting list or they had created a limited preference within their public housing or voucher program for homeless households or they had modified the application of eligibility screening or other program rules to remove barriers to homeless households accessing and using housing assistance.

The study answers the following questions:

- What explains the degree to which a PHA contributes to efforts to end homelessness by using mainstream programs? What types of PHAs are more or less likely to make attempts to serve people experiencing homelessness?
- What role do PHAs play in community efforts to end homelessness? How do institutional relationships such as participation in Continuums of Care (CoCs) affect PHA efforts to serve homeless households?
- What barriers do PHAs perceive as challenging their efforts to serve homeless households?
- What practices are PHAs and their community partners using to help homeless households gain access to housing and to remain stably housed?
- What can HUD and communities do to encourage or support stronger efforts by PHAs to serve people experiencing homelessness?

## Which PHAs Are More Likely to Make Efforts to Serve People Experiencing Homelessness?

Most PHAs are small, with inventories of 500 or fewer units of assisted housing, and many of those small PHAs manage only public housing developments and do not administer HCVs. Almost half (49 percent) of the national inventory of vouchers and public housing is administered by the 119 PHAs with more than 5,000 units.<sup>1</sup> PHAs cover various service areas—cities, counties, towns, entire states—and their service areas often do not coincide with the CoCs that are the planning organizations for local, regional, or statewide efforts to end homelessness.

Larger PHAs are more likely than smaller PHAs to make an effort to serve people experiencing homelessness. Thus, more than half (53 percent) of the total national inventory of public housing and HCV units is controlled by PHAs that make efforts to serve homeless households. Size has an independent effect on whether PHAs make such efforts, even when controlling for other PHA characteristics, such as the number of people experiencing homelessness in area in which the PHA operates. Larger PHAs may have more flexibility in their use of resources to create a limited preference for homeless households or to cover the additional administrative costs that may be associated with serving people who have experienced homelessness.

<sup>1</sup> References to “units” throughout this report, where not specified as units of public housing, refer to the total units of inventory managed by a PHA, including public housing units and the baseline number of Housing Choice Vouchers administered by the agency.

Although large PHAs are more likely than smaller PHAs either to have limited preferences for homeless households or to modify the application of their screening or other administrative practices, smaller PHAs are just as likely as larger PHAs to have general preferences that place homeless households higher on the waiting list. It may be that smaller PHAs (typically in areas with small numbers of people experiencing homelessness) do not have the same concern as larger PHAs (typically in areas with large numbers of people experiencing homelessness) that a strong general preference for homeless households would result in turnover in their HCV or Public Housing programs used entirely for people experiencing homelessness.

Housing vouchers are used more often than public housing in limited preferences of housing assistance made available on a priority basis to homeless households. PHAs with just public housing are unlikely to have a limited preference for a specific numbers of unit units to which they give people experiencing homelessness priority access. However, PHAs with only public housing are about as likely as those PHAs operating only an HCV program to have strong general preferences that put homeless households at the top of waiting lists.

PHAs in metropolitan areas are more likely to make efforts to serve people experiencing homelessness, even after controlling for other characteristics of the PHA, as are PHAs with statewide jurisdictions.

PHAs in areas that have large numbers of people experiencing homelessness are much more likely to make targeted efforts to serve homeless households than PHAs in areas with smaller numbers of people experiencing homelessness. Again, these efforts are likely to be limited preferences or modifying screening rather than a strong general preference that places all homeless households ahead of others on the waiting list. Competition for PHA-assisted housing resources from other needy households (measured by the size of waiting lists for the PHA's mainstream programs) does not appear to discourage PHAs from making efforts to serve people experiencing homelessness.

### PHAs and Community Efforts to Address Homelessness

A PHA's institutional involvement in local efforts to address and end homelessness has an undeniable effect on whether the PHA chooses to make efforts to serve homeless households through its mainstream Public Housing and HCV programs. A difficult-to-measure factor is the culture of individual PHAs. During follow-up interviews, many PHA staff pointed to the leadership role of the executive director or PHA board in shaping the choice of whether to adopt preferences for homeless households.

Nonetheless, analysis of the data collected for this study shows that participation in the CoC and policy decisions to administer programs explicitly targeted at people experiencing homelessness or other special-needs populations have a positive effect on a PHA's

willingness to make efforts to serve homeless households through the HCV or Public Housing program.

The administration of HUD programs explicitly targeted to homeless households has a notable effect on whether PHAs make efforts to serve homeless households through their mainstream programs. For example, nearly 50 percent of PHAs administering HUD-Veterans Affairs Supportive Housing (vouchers targeted for exclusive use by homeless veterans) prioritize homeless households for mainstream housing assistance in some way. PHA administration of HUD's Supportive Housing Program, Shelter Plus Care program, and Section 8 SRO Moderate Rehabilitation program (hereinafter referred to collectively as HUD McKinney-Vento homeless assistance programs) has a similar effect, with more than half of PHAs that administer those programs making special efforts to serve homeless households with HCVs or public housing. Only 17 percent of PHAs that do not administer HUD programs targeted at homeless households make such efforts. The type of efforts that appear to be influenced by administering HUD's homeless assistance programs are the establishment of limited preferences or modifying the application of screening or other rules but not strong general preferences. Of all of the basic PHA characteristics and recent policy choices and institutional relationships tested in multivariate analysis, the administration of HUD McKinney-Vento homeless assistance programs is the *only* characteristic that has a clear (statistically significant) effect on whether the PHA has a strong general preference for homeless households.

Whether PHAs administer special-purpose vouchers (SPV) for populations that are perceived difficult to house but do not necessarily experience homelessness (for example, non-elderly people with disabilities and families involved in the child welfare system) also has a clear effect on whether PHAs make efforts to serve people experiencing homelessness through their HCV or Public Housing programs. Forty-five percent of PHAs that administer SPV programs make some effort to prioritize homeless households for mainstream housing assistance, compared with 20 percent for PHAs that do not administer SPVs.

There is a distinct and positive relationship between a PHA's participation in the CoC and its implementation of efforts to serve people experiencing homelessness, most notably through a limited preference. A much larger share of PHAs that participate in the CoC have a limited preference than PHAs that do not participate.

With and without targeted efforts to serve people experiencing homelessness, many PHAs reported having formal or informal partnerships with organizations that provide services to current or formerly homeless households. A larger percentage of PHAs report such partnering arrangements than report making targeted efforts to serve homeless households. Regardless of whether they prioritize people experiencing homelessness for their mainstream programs, PHAs partner with service providers, including public agencies, to meet the needs of the homeless households among their residents.

## **PHA Perceptions of Barriers to the Use of Housing Assistance by People Experiencing Homelessness**

PHAs perceive that the most common barrier for people experiencing homelessness in accessing housing assistance is that these applicants may be removed from the waiting list because they lack a fixed address and cannot be found when the PHA is ready to make an offer of assistance. Some PHAs have implemented processes to overcome this barrier, including liberal reinstatement policies and the ability to update addresses via telephone and e-mail. Other barriers cited by PHAs include homeless households lacking the necessary eligibility documentation as well as needing housing search or landlord assistance when using HCVs. PHAs try to overcome these barriers by engaging partner organizations to help homeless households gather the necessary documentation as well as implementing flexible rental history and criminal background screening that takes into account mitigating information and trying to prepare homeless households to be good tenants. Generally, large PHAs (5,000 or more units) cited these barriers more frequently, as did PHAs that participate in the CoC or that make special efforts to serve homeless households in their mainstream programs.

## Practices of PHAs and Their Partners for Helping People Experiencing Homelessness Gain and Retain Housing

PHAs are serving formerly homeless households through numerous approaches. Many PHAs develop either formal or informal relationships with local community organizations, including public and nonprofit homeless service providers as well as city or county departments of health and human services and mental health, to help provide services to people experiencing homelessness. In some instances, homeless households referred to the PHA through these partnerships receive a preference for entry into the HCV or Public Housing programs.

PHAs have the option of creating project-based vouchers (PBVs) by committing some of their vouchers for use in particular housing developments. Both tenant-based HCVs and PBVs are commonly used in limited preferences and offered on a priority basis to homeless households, often to the clients of a particular partner organization. In instances where a limited preference for homeless households within the PHA's tenant-based vouchers (TBVs) and PBVs is utilized, 58 percent of such efforts use TBVs, and 42 percent use PBVs. PHAs interviewed for the study reported that it is feasible to pair both types of vouchers with partner-provided services. Although less common, public housing units also sometimes are provided to partner organizations through a limited preference for people experiencing homelessness.

In addition to helping households with the documentation needed to demonstrate eligibility for housing assistance or (when applicable) verification of homeless status, partner organizations often provide housing search assistance for homeless households who are attempting to use HCVs. Finally, many of the PHA approaches to serving people experiencing homelessness promote housing retention through partner-provided supportive services such as case management, food assistance, employment and vocational training, transportation assistance, financial planning, life skills classes, substance abuse services, and mental and physical health care. Some PHAs also promote housing retention by addressing any potential tenancy issues through “ready-to-rent” classes.

## Encouraging Greater PHA Efforts to Use Mainstream Housing Assistance for People Experiencing Homelessness

Subsequent to the data collection component of this study, HUD's Office of Public and Indian Housing (PIH) issued guidance through PIH Notice 2013–15 (HA) on strategies and approaches for serving people experiencing homelessness. The recommendations and guidance set forth in the Notice are supported by the findings of this study.

Understanding which types of PHAs are currently strongly engaged in addressing homelessness helps shed light on potential opportunities for PHAs that have previously not made special efforts to serve homeless



households. Although it may be more challenging for large PHAs serving geographic areas with large numbers of homeless households to establish general preferences that put people experiencing homelessness at the top of the waiting list, such PHAs should be encouraged to take more of the actions that this study shows many large PHAs are undertaking already. For example, HUD could encourage more large PHAs to establish a limited preference for homeless households and to work with their local CoC on the target population to which the limited preference should be directed and on the numbers of housing units needed. Further, HUD can encourage PHAs to work with advocacy and partner organizations on modifications to screening and other program rules that would benefit all applicants, including households experiencing homelessness. Work with partners can identify ways to operationalize such policies based on the guidance provided in the HUD Notice.

This study shows that small PHAs often create strong general preferences for homeless households. Small PHAs should be encouraged to do so and to work with the CoC (which may often be a Balance of State CoC) to determine whether further targeting of a general preference to a particular subgroup of people experiencing homelessness would be appropriate. PHAs establishing a general preference that puts homeless households at the top of the waiting list should use a definition of *homelessness* that is sufficiently narrow that applicants do not come to the top of the list just by being declared “at risk.”

HUD should encourage efforts by PHAs of all sizes to build partnerships with local service organizations as well as the local CoC. Local service organizations can provide expertise in working with people experiencing homelessness and can sometimes offer case management and other services to increase homeless households’ housing stability. Because the majority of PHAs do not participate in their local CoC, HUD should continue to facilitate opportunities for both CoCs and PHAs to learn more about how to engage each other and increase the coordination of their efforts to serve people experiencing homelessness.

# 1. Introduction

## 1.1 Purpose of the Study

### THE EXTENT OF HOMELESSNESS AND THE NEED FOR EFFORTS BY PUBLIC HOUSING AGENCIES TO SERVE PEOPLE EXPERIENCING HOMELESSNESS.

On a single night in January 2013, more than 610,000 people were living in emergency shelters; transitional housing programs; or in unsheltered locations such as under bridges, in cars, or in abandoned buildings.<sup>2</sup> Over the course of a year, many more people experience homelessness. About 1.5 million people stay in emergency shelter and transitional housing programs at some time over the course of a year, and this does not include people who may be homeless in unsheltered locations during the year and never use emergency or transitional housing programs.<sup>3</sup> Emergency shelter and transitional housing programs may meet immediate needs for temporary shelter but often do not lead to stable housing. Individuals and families may develop chronic patterns of homelessness, cycling for years among shelters, transitional housing, and living with family or friends.

In spite of the high number of people experiencing homelessness, efforts to reduce homelessness have experienced some success within the past decade. The number of people who experienced homelessness as individuals declined by more than 8 percent (more than 35,000 people) between 2007 and 2013. Community efforts across

<sup>2</sup> *The 2013 Annual Homeless Assessment Report (AHAR) to Congress: Part I Point-in-Time Estimates of Homelessness*. Forthcoming 2014.

<sup>3</sup> *The 2012 Annual Homeless Assessment Report (AHAR) to Congress: Volume II Estimates of Homelessness in the United States*. October 2013.

the country to provide permanent housing to people experiencing homelessness have made a substantial impact, with most of the decline in homelessness among individuals occurring among people with chronic patterns of homelessness (31,000 people, a 25 percent drop in the number of chronically homeless individuals between 2007 and 2013). During the same time period, people experiencing homelessness as part of a family declined by 11 percent, or more than 26,000 people. The Homelessness Prevention and Rapid Re-Housing program, a 3-year infusion of funds under the American Recovery and Reinvestment Act, focused on quickly re-housing homeless families as well as preventing homelessness among families who have been determined to be at-risk for homelessness. These efforts likely helped to reduce the number of people in families experiencing homelessness.<sup>4</sup>

The U.S. Department of Housing and Urban Development (HUD) administers several homeless assistance grants programs that fund emergency shelters, supportive services, transitional housing, and permanent housing programs. These programs are funded through the Emergency Solutions Grants program and the Continuum of Care (CoC) program,<sup>5</sup> authorized under the McKinney-Vento Homeless Assistance Act, which was amended by the Homeless Emergency

<sup>4</sup> Ibid.

<sup>5</sup> The last funds authorized by the McKinney-Vento Homeless Assistance Act for the Supportive Housing Program, Shelter Plus Care, and Section 8 SRO projects were made available under the FY 2011 Notice of Funding Availability for the Continuum of Care Homeless Assistance Competition. Generally, Supportive Housing Programs and Shelter Plus Care projects will be eligible for renewal under the Continuum of Care Program. For more information on the Continuum of Care Program, please refer to the Continuum of Care Program interim rule (24 CFR part 578) and the Notice of Funding Availability for the FY 2013-2014 Continuum of Care Program Competition.

Assistance and Rapid Transition to Housing (HEARTH) Act in 2009. Another targeted homeless assistance program administered by HUD is the HUD-Veterans Affairs Supportive Housing (VASH) program, which provides permanent housing to homeless or at-risk veterans in need of supportive services.

However, these targeted resources are not sufficient to meet the federal goals of ending chronic homelessness by 2015 and preventing and ending homelessness for families, youth, and children by 2020, as set forth in the *Federal Strategic Plan to Prevent and End Homelessness*.<sup>6</sup> To meet the goals of the Federal Strategic Plan, mainstream housing programs such as the Housing Choice Voucher (HCV) and Public Housing programs administered by public housing agencies (PHAs) will also need to provide housing opportunities for individuals and families who experience homelessness. This study is intended to contribute to efforts to reduce and end homelessness by providing a status report on efforts by PHAs to serve people experiencing homelessness, using data collected from PHAs during 2012 and early 2013. The study examines the extent to which PHAs are attempting to serve homeless households by using their ability to prioritize some people over others on waiting lists for housing assistance and by removing barriers that make it difficult for people experiencing homelessness to use housing assistance programs. The study also describes ways in which PHAs partner with other service providers to offer stable housing to people

experiencing homelessness and presents some recommendations for encouraging PHAs to make stronger efforts to serve homeless households.

### RESEARCH QUESTIONS

The data collection and analysis conducted in this study were designed to answer several research questions:

- What explains the degree to which a PHA contributes to efforts to end homelessness by using mainstream programs? What types of PHAs are more or less likely to make efforts to serve people experiencing homelessness?
- What role do PHAs play in community efforts to end homelessness? How do institutional relationships such as participation in CoCs affect PHA efforts to serve people experiencing homelessness?
- What barriers do PHAs perceive as challenging their efforts to serve homeless households?
- What practices are PHAs and their community partners using to help homeless households gain access to housing and to remain stably housed?
- What can HUD and communities do to encourage or support stronger efforts by PHAs to serve people experiencing homelessness?

<sup>6</sup> U.S. Interagency Council on Homelessness. *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.



## 1.2 Background on PHAs

### PHAs AND THEIR MAINSTREAM HOUSING ASSISTANCE PROGRAMS

Nearly 4,000 PHAs throughout the country administer and operate two “mainstream” federally funded and regulated housing assistance programs: the *Public Housing program* and the *HCV program*.<sup>7</sup> PHAs nationwide administer approximately 1.1 million units of public housing and 2.5 million HCVs. PHAs receive all or most of their funding for these programs from HUD, through Annual Contributions Contracts between HUD and the PHA. Formula-based funding covers the operating costs of public housing developments, the subsidy (housing assistance payments) costs of HCVs, and the costs of administering the HCV program.<sup>8</sup>

Established through state law as quasi-governmental entities, PHAs are governed by specific sets of rules established through federal law and regulation that cover how the agency admits households as residents of public housing or issues vouchers to households as well as the rules that govern tenancy or program participation. A portion of public housing developments are designated for, and thus can only serve, the elderly, disabled, or both elderly and disabled populations.

<sup>7</sup> Housing Choice Vouchers are often referred to by an older name, Section 8 Vouchers.

<sup>8</sup> Additional special housing assistance programs, available to PHAs on an application basis, include special-purpose vouchers (SPVs). SPVs are specifically provided for by Congress in line-item appropriations that distinguish them from regular vouchers. When awarded an “allotment” of such SPVs, the agency must follow specific program rules established for that program. These special-purpose programs are the focus of this study only to the extent that the study examines whether administering SPVs affects whether a PHA also makes efforts to serve homeless families through the mainstream Public Housing and HCV programs.

The HCV program was established in the mid-1970s as a tenant-based type of housing assistance, providing vouchers for households admitted to the program to find and rent private-market rental units. Once a voucher holder finds a unit to rent, the PHA inspects the unit to ensure that it meets the program’s minimum health and safety standards and contracts with the property owner to make housing assistance payments (HAP). The PHA (through the HAP) and the tenant pay their portions of the rent directly to the property owner.

Many PHAs also administer project-based vouchers (PBVs), an optional use of a portion of HCV budget authority. A PHA that chooses to use PBVs enters into an assistance contract with a property owner for a specified number of units and for a specified term. The PHA refers households to the property owner to fill vacant units. Because the housing assistance is tied to the unit, not to the household, a household that moves out of the unit will not have a right to continued housing assistance (although the household may have priority for receiving a tenant-based voucher).

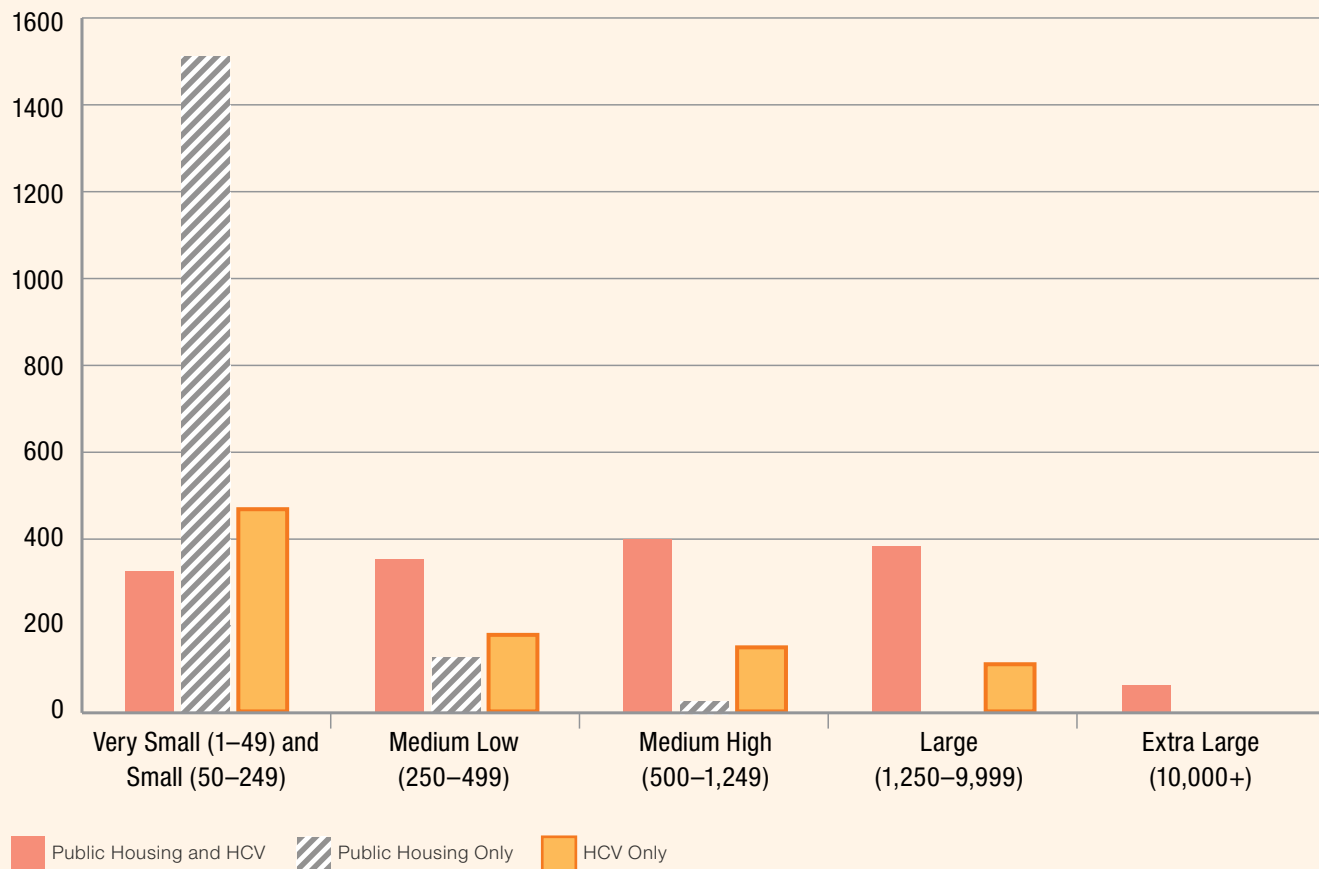
PHAs across the country are diverse and varied in size, programs offered, and jurisdiction covered. Exhibit 1–1 shows number of PHAs by size category. Although most PHAs fall into the small and very small categories, the majority of units and vouchers are administered by agencies in the large and extra-large size categories. PHAs cover various service areas—cities, towns, counties, entire states, sometimes overlapping with other PHAs. Although most

**Exhibit 1–1. Distribution of PHAs by Size Category**

Size Category (Number of Public Housing and HCV Units)	Number of PHAs in Size Category	Percentage of Total Units in Size Category
Very Small (1–49)	728	1%
Small (50–249)	1,538	5%
Medium Low (250–499)	619	6%
Medium High (500–1,249)	589	13%
Large (1,250–9,999)	464	40%
Extra Large (10,000+)	50	35%
<b>Total</b>	<b>3,988</b>	<b>100%</b>

Source: Web survey and Inventory Management System (IMS)/Office of Public and Indian Housing (PIH) Information Center (PIC), HUD, updated October 1, 2012. Includes only public housing units currently under management.

**Exhibit 1–2. Programs Administered by PHAs by Size Category**



Source: Web survey and IMS/PIC, HUD, updated October 1, 2012.

PHAs administer both the Public Housing and HCV programs, some administer only one or the other, typically agencies in the medium low, small, and very small size categories. Exhibit 1–2 shows the number and percentage of units covered of PHAs that administer both programs, public housing only, and HCV only.

### **PREFERENCES AND OTHER MECHANISMS THROUGH WHICH PHAs MAY ATTEMPT TO SERVE HOMELESS HOUSEHOLDS**

The Public Housing and HCV programs administered by local PHAs are critical housing resources for low-income households, but because these mainstream housing resources are in such high demand, the waiting lists these households are placed on are often years in length, and many PHAs have waiting lists that are closed to new applications altogether.<sup>9</sup> In view of this shortage, some PHAs have established preferences for households that are experiencing homelessness, who are among the most vulnerable of the low-income people served by PHA programs.<sup>10</sup>

Prior to 1998, HUD mandated that PHAs target their available public housing units or HCV program slots to applicants with the most serious housing issues. These “federal preferences” were for households that were displaced by government action, households living in severely substandard housing or homeless, and households with unsustainable rent burden (paying more than half of their

income in rent). Homeless applicants were given priority for admission because they were deemed to be living in substandard housing.

In 1998, the mandatory preferences were ended, and an individual PHA’s ability to set local admission preferences within broad federal rules was expanded under the Quality Housing and Work Responsibility Act (QHWRA). Each PHA now has the discretion to establish local preferences to reflect the housing needs and priorities of its community. PHAs must complete a PHA Plan that describes the agency’s overall mission and plan for serving low-income households and any local preferences for selecting applicants from its waiting list. These plans are subject to public review and must be approved by PHA boards—factors that may influence the extent to which homelessness and other needs-based criteria are used for admissions. HUD also reviews PHA plans to ensure that the preferences the PHA chooses do not exceed the discretion QHWRA grants them.

PHAs currently use a variety of preference systems. Some PHAs continue to provide preferences to people experiencing homelessness within a system similar to the former federal preferences. Others have shifted to a first-come, first-served system. Many PHAs give priority to local residents, and some give priority to people with disabilities, elderly, veterans, people who are working, victims of domestic violence, people experiencing homelessness, or people with other specified characteristics. Regardless of which groups are given priority, PHAs may establish two basic types of preferences:

<sup>9</sup> For a summary on the length of PHA waiting lists, see Buron, Khadduri, et. al. (2011) “Study of Rents and Rent Flexibility.” Available at [www.huduser.org](http://www.huduser.org).

<sup>10</sup> By law, 75 percent of households admitted to the HCV program and 40 percent of those admitted to the Public Housing program must have incomes below 30 percent of area median income (AMI), or roughly the poverty level. Most PHAs exceed those minima, especially in their public housing programs.

- A *general preference* is a method of “ordering” the PHA’s waiting list to ensure that housing resources reach specified populations ahead of other people who may also be eligible for housing assistance. General preferences place all of the members of a certain category (or categories) of households above other households on the list. Within preference categories, PHAs may take households from the list when housing assistance slots become available by date of application or may use a lottery to select from within the highest-ranked category or categories.
- A *limited preference* is a defined number of public housing units or HCVs made available on a priority basis to a certain type of applicant for housing assistance. PHAs often refer to a limited preference as a *set-aside*. Technically, a limited preference is not a “set-aside,” because the units are not held aside if no household eligible for the preference appears but instead may be occupied by another household from the waiting list. Under a limited preference, a PHA could designate a set number of units for people experiencing homelessness according to the definition of *homelessness* the PHA uses or for the clients of a particular organization serving people experiencing homelessness.<sup>11</sup>

<sup>11</sup> Set-asides for people with a particular disability may raise an issue of conformance to fair housing law and to the Supreme Court’s *Olmstead* decision that affirms the right of people with disabilities to live in the most integrated setting appropriate. PIH Notice 2013-15 (HA), released in June 2013, provides guidance to PHAs on when a preference for the clients of an agency serving people with a particular type of disability is permissible.

Admission preference systems established by PHAs range in complexity. Although some systems are fairly straightforward, others can be quite complicated. For example, a preference system may have layers in which some groups of households rank higher than others, or households with a variety of characteristics may be given the same ranking. PHAs are required by regulation to present the admission structures of their Public Housing program and HCV programs in an Admission and Continued Occupancy Policy for public housing and in an Administrative Plan for the HCV program. Exhibit 1–3 shows the preference structure laid out in one agency’s Administrative Plan for HCV. For this PHA, a preference for a homelessness status is given the same rank as all households with incomes below 30 percent of area median income—a very large category. In effect, all this preference does is place homeless households with incomes above 30 percent of median ahead of other households in that income group.

Regardless of whether they create preferences for people experiencing homelessness in the administration of their waiting lists for their mainstream programs, there are other ways that PHAs can remove potential barriers that may stand in the way of homeless households gaining access to housing assistance. For example, a household experiencing homelessness may rise to the top of a waiting list, but then be dropped and never offered housing assistance because the PHA cannot locate the household. If the household is found, during the process of eligibility

**Exhibit 1–3. Example of Preference Language in a PHA Administrative Plan****First priority shall be given to the following (equally assigned):**

1. Households whose current gross income is at or below 30 percent of area median income, as established annually by the U.S. Department of Housing and Urban Development for the city area and adjusted for family size;
2. Households whose gross income for the 12-month period prior to the eligibility determination is at or below 30 percent of median income, as established annually by the U.S. Department of Housing and Urban Development for the city area and adjusted for family size; and
3. Households who are homeless, which is defined as:
  - a. Living on the street, in an emergency shelter, or in a transitional housing facility;
  - b. Being a client of a case-management program serving the homeless; or
  - c. Meeting one of these conditions within the 12-month period prior to the eligibility determination.

determination that follows, a homeless household may fail the PHA's eligibility standards for moving into public housing or receiving an HCV. If the household passes the eligibility screen and is issued a voucher, the household may not be able to lease a unit with the voucher because of characteristics associated with homelessness. Those characteristics may include poor rental history or the stigma that may result from a landlord's knowing that the family or individual has been homeless.

In addition to administering the HCV and Public Housing programs, PHAs often administer HUD programs explicitly targeted to people experiencing homelessness, including rental assistance under the HUD McKinney-Vento homeless assistance programs and the HUD VASH program for veterans experiencing homelessness. They also often administer

special-purpose voucher programs (SPVs), which are congressionally enacted set-asides of housing vouchers for special-needs populations, such as people with disabilities (non-elderly disabled). Although the households that qualify for SPV programs may not have experienced homelessness, administering SPVs may provide a PHA with experience serving people who have service needs or are perceived of as challenging to house.<sup>12</sup>

Finally, PHAs are sometimes part of the CoC, which are entities that plan and organize community efforts to reduce homelessness and serve people who become homeless. Most often, the service areas of PHAs and CoCs are not the same. CoCs often cover wide geographic areas, encompassing many PHA jurisdictions. PHAs that report

<sup>12</sup> Unlike limited preferences, these "set-asides" can only be used for the designated population group. If no household in the designated category appears, the resources must be held aside until one does so.

participation in the local CoC or other community planning efforts to address homelessness are more likely to make efforts to serve homeless households.

### 1.3 Data Collection for the Study

To understand PHAs' current approaches to serving homeless households, the research team conducted a two-part data-collection process consisting of a census of all PHAs and a follow-up survey of a select group of PHAs. This section describes the design and administration of those data-collection efforts.

#### WEB SURVEY OF PHAs

A Web-based survey of all PHAs nationwide was used to provide an understanding of the activities that PHAs are using to serve homeless individuals and families, including whether they use general or limited preferences for homeless households or make other special efforts to serve homeless households.<sup>13</sup> The self-administered survey, conducted from June through September 2012, consisted of close-ended questions about the size of the PHA and the types of programs it administers, the existing general preferences and limited preferences for homeless households and how they fit into the PHA's overall preference system, barriers the PHA perceives as limiting its ability to serve homeless households, the extent of PHA partnerships with organizations that provide

<sup>13</sup> PHAs must complete an Annual PHA Plan that describes the agency's overall mission and plan for serving low-income and very low-income families, including any local preferences for selecting applicants from their waiting lists. While HUD reviews all PHA plans to ensure that the preferences chosen by the PHA do not exceed the discretion given to them, there exists no central database of the preferences used by the PHAs. PHA plans could be reviewed for information on preferences, but most of the plans do not provide the level of detail necessary to capture the complexity of the PHA's preference system or to determine whether a PHA has implemented a limited preference for people experiencing homelessness.

services to people experiencing homelessness, whether the PHA participates in the CoC, and other programs administered through the PHAs that could serve homeless households. A special section on the survey pertained only to PHAs that have been provided Moving to Work (MTW) authority, which allows PHAs additional flexibility related to the allowable uses of their funds, as well as flexibility in the development of administrative policies. A copy of this survey instrument is included as Appendix A.

It is important to note that because PHAs are allowed to modify their systems of preferences and often do, the data the research team obtained must be considered a "snapshot" of PHA efforts to serve homeless households in 2012.

The study team obtained an 80 percent response rate to the Web survey overall, with a 79 percent or higher response rate in most subgroups based on the following PHA characteristics:

- Whether the PHA is in a metropolitan region
- The size of the homeless population in the local CoC
- The program type (whether the PHA administers public housing, HCVs, or both)
- The census region in which the PHA is located

Therefore, the analysis presented in this report does not weight survey results for nonresponse, because there would be no meaningful



differences between the weighted and unweighted results.<sup>14</sup> More detail on the survey methodology can be found in Appendix B.

### FOLLOW-UP TELEPHONE SURVEY

To undertake a richer analysis of how PHAs attempt to serve people experiencing homelessness, the study team purposefully selected 125 PHAs for a follow-up telephone survey: 75 PHAs that indicated on the Web census that they had a strong general preference<sup>15</sup> or a limited preference for people experiencing homelessness and 50 PHAs that indicated they did not. PHAs with a range of sizes were selected, but the emphasis was on larger PHAs and those in communities with large numbers of people experiencing homelessness. Twenty-two PHAs that declined to participate in the telephone survey were replaced with similar PHAs. Details on sample selection and replacement are presented in Appendix B. The survey asked key PHA staff to respond to open-ended questions that varied based on the PHA's responses to

<sup>14</sup> The differences in the test results between weighted and unweighted estimates were generally within rounding error.

<sup>15</sup> A *strong general preference* is defined in this study as a preference likely to put homeless households at the top of the waiting list for assisted housing. See Chapter 2 and Appendix B for more detail on how this was operationalized.

the Web survey. The follow-up survey was administered from February to May 2013, with 120 PHAs completing the survey (5 did not respond and could not be replaced). Within the 120 PHAs that participated in the telephone survey, 13 are MTW PHAs.

A copy of the follow-up survey instrument is included as Appendix C.

The follow-up survey was administered over the telephone to PHA staff by teams of two trained interviewers and typically lasted about 1 hour. Generally, the executive director and the HCV and Public Housing directors participated in the interview.

## 1.4 Characteristics of PHAs in the Study

Of the 3,988 PHAs nationwide, 3,210 PHAs participated in the Web-based census, yielding an 80 percent response rate. The participating PHAs represent an even larger share of the HCV and public housing units in the United States. Exhibit 1–4 shows the PHAs by type of housing unit that participated in the two study surveys.

**Exhibit 1–4. PHA Participation in Study Surveys**

	Web Survey (Percent of Total)	Phone Survey (Percent of Total)
Number of PHAs	80%	3%
Total units accounted for by responding PHAs	85%	34%
Total HCV units for responding PHAs	86%	32%
Total public housing units for responding PHAs	82%	38%

Note: The percentages represent the share of total PHAs, HCV, and public housing units in the United States.

Eighty percent of the 3,988 PHAs nationwide responded to the Web-based survey, representing 86 percent of all of the HCV units and 82 percent of the public housing units nationwide. Out of the 35 PHAs that have been provided MTW authority, 30 participated in the Web survey. The PHAs that responded to the Web survey were representative of the universe of PHAs. Although only 120 PHAs participated in the telephone survey, because of the predominance of larger PHAs in this sample, they administer 32 percent of the national HCV units and 38 percent of the public housing units.

Exhibit 1–5 shows the program type, size, and geographic location of PHAs that participated in both the Web survey and the follow-up survey.

**Web Survey.** The size of PHAs participating in the Web survey reflects the characteristics of the universe of PHAs. More than half (56 percent) of PHAs responding to the Web survey were very small, managing or operating fewer than 250 units. There were a roughly even number of small PHAs (251–500 units) and medium (501–1,500)—16 percent and 17 percent, respectively. Only 11 percent of

**Exhibit 1–5. Characteristics of PHAs Participating in Study Surveys**

	Web Survey Participants	Phone Survey Participants	Percent of All PHAs
<b>Program Type</b>			
PHAs with HCV only	21%	9%	22%
PHAs with public housing only	42%	26%	41%
PHAs with both HCV and public housing	38%	65%	36%
<b>Size</b>			
PHAs with 250 or fewer units	56%	14%	58%
PHAs with 251–500 units	16%	12%	15%
PHAs with 501–1,500 units	17%	8%	17%
PHAs with 1,501–5,000 units	8%	31%	8%
PHAs with more than 5,000 units	3%	35%	3%
<b>Geographic Location</b>			
Metropolitan area	50%	91%	51%
Micropolitan area <sup>a</sup>	22%	8%	22%
Not in metropolitan or micropolitan area	28%	1%	27%
Web survey, N = 3,210; telephone survey, N = 120.			
<sup>a</sup> A micropolitan area contains an urban core of less than 50,000 people but more than 10,000 people.			



PHAs were either large (1,501–5,000) or very large (more than 5,000). These percentages were similar to the percentages of PHAs nationwide in each category. More than half of PHAs were located in metropolitan areas, and more than one in five (22 percent) were located in micropolitan areas (areas with small urban centers). The remaining 27 percent were located in rural areas outside of metropolitan or micropolitan areas. Again, the geographic distribution of Web survey-participating PHAs reflects the national distribution.

**Follow-up Survey.** The size of PHAs participating in the follow-up survey differs from the universe of PHAs. Thirty-five percent of participants in the follow-up survey were very large PHAs (with more than 5,000 units), despite being only 3 percent of all PHAs. The follow-up survey also included a much larger percentage of large PHAs (1,501–5,000 units) than all PHAs nationwide (31 percent to 8 percent, respectively). The number of small PHAs (250 or fewer units) participating in the follow-up survey (14 percent) is much smaller than percentage of small PHAs overall (58 percent). Participants in the follow-up survey were also much more likely to be located in a metropolitan area (91 percent), compared with the universe of PHAs (50 percent).

## 1.5 This Report

This report investigates PHAs' current efforts and approaches to assisting people experiencing homelessness in obtaining housing assistance:

- Chapter 2 defines the types of efforts PHAs make to serve homeless households through their mainstream programs. It then explores the basic characteristics of PHAs and their locations that may explain a PHA's decision on whether to prioritize homeless households for the HCV or Public Housing program.
- Chapter 3 details the extent to which PHAs are involved in local efforts to reduce homelessness, including the administration of programs targeted to people experiencing homelessness and PHA involvement in the local CoC. The chapter examines how these institutional relationships and experiences affect PHA efforts to serve homeless households through the mainstream housing assistance programs.
- Chapter 4 offers an exploration of the types of barriers that people experiencing homelessness face in applying for and securing housing assistance as well as PHA approaches to overcoming these barriers.
- Chapter 5 describes different PHA approaches that PHAs and their partners use to serve homeless households, including how they conduct outreach to people experiencing homelessness, perform eligibility screening, the types of housing assistance used, and how they promote housing retention among formerly homeless households.
- Chapter 6 presents options and strategies for encouraging PHAs to expand their efforts to serve people experiencing homelessness.

## 1.6 Summary

As the most recent annual homelessness count conducted by Continuums of Care shows, approximately 610,000 people were homeless on a given night in January 2013. Targeted resources such as those funded through HUD’s homeless assistance programs have helped to reduce homelessness among some groups, notably people with chronic patterns of homelessness, but these targeted resources are not sufficient to meet the federal goals of ending chronic homelessness by 2015 and preventing and ending homelessness for families, youth, and children by 2020. Mainstream programs such as the HCV and Public Housing programs administered by PHAs will also need to provide housing opportunities for individuals and families who experience homelessness to become stably housed and for the goals of the plan to be achieved.

PHAs across the country administer a number of programs, but two primary mainstream programs are the Public Housing program and the HCV program. The nearly 4,000 PHAs nationwide administer approximately 1.1 million units of Public Housing and 2.5 million HCVs. PHAs receive all or most of their funding for these programs from HUD through Annual Contributions Contracts between HUD and the PHA. Although most PHAs fall into the small and very small categories, the majority of units are administered by agencies in the large and extra-large size categories. PHAs cover various types of service areas—cities, towns, counties, entire states, sometimes overlapping with other PHAs and often not coinciding with

the CoCs that are the planning units for local or state efforts to address homelessness.

Because mainstream housing resources such as the HCV and Public Housing programs that PHAs administer are in such high demand, agencies often place households that apply for one of their housing programs on waiting lists that may be years in length, and many PHAs have waiting lists that are closed to new applications altogether. In view of this shortage, some PHAs have enacted general preferences or limited preferences that prioritize some groups of people ahead of others on waiting lists. Those preferences may apply to people experiencing homelessness, but preference systems are complex and must be understood in some detail to determine whether they enable households experiencing homelessness to have real priority access to mainstream housing assistance.

To understand PHAs’ current efforts to serving people experiencing homelessness, the research team conducted a two-part data-collection process consisting of a Web-based survey of all PHAs and a follow-up telephone survey of a select group of PHAs. The two survey instruments ask responding PHAs about the housing programs currently being administered by the PHA, management of the admissions and waiting list processes, the extent to which PHAs are prioritizing homeless households, and the role of the PHA in wider community efforts to address homelessness. Questions also addressed the barriers to assisting people experiencing homelessness most commonly cited by PHAs, the reasons behind those barriers, and action taken by some PHAs to overcome barriers. A special

section on the survey pertained only to PHAs that have been provided MTW authority, which allows PHAs additional flexibility related to the allowable uses of their funds as well as flexibility in the development of administrative policies.

Eighty percent of the 3,988 PHAs nationwide responded to the Web-based survey, representing 86 percent of all of the HCV units and 82 percent of the public housing units nationwide. Out of the 35 PHAs that have been provided MTW authority, 30 participated in the Web survey. The PHAs that responded to the Web survey were representative of the universe of PHAs, because the size of the participating PHAs reflects the characteristics of the universe of PHAs, and the geographic distribution of the participating PHAs reflects the national distribution of PHAs.

For the follow-up telephone survey, the research team purposefully selected a group of PHAs, with 75 PHAs that indicated on the census that they had a meaningful general preference or limited preference for homeless households and 50 PHAs that indicated that they did not have a meaningful general preference or limited preference for homeless households. A total of 120 PHAs participated in the follow-up survey.

## 2. Extent to Which Public Housing Agencies Make Efforts to Serve People Experiencing Homelessness

This chapter begins with basic information about the extent to which public housing agencies (PHAs) are making three types of efforts to serve people experiencing homelessness in their Housing Choice Voucher (HCV) and Public Housing programs: (1) creating general preferences that would put a household experiencing homelessness at or close to the top of a waiting list, (2) creating a limited preference (a preference with a maximum number) for households experiencing homelessness, and (3) modifying screening or other program rules that might stand in the way of households experiencing homelessness gaining access to and using housing assistance. This chapter then focuses on basic characteristics of PHAs that might affect their efforts to serve people experiencing homelessness: the type of programs the PHA administers (Public Housing or HCVs), the size of the PHA (the numbers of public housing units and vouchers the PHA controls), and the type of jurisdiction the PHA serves (metropolitan location and whether the PHA's service area is in or part of a Continuum of Care [CoC] with a large number of people who experience homelessness).

### 2.1 Extent of PHA Efforts to Serve People Experiencing Homelessness

PHAs may attempt to ensure that people experiencing homelessness have access to mainstream housing resources through three basic strategies: general preferences, limited preferences, and modification of program rules. The analysis presented in this chapter and the rest of the report places PHAs into these three categories and shows—through the use of the fourth “any-effort” category—how many and which PHAs have implemented any of the three strategies. The study team defined these three categories of PHA efforts to serve people experiencing homelessness in the following way:

- **General Preference.** *A general preference refers to a method of “ordering” the PHA’s waiting list to ensure that housing resources reach specified populations ahead of other people who also may be eligible for housing assistance. In the analysis conducted for this study, a PHA is considered to have a general preference for people experiencing homelessness only if the preference is likely to put them near the top of the waiting list. If the preference for homeless households is submerged into a category covering a much larger number of households (as in the former federal preferences described in Chapter 1 that gave homeless households a priority equal to people with severe rent burdens), we do not consider that PHA to have a meaningful general preference.<sup>16</sup>*

<sup>16</sup> A more detailed account of how the study team implemented these categorical definitions is included in the discussion of the study’s methodology in Appendix B.

- Limited Preference.** *A limited preference* is a defined number of vouchers or public housing units made available on a priority basis to a certain type of applicant for housing assistance—in this case, households experiencing homelessness. To be included in this category, the PHA must have responded to *a question on the Web survey that it had a preference for homeless households that was limited to a certain number of households that may qualify for the preference.* PHAs often call these limited preferences set-asides, although homeless households have priority access to the units of housing assistance rather than exclusive access. (The unit is not held aside until a qualifying household appears.) The study team decided to consider any limited preference meaningful rather than requiring a minimum number or percentage of units to be allocated to the limited preference for two reasons: (1) Some PHAs reported on the Web survey that they had limited preferences but did not specify the maximum number of units, and (2) even in the largest communities, the numbers of people experiencing homelessness are relatively small compared to the overall population that might be eligible for PHA programs. Thus, a number of units that might seem small could go a long way toward helping reduce rates of homelessness in the community.
- Modified Screening.** Web survey participants were asked whether they modified screening procedures for homeless applicants or made other exceptions to program rules. Many of the detailed

requirements of applying for and being admitted to the HCV and Public Housing programs constitute barriers to the use of these resources by homeless households. Following the requirements of the mainstream HCV and Public Housing programs may be as large a barrier to the use of those programs by homeless households, as is competition for those resources by other households when homeless households are not given priority through the PHA's preference system. Therefore, the analysis that follows in this report considers a "yes" answer to the question: "Has your PHA modified or made exceptions to tenant screening or other policies to provide housing assistance to homeless households" to demonstrate a PHA's effort to serve people experiencing homelessness.

- Any Effort.** If a PHA has adopted any one of the three types of effort, it is placed in this category to enable us to create an "unduplicated" count of all PHAs that appear to be making an effort to serve people experiencing homelessness.

Responses to the Web survey show that as of the time data were collected, 24 percent of all PHAs had made special efforts to serve people experiencing homelessness through general preferences, limited preferences, or modifications to program rules. *Those PHAs account for more than half of all public housing and HCV units in the country.*

PHAs with strong or meaningful general preferences for people experiencing

homelessness account for 10 percent of PHAs and 10 percent of units nationwide (Exhibit 2–1). Only 9 percent of PHAs have established limited preferences for homeless households, but the total inventory of these PHAs accounts for more than one-third of all public housing and HCV units in the nation. As will be discussed further, PHAs with large numbers of units are particularly likely to create limited preferences or fixed numbers of units to which homeless households have access on a priority basis.

About 11 percent of PHAs reported that they modify programs rules to serve homeless households, and those PHAs administer 27 percent of all public housing and voucher units nationwide.

Most PHAs making an effort to serve homeless households make only one of the

three types of efforts. Among PHAs making some type of effort, 29 percent have only a strong general preference, 30 percent just modify screening, and 19 percent have limited preferences. Just 22 percent of PHAs have adopted more than one type of effort, and only 3 percent of all PHAs reported that they use all three mechanisms to increase access for homeless households (Exhibit 2–2). The use of more than one type of effort is more common when considered as numbers of units rather than numbers of PHAs. Thirty-six percent of the program inventories of assisted housing are in PHAs making more than one type of effort. PHAs that have established limited preferences and modified screening have 22 percent of the HCV and public housing inventories of the PHAs that make special efforts to serve homeless households

**Exhibit 2–1. Extent of PHA Efforts to Serve Homeless Households**

Preference Type	PHAs		Total PHA Inventory	
	Count	% of All PHAs	Count	% of All Units
PHA has a strong general preference for homeless households.	394	10%	365,724	10%
PHA has a limited preference for homeless households.	338	9%	1,260,184	36%
PHA modifies its screening for homeless households.	441	11%	940,646	27%
PHA has a strong general preference or a limited preference or modifies its screening for homeless households.	942	24%	1,870,074	53%

Source: Web survey of 3,210 PHAs. The counts of PHAs and units have been weighted to represent the total universe of 3,988 PHAs and 3,538,405 units in the HCV and Public Housing inventories.



(Exhibit 2–2). Still, it is striking that so many PHAs, controlling so many units, established a limited preference for people experiencing homelessness without modifying program rules, as well.

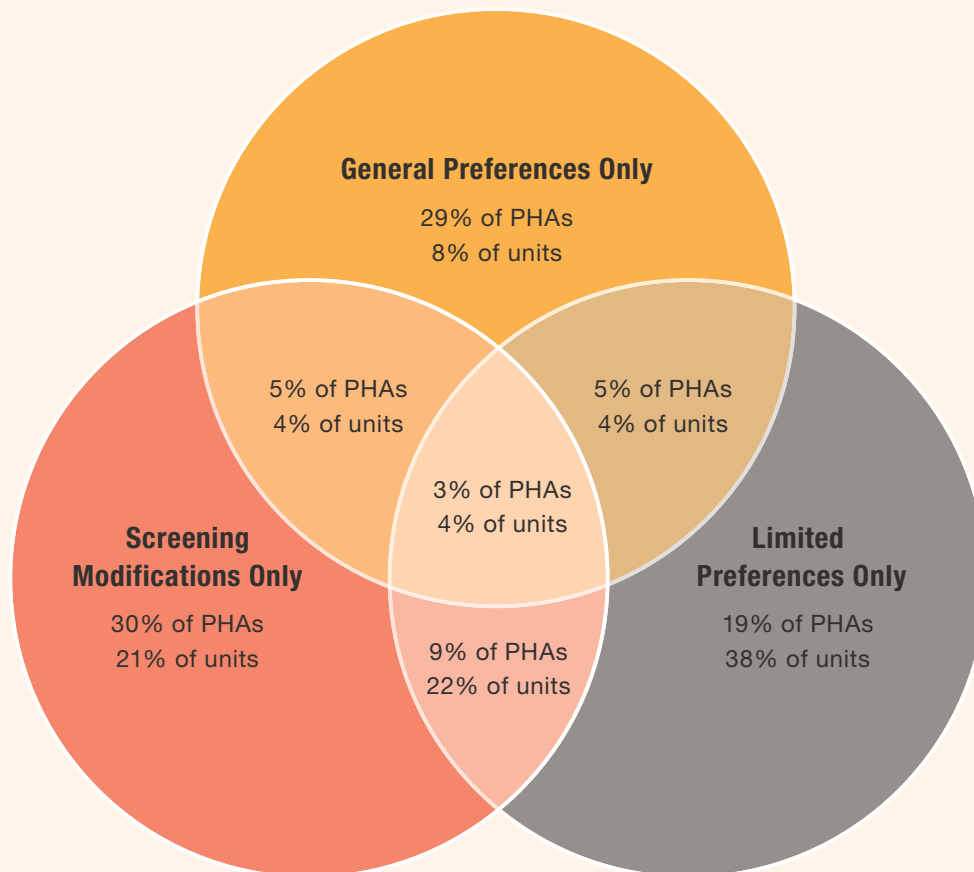
**COMPETITION FOR GENERAL PREFERENCES FOR HOUSING ASSISTANCE**

Many more PHAs include homeless households in their systems of general preferences in some way but not necessarily a

way that gives them a high priority for access to housing assistance (Exhibit 2–3).

On the Web survey, PHAs that reported having a preference for homeless households (and that indicated that homeless households receive the same ranking in the general preference system as other populations the PHAs prioritized) were asked to identify the additional groups for whom the PHA had established a general preference. The

**Exhibit 2–2. Percentage of PHAs With Different Types of Efforts to Serve Homeless Households (of PHAs Making Any Type of Effort to Serve Homeless Households)**



Source: Web survey. *Universe* is the 760 PHAs that reported having at least one type of preference for homeless households on the Web-based census. The percentage of PHAs refers to the proportion of PHAs out of 760 with a specific preference, while the percentage of units refers to the proportion of units in these PHAs out of a total of 1,590,164 units in the 760 PHAs.

populations that most frequently compete with homeless households for both HCV and public housing by being given the same ranking in the preference system are current residents of the jurisdiction (most of whom are not homeless) and victims of domestic

violence (of whom a relatively small group may also qualify as homeless; Exhibit 2–4). Other groups frequently competing with homeless households for HCVs are people with disabilities and people over 62 years of age.

**Exhibit 2–3. All General Preferences That Include Homeless Households**

	Any General Preferences for Homeless Households	Strong General Preferences for Homeless Households	Homelessness Not Included in General Preference Systems*
Percentage of all PHAs*	32%	10%	68%

Source: 3,210 PHAs responding to the Web survey.

\* Includes the 38 percent of PHAs that indicated on the Web survey that they do not have any general preference systems.

**Exhibit 2–4. Household Types Given Equal Preference to Homeless Households**

Household Characteristic	HCV	Public Housing
Current residents of the jurisdiction	51%	58%
Victims of domestic violence	50%	57%
Elderly people	47%	N/A*
Non-elderly people with disabilities	47%	N/A*
Those living in substandard housing	36%	45%
Those displaced by public action	35%	41%
Those displaced by declared national disaster	34%	46%
Veterans (not homeless; not counting special-purpose vouchers [SPVs])	33%	39%
Those with severe rent burden	32%	38%
People with disabilities transitioning from nursing homes or institutions	18%	23%
Families referred by public child welfare agencies for family unification	16%	20%
Youth aging out of foster care	13%	13%

Source: 3,210 PHAs responding to the Web survey.

\* The questions on the survey were different for public housing, which has developments designed for occupancy by seniors and people with disabilities.



**GENERAL AND LIMITED PREFERENCES FOR DIFFERENT PHA PROGRAMS**

PHAs often establish separate preference systems for their HCV and Public Housing programs, and the Web survey asked separate questions about each. Exhibit 2–5 looks at general preferences and limited preferences by program type.

Although the likelihood that PHAs will establish strong general preferences for homeless households is about the same for public housing (9 percent) and HCV programs (12 percent), PHAs are much more likely to set limited preferences in their HCV programs for households experiencing homelessness: 12 percent compared with 3 percent for Public Housing programs. The percentage of Public Housing programs that have either a strong general preference or a limited preference for homeless households is also lower: 11 percent compared with 18 percent for HCV programs.

Reasons PHAs are unlikely to give priority access to specific numbers of public housing units to homeless households include the following:

- PHAs may be reluctant to place families or individuals with histories of homelessness in the multiunit developments they operate because of a perception that such households may have challenges conforming with tenancy rules.
- Providers of services for people experiencing homelessness that partner with PHAs may request vouchers because of their greater flexibility compared with public housing, which has predetermined locations and unit sizes. The provider may want the flexibility of tenant-based vouchers (TBVs) to be used in private rental housing scattered throughout the community or may request project-based vouchers (PBVs) to be used at a location that the partner organization chooses.

Use of different types of assisted housing in PHA and partner approaches to serving homeless households is discussed further in Chapter 5.

**Exhibit 2–5. General and Limited Preferences for PHAs’ HCV and Public Housing Programs**

	Percentage of Public Housing Programs	Percentage of HCV Programs
Strong general preference for homeless households	9%	12%
Limited preference for homeless households	3%	12%
Either strong general preference or limited preference for homeless households	11%	18%

Source: 3,210 PHAs responding to the Web survey.

## 2.2 PHA Characteristics Associated With Efforts to Serve People Experiencing Homelessness: Type of Program and PHA Size

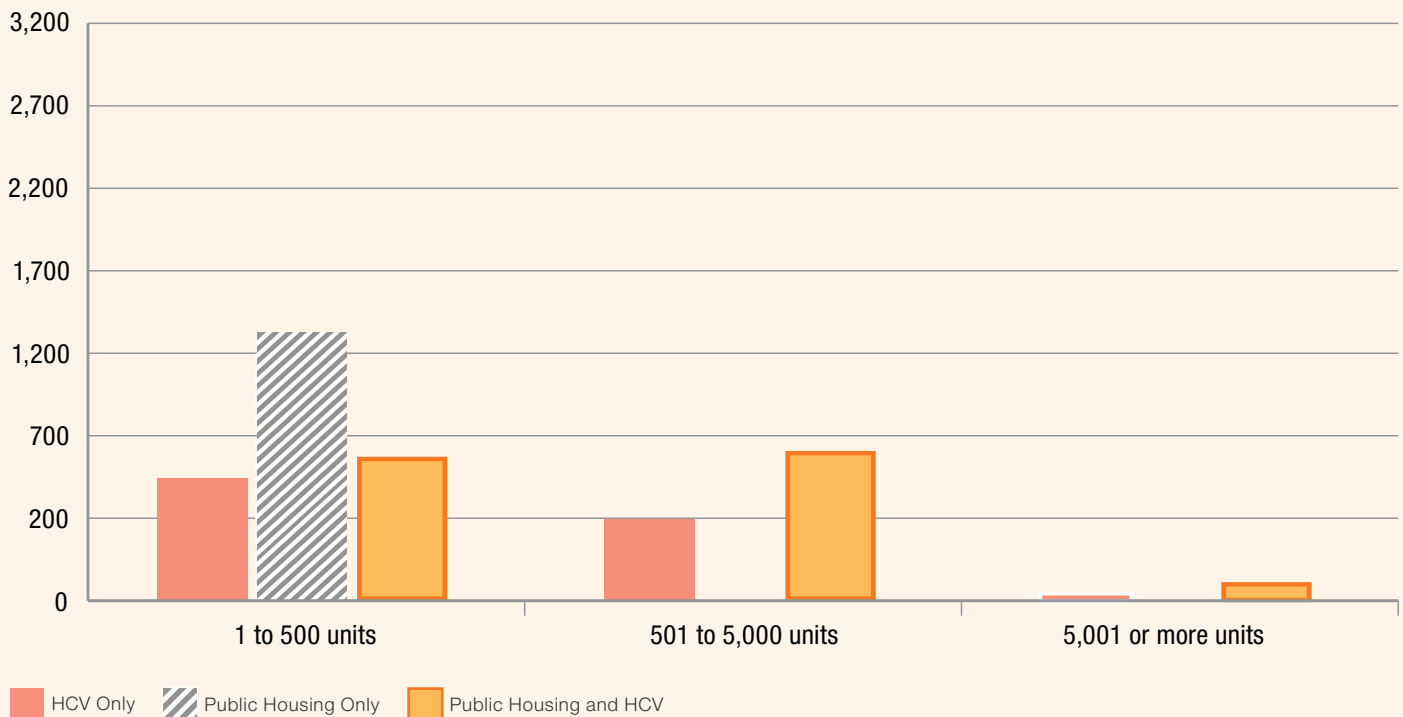
In the rest of this chapter and in Chapter 3, PHAs are categorized by whether they make efforts to serve homeless households in either of the mainstream programs to examine the characteristics of PHAs that may affect that decision. This section presents further analysis on how the type of program the PHA administers and the size of the PHA affects whether a PHA makes one of the three types of effort to serve people experiencing homelessness. The analysis is based both on simple cross-tabulations of data and

on multivariate analysis that controls for a variety of PHA characteristics. Results of the multivariate analysis are reported here in summary, with details shown in Appendix D–1.

Exhibit 2–6 shows how the two basic program characteristics of PHA inventory size and program type are related. Many small PHAs have only public housing and no vouchers, and the largest PHAs always have vouchers.<sup>55</sup> PHAs in the middle range typically have both programs, although many programs have just vouchers.

<sup>55</sup> See Chapter 1 for more detail on the distribution of PHAs by program type and size of inventory. When examining PHAs by size, the results were generally similar for PHAs with between 1 and 250 units and 251 and 500 units. Results were also similar for PHAs with between 501 and 1,500 and 1,501 and 5,000 units. To simplify the description of the results, these categories were combined into 1 unit to 500 units and 501 units to 5,000 units.

**Exhibit 2–6. PHA Program Type by PHA Size**



Source: 3,210 PHAs responding to the Web survey.

At the onset of the study, the hypotheses were that larger PHAs and PHAs administering HCVs would be more likely to make efforts to serve homeless households than smaller PHAs and PHAs that own and operate public housing developments only. Larger PHAs often have resources that allow them to absorb the additional costs of helping harder-to-serve households, such as homeless households. In addition, larger PHAs are more likely located in metropolitan areas with large numbers of people experiencing homelessness.

**PHA SIZE**

The numbers already presented in Exhibit 2–1 and Exhibit 2–2 indicate that PHAs with large inventories—large numbers of mainstream housing assistance units—are more likely to establish limited preferences or to modify the application of program rules to serve households experiencing homelessness.

Those exhibits show that the percentage of the mainstream program inventory controlled by PHAs making those efforts is much larger than the percentage of PHAs doing so, which indicates that larger PHAs are making those efforts. A cross-tabulation of the size of PHA inventory by type of effort (Exhibit 2–7) directly shows that the largest PHAs are far more likely to have a limited preference or modify screening for homeless households than smaller PHAs.

However, smaller PHAs are almost as likely as larger PHAs to have established a strong general preference for people experiencing homelessness. Multivariate analysis that controls for other PHA characteristics confirms that there is no relationship between PHA size and the likelihood that the PHA has a strong general preference for homeless households.

**Exhibit 2–7. PHA Efforts to Serve Homeless Households by Size of the Total PHA Inventory**

Type of Effort	Percentage of PHAs in the Size Category Making the Effort		
	1–500 Units	501–5,000 Units	5,001 or More Units
PHA has a strong general preference for homeless households.	9%	11%	11%
PHA has a limited preference for homeless households.	4%	16%	43%
PHA modifies its screening for homeless households.	8%	15%	41%
PHA has a general preference or a limited preference or modifies its screening for homeless households.	19%	34%	63%

Source: 3,210 PHAs responding to the Web survey.

Larger PHAs may be willing to establish limited preferences for people experiencing homelessness because of their greater flexibility in allocating their resources to different purposes and perhaps also an ability to absorb any additional administrative costs associated with serving households that have experienced homelessness. Larger PHAs also may serve areas with higher rates of homelessness. However, multivariate analysis confirms the positive effect of program size on a PHA’s having a limited preference (or modifying screening) even when the number of people experiencing homelessness in the CoC is controlled for (see Appendix D–1).

A PHA in an area with high rates of homelessness may be reluctant to establish a general preference that puts people experiencing homelessness at the top of the waiting list because of a concern that the PHA’s mainstream programs would serve *only* homeless households with the limited number of units that become available through

turnover. (Neither the HCV program nor the Public Housing program is growing through appropriations of funds for additional units.) Conversely, a small PHA serving an area with only a few homeless households may be willing to establish a general preference that gives those few households priority over others. The result is that about the same share of PHAs in each size category have general preferences for people experiencing homelessness.

**PROGRAM TYPE**

As already seen in Exhibit 2–5, PHAs are more likely to use vouchers than public housing in their efforts to serve homeless households. A cross-tabulation of type of effort by the type of program the PHA administers shows that program type makes a difference as to whether the PHA has a limited preference or modifies program rules but not for whether the PHA has a strong general preference for homeless households (Exhibit 2–8). The

**Exhibit 2–8. PHA Efforts to Serve Homeless Households by Type of Program the PHA Administers**

Type of Effort	Percentage of PHAs with the Program Type That Make the Effort		
	HCV Only	Public Housing Only	Both HCV and Public Housing
PHA has a strong general preference for homeless households.	9%	9%	11%
PHA has a limited preference for homeless households.	12%	2%	13%
PHA modifies its screening for homeless households.	13%	8%	13%
PHA has a general preference or a limited preference or modifies its screening for homeless households.	27%	17%	29%

Source: 3,210 PHAs responding to the Web survey.

cross-tabulation suggests that PHAs with both vouchers and public housing appear somewhat more likely to make efforts to serve homeless households than PHAs that administer vouchers only, but that pattern disappears in multivariate analysis that controls for the size of the PHA’s inventory and the type of area in which the PHA is located (see Appendix D–1).

**PHAs WITH PBVs**

Approximately 14 percent of PHAs with HCV programs (about 572 PHAs) also have PBVs, which are vouchers tied to particular housing units. PHAs may project-base up to 20 percent of their voucher budget authority.<sup>18</sup> PHAs with PBV programs are more likely to make attempts to serve people experiencing homelessness, with nearly 50 percent of PHAs with PBV programs prioritizing homeless

households in some way (Exhibit 2–9), most commonly through the establishment of a limited preference. What is not clear is whether PHAs that were already using PBVs for other purposes were more likely to create a limited preference for homeless households or whether the decision to help address homelessness in the community led the PHA to decide to project-base for that purpose.

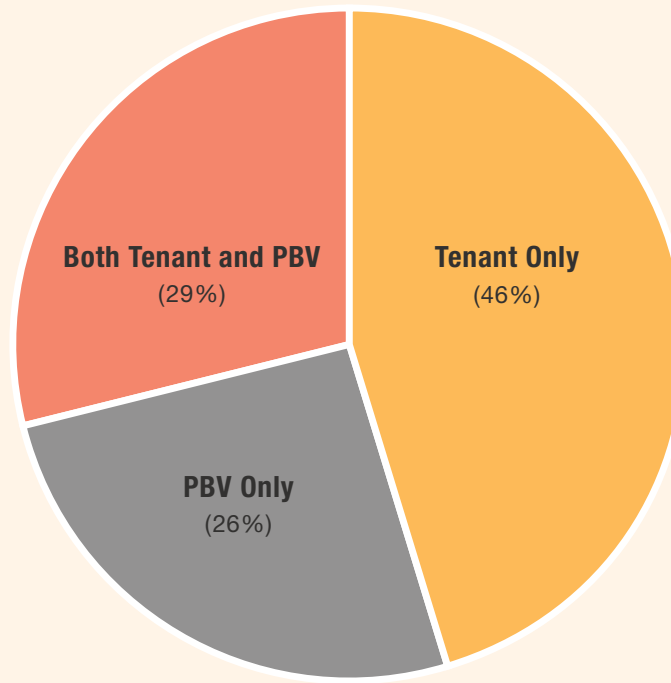
The Web survey asked PHAs to answer separate questions about preferences in their HCV and PBV programs. Of the PHAs that responded to the Web survey, 278 PHAs reported that they had a limited preference for homeless households in either their HCV program or their PBV program, 46 percent reported that they had limited preferences for homeless households in their TBV programs, 26 percent reported that they had limited preferences in their PBV programs, and

<sup>18</sup> PHAs with Moving to Work (MTW) demonstration authority are not subject to the percentage limitation.

**Exhibit 2–9. PHA Efforts to Serve Homeless Households by Whether the PHA has PBVs**

Type of Effort	Percentage of PHAs That Make the Type of Effort	
	Does Not Have PBVs	Has PBVs
PHA has a strong general preference for homeless households.	9%	13%
PHA has a limited preference for homeless households.	5%	31%
PHA modifies its screening for homeless households.	9%	24%
PHA has a general preference or a limited preference or modifies its screening for homeless households.	19%	49%

Source: 3,210 PHAs responding to the Web survey.

**Exhibit 2–10. Limited Preferences of Vouchers by Whether the Preference Is for Tenant-based or PBVs****Distribution of PHA Limited Preferences by Voucher Type**

Source: 224 PHAs responding to the survey stated that they had limited preferences for homeless households in either the TBV or PBV programs. Weighted to reflect the universe of PHAs, the number of PHAs with preferences in either program is 278.

29 percent reported that they had limited preferences in both programs (Exhibit 2–10).

### 2.3 PHA Characteristics Associated With Efforts to Serve People Experiencing Homelessness: Type of Location

Homelessness is an urban, suburban, and rural condition, but most people experiencing homelessness are located in urban areas—in particular, in the central cities of metropolitan areas.<sup>19</sup> A hypothesis tested in this section of the report is that PHAs in metropolitan areas

<sup>19</sup> *The 2012 AHAR to Congress: Volume II Estimates of Homelessness in the United States*. October 2013

would be more likely to adopt preferences for homeless households than those serving small towns or rural areas. Rates of homelessness also vary substantially in different parts of the country, with some states accounting for a substantial share of all people who become homeless.<sup>20</sup> Another hypothesis is that PHAs in areas with large numbers of people experiencing homelessness are more likely to use either their preference systems or modification of program rules to bring homeless households into their HCV or Public Housing programs.

<sup>20</sup> *Ibid.*

The study team also tested a hypothesis that might work in the other direction: PHAs in metropolitan areas or in areas with large numbers of people experiencing homelessness may be constrained by high levels of demand for their mainstream programs by people who need housing assistance but are not homeless. For testing this hypothesis, demand for housing assistance was based on the information PHAs reported to the Web survey on their waiting lists for assisted housing. Thus, this section examines the impact of three specific contextual factors: (1) type of location, (2) overall demand for housing assistance, and (3) the size of the local homeless population.

**TYPE OF LOCATION**

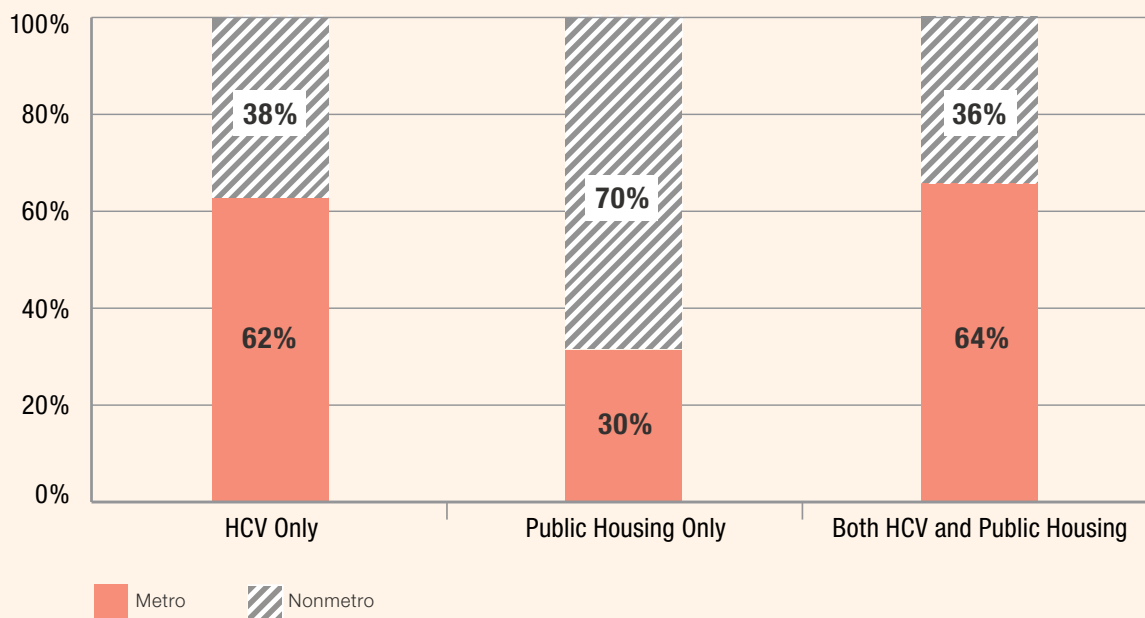
*Metropolitan and micropolitan areas are geographic designations created by the*

U.S. Office of Management and Budget. A *metropolitan* area consists of an area with an urban core (or central city) of more than 50,000 people. A *micropolitan* area contains an urban core of less than 50,000 people but more than 10,000 people. The inclusion of counties surrounding the urban core of both micropolitan and metropolitan areas is determined by a high level of economic integration based on commuting patterns.<sup>59</sup>

Approximately 50 percent of PHAs are located in metropolitan areas, and those metropolitan PHAs have 87 percent of the inventories of vouchers and public housing units nationwide. PHAs with only Public Housing programs are much more likely than PHAs with HCVs to be located in metropolitan areas (Exhibit 2–11).

<sup>59</sup> United States Census Bureau, 2013. <http://www.census.gov/population/metro/about>.

**Exhibit 2–11. Metropolitan/Nonmetropolitan Location of PHAs**



Source: 3,210 PHAs responding to Web survey.



Type of location does not affect whether a PHA adopts general preferences (Exhibit 2–12), but PHAs in metropolitan areas are more likely (13 percent, as compared with 6 percent of micropolitan areas and 3 percent of rural areas) to have established a limited preference for homeless households. Similarly, PHAs in metropolitan areas are more likely than those in other geographic areas to modify screening (14 percent, as compared with 9 percent in micropolitan areas and 7 percent in rural areas). Multivariate analysis that controls for PHA size, program type, and whether the CoC in which the PHA is located has a large number of people experiencing homelessness confirms that metropolitan location has a small but significant independent effect on whether the PHA has created a limited preference for homeless households or has modified screening. That analysis also shows that PHAs with statewide jurisdictions are more likely to make such efforts to serve homeless households than PHAs with more limited jurisdictions (see Appendix D–1).

**DEMAND FOR HOUSING ASSISTANCE**

Demand for housing assistance was calculated based on the ratio of the PHA’s waiting list size to the estimated number of units that would turn over on an annual basis. This calculation effectively gives an estimate of how many years it would take for a PHA to clear its waiting list if there were no new applicants. Based on previous experience with PHA data, it was estimated that, on average, 15 percent of a PHA’s units would turn over in a given year (so if a PHA had 1,000 units, it was estimated that 150 units would turn over each year).<sup>22, 23</sup>

The research team created three categories of demand: high, moderate, and low. The categories were defined based on waiting list status (closed or not) and the estimated amount of time it would take to clear the

<sup>22</sup> This rate is a historical “rule of thumb” based on analyses of PIC data. Turnover rates dropped below 15 percent during the Great Recession. Because the objective was to create categories of PHAs by level of demand, changing the assumed turnover rate would add to the estimated number of years needed to clear the waiting list but not change the categorizations.

<sup>23</sup> In cases where a PHA had both an HCV program and a Public Housing program, we defaulted to using the number of HCV units and size of the HCV waiting list to calculate the demand measure, because of the likely overlap of public housing and HCV waiting lists.

**Exhibit 2–12. PHA Efforts by Type of Location**

Type of Effort	Metropolitan Area	Micropolitan Area	Rural*
PHA has a strong general preference for homeless households.	10%	10%	10%
PHA has a limited preference for homeless households.	13%	6%	3%
PHA modifies its screening for homeless households.	14%	9%	7%
PHA has a general or limited preference or modifies its screening for homeless households.	29%	20%	17%

Source: 3,210 PHAs responding to the Web survey.

\* Neither metropolitan nor micropolitan.



waiting list once on it.<sup>24</sup> As shown in Exhibit 2–13, one-third of PHAs were considered “high demand” PHAs, less than one-quarter were considered “low demand” PHAs, and a plurality—43 percent—were considered to have moderate levels of demand.

<sup>24</sup> To classify the relative level of demand for the PHA’s units, we calculated the 25th and 75th percentile of our demand measure and looked at whether the waiting list was closed. The research team defined a PHA as “high demand” if either its waiting list was closed or it was in the 75th percentile or higher on our demand measure (which was equivalent to PHAs that would take 7.8 years or more to clear their waiting list). PHAs that did not have a closed waiting list were classified as “moderate demand” if they fell between the 25th percentile and 75th percentile of demand (1.5 years to less than 7.8 years), and as “low demand” if they were below the 25th percentile of demand.

Demand for public housing and HCV affects PHA engagement with homeless households differently than expected. Although it was expected that PHAs in areas with high demand for resources would be less likely to prioritize homeless households, it seems the reverse is true. For each type of preference, PHAs in high-demand areas (PHAs with closed or long waiting lists) are more likely to prioritize or modify screening for homeless households. Overall, nearly one-third of PHAs in high-demand areas make some effort to engage

**Exhibit 2–13. Percentage of PHAs by Level of Demand**

PHA Demand	Percentage of PHAs
High demand	33%
Moderate demand	43%
Low demand	24%

Source: 3,210 PHAs responding to the Web survey.

### Waiting list status

Fifty percent of the PHAs administering HCVs reported having open waiting lists. Of the 50 percent, most (79 percent) were open on an ongoing basis, while 6 percent had waiting lists that were only open to the general public for a limited time over the past year, 4 percent were only open to a particular population on an ongoing basis, and 1 percent reported being open to a particular population for a limited time over the past year. Forty-eight percent of PHAs had closed waiting lists. Of those with a closed waiting list, 44 percent indicated that the list had been closed for longer than 24 months.

For those PHAs administering public housing, 83 percent have a waiting list open to the general public, 9 percent have a list open to specific categories, and 6 percent have a closed list. Of those with a closed waiting list, 43 percent indicated the list was closed for 6 months or less.

homeless households. PHAs in high-demand areas are almost three times more likely to have a limited preference than PHAs with low demand for resources and twice as likely as PHAs with moderate demand for resources (see Exhibit 2–14).<sup>63</sup>

High-demand PHAs are located in urban areas where there are high population densities, high rents, and large numbers of people living below the poverty line. The visibility of the homeless population in high-demand PHA areas may affect whether a PHA adopts preferences. In high-density urban areas with a visible homeless population, public sympathy is often higher. In addition, business communities in urban areas have an interest in reducing visibility. This combination of high rates of visible homelessness and a strong

business community often present in high-demand PHA areas may affect the decision to prioritize homeless households for PHA resources.

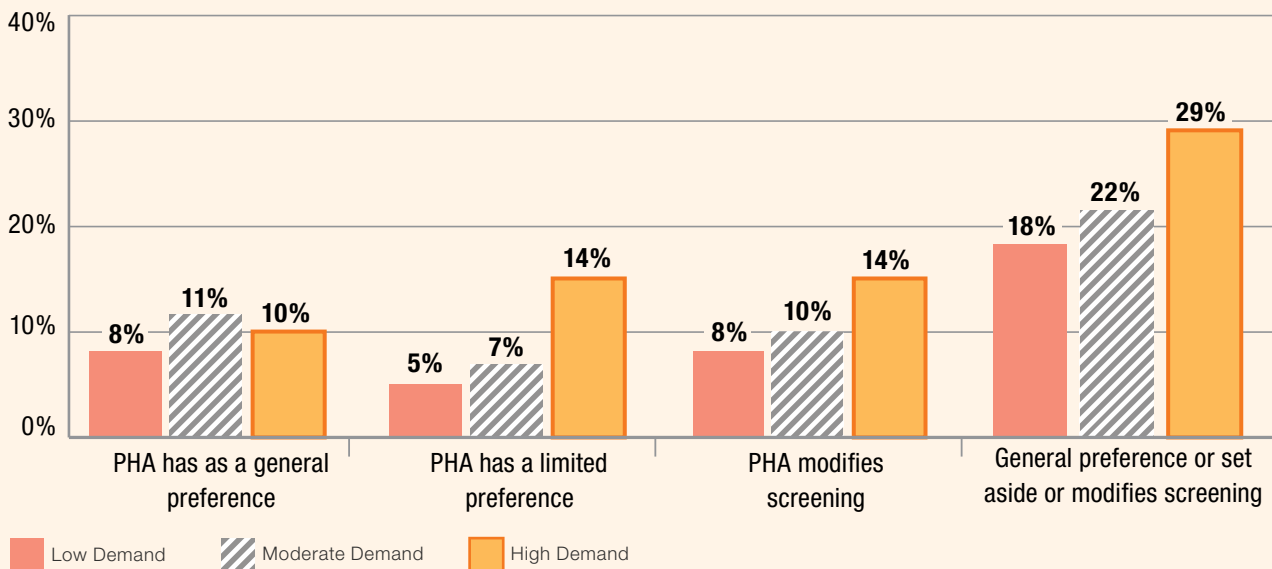
**HOMELESS POPULATION**

Exhibit 2–15 shows the relationship between numbers of people experiencing homelessness in the CoC within which the PHA service area is located (as of the 2011 point-in-time count<sup>64</sup>) and the efforts that PHAs make to serve homeless households. The jurisdictions of PHAs and the CoCs that are the planning and strategy units for addressing homelessness often do not coincide, with CoCs (and their counts of people experiencing homelessness) often covering a geographic area in which many PHAs are physically located.

<sup>63</sup> Based on this finding from the cross-tabulation and other exploratory analyses, the study team did not include a measure of demand for PHA programs in the multivariate analysis.

<sup>64</sup> This analysis uses 2011 PIT counts, because they reflect the known numbers of homeless people during the Web survey data-collection period (summer 2012).

**Exhibit 2–14. Type of Effort to Serve Homeless Households by Relative Demand for Housing Assistance Shown by the PHAs’ Waiting Lists**



Source: 3,210 PHAs responding to Web survey.

Confirming our expectations, as the number of people experiencing homelessness rises, the likelihood that PHAs make efforts to serve homeless households also rises.

Exhibit 2–15 suggests that PHAs in CoCs with more than 10,000 people experiencing homelessness on a given night are an exception, but the geography of two of the four CoCs that make up this category provides an explanation. The Texas Balance of State and Georgia Balance of State CoCs include 461 PHAs, and many of those PHAs are very small and may be located in rural areas where few people experience homelessness. Multivariate analysis that controls for the size of each PHA relative to all of the PHAs in the CoC shows that PHAs in CoCs with more than 10,000 people experiencing homelessness are most likely to make efforts to serve homeless households.

### 2.4 Summary

As of 2012, about a quarter of all PHAs (24 percent) were making an explicit effort to serve people experiencing homelessness. The PHAs making such efforts did so in the following ways: (1) having a strong general preference that puts people experiencing homelessness at or near the top of the waiting list; (2) the creation of a limited preference of public housing or voucher units for homeless households; and/or (3) modification of the application, eligibility screening, or other program rules to remove barriers to homeless households’ access to and use of housing assistance. Relatively few PHAs used more than one approach. The greatest overlap is between PHAs using limited preferences and PHAs modifying screening, but only 9 percent of PHAs making any of the three efforts are using both limited preferences and modifying screening.

**Exhibit 2–15. PHA Efforts to Serve People Experiencing Homelessness by the Number of Homeless Persons in the CoC**

Size of Homeless Population in the CoC		Percentage of PHAs That Have a Strong General Preference for Homeless Households	Percentage of PHAs That Have a Limited Preference for Homeless Households	Percentage of PHAs That Modify Screening	Percentage of PHAs Making One of the Three Efforts
No. of people	CoC no.	%	%	%	%
1–999	269	11%	8%	11%	24%
1,000–1,999	81	10%	7%	11%	23%
2,000–4,999	45	10%	12%	11%	26%
5,000–9,999	19	11%	26%	22%	40%
10,000 or more	4	5%	4%	10%	17%

Source: Web survey results from 3,152 PHAs (58 PHAs did not have a CoC identified). Source of homeless population counts is 2011 point-in-time count data.

Larger PHAs are more likely than smaller PHAs to make an effort to serve people experiencing homelessness. Thus, more than half (53 percent) of the total national inventory of public housing and HCV units is controlled by PHAs that make efforts to serve homeless households. Size has an independent effect on whether PHAs make such efforts, even when controlling for other PHA characteristics such as the number of people experiencing homelessness in the area in which the PHA operates. Larger PHAs may have more flexibility in their use of resources to create limited preferences for homeless households or to cover the additional administrative costs that may be associated with serving people who have experienced homelessness.

However, smaller PHAs are just as likely as larger PHAs to have general preferences that place an unlimited number of homeless households at or near the top of the waiting list. It may be that smaller PHAs (typically in areas with small numbers of homeless households) do not have the same concern as larger PHAs (typically in areas with large numbers of people experiencing homelessness) that a strong general preference for homeless households would result in turnover in their HCV or public housing programs used entirely for persons experiencing homelessness.

A limited preference for homeless households is more common in the voucher program, both tenant-based and project-based, than in public housing. PHAs with public housing only are unlikely to have a limited preference for a specific number of units to which they

give people experiencing homelessness priority access, but PHAs with public housing only are about as likely as those with HCV programs to have strong general preferences that put homeless households at the top of the waiting list.

PHAs in metropolitan areas are more likely to make efforts to serve people experiencing homelessness, even after controlling for other characteristics of the PHA, as are PHAs with statewide jurisdictions. PHAs in areas that have large numbers of people experiencing homelessness are much more likely to make efforts to serve homeless households than PHAs in areas with smaller numbers of people experiencing homelessness, as reported by the CoC point-in-time counts. Again, these efforts are likely to be limited preferences or modifying screening rather than a strong general preference that places all homeless households ahead of others on the waiting list. Competition for PHA-assisted housing resources from other needy households, measured by the size of waiting lists, does not appear to discourage PHAs from making efforts to serve people experiencing homelessness.

### 3. Role of Public Housing Agencies in Broader Community Efforts to Address Homelessness

How the public housing agency (PHA) engages with local, system-level efforts to reduce homelessness can further explain PHA efforts to serve people experiencing homelessness. To understand the extent to which the PHA currently participates in any community-wide efforts to address homelessness, the Web survey included questions about other programs administered by the PHA that may target homeless households and questions pertaining to the PHA's relationship with strategic planning efforts in the community around ending homelessness. The Web and follow-up surveys also explored the ways in which PHAs partner with organizations that provide services to people experiencing homelessness.

A PHA's choice about whether to make special attempts to serve homeless households may ultimately be idiosyncratic. An executive director or a member of the PHA's board may have policy preferences or professional or personal relationships that induce the PHA to create preferences for homeless households or, conversely, to consider addressing homelessness as outside the PHA's core mandate. Although we cannot measure these idiosyncrasies, recent policy choices or institutional relationships may affect a PHA's willingness to use the mainstream Housing

Choice Voucher (HCV) or Public Housing program to serve homeless households. For example, if the PHA has been brought into the Continuum of Care (CoC), one would expect that PHA to be more likely to make efforts to prioritize people experiencing homelessness for mainstream housing assistance or to remove obstacles to accessing that assistance. In addition, PHAs that have become accustomed to serving people with special needs may be less reluctant to serve them through their HCV and Public Housing programs. In addition to the U.S. Department of Housing and Urban Development (HUD) programs explicitly targeted to people experiencing homelessness through the HUD McKinney-Vento homeless assistance programs. HUD funds congressionally authorized special-purpose set-asides of the HCV program targeting non-elderly people with disabilities (NED), families involved with the child welfare system (the Family Unification Program), and 5-year mainstream vouchers for people who have disabilities.<sup>27</sup> Administering those programs may have shifted the mindset of the PHA leadership about whether serving people experiencing homelessness should be a basic part of the PHA's mission.

#### 3.1 PHA Administration of Programs for Homeless Households and Special-purpose Vouchers

In the Web survey, PHAs were asked about their administration of programs for homeless

<sup>27</sup> Supportive housing vouchers for veterans (HUD-VASH) are also SPVs, but because they are targeted at homeless veterans, we categorized PHAs administering this program with PHAs administering Shelter Plus Care vouchers and other programs specifically for homeless people.

households and special-purpose vouchers (SPVs). Exhibit 3–1 shows the PHA responses for the homeless-specific programs only and shows that the administration of programs targeted at people experiencing homelessness has a notable effect on whether PHAs make an effort to serve people experiencing homelessness with their mainstream programs, as well. PHAs that administer programs targeted at people experiencing homelessness under the HUD McKinney-Vento homeless assistance programs tend to have higher rates of general preferences and much higher rates of limited preferences and modification than PHAs that do not

administer HUD McKinney-Vento homeless assistance programs. More than 50 percent of PHAs that administer HUD McKinney-Vento homeless assistance programs prioritize homeless households in some way, with nearly 50 percent of PHAs administering HUD-Veterans Affairs Supportive Housing (VASH) or Homelessness Prevention and Rapid Re-Housing (HPRP) assistance,<sup>28</sup> while only 17 percent of PHAs that do not administer these programs make efforts to serve homeless households through the HCV or Public Housing program.

<sup>28</sup> Funding under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) was made available under the American Recovery and Reinvestment Act of 2009. Funding was available for 3 years, beginning in 2009, and thus expired in 2012.

**Exhibit 3–1. Administration of Targeted Homeless Programs by Whether the PHA Makes Efforts to Serve Homeless Households Through Its HCV or Public Housing Programs**

Targeted Homeless Programs Administered by the PHA	PHA Has a Strong General Preference for Homeless Households	PHA Has a Limited Preference for Homeless Households	PHA Modifies Screening for Homeless Households	Any Effort to Serve Homeless Households
HUD McKinney-Vento Supportive Housing program	16%	29%	27%	51%
HUD McKinney-Vento Shelter Plus Care	9%	29%	31%	50%
HUD McKinney-Vento Section 8 Single-Room Occupancy (SRO) Moderate Rehabilitation	16%	35%	33%	54%
HPRP (homelessness prevention)	14%	23%	21%	44%
HPRP (rapid re-housing)	13%	26%	25%	48%
VASH	12%	28%	28%	49%
None (PHA does not administer programs targeted at homeless households)	9%	4%	7%	17%

Source: 3,210 PHAs responding to the Web survey. Percentages are row percentages (i.e., for those PHAs administering a particular program, what proportion had the specified preference).



Multivariate analysis of the policy-related factors confirmed that even after controlling for PHAs’ characteristics, the administration of programs targeted at people experiencing homelessness has a significant positive effect on the PHA’s efforts to serve homeless households through the mainstream housing assistance programs. Recalling that basic PHA characteristics such as PHA size and location have no effect on their use of strong general preferences for homeless households, the administration of special programs targeted at homeless households is the *only* tested characteristic that is a significant predictor of strong general preferences (see Appendix D–4 for multivariate results).

**SPECIAL-PURPOSE VOUCHERS**

*Special-purpose vouchers* are funded by Congress through special appropriations intended to target assistance to specific populations such as the elderly or disabled. SPVs are not part of a PHA’s mainstream programs. PHAs that choose to administer SPVs must apply and be awarded these

vouchers through a competition, or invitation. Examples of SPVs include:

- Non-elderly Disabled, Category I and II (NED)—NED vouchers enable non-elderly disabled families to lease affordable private housing of their choice. NED vouchers also assist persons with disabilities who often face difficulties in locating suitable and accessible housing on the private market.
- Family Unification Program (FUP)—Families who have been separated or are at imminent risk of separation, primarily because of a lack of adequate housing, and youths (18–21 years of age) who left foster care at 16 years of age or older and lack adequate housing
- HUD-Veterans Affairs Supportive Housing (HUD-VASH)—Combines HCV rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA).

Exhibit 3–2 shows that PHAs that administer SPVs make efforts to serve people

**Exhibit 3–2. PHA Efforts to Serve Homeless Households by Whether PHA Administers an SPV Program Other Than VASH**

Preference Type	Does Not Administer SPVs	Administers SPVs
PHA has a strong general preference for homeless households.	10%	12%
PHA has a limited preference for homeless households.	6%	24%
PHA modifies its screening for homeless households.	9%	24%
PHA has a general or limited preference or modifies its screening for homeless households.	20%	45%

N = 3,210 PHAs responding to the Web survey.



experiencing homelessness at higher rates than other PHAs. Forty-five percent of PHAs that administer SPV programs make some effort to prioritize homeless households, compared with 20 percent for PHAs that do not administer SPVs. PHAs that do not have SPV programs are less likely to have a limited preference (6 percent compared with 24 percent) and modifications to program rules (9 percent compared with 24 percent) than PHAs that administer SPVs. However, PHAs that do not administer SPVs are only slightly less likely to have strong general preferences for homeless households than those that currently administer SPVs (10 percent vs. 12 percent). Confirming results of the cross-tabulations, multivariate analysis shows that administering SPVs for other, non-homeless vulnerable populations has no effect on the PHA's willingness to have general preferences for homeless households but does affect whether the PHA has a limited preference for homeless households and modifies program rules.

During the follow-up survey, PHAs were asked whether the experience of working with special populations through the administration of an SPV program affected their capacity to serve people experiencing homelessness. Overwhelmingly, PHAs that had established preferences for homeless households responded that administering an SPV program has made them more knowledgeable of the needs of the homeless population within the community.

#### **PHA INVOLVEMENT IN CoCs AND OTHER STRATEGIC PLANNING EFFORTS**

CoCs are local planning bodies, required by HUD, responsible for applying for and managing HUD's dedicated homeless assistance funds. CoCs often consist of stakeholders from government, nonprofit, and social service organizations; faith-based organizations; and private-sector partners. Each year, more than 430 CoCs apply to HUD for homeless assistance funding.

The role of PHAs in those 430 CoCs varies widely, from not participating in any meaningful way to acting as the CoC lead agency. Based on Web survey results, approximately 27 percent of PHAs, representing 59 percent of the total inventory of HCV and public housing units, indicated that they participate with the CoC in some way. Communities often use locally developed plans to end homelessness to design strategies to end and prevent homelessness.

PHAs that report participation in the local CoC or other community planning efforts to address homelessness are more likely to make efforts to serve homeless households (Exhibit 3–3). Although 20 percent of PHAs that participate in the CoC have a limited preference and 22 percent modify screening, only 4 percent of PHAs that do not participate in the CoC have a limited preference, and only 7 percent modify screening. PHAs that participate in the CoC also appear to have higher rates of strong general preferences, but multivariate analysis that controls for other characteristics shows no significant effect of CoC participation on a PHA's use of

**Exhibit 3–3. PHA Participation in CoCs and Their Efforts to Serve Homeless Households**

Effort to Serve Homeless Households	Percentage of PHAs That Participate in a CoC	Percentage of PHAs That Do Not Participate in a CoC	All PHAs
Has a strong general preference	12%	9%	10%
Has a limited preference	20%	4%	9%
Modifies screening	22%	7%	11%
Any preference or modifies screening	41%	17%	24%

N = 3,210 PHAs answering the question on whether the PHA participates in the local CoC in the Web survey.

strong general preferences to serve homeless households. However, the multivariate analysis does confirm the finding that PHAs that participate in the local CoC are more likely to have a limited preference or modify screening requirements.

Participation in the CoC clearly is not the only impetus for a PHA's efforts to target housing assistance to homeless households, because the total number of PHAs making any of the three efforts to serve people experiencing homelessness is greater than the number of PHAs that participate in the CoC. PHA size and participation in the CoC are closely related, and many smaller PHAs that make efforts to serve homeless households do not participate in the CoC. A full 80 percent of PHAs with 5,000 units or more participate in the CoC compared with only 16 percent of PHAs with fewer than 500 units.

#### **PHAs IN CoC LEADERSHIP ROLES**

Although the Web survey asked PHAs whether the organization participates in the local CoC, the question allowed for only a yes or no

response. Because there is a broad spectrum of what constitutes “participation,” the follow-up survey explored further to what extent the PHAs participated in the CoC. During the follow-up survey of 120 PHAs, 20 of the PHAs indicated that they were either the lead agency within the CoC or that they sat on leadership committees in their CoC. Apart from providing housing resources, there are a number of other ways that these PHAs contribute to the leadership of the CoC, including:

- Providing dedicated staff to the CoC
- Serving on steering committees
- Helping to make decisions about local strategies to address homelessness
- Helping the CoC apply for HUD grants
- Serving on the scoring committee for CoC decisions about requesting HUD funding for particular providers
- Helping design local permanent supportive housing programs

- Advising local providers of services to people experiencing homelessness on how to help their clients gain access to housing assistance

Surprisingly, only 14 of the 20 PHAs interviewed in the telephone survey that participate in a CoC are also making efforts to serve homeless households through their preference systems or by modifying program rules. One PHA that did not have preferences for homeless households or modify the application of rules in its mainstream programs was nonetheless extremely involved in CoC decision making, helping the CoC target resources to reduce homelessness, administer grants, and monitor agencies that receive HUD funding.

Administering other programs for people experiencing homelessness, particularly the CoCs that have been the primary source of federal homelessness funding, is strongly

associated with whether the PHA participates in the CoC (Exhibit 3–4). For example, of PHAs that participate in a CoC, 26 percent administer Shelter Plus Care compared with only 1 percent of PHAs that do not participate in a CoC.

### 3.2 Reasons for Not Participating in Local CoCs

On the Web survey, roughly three-quarters of PHAs responded that they do not participate in their local CoC. Most often, this lack of participation was not a deliberate choice. Reasons for not participating given by PHAs in the follow-up survey were most often related to a lack of knowledge or funding. Many pointed to history as a reason for not participating; they had never participated before, so they had not considered participating now. In addition, many PHAs in smaller communities were created by their

**Exhibit 3–4. PHA Participation in a CoC by Administration of HUD Programs for Homeless Households**

Type of Other HUD Program Administered	Participates in CoC	Does not participate in CoC	All PHAs
HUD McKinney-Vento Supportive Housing Program	13%	0%	4%
HUD McKinney-Vento Shelter Plus Care	26%	1%	7%
HUD McKinney-Vento Section 8 SRO Moderate Rehabilitation	9%	1%	3%
HPRP (homelessness prevention)	14%	1%	5%
HPRP (rapid re-housing)	12%	1%	4%
VASH	22%	3%	8%

Source: 3,210 PHAs responding to the Web survey.

states to house low-income seniors. Over time, many of these properties also came to serve people with disabilities, but responding to homelessness has never been considered part of their mission. Some PHAs reported that they were either unaware of local efforts of the CoC or of service organizations that are involved in addressing homelessness or that they were unsure of how to contact the CoC. CoCs often represent large regions, containing a number of smaller PHAs. PHAs in CoC jurisdictions that are geographically large may be distant from concentrations of people experiencing homelessness or may feel (rightly or wrongly) that homelessness is not an issue that they are responsible for addressing. Not having a large enough homeless population or network of homeless service providers was also noted as a reason for not participating in a planning process for addressing homelessness. One PHA stated that it does not administer a Shelter Plus Care program and sees no other reason to be part of the CoC.

Some PHAs talked about programmatic factors that contribute to their lack of participation in the CoC. For example, changing leadership and strategic goals of the PHA have interrupted efforts to work with homeless service providers. Some PHAs reported that they thought it would be controversial if they did not meet the expectations of existing waiting lists of people seeking housing assistance. People currently on the waiting list monitor their spots closely and would know if they were being jumped over. Although that kind of transparency is

desirable from many standpoints, it has made it difficult for PHAs to change their policies.

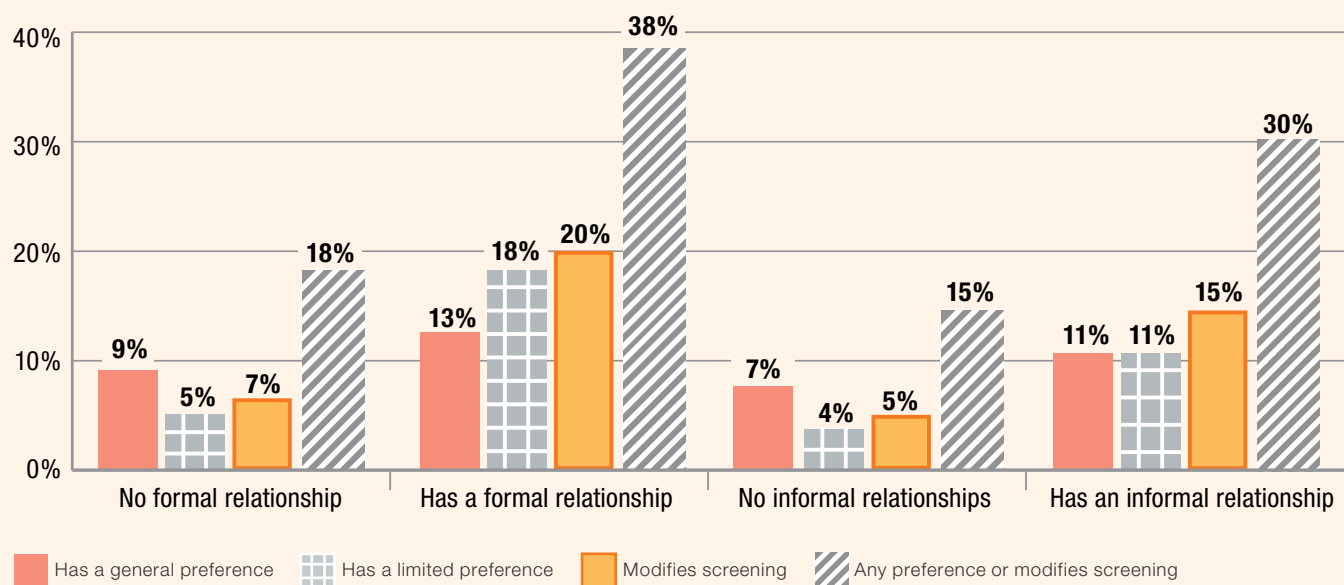
Of the roughly 40 PHAs in the follow-up survey that provided reasons why they do not currently participate in a CoC, more than half stated that they plan to become involved in the future.

### 3.3 Relationships With Local Homeless Service Providers

Nearly one-third of PHAs (30 percent) reported to the Web survey that they had *formal relationships* with service organizations serving people experiencing homelessness in their jurisdictions. The Web survey defined *formal relationships* as those governed by Memoranda of Understanding or other contractual arrangements between the PHA and service organizations. An *informal relationship* is one that has no such official arrangement. A full 65 percent of PHAs report having informal relationships with one or more community organizations that provide services to people experiencing homelessness. More than two-thirds (69 percent) had either a formal or informal relationship with service organizations (see Exhibit 3–5).

It is far more common for PHAs to report having either a formal or informal relationship with a homeless service organization (69 percent) than it is for a PHA to establish a limited preference for homeless households (9 percent) or fall into one of our three categories of PHAs that prioritize homeless households in any way (24 percent). The high rate of partnering with homeless service

**Exhibit 3–5. Presence of Partnerships With Service Organizations by Types of Preferences for Homeless Households**



Source: Web survey results; N = 760 PHAs that identified having one or more preferences.

providers may show that even those PHAs that do not make special attempts to use their HCV or Public Housing programs for homeless households are aware that some of the households they serve (or attempt to serve from their waiting lists) have histories of homelessness. Those PHAs may be establishing relationships with homeless service providers to meet needs that they know exist among their residents.

In addition, some respondents to the Web-based survey may have understood these questions to refer to organizations that provide services to needy populations that sometimes include people experiencing homelessness but do not primarily serve homeless households. During the follow-up survey, PHAs were asked about the types of organizations they

frequently partner with and in what ways they partner. Service providers and other nonprofit organizations that regularly assist homeless households were most frequently identified as partner agencies, but other partners commonly cited were local government departments that provide social services to a broader population such as mental health agencies, health and human services agencies, and child welfare agencies.

PHAs responding that they had formal relationships with service providers were considerably more likely to make special efforts to serve homeless households as defined by this study than those without formal relationships. PHAs with formal agreements were nearly four times more likely to have a limited preference for homeless households

and three times more likely to modify screening than other PHAs. These same PHAs were twice as likely to demonstrate *any* efforts to serve homeless households. PHAs reporting informal relationships with homeless service providers were similarly more likely to make efforts to assist homeless households than those PHAs reporting no informal relationships with homeless service providers: They were three times more likely to have established a limited preference or modify screening and twice as likely to demonstrate *any* efforts to serve homeless households.

**TYPES OF COLLABORATION WITH PARTNERS**

PHAs were asked on the Web survey how they collaborate with local service organizations. The most common response chosen was that community organizations provide services to current residents of PHA housing who were previously homeless (Exhibit 3–6). The responses to the survey were limited to the four options shown in the exhibit and an “other” category.

During the follow-up survey, PHA staff most often described the role of partner organizations, whether nonprofit service organizations or government social service agencies, as providing case management and other services to voucher holders or tenants in public housing. PHAs often stated that the partnerships were created to serve households living in PBV housing units. PHAs also indicated that service organizations often conduct screenings and assessments of their clients prior to referring them to the PHA for housing assistance. Other services provided by partners include onsite services such as child care in public housing developments, eviction-prevention services, and interim housing while households are on the PHA’s waiting list.

Discharge planning was frequently identified among PHAs serving particular subpopulations, such as veterans, youth, and people with serious mental illness, as a way in which they partner with other local

**Exhibit 3–6. Type of Collaboration—Service Organization Role for PHA**

Service Organization Role for PHA	Number of PHAs with Formal or Informal Relationships	Percentage of PHAs with Formal or Informal Relationships
Provides services to current tenants or residents	1,133	54%
Provides housing for households who previously were homeless	1,066	50%
Provides housing search assistance to homeless households for the HCV program	895	42%
Verifies homeless status and provides referrals to the PHA	1,038	40%

Source: 3,210 PHAs responding to the Web survey.



organizations. Discharge planning is a system-level effort to ensure that people living in institutional settings such as jails, prisons, hospitals, or mental health facilities or in foster care are not discharged directly into homelessness. Some PHAs with preferences for homeless households had specific units

for people exiting mental health facilities, jails, or prisons. PHAs occasionally work with local child welfare agencies to support youth exiting foster care.

Other partner organizations noted by PHAs include local housing finance agencies (HFAs) that provide financial support for developing

**Exhibit 3–7. PHA Participation in a CoC by PHA Preferences for Particular Groups of Homeless Households**

Type of HCV Homeless General Preference	Participates in a CoC	Does Not Participate in a CoC
Households made homeless by domestic violence	21%	21%
Homeless veterans	13%	8%
Homeless households referred by homeless service agencies not under any formal agreements with a PHA	11%	6%
Homeless households referred by homeless service agencies under agreements with a PHA	9%	4%
Households aging out of foster care and about to become homeless	8%	2%
Households timing out of transitional housing	8%	3%
Chronically homeless persons	7%	4%
Households made homeless because of previous incarceration	3%	2%
<b>Type of HCV Homeless Limited Preference</b>		
Homeless households referred by homeless service agencies under agreements with a PHA	35%	28%
Homeless households referred by homeless service agencies not under any formal agreements with a PHA	25%	50%
Chronically homeless households	11%	6%
Homeless veterans	7%	5%
Households made homeless by domestic violence	N/A	
Households made homeless because of previous incarceration		
Households aging out of foster care and about to become homeless		
Households timing out of transitional housing		

Source: Web-based survey of 1,152 PHAs that answered both the question about participation in a CoC and the question on whether the HCV programs had a general preference for a specific homeless population.



supportive housing for people experiencing homelessness. Partnerships with both HFAs and local advocacy groups were formed around building political capital and funding support for the development of housing for people experiencing homelessness.

#### **PARTNERSHIPS AND TARGETING SUBPOPULATIONS**

There is a clear relationship between having partnerships and providing preferences for housing assistance to specific subpopulations of people experiencing homelessness. PHAs that have relationships with other providers or with the CoC appear to be aware of populations that either HUD or the CoC has determined have priority needs for permanent housing. Exhibit 3–7 shows that PHAs that participate in a CoC more frequently have general preferences for chronically homeless persons; homeless veterans; or other, specific subpopulations among people experiencing homelessness. PHAs that participate in a CoC and have a limited preference are also generally more likely to have a limited preference exclusively for chronically homeless persons and homeless veterans.

The follow-up survey confirmed that PHAs involved in the CoC often participated in efforts targeting chronically homeless persons or homeless veterans. Efforts to serve homeless families were also mentioned frequently in the follow-up survey discussions with PHA staff.

### **3.4 Summary**

A PHA’s institutional involvement in local efforts to address and end homelessness has an undeniable effect on whether the PHA chooses to make efforts to serve homeless households through its mainstream Public Housing and HCV programs. A difficult-to-measure factor is the culture of individual PHAs. During follow-up survey interviews, many PHA staff pointed to the role of the executive director or PHA board in shaping the choice of whether to adopt preferences for people experiencing homelessness. When a PHA’s leadership changes, so does its particular policy emphasis.

Nonetheless, analysis of the data collected for this study shows that participation in a CoC and policy decisions to administer programs explicitly targeted at people experiencing homelessness or other special-needs populations have a positive effect on a PHA’s willingness to make efforts to serve homeless households through the HCV or Public Housing program.

The administration of HUD programs explicitly targeted at homeless households—for example, through HUD-VASH or the HUD McKinney-Vento homeless assistance programs—has a notable effect on whether PHAs also make efforts to serve homeless households through their mainstream programs. More than half of PHAs that administer HUD McKinney-Vento homeless assistance programs prioritize people experiencing homelessness for mainstream housing assistance in some way, as do nearly

50 percent of PHAs administering HUD-VASH or HPRP assistance. Only 17 percent of PHAs that do not administer HUD programs targeted at homeless households make efforts to serve homeless households through their mainstream programs. Of all of the basic PHA characteristics and recent policy choices and institutional relationships tested in multivariate analysis, the administration of CoC programs is the *only* characteristic that has a clear (statistically significant) effect on whether the PHA has a strong general preference for homeless households.

The type of efforts that appear to be influenced by administering HUD's homeless assistance programs are limited preferences or modifying the application of screening or other rules but not strong general preferences.

Whether PHAs administer SPVs also has a clear effect on whether PHAs make efforts to serve homeless households through HCVs or Public Housing programs. Forty-five percent of PHAs that administer SPV programs make some effort to prioritize homeless households for mainstream housing assistance compared with 20 percent for PHAs that do not administer SPVs.

There is a distinct and positive relationship between a PHA's participation in the CoC and its implementation of efforts to serve people experiencing homelessness, most notably through a limited preference. A much larger share of PHAs that participate in the CoC have a limited preference for homeless households (20 percent) than PHAs that do not participate in the CoC (only 4 percent).

With and without special efforts to serve people experiencing homelessness, many PHAs reported having formal or informal partnerships with organizations that provide services to current or formerly homeless households. A larger percentage of PHAs report such partnering arrangements than report making special efforts to serve homeless households. It appears that many PHAs are aware that people who are using or attempting to use the HCV or Public Housing program have experienced homelessness. Regardless of whether a PHA prioritizes homeless households for their mainstream programs, PHAs partner with service providers, including public agencies, to meet the needs of the homeless households that are among their residents.

## 4. Identifying and Addressing Barriers That People Experiencing Homelessness May Face in Using Housing Assistance

People experiencing homelessness may face unique barriers in applying for, securing, and maintaining housing assistance. To learn more about the types of barriers that people experiencing homelessness face, the Web-based survey of all public housing agencies (PHAs) asked about their views on barriers to the successful use of housing assistance by people experiencing homelessness. The follow-up telephone survey of 120 PHAs asked PHA staff to elaborate on that topic.

Exhibit 4–1 shows PHA perceptions of five barriers that homeless households face in using housing assistance. The barrier most often identified—by 46 percent of the PHAs responding to the Web survey—was homeless

applicants for housing assistance being removed from the waiting list because of not having a fixed address. The second most common barrier, cited by 28 percent of PHAs, was problems that households have producing the documentation needed to demonstrate their eligibility for assistance. Fewer PHAs—between 11 percent and 16 percent—cited other barriers related to challenges in using housing assistance after the PHA has located people and determined that they are eligible, such as a need for extra assistance in finding units and negotiating with landlords, high rates of leaving assisted housing units, and problems relating to the amount of income that homeless households have to pay for housing costs. These are PHA perceptions and may or may not reflect barriers that homeless households would identify.

The following sections describe each barrier a PHA identified as most problematic and discuss steps PHAs had taken to address the barriers.

**Exhibit 4–1. Barriers to Serving People Experiencing Homelessness Cited by PHAs**

Barrier	Percentage of PHAs That Cited a Barrier
Homeless applicants with no fixed address often get removed from the waiting list.	46%
Homeless households do not have the needed eligibility documentation.	28%
Because of their barriers, homeless households need housing search and landlord negotiation assistance in the Housing Choice Voucher (HCV) program.	16%
There is higher turnover among homeless households, resulting in higher administrative or operating costs.	16%
The PHA cannot afford to serve homeless households that are zero income or extremely low income (ELI).	11%

Source: Web survey of 3,210 PHAs. PHAs were invited to choose all barriers that applied from a list.

## 4.1 Frequent Change of Address

Homeless households change living arrangements frequently, making it difficult for PHA staff to contact them when housing assistance becomes available, often many months or even years after their initial application. Following standard procedures, when a PHA is unable to contact a person, the PHA removes that household from the waiting list. Among all PHAs that participated in the Web survey, 46 percent identified lack of a fixed address as a barrier for homeless applicants, because they may be removed from the waiting list when the PHA cannot reach the household (Exhibit 4–1). In the telephone survey, PHAs explained that some homeless households will use the homeless shelter as a contact address but may not update their address on file with the PHA after they leave the shelter. One PHA commented that 3 out of every 10 letters mailed to people who had a shelter address are returned to the PHA as undeliverable. Some PHAs will attempt to contact a homeless household via telephone if their mail attempts are unsuccessful, but people experiencing homelessness are often without telephone service or their contact phone number changes frequently. Many PHAs reported that they regularly purge their waiting lists and remove any household for which they do not have an accurate mailing address or telephone number. One PHA estimated that 40–50 percent of its homeless applicants are removed from the waiting list during the purging process. Several PHAs said they thought the burden of updating

contact information was on the applicant, and some PHAs insist that households update their contact information in person. That is especially challenging for people experiencing homelessness, who may lack regular transportation.

Some PHAs described policies that had been developed to try to avoid purging people without a fixed address from their waiting lists. For example, a few PHAs indicated that they allow people to update their address online or by telephone. Some PHAs have a liberal reinstatement policy for households removed from the waiting list—for example, reinstating a household that contacts the PHA within 6 months of its removal or a household that has a letter from a homeless assistance provider attesting to its continued homeless status. One PHA explained that people experiencing homelessness are invited to sign up for a community voicemail that they can check from any phone. The PHA then can use this voicemail system to maintain contact with the homeless household throughout the process of applying for and gaining access to housing assistance. Some PHAs also utilize e-mail as a way to keep in contact with homeless households through the waiting list and application process.

## 4.2 Eligibility Screening and Verification of Homelessness

All applicants for housing assistance must provide the documentation required to demonstrate their eligibility. In addition, people who are claiming a preference for housing assistance because of their homeless status

may be required to provide documentation of that status. In the Web survey, more than a quarter of all PHAs (28 percent) identified not having the necessary eligibility documentation to apply for housing assistance as a barrier for people experiencing homelessness (Exhibit 4-1).

In the telephone survey, PHA staff explained that before they will issue an HCV or approve a move into a public housing unit, households must present appropriate documentation for determining their eligibility for assistance and to establish a claim of homelessness. It can be difficult for transient homeless households to obtain copies of documents that provide proof of their citizenship or legal status, such as Social Security cards, state identification cards or driver's licenses, and birth certificates.

Furthermore, people experiencing homelessness are sometimes not eligible for housing assistance because of past criminal records or because they owe money to a PHA. In their responses to the Web-based survey, 11 percent of PHAs reported that they modified or made exceptions to tenant screening or other policies to provide assistance to homeless households. In the telephone survey, several PHAs stated that the agency "relaxes" screening requirements by using its discretionary authority when mitigating circumstances are presented for homeless households.<sup>29</sup> In practice, this

<sup>29</sup> 982.552(c)(2) *Consideration of circumstances*: In determining whether to deny or terminate assistance because of action or failure to act by members of the family: (i) the PHA may consider all relevant circumstances such as the seriousness of the case, the extent of participation or culpability of individual family members, mitigating circumstances related to the disability of the family member and the effects of denial or termination of assistance on other family members who were not involved in the action or failure.

relaxation means that PHAs seek and use information on mitigating circumstances that enable a homeless household to meet their screening criteria. For example, a PHA indicated that to help eliminate barriers to serving people experiencing homelessness based on unsuitable rental history evaluations, the agency has developed a concept of "housing history" instead of just rental history and gathers information from shelters and informal living arrangements with family and friends. In addition, the PHA examines other positive factors, such as connection to needed services, employment, savings, and good financial management, to augment the missing rental history. One PHA noted that although the PHA has not made formal changes to the screening criteria, it has shifted its approach to screening households *in* instead of screening households *out*, helping applicants provide documentation that demonstrates mitigating circumstances—for example, documentation of successful completion of a drug treatment program if the applicant has a drug conviction. The PHA reported that this change has required additional staff time.

### 4.3 Assistance With Housing Search and Landlord Negotiation for People Who Are Trying to Use Vouchers

Another barrier PHAs identified as preventing people experiencing homelessness from obtaining housing assistance through the HCV program is the set of challenges related to locating a housing unit and successfully negotiating with landlords. Twenty-six percent of PHAs that administer an HCV program



indicated on the Web survey that homeless households attempting to use vouchers need assistance with housing search and negotiating with landlords. In the telephone interviews, PHAs explained that, in addition to the challenge of passing the PHA's eligibility screens, people experiencing homelessness may have difficulty passing the criminal background and credit checks that private landlords require before agreeing to lease a unit. One PHA staff member said that many homeless voucher holders are screened out by landlords because of their lack of positive references or rental history.

Landlords may also be hesitant to lease to formerly homeless households because they believe they will not make good tenants, not just because of past criminal or drug histories but because of stigmas attached to homelessness. For example, landlords may believe that people with histories of homelessness will not keep their housing clean or maintain it. One PHA said that households experiencing homelessness have trouble presenting themselves to landlords as prospective tenants and struggle to interact with landlords appropriately.

Some PHAs told interviewers that they try to overcome landlord perceptions that homeless households are troublesome tenants by offering “ready-to-rent” classes that help people with unstable housing histories or no history of being a leaseholder prepare for tenancy. Some PHAs also look to partner organizations to provide help to voucher holders with histories of homelessness in

finding housing units and persuading landlords to rent to them.

Although these perceptions of homeless households struggling to “use” housing assistance persist among PHAs, data from another recent HUD study show a surprising 84 percent lease-up rate for families who were issued HCVs as part of a randomized controlled trial of options for families who had been in emergency shelter for at least a week. These families were randomly assigned to receive HCVs, so they were not placed on the waiting list for housing assistance. Emergency shelter staff also may have helped many of these families with housing search and landlord negotiations. In addition, the strong motivation that families have to leave shelters (which can be unpleasant places to stay and may have time limits) may have led these families to persist in their search for ways to use their vouchers.<sup>30</sup>

#### 4.4 High Turnover in Assisted Housing

Some PHAs expressed concerns about high rates of turnover among formerly homeless households living in assisted housing. In the Web survey, 16 percent of PHAs identified higher turnover as a barrier they experience when serving homeless households (Exhibit 4–1). Higher turnover of rental units leads to higher administrative costs for the PHA.

In the telephone survey, PHA staff gave several reasons that, in their view, formerly homeless households have high rates of

<sup>30</sup> Daniel Gubits et al., Interim Report, Family Options Study (Washington, DC: U.S. Department of Housing and Urban Development, March 2013). [http://www.huduser.org/portal/publications/homeless/hud\\_503\\_FOS\\_interim\\_report.html](http://www.huduser.org/portal/publications/homeless/hud_503_FOS_interim_report.html).

housing turnover. They pointed to higher rates of mental illness, substance abuse, and engagement in criminal activity among homeless households when compared with other households served by PHA programs and stated that these issues make it difficult for homeless households to maintain their tenancy. In addition, several PHAs stated that households experiencing homelessness at the time they gained access to housing assistance were likely to have a history of failing to pay their rent and, therefore, were more likely than others to be evicted. Several PHAs expressed the opinion that formerly homeless households need support to stay successfully housed and might need case management to reduce the likelihood of failing to remain stably housed.

#### 4.5 Difficulty in Meeting Housing Costs

Although housing assistance permits households to pay only 30 percent of income for monthly rent, including no rent if the household meets the PHA's hardship exemption standard, PHAs explained in the telephone survey that homeless households often do not have financial resources to cover the costs associated with moving into subsidized housing. Homeless households with little or no income need assistance with application fees, security deposits, and connecting utilities. Some households also need help with moving costs. A few PHAs reported using partnerships to help homeless households obtain funds to cover these costs.

Once in the units, homeless households may not be able to afford even the minimum rent

payments set by the PHA (at most PHAs, this is no more than \$50 per month).<sup>31</sup> They may also have difficulty keeping up with utility payments. For households that pay for their own utilities, the housing subsidy may include a payment to the household to help cover utility costs. However, the utility cost schedules that PHAs maintain may be out of date or otherwise inadequate to cover the full costs of the utilities. The ability to pay even these housing costs may be another reason for high turnover of assisted housing units for formerly homeless households.

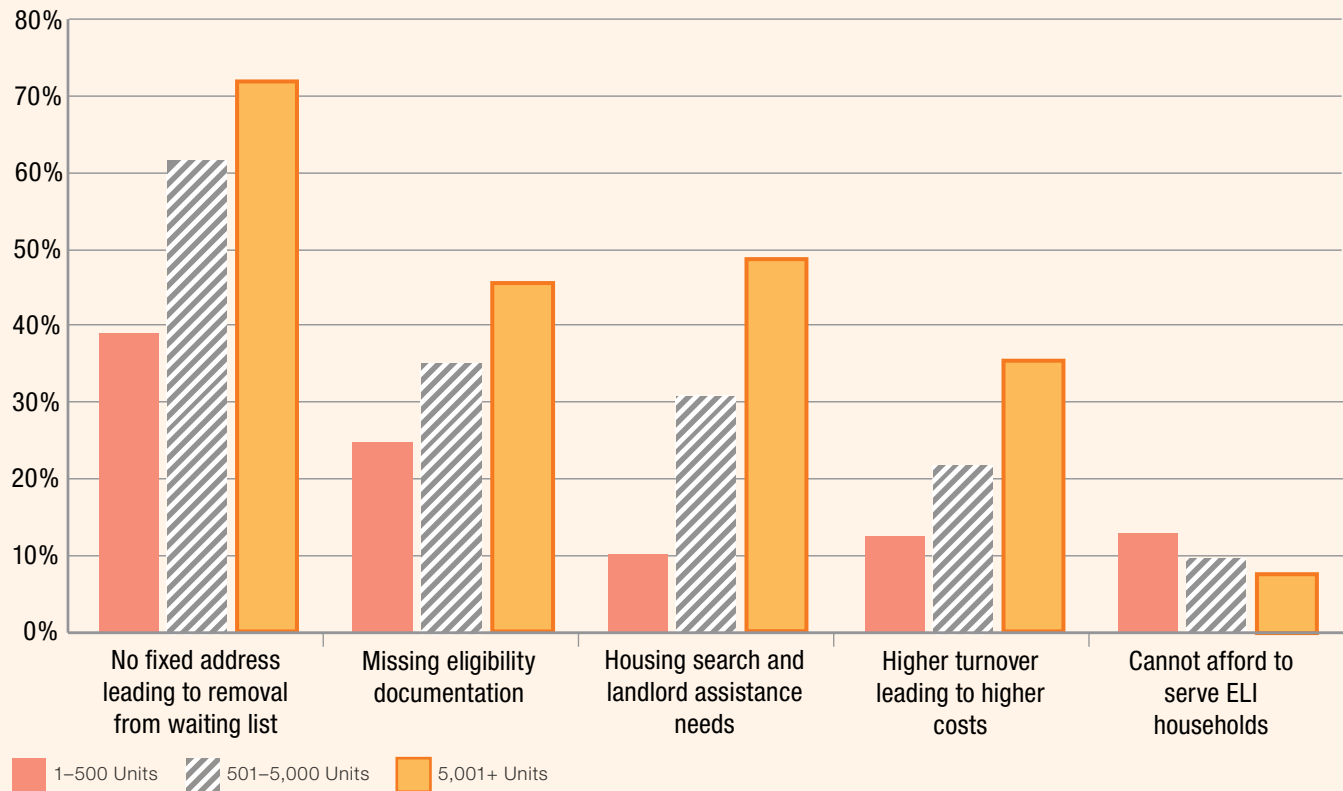
#### 4.6 Types of PHAs Reporting Barriers Homeless Households Face in Using Housing Assistance

One way to consider the barriers faced by people experiencing homelessness in accessing housing is according to the size of the PHAs reporting those barriers. Generally, PHAs with more than 5,000 units of housing assistance reported homeless households facing barriers in higher numbers than medium-sized PHAs (501–5,000 units) or small PHAs (1–500 units; Exhibit 4–2).

At the same time, large PHAs likely have more flexibility in covering the additional costs associated with serving homeless households. Although small PHAs (1–500 units) generally reported fewer barriers to housing homeless households, they were more likely to indicate that they cannot afford to serve households with zero income or ELI. In the follow-up survey, large PHAs confirmed that they have a greater ability to absorb the additional costs of serving homeless households (that is, higher

<sup>31</sup> Exemptions to minimum rent can be found at 24 CFR 5.630.



**Exhibit 4–2. Household Barriers by Number of Units in the PHA**

Source: Web survey of 3,210 PHAs. ELI refers to income less than 30 percent of the area median income.

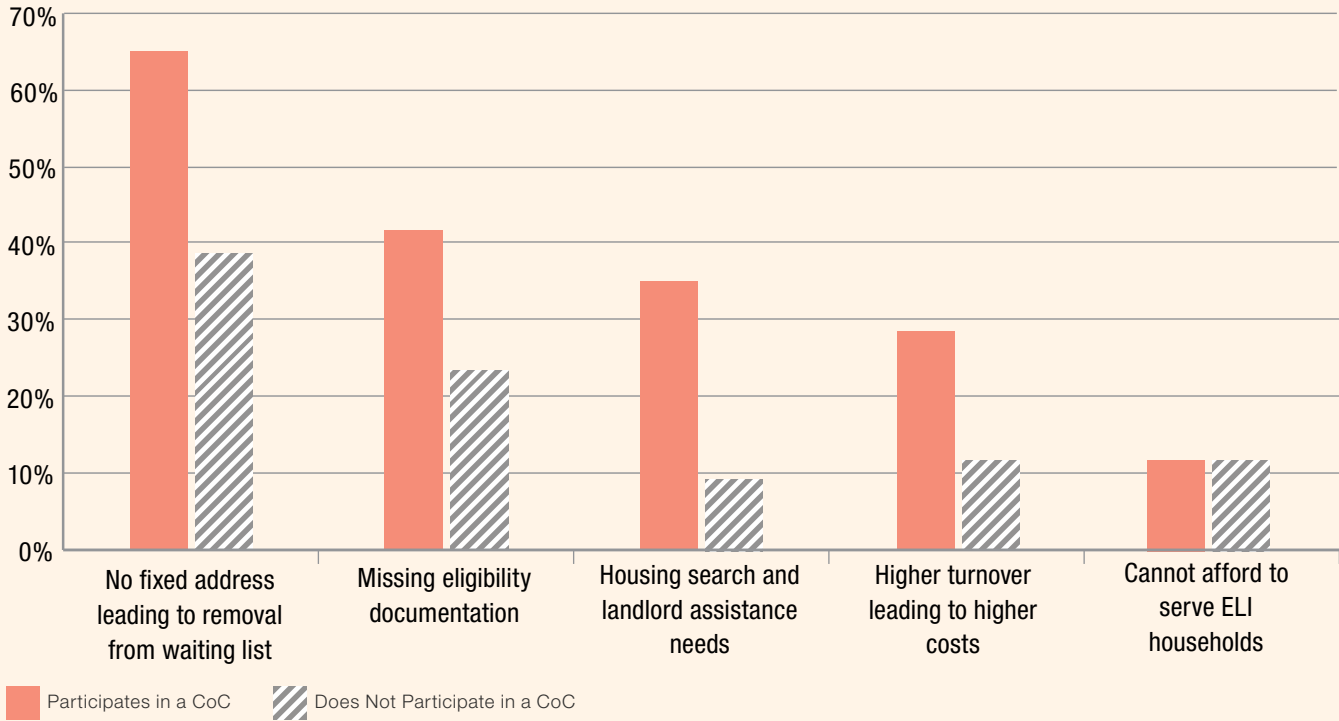
housing assistance payments) than smaller PHAs with fewer resources.

Exhibit 4–3 shows the barriers faced by people experiencing homelessness based on whether a PHA participates in a Continuum of Care (CoC). For four of the five barriers, PHAs that participate in their local CoC reported barriers at a higher rate than PHAs that were not involved in the CoC. This suggests that the perceptions of barriers may be based on actual PHAs' experiences in attempting to serve homeless households rather than simply on perceptions about people experiencing homelessness.

Exhibit 4–4 provides further evidence that PHA perceptions of the barriers homeless

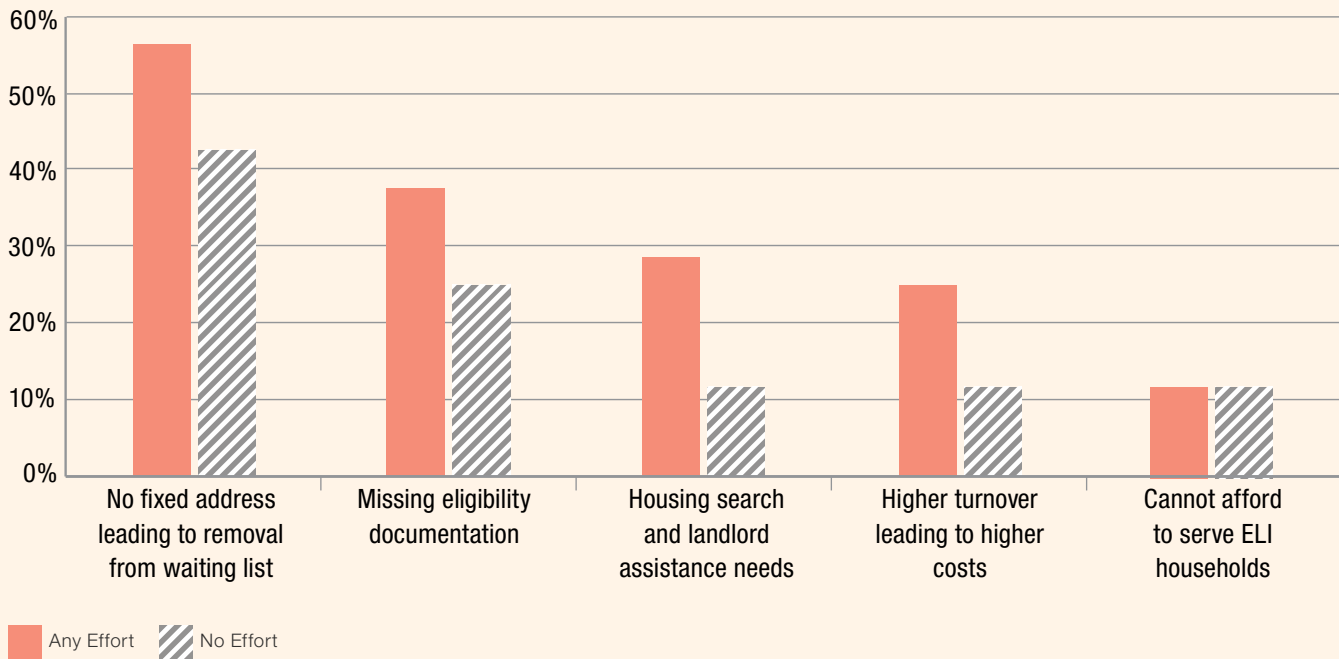
households face are based on actual experience. The exhibit shows the frequency with which household barriers are reported by PHAs that have made special efforts to serve people experiencing homelessness compared with PHAs that have not made such efforts. Fifty-seven percent of PHAs that made efforts to serve homeless households (one of the three types of effort defined for this study) reported that households are removed from the waiting list because they lack a fixed address. The second most common barrier, reported by 37 percent of PHAs making an effort to serve homeless households, is that people experiencing homelessness are often likely to be missing needed eligibility documentation. Overall, the PHAs that

**Exhibit 4-3. Barriers by Participation in a CoC**



Source: Web survey of 3,210 PHAs. ELI is extremely low-income, meaning income less than 30 percent of the area median income.

**Exhibit 4-4. Household Barriers Cited by PHAs by Whether They Make an Effort to Serve Homeless Households**



Source: Web survey of 3,210 PHAs. ELI is extremely low-income, meaning income less than 30 percent of the area median income.

made special efforts to serve homeless households more often reported people experiencing homelessness facing barriers in accessing housing assistance than those PHAs that made no efforts to serve homeless households.

### 4.7 Summary

PHAs perceive that the most common barrier for people experiencing homelessness in accessing housing assistance is removal from the waiting list because they lack a fixed address. Some PHAs have implemented processes to overcome this barrier, including liberal reinstatement policies and the ability to update addresses via telephone and e-mail. Other barriers cited by PHAs include homeless households lacking the necessary eligibility documentation as well as needing housing search or landlord assistance when using vouchers. PHAs try to overcome these barriers by engaging partner organizations to help homeless households gather the necessary documentation as well as implementing flexible rental history and criminal background screening that takes into account mitigating information and trying to prepare homeless households to be good tenants. Generally, large PHAs (5,000 or more units) cited these barriers more frequently, as did PHAs that participate in a CoC or that make efforts to serve homeless households through general or limited preferences or modifying screening or other program rules.

## 5. Public Housing Agencies and Partner Approaches for Serving Homeless Households

In recent years, public housing agencies (PHAs) have developed a variety of approaches to serving people experiencing homelessness. Although some PHAs provide minimal assistance to homeless households through one-time referrals to local homeless providers, other PHAs have provided homeless households with assistance beyond that which the PHA normally provides to households that are not experiencing homelessness. This chapter provides a detailed look at how PHAs are serving homeless households through various approaches, including:

- Using partners to refer people experiencing homelessness for housing assistance and to provide help with screening and eligibility determination
- Placing homeless households in different types of housing supported by the PHA's mainstream Housing Choice Voucher (HCV) or Public Housing program or by other types of housing subsidy
- Helping formerly homeless households find housing and retain that housing through supportive services

As discussed in Chapter 4, homeless households often face barriers in gaining access to and using the housing assistance their local PHA offers. In an effort to better

serve homeless households, PHAs across the country are looking to community organizations to help engage people experiencing homelessness and to assist the PHA in better serving this population. Many PHAs develop either formal or informal relationships with local community organizations to help provide services to people experiencing homelessness.<sup>32</sup> These organizations include public and nonprofit homeless service providers as well as city or county departments of health and human services and mental health. Exhibit 5–1 shows the number of PHAs that indicated they had a formal relationship (for example, a Memorandum of Understanding) with a local community organization to aid the PHA in serving people experiencing homelessness. Thirty percent of PHAs have a formal relationship with community organizations, including 11 percent that have a formal relationship with three or more organizations. If PHAs with informal relationships are also included, the share of PHAs that have relationships with community organizations doubles; 69 percent reported either formal or informal relationships with such community organizations (see Chapter 3, Section 3.3).

This chapter provides further evidence that even PHAs that do not make special efforts to serve people experiencing homelessness through preferences or by modifying screening often use partnerships to help homeless households navigate the processes of gaining access to and using housing assistance.

<sup>32</sup> For a formal partnership, the PHA has typically entered into a Memorandum of Understanding or a Memorandum of Agreement with the partner agency to define the roles and expectations of each organization.

### 5.1 Outreach to People Experiencing Homelessness

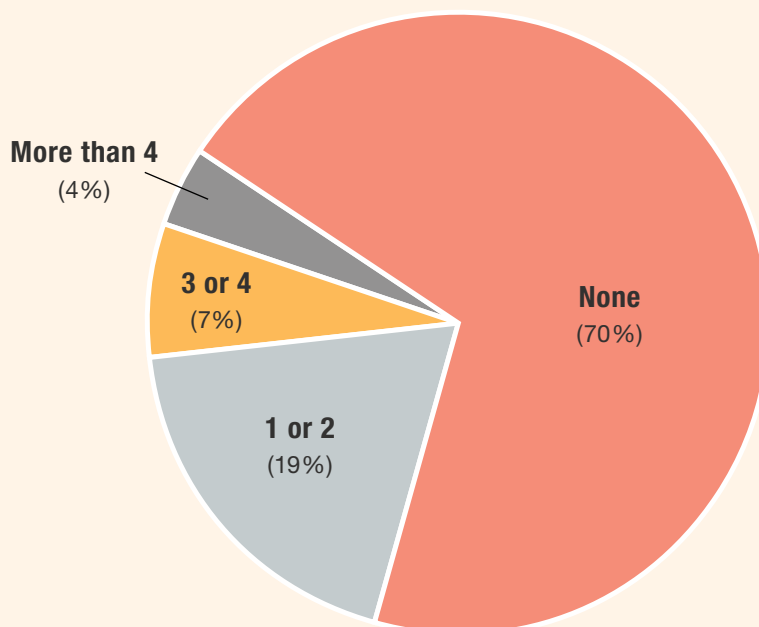
Homeless households referred to a PHA by partnering organizations are often already being served by the partner organization. Services provided by such organizations include case management, mental health or other social services, assistance in preparing an application to the PHA, and assistance in gathering the necessary documentation to establish eligibility for PHA assistance.

Homeless households referred to a PHA through these partnership arrangements often receive preference for entry into the PHA’s

HCV or Public Housing program. Through a waiting list preference, the PHA may bump referrals from partner organizations to the top of the waiting list. For example, the Boston Housing Authority has several partnerships with local organizations to provide housing assistance to homeless households being served by these organizations through a waiting list preference in the HCV program. Homeless households who are referred through these partnerships receive 50 priority points and rise to the top of the waiting list.

When a PHA does not have the ability to assist people experiencing homelessness quickly—

**Exhibit 5–1. PHA Formal Relationships With Public or Nonprofit Community Organizations That Provide Services to People Experiencing Homelessness**



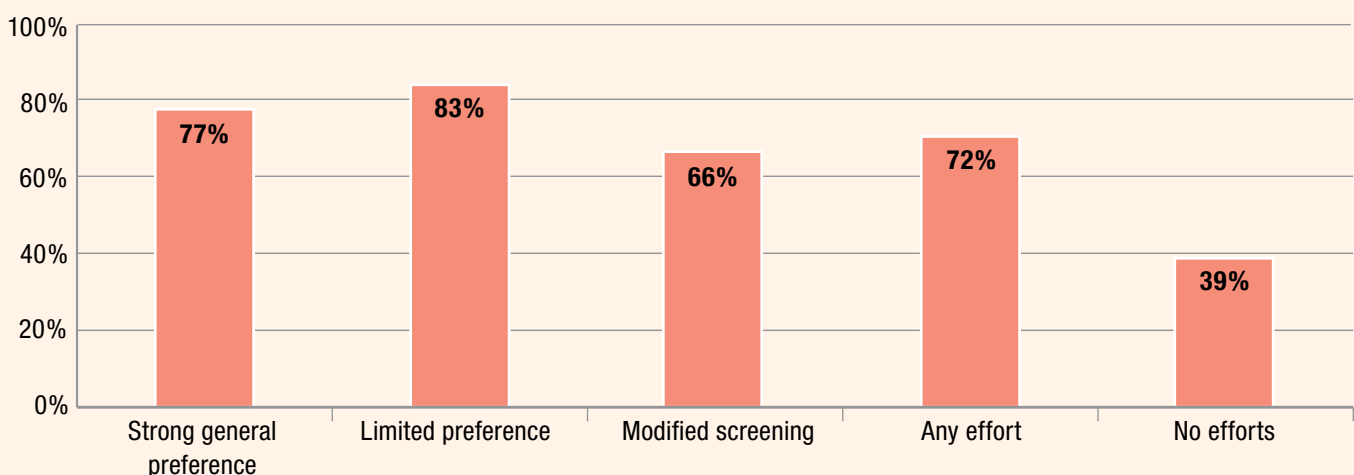
Source: 3,197 PHAs responding to the question that asked about the number of community organizations with which the PHA has formal relationships that provide services to people experiencing homelessness.

for example, because the PHA does not have a preference for homeless households—a PHA sometimes will refer homeless households to a local partner organization for assistance. When the Encinitas, California, City of Encinitas Housing Authority has a homeless applicant who will be on its waiting list for a long period of time, PHA staff refer the household to the Community Resource Center, a city-funded organization that provides emergency housing and supportive services to people experiencing homelessness. PHA staff feel that this provider rather than the PHA can help homeless households access the services and supports they need immediately. Such local service organizations can help homeless households maintain their positions on the waiting list for housing assistance and provide them with housing and services during the interim period.

## 5.2 Eligibility Screening and Homeless Verification

One of the main roles of partner organizations is to help PHAs with the eligibility screening of homeless applicants and to provide verification of their homeless status. The real screening happens when the household is pulled from the waiting list. Prescreening of homeless households for eligibility to apply for PHA programs conducted by partner organizations reduces the burden on PHA staff. Prescreening both ensures that the applicants that partners work with qualify for assistance and helps determine whether they would be a good fit for any special programs that the PHA operates to assist homeless households. Exhibit 5–2 shows the percentage

**Exhibit 5–2. PHAs With Prescreening of Some Households by Partners**



Source: 2,114 PHAs responding to the question about the type of activities or functions that PHAs collaborate on either formally or informally with another organization to execute.

of PHAs that partner with an organization to verify that homeless households are eligible for a preference and refer them to the PHA. Among PHAs that have a strong general homeless preference, 77 percent rely on an outside organization to verify homeless status, as do 83 percent of PHAs with a limited preference for homeless households. Even PHAs that do not make one of the three efforts to serve homeless households identified in this study often use partners to prescreen some applicants and help with eligibility determination.

When making eligibility determinations, PHAs may review relevant circumstances, including the household's criminal background. For example, the Berkley, California, PHA will sometimes consider relevant circumstances for homeless applicants with criminal backgrounds if the applicant's case manager submits a written letter describing these circumstances. The recent Notice from the Office of Public and Indian Housing (PIH) Notice 2013–15 (HA) clarified what PHAs are and are not permitted to do when applying policies regarding criminal background to homeless applicants.

To ensure that the eligibility prescreening is being properly implemented, the PHA staff will often meet with staff at provider agencies to help them understand the PHA's policies and procedures. The PHA will still determine the final eligibility of homeless households applying for housing assistance but the PHA will make their final determination based on the information provided by staff at the partner organizations.

Partner organizations also help homeless households gather the documentation needed to apply for housing assistance through the PHA. These documents may include birth certificates, Social Security cards, and documentation of any income or mainstream benefits the applicants receive. The staff of the partner organization typically have ongoing contact with the homeless applicant, especially if the person is staying in the partner organization's emergency shelter or transitional housing program during the process of applying for housing assistance. As a result, the staff at the partner organization are able to follow up with the applicant to ensure that all of the necessary documentation is assembled.

Many PHAs require that a homeless household provide documentation of its homeless status to be eligible for the PHA's homeless preference. If the PHA has a working relationship with a community organization, that organization typically provides the verification. A verification letter from the organization confirms that the client is indeed homeless by the PHA's definition of *homelessness* that is in its administrative plan.

Although some PHAs have come to rely on partner organizations to help determine eligibility for their programs and to help homeless households apply for assistance, in all approaches that were uncovered during the telephone surveys, PHA staff continue to conduct the criminal background checks, the HCV program's Housing Quality Standards inspection, and the Rent Reasonableness assessment. These core PHA tasks are likely



to proceed more smoothly after the partner organization has already spent time working with the homeless household and has helped the household address any issues that could cause a delay or result in the household not qualifying for assistance.

The Bergen County, New Jersey, PHA developed a unique approach for serving homeless households in which the PHA itself provides a range of shelter and housing assistance. The PHA built an emergency shelter for homeless individuals in partnership with the county, with the PHA assuming responsibility for managing the shelter. When shelter residents are ready to exit, they can apply to the PHA for housing assistance. PHA staff conduct an assessment to determine what level of assistance the individual will need to maintain his or her housing. A partner organization provides a dedicated case manager to deliver supportive services to the tenants entering housing from the shelter. The PHA helps people with low barriers to maintaining housing with HCVs. For homeless households with higher barriers to maintaining housing, the PHA provides rental assistance under the Shelter Plus Care program.

### 5.3 Placement Into Housing and Housing Type

PHAs use different types of housing assistance to serve people experiencing homelessness in cooperation with community organizations. PHAs indicated that the type of housing provided was often dictated by the type of housing assistance available in their community. For example, in Philadelphia,

the PHA provides assistance to homeless households through HCVs, because the PHA has little turnover in its Public Housing program.

#### PHA PROGRAMS

##### Housing Choice Vouchers

PHAs commonly use HCVs to provide housing assistance to people experiencing homelessness. When asked in the follow-up survey which type of housing assistance is most effective for serving homeless households, most PHAs stated that vouchers are preferable to public housing, especially when serving homeless families. Staff reported that vouchers allow for more flexibility and independence and are preferred by homeless households over public housing.

HCVs are tenant-based assistance (TBA) that permit homeless applicants to choose their own residence and location in the private market. Project-based vouchers (PBVs) is a component of the HCV program in which the PHA commits to making housing assistance payments for residents of a particular property. Considered as programs at the PHA level, slightly more than half of the limited preferences of HCVs for homeless households are in tenant-based programs and slightly less than half are in project-based programs (see Exhibit 5–3).

**Tenant-based HCV.** In program models that use tenant-based HCVs as the housing support, service providers often help homeless households locate housing units. One PHA commented that HCVs allow homeless

households to be scattered throughout many neighborhoods, avoiding potential not-in-my-backyard objections. The Boston Housing Authority supports the Home to Stay program, a Housing First model program targeted at chronically homeless individuals who have mental health and substance abuse issues. The PHA provides 50 tenant-based HCVs through a limited preference that are paired with funds from the City of Boston and the Massachusetts Interagency Council on Housing and Homelessness to a group of local nonprofit agencies that provide supportive services. The services include employment training and housing stabilization services. PHAs that use HCVs report that it is feasible to pair them with services.

**PBV.** The PHA approaches that use PBVs sometimes carve out a specific number of PBV units for a particular homeless subpopulation, such as veterans, chronically homeless persons, or people made homeless by domestic violence.

A limited preference for homeless households within the PBV program may be tied to units in a single development or spread across multiple developments. Program rules permit a PHA to establish a waiting list preference in its PBV program for a specific number of units in individual projects or buildings. In some instances, the units are located in a building the partner organization manages or oversees. When using PBVs, the partner organization refers its clients to the PHA’s waiting list to obtain the limited preference under which it may receive one of the dedicated units.

A number of PHAs said they thought PBVs were particularly effective for serving homeless households. The largest benefit mentioned was the opportunity to collaborate with community partners to provide services for the homeless households. Some PHAs also stated that a supportive group setting could be helpful, especially for people who have had chronic patterns of homelessness. Having all of the formerly homeless tenants in

**Exhibit 5–3. TBA and PBV Programs Using Limited Preferences for Homeless Households**

Limited Preferences by Voucher Program		
HCV Preference Type	No. of Programs	Percentage of Programs
TBA programs with limited preferences for homeless households	206	58%
PBV programs with limited preferences for homeless households	152	42%
<b>Total voucher programs with limited preferences for homeless households</b>	<b>358</b>	<b>100%</b>

Source: 224 PHAs responsible for 288 voucher programs with limited preferences for homeless households through either TBAs or PBVs. Note that 64 of these PHAs have limited preferences for homeless households in both tenant- and PBV programs. The numbers of programs has been weighted to represent the total universe of 3,988 PHAs.

one location can make it easier for the partner organization to monitor their progress and provide supportive services.

Some PHAs use Requests for Proposals (RFPs) to find partners to provide services to pair with the project-based housing assistance. PHAs are sometimes able to leverage other resources, such as the Community Development Block Grant and Emergency Solutions Grant programs,<sup>33</sup> to provide case management for residents of a project-based building. The St. Paul Public Housing Agency uses PBVs to serve a variety of populations experiencing homelessness, including people who have mental illness and substance abuse disorders. These PBV programs are the PHA's biggest agency-wide commitment to a specific household type. The PHA partners with local nonprofit organizations to pair the PBV subsidy with onsite supportive services designed to help residents overcome barriers to self-sufficiency and independent living. To ensure that homeless households are able to access these programs, the PHA moves the homeless applicants eligible for these programs to the top of the PBV waiting list through a waiting list preference and applies criminal background requirements flexibly, taking relevant circumstances into account.

### Public Housing

Some PHAs use public housing to serve people experiencing homelessness. The few PHAs that prefer serving homeless households through public housing as opposed to the

HCV program stated that it is easier to check in on formerly homeless tenants and monitor their progress when they are living in public housing, because PHA staff also provide housing-management functions in public housing. One PHA noted that public housing is used to serve homeless households because the waiting list for public housing is shorter than the waiting list for HCVs, allowing homeless households to access assistance more quickly. PHAs also commented that placing homeless households in public housing allows the tenant to establish a strong relationship with the property manager. Public housing also avoids some of the barriers homeless households may face in renting in the private market, such as additional criminal background checks, credit checks, and rental histories.

As an example, the Housing Authority of Winston-Salem has a limited preference for up to 10 percent of its public housing units in three developments to house chronically homeless individuals and families referred from the Bethesda Center for the Homeless, a local emergency shelter provider. The PHA collaborates with the Bethesda Center to offer housing and supportive services to chronically homeless families and individuals. The partnership receives funding from the Kate B. Reynolds Foundation to support caseworkers and related housing expenses, including paying security deposits and rent arrears. HUD Notice PIH 2013–15 (HA) describes how a limited preference can be created for homeless households who are referred by a partnering homeless service organization.

<sup>33</sup> There are very limited circumstances in which it would be permissible to use ESG funds to pay for case management for residents of a project-based building

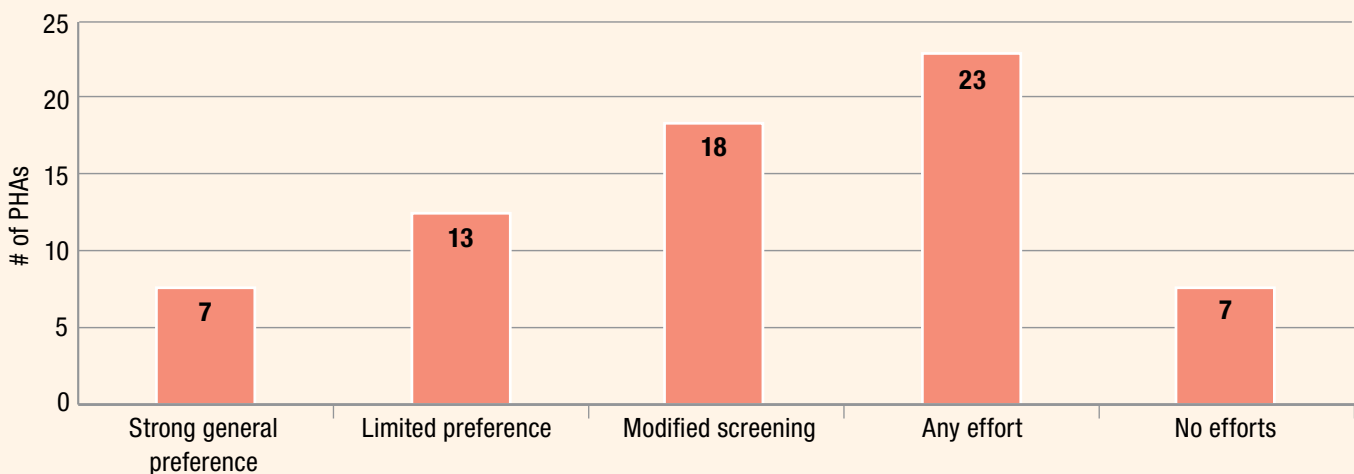
**PHAs With Moving to Work Authority**

PHAs that have been provided Moving to Work (MTW) demonstration authority are permitted to combine their Public Housing Operating and Capital funds and HCV funds and use these funds interchangeably, effectively transforming their funding stream into a block grant. MTW designation allows PHAs significant flexibility to design programs in a way that is different from the two traditional forms of housing assistance. MTW PHAs are able to combine funding streams to allocate resources toward providing housing opportunities for people experiencing homelessness, including funding for services associated with the housing to an extent that would not be possible without the block grant feature of MTW. Of the 35 total PHAs with MTW authority, 30 participated in the Web survey. Three-quarters of those PHAs reported that they make efforts to help homeless households access their mainstream

housing assistance programs, most commonly by providing a limited preference or by modifying screening (Exhibit 5–4). All of the responding PHAs stated that MTW authority was necessary to pursue the types of programs that they have implemented to assist homeless households.

**Sponsor-basing Public Housing or Vouchers.** Some PHAs with MTW authority have designed approaches in which they “sponsor-base” vouchers or public housing units to serve homeless households, pairing housing assistance with funding for supportive services by the partner community organization. Sponsor-basing differs from PBVs in that the sponsoring organization holds the lease and (in the case of vouchers) receives the housing assistance payment (HAP) from the PHA. The sponsoring organization subleases units to residents rather than the residents having a direct relationship with the PHA.

**Exhibit 5–4. Efforts by MTW Agencies to Serve Homeless Households**



Source: 30 MTW PHAs that responded to the Web survey.

For example, using its MTW authority, the Seattle Housing Authority leases some public housing units to transitional housing providers that in turn use the units for short-term housing assistance (2 months to 2 years) with supportive services. Households are expedited for admission to the PHA's regular Public Housing program if they successfully graduate from the transitional housing program. Although the units are under the control of the transitional housing provider to use for temporary assistance, because of its MTW authority, the PHA is still able to receive operating subsidies for these units.

The King County Housing Authority has contracts with four mental health organizations to implement housing-first programs for unsheltered homeless individuals who have mental and physical health needs. The PHA provides sponsor-based vouchers to the mental health organization and relies on the organization to meet the complex needs of these clients through intensive case management, provide housing location assistance to identify an appropriate housing unit, and lease the unit on behalf of the client. The Philadelphia Housing Authority provides sponsor-based vouchers targeted to individuals with chronic patterns of homelessness. The sponsoring organization provides services to individuals while they are still in emergency shelter, and then the consumers move to the sponsor-based units where they receive transitional housing and continued supportive services for up to 1 year.

### **Low-Income Housing Tax Credit**

Eleven percent of PHAs that completed the Web survey indicated that they are involved with the Low-Income Housing Tax Credit (LIHTC) program and use it for an average of 28 units to serve homeless households. The LIHTC program is a federal tax subsidy used to finance the development of affordable rental housing for low-income households and is typically administered by the state housing finance agency (HFA). The Colorado Housing Finance Authority (CHFA) is a state housing finance agency that also administers an HCV program and therefore was included in the Web survey. CHFA releases an RFP for PBVs to be used in the LIHTC project and identifies the specific population to be served through the project. The tax credit allocation plan has a priority for supportive housing for formerly homeless households and developers have to meet certain thresholds to qualify for this priority. On the loan side, the HFA will work with sponsors of projects that will include units for homeless households to underwrite projects for financing with 30 year fixed-rate loans. For example, the Colorado Coalition for the Homeless is creating a mixed-income development that sets aside 30 percent of the units for homeless households. With the CHFA voucher set-aside, this project, which would otherwise be difficult to finance, will have adequate cash flow.

### **Home Investment Partnership Program**

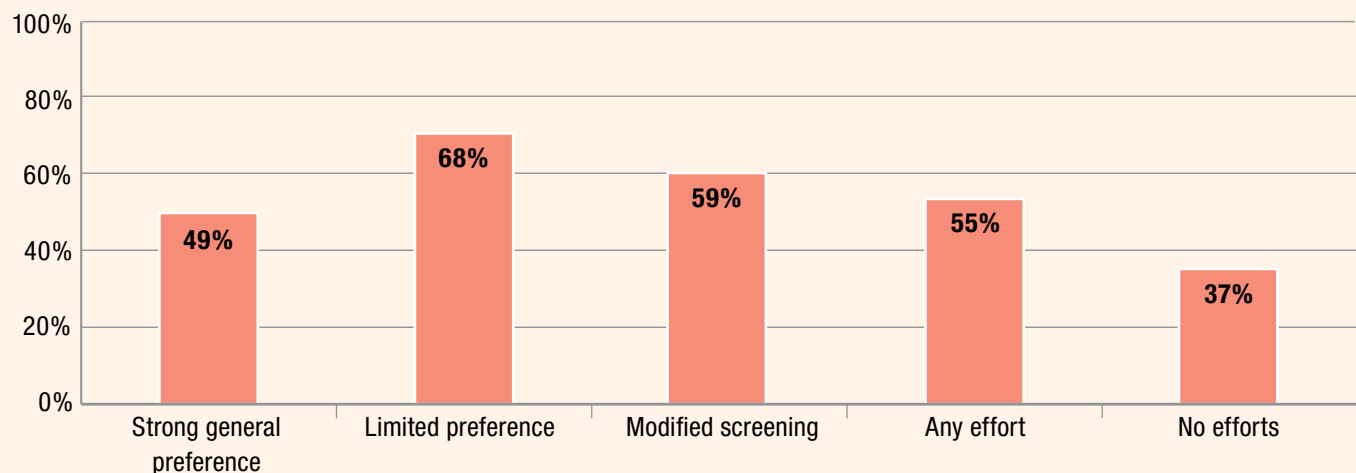
Some PHAs are using the Home Investment Partnership program's (HOME) Tenant-based Rental Assistance (TBRA) program to fund units to assist homeless households. Seven

percent of PHAs responding to the Web survey indicated that they are administering HOME TBRA, with an average of 28 units dedicated to serving homeless households. The Housing Authority of Baytown, Texas, is an example of a PHA using HOME TBRA to serve homeless households. Whenever the PHA has a unit open in its HOME program, PHA staff turn to their local partner organization, Bay Area, to identify an individual in shelter who would be eligible for the program. Although only eight HOME units are dedicated to homeless households, the PHA will serve more homeless households if it has additional vacancies in the program. The PHA waives some of its program rules for homeless households and assists them with their application fees and security deposits.

## 5.4 Assistance in Locating Housing With HCVs

Some PHAs look to community organizations to provide housing search assistance and to leverage those organizations' existing relationships with landlords to help get homeless households into appropriate housing. Exhibit 5–5 shows the PHAs that partner with local organizations to provide housing search assistance for people experiencing homelessness who qualify for the HCV program. Of all PHAs that make some type of effort to serve homeless households, 55 percent have a relationship with a partner organization to help homeless households find HCV-qualifying units. For PHAs with a general preference for people experiencing homelessness, almost half (49 percent) have

**Exhibit 5–5. Partnerships That Help Homeless Households Find HCV Units**



Source: 2,114 PHAs responding to the question about the type of activities or functions that PHAs collaborate on either formally or informally with another organization.



an arrangement to help homeless households find housing, while 68 percent of PHAs with a limited preference for homeless households get assistance from partners to help homeless households locate housing units.

The Charlotte Housing Authority partners with Charlotte Family Housing to provide housing services and supportive services to homeless families in emergency shelters or living in doubled-up situations. Families are given 60 days to search for housing to use their HCV. During this time, the families receive assistance from a Housing Resource Coordinator at Charlotte Family Housing that helps them locate appropriate housing where they can use their voucher.

Some community organizations assist homeless households entering subsidized housing by providing additional assistance to help the household lease its new unit. Homeless households frequently do not have the financial resources to help with the initial startup costs associated with moving into a housing unit, so community organizations provide this additional financial support above and beyond the PHA rental subsidy. Some organizations provide direct financial assistance, helping new tenants with security deposits, utility deposits, or assistance with the tenant's share of the rent during his or her first few months in housing. Other organizations provide furniture and household appliances to help furnish new units.

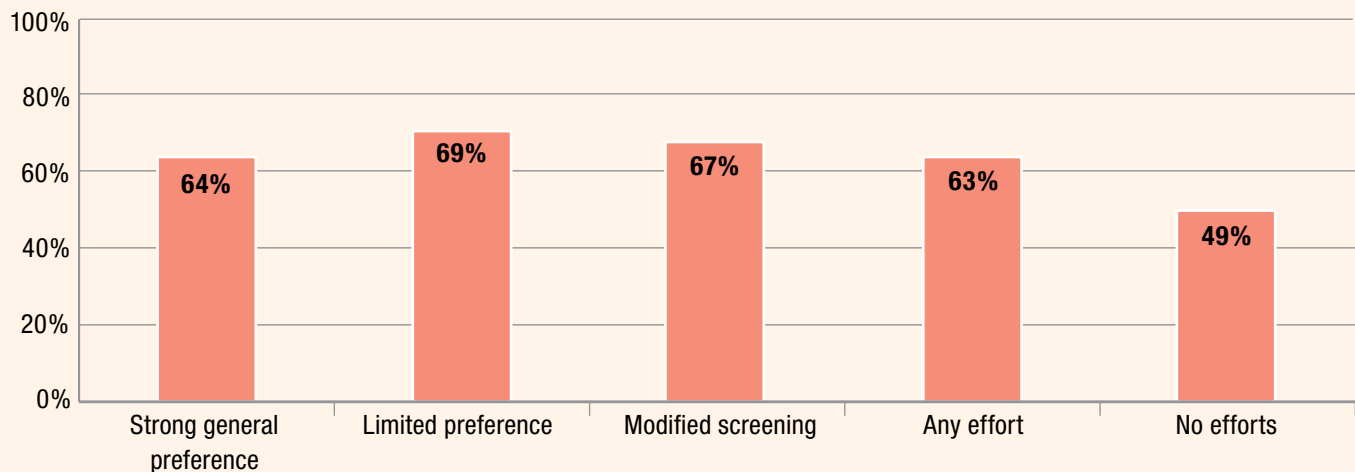
## 5.5 Promoting Housing Retention

### CASE MANAGEMENT AND OTHER SUPPORTIVE SERVICES

A key component of many of the approaches adopted by PHAs in their efforts to serve homeless households is to promote housing retention by ensuring that formerly homeless households receive supportive services in addition to housing assistance. Many PHAs stated that the ability to pair supportive services with housing assistance is the key to effectively serving people experiencing homelessness. Without the ability to form partnerships with local organizations that have the funding and expertise to provide case management and linkages to supportive services, PHA staff stated they did not think they would be able to assist homeless households as effectively. Exhibit 5–6 shows the PHAs that partner with local organizations to provide services to formerly homeless residents in their housing programs. Among all PHAs with strong general preferences, limited preferences, or modified screening for homeless households, two-thirds have a partner organization that is providing services to formerly homeless tenants. Among PHAs with limited preferences, 69 percent have partner organizations providing services to previously homeless tenants. Almost half of the PHAs that do not make a special effort to serve homeless households as defined by this study nonetheless report that they have partners that provide services to tenants who previously had experienced homelessness.

The most common supportive service provided to people experiencing



**Exhibit 5–6. Partnerships Offering Services**

Source: 2,114 PHAs responding to the question about the type of activities or functions that PHAs collaborate on either formally or informally with another organization.

homelessness is case management. Most often, case management is provided by staff at the partner organization, because the PHA typically does not have funding to do so. In some approaches, case management begins while the individual or family is still in a homeless assistance program, such as emergency shelter or transitional housing. In other approaches, case management begins after the household moves into a housing unit. Some PHAs stated that the types of referrals and services provided through case management were tailored to the needs of the tenant. The period of time during which case management is provided varies by household and sometimes depends on the length of housing assistance the PHA is expected to provide. Some approaches that use public housing request that formerly homeless households participate in case management

and supportive services to continue to receive housing assistance.

In addition to case management, partner organizations typically offer a wide array of other supportive services to homeless households that the PHA serves. Services provided either by staff at the partner organization or through referrals to local organizations include food assistance, employment and vocational training, graduate-equivalent degree classes, transportation assistance, budgeting and financial planning, life skills and soft skills classes, substance abuse services, mental and physical health care, and housing search assistance.

Although services are typically provided by the partner organization, in some instances the PHA itself provides additional services to homeless households. These services include

security or utility deposits, furnishings for the new housing unit, and additional assistance locating housing. The New York City Housing Authority has a Family Services Department that provides some social services to formerly homeless individuals and families living in Public Housing and HCV units. The Family Services Department has 160 people on staff, located in each of the 5 boroughs. Of these staff, approximately one-third are licensed social workers. In addition to referring households to outside social services, Family Services Department staff also provide services in-house, including counseling and case management. After someone starts receiving services, Family Services staff will follow up to make sure the household has a service plan in place and is meeting the goals outlined in the service plan.

Both PHAs and landlords may be more amenable to accepting homeless households with poor credit or rental histories because of the case management and other supportive services being offered to the households.

### **ADDRESSING TENANCY ISSUES**

Another way that the PHA partnerships promote housing retention is through assistance in addressing tenancy issues. As noted in the Chapter 4 discussion of barriers that PHA staff perceive to stand in the way of people who have patterns of homelessness using housing assistance, some formerly homeless households may have difficulty understanding or complying with the rules of tenancy. PHAs reported that partnerships that provide case management can be particularly

helpful in addressing any tenancy issues, and both the PHA and landlords benefit from the availability of a case manager in the event that any tenancy issues arise. The case manager can address noncompliance issues through case management and home visits, in some cases avoiding the potential eviction or termination of program assistance of the homeless household.

### **5.6 Summary**

PHAs are serving formerly homeless households through numerous approaches. Many PHAs develop either formal or informal relationships with local community organizations, including public and nonprofit homeless service providers as well as city or county departments of health and human services and mental health, to help provide services to people experiencing homelessness. In some instances, homeless households referred to the PHA through these partnerships receive a preference for entry into the HCV or Public Housing programs.

PHAs have the option of creating PBVs by committing some of their voucher funding for use in particular housing developments. Both tenant-based HCVs and PBVs are commonly used with limited preferences and offered on a priority basis to homeless households, often the clients of a particular partner organization. If considered separately, 58 percent of PHAs that have established a limited preference for homeless households use HCVs and 42 percent of PHAs employing limited preferences use PBVs. PHAs interviewed for the study reported that it is feasible to pair

both types of vouchers with partner-provided services. Although less common, public housing units also sometimes are provided to partner organizations in set-asides for people experiencing homelessness.

Partner organizations often assist PHAs with conducting the eligibility screening, gathering documentation needed to apply for housing, and verification of homeless status. Other approaches use partner organizations to provide housing search assistance for homeless households using HCV. Finally, many of the PHA approaches to serving people experiencing homelessness promote housing assistance by providing additional supportive services, including case management, food assistance, employment and vocational training, transportation assistance, financial planning, life skills classes, substance abuse services, and mental and physical health care. Some PHAs also promote housing retention by having case managers help address any tenancy issues that may arise.

## 6. Options for Encouraging Greater Efforts to Serve Households Experiencing Homelessness Among Public Housing Agencies

Previous chapters have shown that many public housing agencies (PHAs) are making efforts to serve homeless households through the use of their preference systems, by modifying screening and other program rules, and by partnering with community organizations to help households experiencing homelessness gain access to and make use of housing assistance programs. The U.S. Department of Housing and Urban Development (HUD) may be able to encourage still greater efforts by PHAs to participate in efforts to end homelessness.

HUD can play a role in ensuring that PHAs and Continuums of Care (CoC) are able to connect with each other in any given community and to ensure that information is readily available on the variety of programs PHAs administer as well as the mechanisms by which PHAs can adapt their practices to better serve homeless households. Recent guidance released by HUD via PIH Notice 2013–15 (HA) outlines a number of areas in which PHAs and community partners can improve access to mainstream housing assistance for people experiencing homelessness. The findings of this research effort suggest that this type of guidance is directly in line with the needs of

PHAs that may want to take a larger role in addressing homelessness in their community.

Beyond guidance and information from HUD, PHAs can learn from each other. The results of this study provide several approaches to addressing the housing needs of homeless households that can be shared among housing agencies. The findings of this study also can be used by CoCs and local homeless service providers that want to better engage their local PHAs in ongoing community efforts to end homelessness.

### 6.1 New Guidance From HUD

HUD's PIH recently released guidance for PHAs on strategies and approaches to housing individuals and families experiencing homelessness through the Housing Choice Voucher (HCV) and Public Housing programs. PIH Notice 2013–15 (HA), released in June 2013, provides information for PHAs to help them expand mainstream housing opportunities for people experiencing homelessness. A letter to PHAs from the HUD Secretary and the Assistant Secretary for PIH followed the issuance of the Notice, encouraging PHAs and CoCs to pay careful attention to the guidance offered by HUD. See link at <https://www.onecpd.info/onecpd/assets/File/HUD-Secretary-Letter-to-PHA-Executive-Directors.pdf>

The letter specifically requested that PHAs use the information presented in the Notice to ensure they were fully using all of the strategies available when evaluating agency

policies and procedures designed to assist homeless households. Topics covered by the Notice include:

- Clarification of reporting requirements regarding homelessness status of applicant households
- Revision of the definition of *homelessness* for the purposes of reporting
- Waiting list management
- Rules and procedures for establishing and managing preferences for people experiencing homelessness, including limited preferences
- Review of admission policies and eligibility criteria regarding criminal activity, substance use or abuse, and rental history
- Review of program termination and eviction policies
- Role of local homeless service providers
- Review of the use of project-based vouchers (PBVs)

This chapter refers to a number of the strategies in the Notice as it provides analysis of the ways that PHAs and HUD can expand opportunities to mainstream housing resources to assist people experiencing homelessness.

## 6.2 How HUD Can Encourage PHAs to Serve People Experiencing Homelessness

Understanding which types of PHAs are currently strongly engaged in addressing homelessness helps shed light on potential opportunities for PHAs that have previously not made special efforts to serve homeless households. Although it may be more challenging for large PHAs serving geographic areas with large numbers of homeless households to establish general preferences that put people experiencing homelessness at the top of the waiting list, such PHAs should be encouraged to take more of the actions that this study shows many such PHAs are undertaking already. For example, HUD could encourage more large PHAs to establish a limited preference for homeless households and to work with their local CoC on the target population to which the limited preference should be directed and on the numbers of housing units needed. Further, HUD can encourage PHAs to work with advocacy and partner organizations on modifications to screening and other program rules. Working with partners can identify ways to operationalize such policies based on the guidance provided in the HUD notice.

This study shows that small PHAs often create strong general preferences for homeless households. Small PHAs should be encouraged to do so and to work with the CoC (which may often be a Balance of State CoC) to determine whether further targeting of a general preference to a particular subgroup

of people experiencing homelessness would be appropriate. PHAs establishing a general preference that puts homeless households at the top of the waiting list should use a definition of *homelessness* that is sufficiently narrow that applicants do not come to the top of the list just by being declared “at risk.”

Clearly, the opportunity to administer special allocations of vouchers for people experiencing homelessness (for example, HUD-Veteran Affairs Supportive Housing [VASH]) as well as other special-purpose voucher programs for groups that have special needs but do not necessarily experience homelessness has helped PHAs understand that they do have the capacity to serve people who may face barriers to using housing assistance or may be perceived as more challenging to house. HUD should consider requesting Congress to appropriate additional vouchers for special-purpose programs.

In many ways, statewide PHAs can lead the way in serving people experiencing homelessness, because they often have the ability to set priorities for allocating Low-Income Housing Tax Credits, and they can work on homelessness policy with state mental health, substance abuse, and child welfare agencies.

Partnerships with homeless assistance providers can be effective in alleviating barriers to homeless households seeking to apply for or use using mainstream PHA programs, regardless of whether the housing type is tenant-based vouchers, PBVs, or public housing. HUD should continue to

facilitate these partnerships and, as recently occurred through PIH Notice 2013–15 (HA), clearly articulate the roles that each party can play in reaching out to homeless households, navigating the eligibility determination process, helping households locate and move into housing, and providing housing retention services.

### 6.3 PHA Perspectives on What HUD Could Do

As part of the follow-up survey, we asked PHAs without special efforts to address homelessness if there were anything HUD could do to encourage PHAs to do more.

#### ADDITIONAL FUNDING

A number of PHAs suggested increasing the number of vouchers available or creating a separate special-purpose voucher for homeless households, similar to the HUD-VASH vouchers. Some PHAs expressed hesitancy about establishing a general preference for homeless households in the context of flat or shrinking resources for housing assistance, which would provide those households priority for assistance over other vulnerable populations, such as other extremely low-income households, people with disabilities, and the elderly. If the voucher program were expanded, PHAs would be more comfortable creating a strong general preference or a limited preference with a large number of units for homeless households, knowing that assisting this population would not reduce their ability to continue to serve other vulnerable populations.



Some of the PHAs cited the additional administrative costs of serving people experiencing homelessness. Overall, 16 percent of those responding to the Web survey chose a response category that referred to both the administrative costs and the subsidy costs associated with serving homeless households, and 16 percent of respondents indicated that the need for additional search assistance and assistance negotiating with landlords was a barrier, but these were not the barriers most frequently chosen in response to this survey question (see Chapter 4, Exhibit 4–1). In contrast, funding issues were brought up frequently in the follow-up survey. PHAs without preferences often stated that they could not adopt preferences for homeless households without additional funding. PHAs stated that the additional administrative costs associated with having homeless preferences would strain their already-tight budgets, especially after the administrative fee reductions of the past few years followed by cuts from sequestration.

Several PHAs suggested that HUD offer a “hard-to-house” fee that would cover the additional costs typically associated with serving people experiencing homelessness. Such costs might include financial assistance with security deposits, utility payments, minimum rent, and application fees as well as the additional PHA staff time needed to assist people who are experiencing homelessness. Some PHAs stated that they could not adequately assist homeless households without additional funding for case management or the services offered

by a service coordinator. One strategy to overcoming this barrier would be to provide specific training and guidance on how PHAs can align their housing resources with those of local social service providers. PHAs should seek to create partnerships with local organizations already serving homeless households that otherwise could create an administrative burden on the PHA. By joining forces with a local organization, the PHA could gain access to additional expertise around serving people experiencing homelessness as well as opportunities to leverage resources for case management and supportive services. These partnerships could be either formal or informal and can vary in the amount of coordination between the two (or more) organizations. Partner organizations can provide services to clients in housing and offer another resource stream to fund assistance to homeless households, including the additional costs PHAs may incur with assisting households to find housing, keeping tenants in their housing, and reducing turnover.

#### **GUIDANCE TO PHAs ON ALLOWABLE PROCESSES FOR SERVING HOMELESS HOUSEHOLDS**

PIH Notice 2013–15 (HA) was published after the data-collection period for this study. This study shows how important the Notice will be for encouraging the expansion of housing opportunities for people experiencing homelessness. The Notice provides detailed information and guidance on waiting list management and establishment of preferences. The Notice describes the criteria that can be considered when establishing a preference as well as the process for



establishing a preference. Finally, the Notice provides information and guidance on the definition of *homelessness*.

During the interviews conducted for this study, PHAs often expressed confusion around current guidance pertaining to creating preferences for people experiencing homelessness. In some cases, PHAs seem to have inaccurate perceptions of which types of preferences are permitted and how they can be implemented. For example, PHAs expressed interest in additional training and education on how to efficiently serve homeless households through limited preferences. HUD could continue to provide clearer requirements and explicit guidance on the distinction between general and limited preferences and on what types of preferences are permitted.

PHAs also noted that additional clarity around PHA program processes is needed. During the interviews conducted for this study, some PHAs stated that having more flexibility around issues such as credit history and felony convictions would put them in a better position to serve homeless households. PHAs indicated that staff turnover often means loss of institutional knowledge and sometimes a loss of community relationships. Formal relationships based on Memoranda of Understanding can help mitigate that problem.

The definition of *homelessness* is another area where more HUD clarification would likely be helpful to PHAs in better serving people experiencing homelessness. PHAs often indicated that they did not fully understand HUD's definition of *homelessness*. On the Web

survey, it appears that 75 percent of PHAs use the HUD definition of *homeless*, but with the recent implementation of the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) that applies to HUD-funded homeless programs, there may be some confusion as to which definition should be used.

Agencies with Moving to Work (MTW) authority stated that they are able to create approaches that serve homeless households using the funding flexibility. For example, some PHAs may use that flexibility to fund homeless coordinators or case management positions. Another use of MTW flexibility was the ability to lease public housing units to a homeless provider agency (or provide the units free of charge). The homeless agency then uses the units for either temporary or permanent housing for people experiencing homelessness. (See discussion of the model used by the Seattle Housing Authority in Chapter 5). HUD might examine whether the laws governing the Public Housing program allow this use of public housing units for PHAs without MTW authority.

In addition to written guidance, it may be helpful for HUD to continue to provide training on the topics covered in PIH Notice 2013–15 (HA) to HUD field office staff and PHAs' staff. PHAs often have high staff turnover, and PHAs need opportunities to learn more about the various strategies and approaches available to serve homeless households and to develop their institutional knowledge around assisting people experiencing homelessness and formerly homeless households.

### CHANGES IN PERFORMANCE MEASUREMENT

Agencies also explained that after a household receives a voucher, finding a unit can be challenging because of the household's rental history or personal credit history. Landlords and property managers often screen for these items before signing a lease with a household. These items create barriers for households leasing a unit quickly and may affect agencies' compliance with HUD requirements. One PHA reported being penalized by HUD because the PHA's utilization rate suffered when it allowed homeless households to have an extended period to submit documentation. The extra documentation time resulted in the PHA not filling its units as quickly. The PHA suggested that HUD place programs that serve special populations such as homeless households in a separate category in the PIH Information Center and for performance monitoring.

### 6.4 How PHAs Can Work With Communities Using a PHA Preference System and Other Approaches for Serving People Experiencing Homelessness

Communities can play an important role in encouraging their local PHAs to make increased efforts to serve homeless households. During the follow-up survey, PHAs described the many roles that homeless providers and social services agencies in their communities play in helping PHAs serve people experiencing homelessness through the HCV and Public Housing programs. Where there are existing partnerships, both PHAs and local organizations can work to create and enhance efforts to serve homeless

households. Where partnerships do not exist, PHAs and local organizations can team up to discuss ways to partner to better serve homeless households in their community. The recent PIH Notice provides detailed guidance on the resources that may be available to the PHA to understand homelessness in its community. The Notice describes how the PHA can effectively assess local housing needs by working with a variety of entities that may exist in the community, such as health care providers, social service providers, homeless services providers, and local government and community organizations.

By providing services that homeless households need, such as case management, housing search assistance, and budgeting and financial planning, local organizations can increase homeless households' abilities to achieve housing stability through PHA housing programs. These service organizations can provide their knowledge and experience gained in working with and advocating for homeless households.

PHA staff explained that, when homeless households work with case managers, case managers have the ability to advocate for the households because of their existing relationships. These relationships benefit households as they navigate the housing application process, negotiate with landlords, and work to achieve housing stability. Case managers can provide a personalized approach to landlord negotiation and mediation as they work with households to find and maintain housing. They are able to provide assurance to landlords that

households have social service providers in place when their services are needed.

Some PHAs that do not currently have homeless preferences expressed the view that, before they created a preference in their HCV or Public Housing program for households experiencing homelessness, they want to ensure that a local organization could provide case management services.

Some PHAs described partnerships with local homeless providers in which pathways were created to transition homeless households from time-limited housing programs to permanent housing. In most cases, case management services continued for the household after it moved into permanent housing.

### 6.5 What CoCs Can Do to Encourage PHAs to Assist Homeless Households

In most communities, the CoC is the central planning body of homeless services providers. CoCs can consist of a variety of local organizations, governmental agencies, local service providers, or other agencies interested in engaging in homeless initiatives within a community.

Findings of this study show that PHA participation in a CoC makes a difference in the extent of the PHA's efforts to serve people experiencing homelessness through their mainstream housing assistance programs (see Chapter 3, Exhibit 3–3).

PHAs are members of their local CoCs and participate in CoC initiatives in a variety of ways. Some PHAs simply attend CoC meetings, while other PHAs are the CoC lead agency and coordinate CoC providers, initiatives, and activities. However, only 27 percent of all PHAs participate in their local CoCs.

Depending on the needs of the community, some PHAs may not have regular interaction with local homeless service organizations. Therefore, they may not be aware of or have a good understanding of homelessness in their communities. In the follow-up survey, some smaller PHAs explained that they were unaware of homeless households in their community or local homeless planning efforts. Other PHAs noted that they were unsure of how to become involved in the CoC activities and community planning efforts and needed guidance on how to become more active. Improving PHA knowledge could help them to identify how to get involved locally and why it could be beneficial to do so. A few PHAs reported in the follow-up survey that they did not know how to contact the CoC.

As a first step, CoCs need to reach out to all of the PHAs in their region, letting them know how to contact the CoC and learn about the organizations involved in the CoC. At the same time, CoCs should make efforts to learn about the mainstream housing programs that the PHA administers. HUD could also train CoCs on how to engage the PHAs in their regions meaningfully.

The letter from the HUD Secretary and the Assistant Secretary for PIH encouraging use of the guidance in the recent HUD Notice echoed this issue and provided a reference for PHAs to access the contact information for the applicable CoC. In the Notice, HUD suggests that PHAs establish relationships with homeless service providers to promote PHA programs, seek referrals, and provide assistance to homeless households when completing the application process. HUD also highlights the CoC program interim rule that requires CoCs to establish and operate a centralized or coordinated assessment system of the needs of applicants for homeless services. HUD states, “PHAs are strongly encouraged to participate in the coordinated assessment system that covers the PHA’s geographic location in order to establish a means for referrals once the coordinated assessment has been established.”

## Appendix A. Web Census Survey Instrument



# U.S. Department of Housing and Urban Development

## Public Housing Authority (PHA)

### Engagement with Homeless Households Study

#### Welcome to the survey of PHA Engagement with Homeless Households.

The U.S. Department of Housing and Urban Development (HUD) has contracted with Abt Associates and its subsidiary Abt SRBI to conduct this survey. The information collected will allow researchers to explore and document how Public Housing Authorities (PHAs) currently serve homeless households.

Our purpose is to establish a baseline level of PHAs' current engagement in serving homeless households and to better understand the current opportunities provided by PHAs that have an explicit preference for homeless households.

Findings of this study will enable HUD to:

- identify the variety of mechanisms that PHAs employ to target homeless households for assistance;
- highlight innovative ways in which PHAs may be engaging with homeless households;
- highlight the broader set of community partners providing services to homeless people.

Through this study PHAs will learn from each other about different approaches to assisting homeless families.

Responses to this survey will be used for research purposes only and will NOT be used for compliance monitoring.

If you have questions about the survey please call 1-866-626-9805 or email us at PHASURVEY@srbi.com. If you have questions about the study itself, please contact Ms. Anne Fletcher, Social Science Analyst, Office of Policy Development and Research, HUD at (202) 402-4347 or Ms. Eliza Kean, the Abt Associates Project Director at (301) 634-1743.

This survey was approved by the Office of Management and Budget. The OMB control number is 2528-0284 and expires on 5/13/2015. We estimate that the survey will take about 20 minutes to complete. We have provided definitions for terms used throughout the survey, which you may consult by clicking on terms highlighted in blue, underlined font. Doing so will open a new window containing the definitions, which you may consult for the duration of the survey.

## Instructions

This survey asks questions about your PHA’s housing program operations, eligibility determination, admissions preferences, and your interactions with community service providers offering services to homeless households.

In order to respond to the survey, you will need to understand your PHA’s admission policies as described in the agency’s Housing Choice Voucher Administrative Plan and/or Public Housing Admissions and Occupancy Policy. In addition, you will need to respond to questions about partnerships with community service providers that provide services to homeless people. Generally, you should provide information about the agency’s policies and operations as they exist today; however, some questions will specifically ask for historical information (e.g. the question may include a phrase such as “over the past two years”).

Please answer all the questions on the following pages as completely as possible.

- ◆ If you are unsure about how to answer a question, please give the best answer you can.
- ◆ Answer each question unless you are asked to skip to another question.
- ◆ Mark only one box for each question , unless it instructs you to “Select all that apply” .

Depending on how your agency is organized, **different people may need to complete different sections**. If more than one person works on the survey, please make sure that each respondent enters his/her name, title, email address, and phone number at the end of each section. If only one person completes the survey, you may complete the contact information in Section A.

Throughout the survey you will see terms in [blue, underlined font](#). Definitions for these terms appear at the end of the survey in alphabetic order.

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**Agency Information**

**ARI.4. How many Section 8 Voucher Units Count Housing Choice Vouchers (HCVs) does your PHA have under Annual Contributions Contracts (ACCs) with HUD. (If none, please enter “0”.)**

Number of HCVs: \_\_\_\_\_

**ARI.5.a. How many public housing units does your PHA have under Annual Contributions Contracts (ACCs) (If none, please enter “0”.)**

Number of public housing units: \_\_\_\_\_

**SECTION A. Your Agency’s Housing Choice Voucher (HCV) Program**

**A.1.1 As of today, approximately how many households are on your agency’s waiting list for Housing Choice Vouchers? (Do not include separate waiting lists for Project-Based Vouchers in your answer. Project-Based Vouchers are addressed in a later section of the survey.)**

Number of households on HCV waiting list (approximately): \_\_\_\_\_



**A.1.2. What is the current status of your PHA's waiting list for HCVs?**

- <sub>01</sub> Open to the general public on an ongoing basis **[SKIP TO A.2]**
- <sub>02</sub> Open to particular category/categories of applicant on an ongoing basis **[SKIP TO A.1.2.a]**
- <sub>03</sub> Open to the general public during the past year only for a limited period of time **[SKIP TO A.2]**
- <sub>04</sub> Open to particular category/categories of applicant(s) during the past year only for a limited period of time **[SKIP TO A.1.2.a]**
- <sub>05</sub> Other (Explain): \_\_\_\_\_ **[SKIP TO A.2]**
- <sub>06</sub> Closed → **A.1.2.b. For how long has the list been closed?**
- <sub>01</sub> 0 – 6 months
- <sub>02</sub> 7 – 12 months
- <sub>03</sub> Longer than 12 months
- <sub>04</sub> Longer than 24 months

**A.1.2.a. What is/are the category/categories of applicant?**

*The next few questions are about admission preferences to your PHA's HCV program. A preference places a household higher on a waiting list for housing assistance than would be the case if selection were strictly by date of application or by lottery. Preferences can also be limited to a certain number of applicants who may qualify for the preference. These **limited preferences** may sometimes be described as a "set-aside".*

**A.2.1. Other than based on income targeting (for example, households below 30 percent of Area Median Income or AMI), do you have any preferences for admission to your HCV program?**

*Please do **NOT** include Preferences required for [Special Purpose Vouchers](#) OR -Preferences for [Project-Based Vouchers](#). If you have a [Project-Based Voucher program](#), questions about that program will be asked in a later section.*

- 01 Yes
- 02 No [SKIP TO A.3.1]

**A.2.2. Have you established a [limited preference](#) for homeless households or for households referred by a program that serves them? Please do not include the [VASH program](#).**

- 01 Yes [SKIP TO A.2.2.a]
- 02 No [SKIP TO A.2.3]

**A.2.2.a What is the maximum number of HCVs allocated to the limited homeless preference?**

Maximum limited homeless preference HCVs \_\_\_\_\_

**A.2.2.b Is your limited homeless preference for a specific type of homeless applicant?**

- 01 Yes [SKIP TO A.2.2.b.1]
- 02 No specific type of homeless applicant [SKIP TO A.2.3]
- 03 Don't know [SKIP TO A.2.3]

**A.2.2.b.1 Please specify the type of homeless applicant.**

- <sub>01</sub> Homeless people (as defined by PHA)
- <sub>02</sub> [Chronically homeless](#) people
- <sub>03</sub> Homeless veterans
- <sub>04</sub> Homeless people referred by homeless service agencies not under any formal agreement(s) with your PHA
- <sub>05</sub> Homeless people referred by homeless service agencies under agreement(s) with PHA

**A.2.3 Do your HCV preferences include an unlimited (no specific number) preference for one or more of the following types of homeless applicants? (Please note that this question is not asking about any preference tied to the [VASH program](#) or any other [Special Purpose Voucher](#).) Please check all that apply.**

- <sub>01</sub> Homeless people (as defined by PHA)
- <sub>02</sub> [Chronically homeless](#) people
- <sub>03</sub> Homeless veterans
- <sub>04</sub> Homeless people referred by homeless service agencies not under any formal agreement(s) with your PHA
- <sub>05</sub> Homeless people referred by homeless service agencies under agreement(s) with PHA
- <sub>06</sub> Households made homeless by domestic violence
- <sub>07</sub> Households made homeless due to previous incarceration
- <sub>08</sub> Households aging out of foster care and about to become homeless
- <sub>09</sub> Households “timing out” of transitional housing
- <sub>10</sub> Other (Describe): \_\_\_\_\_
- <sub>11</sub> No unlimited preference for any of these types of homeless people **[SKIP TO A.3.1]**

A.2.4. Is your preference specific to homeless households or part of a preference that can apply to both homeless households and other types of households? For example, under the mandatory federal preferences in effect until the late 1990s, a preference for homeless households was part of a preference for households in [substandard housing](#). Some PHAs have chosen to continue to use that preference. **Please check all that apply.**

- <sub>01</sub> Specific preference for homeless households--not part of a broader preference
- <sub>02</sub> Part of a preference for displaced households and those in [substandard housing](#)
- <sub>03</sub> Part of another preference that can include both homeless households and other types of households

**A.2.5. What other unlimited (no specific number or set-aside) HCV waiting list preferences do you have in effect? (Note: Please do not check if you only have Special Purpose Vouchers for this population but no waiting list preference.) Please check all that apply.**

- <sub>01</sub> Current residents of the jurisdiction (not homeless)
- <sub>02</sub> Those with [severe rent burden](#)
- <sub>03</sub> Those living in [substandard housing](#)
- <sub>04</sub> Those displaced by public action
- <sub>05</sub> Those displaced by declared national disaster
- <sub>06</sub> Veterans (not homeless) (Not counting [Special Purpose Vouchers](#))
- <sub>07</sub> Elderly people
- <sub>08</sub> People with disabilities
- <sub>09</sub> Non-elderly people with disabilities
- <sub>10</sub> People with disabilities transitioning from nursing homes or institutions
- <sub>11</sub> Victims of domestic violence
- <sub>12</sub> Families referred by public child welfare agencies for family unification
- <sub>13</sub> Youth aging out of foster care
- <sub>14</sub> Shelter Plus Care households transitioning to HCV
- <sub>15</sub> [VASH](#) households transitioning to HCV
- <sub>16</sub> Housing Opportunities for People with AIDS (HOPWA) households transitioning to HCV
- <sub>17</sub> [SRO Mod Rehab](#) households transitioning to HCV
- <sub>18</sub> Other (Specify): \_\_\_\_\_
- <sub>19</sub> No other preferences

**A.2.6. Do you rank order your preferences to establish a hierarchy of applicants within your system of preferences?**

- <sub>01</sub> Yes
- <sub>02</sub> No [SKIP TO A.3.1]

**A.2.7. How does the unlimited (no specific number) preference for homeless households fit into your ranking of preferences?**

- <sub>01</sub> Homeless households receive **the highest ranking**, ahead of all other households [SKIP TO A.3.1]
- <sub>02</sub> Homeless households receive **the same ranking** [SKIP TO A.2.7.a]
- <sub>03</sub> Homeless households receive a **lower ranking** [SKIP TO A.2.7.b]

**A.2.7.a Please select all households that receive the same ranking as homeless households. Please check all that apply.**

- <sub>01</sub> Current residents of the jurisdiction (not homeless)
- <sub>02</sub> Households with [severe rent burden](#)
- <sub>03</sub> Households with [substandard housing](#)
- <sub>04</sub> Households displaced by public action
- <sub>05</sub> Households displaced by declared national disaster
- <sub>06</sub> Veterans (not homeless) (not counting Special Purpose Vouchers)
- <sub>07</sub> Elderly households
- <sub>08</sub> Non-elderly people with disabilities
- <sub>09</sub> People with disabilities transitioning from nursing homes or institutions
- <sub>10</sub> Victims of domestic violence
- <sub>11</sub> Families referred by public child welfare agencies for family unification
- <sub>12</sub> Youth aging out of foster care
- <sub>13</sub> Other (Specify): \_\_\_\_\_

**A.2.7.b Please select all households that receive a lower ranking than homeless households. *Please check all that apply.***

- <sub>01</sub> Current residents of the jurisdiction (not homeless)
- <sub>02</sub> Households with [severe rent burden](#)
- <sub>03</sub> Households with [substandard housing](#)
- <sub>04</sub> Households displaced by public action
- <sub>05</sub> Households displaced by declared national disaster
- <sub>06</sub> Veterans (not homeless) (not counting [Special Purpose Vouchers](#))
- <sub>07</sub> Elderly households
- <sub>08</sub> Non-elderly people with disabilities
- <sub>09</sub> People with disabilities transitioning from nursing homes or institutions
- <sub>10</sub> Victims of domestic violence
- <sub>11</sub> Families referred by public child welfare agencies for family unification
- <sub>12</sub> Youth aging out of foster care
- <sub>13</sub> Other (Specify): \_\_\_\_\_

*The next set of questions focus on your Project-Based Voucher (PBV) program.*

**A.3.1. Has your PHA implemented a [Project-Based Voucher \(PBV\) program](#)?**

- <sub>01</sub> Yes
- <sub>02</sub> No [SKIP TO LOGIC AFTER A.4.1]



**A.3.2. Does the [PBV program](#) have a waiting list (or lists) separate from the HCV waiting list?**

<sub>01</sub> Yes

<sub>02</sub> No, our PHA has one waiting list for both the [PBV program](#) and HCV [**SKIP TO A.3.3**]

**A.3.2.a Does the [PBV program](#) have one waiting list for the entire PBV program/building or separate lists for each PBV program/building?**

<sub>01</sub> One list for the entire PBV program/building

<sub>02</sub> Separate waiting lists for different PBV program/buildings

**A.3.3. Does the [PBV program](#) have preferences for admission that are different from the HCV program preferences?**

<sub>01</sub> Yes

<sub>02</sub> No [**SKIP TO A.4.1**]

**A.3.4. Do your [PBV program](#) admission preferences include a preference for one or more of the following types of homeless applicants? *Please check all that apply.***

- <sub>01</sub> Homeless people (as defined by PHA)
- <sub>02</sub> [Chronically homeless](#) people
- <sub>03</sub> Homeless veterans
- <sub>04</sub> Homeless people referred by a homeless service agency (or agencies) not under any formal agreement(s) with your PHA
- <sub>05</sub> Homeless people referred by a homeless service agency (or agencies) under agreement(s) with PHA
- <sub>06</sub> Households made homeless by domestic violence
- <sub>07</sub> Households made homeless due to previous incarceration
- <sub>08</sub> Households aging out of foster care and about to become homeless
- <sub>09</sub> Households “timing out” of transitional housing
- <sub>10</sub> Homeless families with children
- <sub>11</sub> Other (Describe): \_\_\_\_\_
- <sub>12</sub> No preference for any of these types of homeless people [SKIP TO A.4.1]

**A.3.5. How many [Project-Based Voucher](#) units are set aside for homeless households through a separate waiting list or a [limited preference](#)?**

- <sub>01</sub> None
- <sub>02</sub> Number of [Project-Based Vouchers](#) (PBVs): \_\_\_\_\_

**A.4.1. How do the households for which you have established a [limited preference](#) use their vouchers? Please answer this question for both Housing Choice Vouchers and [Project-Based Vouchers](#). If you don't know enough about the specifics of program design, check: "Don't know." To change or clear your response, click on the check box again. *Please check all that apply.***

- <sub>01</sub> Homeless households use their vouchers to move directly from emergency shelters or unsheltered locations to rental housing in the community (no special services)
- <sub>02</sub> Homeless households use their vouchers to move to, or stay in, rental housing in the community after successfully completing a transitional housing program for homeless people
- <sub>03</sub> Homeless households use their vouchers to live in permanent supportive housing for homeless households with disabilities (with ongoing special services)
- <sub>04</sub> Other (Specify): \_\_\_\_\_
- <sub>05</sub> Don't Know

## Thank you for completing Section A!

Please complete the contact information table for Section A. This will help us know who to contact in case we have any questions about responses in Section A.

Please check here if the same person has completed all sections of this survey.

Name	
Title	
Telephone Number	
Email Address	

## SECTION B. Your Agency's Public Housing Program

**B.1.1.** As of today, approximately how many households are on your agency's waiting list for public housing? \_\_\_\_\_

**B.1.2.** What is the current status of your PHA's waiting list for public housing?

- <sub>01</sub> Open to the general public
- <sub>02</sub> Open to particular category/categories of applicant [**SKIP TO B.1.2.a**]
- <sub>03</sub> Open to the general public during the past year only for a limited period of time
- <sub>04</sub> Open to particular category/categories of applicant during the past year only for a limited period of time [**SKIP TO B.1.2.a**]
- <sub>05</sub> Other (Explain): \_\_\_\_\_
- <sub>06</sub> Closed [**SKIP TO B.1.2.b**]

**B.1.2.a** What is/are the category/categories of applicant?

**B.1.2.b** For how long has the list been closed?

- <sub>01</sub> 0 – 6 months
- <sub>02</sub> 7 – 12 months
- <sub>03</sub> Longer than 12 months
- <sub>04</sub> Longer than 24 months

**B.2.1 Are ALL of your public housing developments exclusively for occupancy by elderly households or households with disabilities?**

- <sub>01</sub> Yes, all of our PHA's public housing development(s) are for occupancy by elderly households or households with disabilities.
- <sub>02</sub> No, our PHA has at least one development that may be occupied by families with children. **[SKIP TO B.3]**

**B.2.2. Please describe your public housing inventory designated for elderly households and/or disabled households. To change or clear your response, click on the check box again. *Please check all that apply.***

- <sub>01</sub> **Officially Disabled:** These are units for which a PHA submitted a Designated Housing Plan (DHP) to HUD Headquarters and received approval
- <sub>02</sub> **Officially Elderly:** These are units for which a PHA submitted a DHP to HUD Headquarters and received approval
- <sub>03</sub> **Officially Mixed Elderly and Disabled:** These are units for which a PHA submitted a DHP to HUD Headquarters and received approval
- <sub>04</sub> **Mixed Elderly and Disabled Not HUD Officially Designated:** These are units that were built before 1996 and have been reserved for elderly and disabled households since they were built

*The next few questions are about admission preferences to your PHA's public housing program. (A preference places a household higher on a waiting list for housing assistance than would be the case if selection were strictly by date of application or by lottery.)*

**B.3.1 Other than based on income targeting (for example, households below 30 percent of Area Median Income or AMI), do you have any preferences for admission to your public housing program or to particular public housing developments?**

- <sub>01</sub> Yes
- <sub>02</sub> No

**B.3.2** Does your PHA have [site-based waiting lists](#)?

<sub>01</sub> Yes

<sub>02</sub> No [SKIP TO B.3.3]

**B.3.2.a** Do any of your preferences apply only to certain developments?

<sub>01</sub> Yes

<sub>02</sub> No [SKIP TO B.3.3]

**B.3.2.a.1** For preferences that apply only to certain developments, is homelessness included as a preference?

<sub>01</sub> Yes

<sub>02</sub> No

**B.3.3** Have you established a [limited preference](#) for admission to one or more of your public housing developments for homeless households or for households referred by a program that provides services to those households? A [limited preference](#) sets a maximum number of units that will be made available to applicants who qualify for the preference and are ready to move in.

<sub>01</sub> Yes [SKIP TO B.3.3a]

<sub>02</sub> No [SKIP TO B.3.4.]

**B.3.3.a.** What is the maximum number of units to be made available under this preference? \_\_\_\_\_



**B.3.4. Do your public housing preferences include an unlimited (no specific number of units) preference for one or more of the following types of homeless applicants? To change or clear your response, click on the check box again. Please check all that apply.**

- <sub>01</sub> Homeless people (as defined by PHA)
- <sub>02</sub> [Chronically homeless](#) people
- <sub>03</sub> Homeless veterans
- <sub>04</sub> Homeless people referred by homeless service agencies
- <sub>05</sub> Households made homeless by domestic violence
- <sub>06</sub> Households made homeless due to previous incarceration
- <sub>07</sub> Households aging out of foster care and about to become homeless
- <sub>08</sub> Households “timing out” of transitional housing
- <sub>09</sub> Other (Describe): \_\_\_\_\_
- <sub>10</sub> No unlimited preference for any of these types of homeless applicants [**SKIP TO C1**]

**B.3.5. Is your preference specific to homeless households, or is it part of a preference for both homeless households and other types of households? For example, under the mandatory federal preferences in effect until the late 1990s, a preference for homeless households was part of a preference for households who are in [substandard housing](#). Some PHAs have chosen to continue to use that preference. Our preference is...**

- <sub>01</sub> Specific for homeless households--not part of a broader preference
- <sub>02</sub> Part of a preference for displaced households and those living in [substandard housing](#)
- <sub>03</sub> Part of another preference that can include both homeless households and other types of households

**B.3.6. What other unlimited (no specific number) public housing waiting list preferences do you have for your public housing waiting list? *Please check all that apply.***

- <sub>01</sub> Current residents of the jurisdiction (not homeless)
- <sub>02</sub> Those with [severe rent burden](#)
- <sub>03</sub> Those with [substandard housing](#)
- <sub>04</sub> Those displaced by public action
- <sub>05</sub> Those displaced by declared national disaster
- <sub>06</sub> Veterans (not homeless) (not counting [Special Purpose Vouchers](#))
- <sub>07</sub> People with disabilities transitioning from nursing homes or institutions
- <sub>08</sub> Victims of domestic violence
- <sub>09</sub> Families referred by public child welfare agencies for family unification
- <sub>10</sub> Youth aging out of foster care
- <sub>11</sub> Other (Specify): \_\_\_\_\_
- <sub>12</sub> No other preferences

**B.3.7. Do you rank order your preferences to establish a hierarchy of applicants within your system of public housing preferences?**

- <sub>01</sub> Yes
- <sub>02</sub> No [**SKIP TO C.1**]

**B.3.8. How does the unlimited (no specific number) preference for homeless households fit into your ranking of preferences?**

- <sub>01</sub> Homeless households receive **the highest ranking**, ahead of all other households **[SKIP TO C.1]**
- <sub>02</sub> Homeless households receive **the same ranking** **[SKIP TO QUESTION B.3.8.a]**
- <sub>03</sub> Homeless households receive a **lower ranking** **[GO TO B.3.8.b]**

**B.3.8.a Please select all households that receive the SAME ranking as homeless households. Please check all that apply.**

- <sub>01</sub> Current residents of the jurisdiction (not homeless)
- <sub>02</sub> Households with [severe rent burden](#)
- <sub>03</sub> Households with [substandard housing](#)
- <sub>04</sub> Households displaced by public action
- <sub>05</sub> Households displaced by declared national disaster
- <sub>06</sub> Veterans (not homeless) (not counting [Special Purpose Vouchers](#))
- <sub>07</sub> People with disabilities transitioning from nursing homes or institutions
- <sub>08</sub> Victims of domestic violence
- <sub>09</sub> Families referred by public child welfare agencies for family unification
- <sub>10</sub> Youth aging out of foster care
- <sub>11</sub> Other (Specify): \_\_\_\_\_

**B.3.8.b Please select all households that receive a lower ranking than homeless households. *Please check all that apply.***

- <sub>01</sub> Current residents of the jurisdiction (not homeless)
- <sub>02</sub> Households with [severe rent burden](#)
- <sub>03</sub> Households with [substandard housing](#)
- <sub>04</sub> Households displaced by public action
- <sub>05</sub> Households displaced by declared national disaster
- <sub>06</sub> Veterans (not homeless) (not counting [Special Purpose Vouchers](#))
- <sub>07</sub> People with disabilities transitioning from nursing homes or institutions
- <sub>08</sub> Victims of domestic violence
- <sub>09</sub> Families referred by public child welfare agencies for family unification
- <sub>10</sub> Youth aging out of foster care
- <sub>11</sub> Other (Specify) \_\_\_\_\_

**Thank you for completing Section B!**

**Please complete the contact information table for Section B. This will help us know who to contact in case we have any questions about responses in Section B.**

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

## SECTION C. Other Programs Administered By Your PHA

*The next set of questions is about other ways your PHA may assist homeless households. Specifically, this section captures information about programs that your PHA may administer other than HCV and public housing. Please include the work of your PHA's non-profit subsidiaries, if applicable.*

**C.1 Please indicate whether or not you administer any of the programs displayed below, either currently or at any time within the past three years (PHA fiscal years). For those programs that you do administer, please indicate *approximately* how many units are for homeless households. If no units are designated for homeless households, enter 0 (zero).**

	Currently (or in the last three years) administer this type of program?	C.1.x.1. How many units or slots are for homeless households? If no units are designated for homeless households, enter "0"
a. HOME Tenant-Based Rental Assistance	<input type="checkbox"/> <sub>01</sub> Yes <input type="checkbox"/> <sub>02</sub> No	a. Number of units: _____
b. State or locally funded rental assistance	<input type="checkbox"/> <sub>01</sub> Yes <input type="checkbox"/> <sub>02</sub> No	b. Number of units: _____
c. Section 202	<input type="checkbox"/> <sub>01</sub> Yes <input type="checkbox"/> <sub>02</sub> No	c. Number of units: _____
d. Section 811	<input type="checkbox"/> <sub>01</sub> Yes <input type="checkbox"/> <sub>02</sub> No	d. Number of units: _____
e. Low-Income Housing Tax Credit units (no rental assistance)	<input type="checkbox"/> <sub>01</sub> Yes <input type="checkbox"/> <sub>02</sub> No	e. Number of units: _____
f. HUD McKinney-Vento Supportive Housing Program	<input type="checkbox"/> <sub>01</sub> Yes <input type="checkbox"/> <sub>02</sub> No	f. Number of units: _____
g. HUD McKinney-Vento Shelter Plus Care	<input type="checkbox"/> <sub>01</sub> Yes <input type="checkbox"/> <sub>02</sub> No	g. Number of units: _____
h. HUD McKinney-Vento Section 8 SRO Moderate Rehabilitation	<input type="checkbox"/> <sub>01</sub> Yes <input type="checkbox"/> <sub>02</sub> No	h. Number of units: _____
<i>Table continues on next page.</i>		

	Currently (or in the last three years) administer this type of program?	C.1.x.1. How many units or slots are for homeless households? If no units are designated for homeless households, enter "0"
i. Homeless Prevention and Rapid Re-housing (HPRP) – <i>homelessness prevention</i>	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	i. Total Number of households served to date: _____
j. HPRP— <i>rapid re-housing</i>	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	j. Total Number of households served to date: _____
k. Section 8 Moderate Rehabilitation (not McKinney-Vento)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	k. Number of units for homeless: _____
l. Rural Housing Service Section 515 housing	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	l. Number of units for homeless: _____
m. HUD multifamily private assisted housing (Section 8, 236, etc.)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	m. Number of units for homeless: _____
n. Housing Opportunities for People with AIDS (HOPWA)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	n. Number of units for homeless: _____
o. Other (Specify)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	o. Number of units: _____
p. Other (Specify)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	p. Number of units: _____
q. Other (Specify)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	q. Number of units: _____
r. Other (Specify)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	r. Number of units: _____



**Thank you for completing Section C:**

Please complete the contact information table for Section C. This will help us know who to contact in case we have any questions about responses in Section C.

<b>Name</b>	<i>(If one person completed the whole survey, please leave blank)</i>
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

## SECTION D. Identifying Newly Admitted Households As Homeless

*There are a number of ways to define a household as homeless. The next series of questions focuses on how your PHA defines homelessness.*

**D.1 Question 4c on the HUD Form 50058 asks whether a household was homeless at the time of admission to a housing assistance program. Do you ask this question of every admitted applicant?**

<sub>01</sub> Yes

<sub>02</sub> No

**D.2 When entering “no” to Question 4c on the HUD Form 50058 (indicating that the applicant is not homeless), which of the following occurs:**

<sub>01</sub> You yourself check “no” to Question 4c of the HUD Form 50058.

<sub>02</sub> Software auto-populates the answer as “no” when you leave it blank.

<sub>03</sub> Other (Specify): \_\_\_\_\_

**D.3 When answering Question 4c on the HUD form 50058, does your PHA use the following definition of homelessness?**

*An individual who lacks a fixed, regular, and adequate nighttime residence and whose primary nighttime residence is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; OR an institution that provides a temporary residence for individuals intended to be institutionalized; OR a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.*

<sub>01</sub> Yes **[SKIP TO D.4]**

<sub>02</sub> No **[SKIP TO D.3.a]**

**D.3.a. What definition of homelessness does your PHA use?**

- <sub>01</sub> We rely on whatever definition the homeless service agency that refers households to us uses **[SKIP TO D.4]**
- <sub>02</sub> We mark everyone as 'N' (not homeless) to Question 4c, since we do not have a preference or special program for homeless applicants **[SKIP TO D.4]**
- <sub>03</sub> We do not have a definition of homeless, but will sometimes mark a household as homeless on Question 4c if they tell us they are homeless, or if they provide documentation to verify that they are homeless **[SKIP TO D.4]**
- <sub>04</sub> A different definition of homelessness **[SKIP TO D.3.b]**

**D.3.b What criteria are included in the definition of homelessness that you use?  
Please check all that apply.**

- <sub>01</sub> About to be evicted
- <sub>02</sub> Staying with another family or with friends
- <sub>03</sub> Living on the street
- <sub>04</sub> Living in a homeless shelter
- <sub>05</sub> Youth aging out of foster care
- <sub>06</sub> Other (Specify): \_\_\_\_\_
- <sub>07</sub> Other (Specify): \_\_\_\_\_
- <sub>08</sub> Other (Specify): \_\_\_\_\_

**D.4 Is there a minimum amount of time that a person has to be homeless in order to meet your PHA's definition of homeless?**

- <sub>01</sub> Yes, 30 consecutive days
- <sub>02</sub> Yes, at least 30 total days within the past 12 months
- <sub>03</sub> Yes, 90 consecutive days
- <sub>04</sub> Yes, at least 90 total days within the past 12 months
- <sub>05</sub> Yes, other amount of time: \_\_\_\_\_
- <sub>06</sub> No minimum amount of time

**D.5 What information do you use to verify whether a newly admitted household is homeless? *Please check all that apply.***

- <sub>01</sub> Documentation (written or oral) provided by a homeless services provider or other agency
- <sub>02</sub> Self-declaration by the household
- <sub>03</sub> Other documentation provided by the household (e.g. eviction letter, letter from temporary housing, letter from homeless shelter)
- <sub>04</sub> Verification through the local [Homeless Management Information System \(HMIS\)](#)
- <sub>05</sub> Other (Specify) \_\_\_\_\_

- D.6** Do you currently provide information to the [Homeless Management Information System \(HMIS\)](#) operated through your local homeless [Continuum of Care](#) about homeless households served by your HCV, [PBV](#) or public housing program? (Please note that reporting into [HMIS](#) for [HUD-VASH](#) will be covered in the next question.)
- <sub>01</sub> Yes
- <sub>02</sub> No
- D.6.a** Do you currently enter information into the [HMIS](#) about homeless households served by your PHA's [HUD-VASH program](#)? [Please note: PHAs are not required to report information into [HMIS](#) for [HUD-VASH](#).]
- <sub>01</sub> Yes
- <sub>02</sub> No
- D.7** Do you have any plans to enter or provide information on homeless households served by your HCV program or your public housing program into the [HMIS](#)?
- <sub>01</sub> Yes
- <sub>02</sub> No

**Thank you for completing Section D!**

Please complete the contact information table for Section D. This will help us know who to contact in case we have any questions about responses in Section D.

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

## SECTION E. PHA Experience with Community Partners Providing Services to Homeless People

*Answers to the next group of questions will provide insight into the different types of partnerships that some PHAs may have with other community partners to better serve homeless people. When responding, please think about your PHA's involvement with different types of agencies.*

**E.1.1 Does your PHA have any formal relationships (as indicated by a [Memorandum of Understanding](#), [Memorandum of Agreement](#), or other such document) with public or non-profit community organizations that provide services to homeless people?**

<sub>01</sub> Yes

<sub>02</sub> No [SKIP TO E.1.3]

**E.1.2. With how many community organizations providing services to homeless people does your PHA have formal relationships?**

<sub>01</sub> 1 – 2

<sub>02</sub> 3 – 4

<sub>03</sub> More than 4. Specify number: \_\_\_\_\_

**E.1.3 Does your PHA have any informal relationships with community organizations that provide services to homeless people?**

<sub>01</sub> Yes

<sub>02</sub> No [SKIP TO E.1.6.]

**E.1.4. With how many community organizations providing services to homeless people does your PHA have informal relationships?**

<sub>01</sub> 1 – 2

<sub>02</sub> 3 – 4

<sub>03</sub> More than 4. Specify number: \_\_\_\_\_



**E.1.5 For organizations with which your PHA has either formal or informal relationships, on what type of activities or functions do you collaborate? Check all that apply. A community organization...**

- <sub>01</sub> Verifies that homeless households are eligible for a preference and refers them to your PHA.
- <sub>02</sub> Helps homeless households find housing that qualifies for the HCV program.
- <sub>03</sub> Provides housing for households who previously were homeless.
- <sub>04</sub> Provides services to tenants/residents currently housed by your PHA who were previously homeless.
- <sub>05</sub> Other collaborative action (Describe): \_\_\_\_\_
- <sub>06</sub> Other collaborative action (Describe): \_\_\_\_\_
- <sub>07</sub> Other collaborative action (Describe): \_\_\_\_\_

**E.1.6 Does your PHA participate in the local [Continuum of Care \(CoC\)](#), or any organized planning body that attempts to end homelessness?**

- <sub>01</sub> Yes
- <sub>02</sub> No [SKIP TO E.1.8.]

**E.1.6a Please specify the [CoC\(s\)](#) in which your PHA participates**

**E.1.7. Please describe how your PHA participates and collaborates with the CoC(s):**

--

**E.1.8. Has your PHA reviewed the [CoC's Ten Year Plan](#)?**

- <sub>01</sub> Yes
- <sub>02</sub> No
- <sub>03</sub> The [CoC](#) does not have a plan.

**Thank you for completing Section E!**

**Please complete the contact information table for Section E. This will help us know who to contact in case we have any questions about responses in Section E.**

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

## SECTION F. Barriers To Engaging With Homeless Households

*Working with homeless households can pose a number of challenges to an organization. The next set of questions asks about the types of challenges your PHA may face now, or faced in the past, when working with homeless households.*

### F.1.1 What barriers has your PHA experienced in serving homeless households?

**Check all that apply.**

- <sub>01</sub> Screening and eligibility determination requirements for HCV and public housing prevent our PHA from serving some homeless households
- <sub>02</sub> Homeless applicants with no fixed address often get removed from the waiting list
- <sub>03</sub> Working with homeless applicants requires more staff time and increases the staff workload
- <sub>04</sub> Our PHA does not know how to get in touch with homeless applicants for follow-up
- <sub>05</sub> Our PHA does not have service resources or partners that can provide the services
- <sub>06</sub> Homeless households do not have the needed eligibility documentation
- <sub>07</sub> Our PHA cannot afford to serve homeless households that are zero income or extremely low income (ELI)
- <sub>08</sub> Because of their barriers, homeless households need housing search and landlord negotiation assistance in the HCV program
- <sub>09</sub> There is higher turnover among homeless households, resulting in higher administrative and/or operating costs
- <sub>10</sub> Our PHA does not have service resources to help homeless households maintain housing
- <sub>11</sub> Our PHA is concerned about potential lease compliance issues experienced with homeless households in our HCV program that might harm relationships with landlords
- <sub>12</sub> Our PHA is concerned about enforcing lease compliance
- <sub>13</sub> Other (Specify): \_\_\_\_\_

*Table continues on the next page*

<sub>14</sub> Other (Specify): \_\_\_\_\_

<sub>15</sub> Other (Specify): \_\_\_\_\_

<sub>16</sub> None

**F.1.2. Has your PHA modified or made exceptions to [tenant screening](#) or other policies in order to provide housing assistance to homeless households?**

<sub>01</sub> Yes

<sub>02</sub> No →[SKIP TO INSTRUCTIONS AFTER F.1.3]

**F.1.3. What were the exceptions or changes made to [tenant screening](#) or other policies and procedures, and what issues did they address?**

**Thank you for completing Section F!**

Please complete the contact information table for Section F. This will help us know who to contact in case we have any questions about responses in Section F.

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

**SECTION G. Moving To Work Agencies**

*This section contains question specifically for those agencies that are part of the Moving to Work (MTW) Demonstration program.*

**G.1.1 As a MTW agency, does your PHA currently (or has your PHA within the past three years) operate(d) or implement(ed) any programs specifically aimed at homeless households?**

<sub>01</sub> Yes

<sub>02</sub> No [SKIP TO G.1.2]

**G. 1. 1. a Please describe the program(s) specifically aimed at homeless**

**G.1.2. How did the authority granted to you under your MTW Agreement enable you to implement this program/these programs?**

**G.1.3. Could your PHA have done the same thing under current HUD rules without being an MTW site?**

<sub>01</sub> Yes [SKIP TO END]

<sub>02</sub> No

**G.1.4 Specifically, what regulation(s) would need to be changed in order to allow non-MTW sites to implement this program/these programs?**

**Thank you for completing Section G!**

Please complete the contact information table for Section G. This will help us know who to contact in case we have any questions about responses in Section G.

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

**Thank you for taking the time to complete this survey!**



## Definitions of Terms and Phrases Used in the Survey

Term or Phrase	Definition
<b>Annual Contributions Contract (ACC)</b>	An annual contributions contract (ACC) is a written contract between HUD and a PHA. For the Housing Choice Voucher program under the ACC, HUD agrees to make payments to the PHA, over a specified term, for housing assistance payments to owners and for the PHA administrative fee. The ACC specifies the maximum payment over the ACC term. The PHA agrees to administer the program in accordance with HUD regulations and requirements. For the Public Housing Program, the ACC is an annual contract between HUD and the PHA for payments toward rent, financing debt service, and financing for modernization.
<b>Chronically Homeless</b>	A “Chronically Homeless Person” is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.
<b>Continuum of Care (CoC)</b>	“Continuum of Care (CoC)” is a community with a unified plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. HUD funds many homeless programs and HMIS implementations through Continuums of Care grants.
<b>Homeless Management Information System (HMIS)</b>	A Homeless Management Information System (HMIS) is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients.
<b>Limited Preference</b>	A “limited preference” is a term used to describe a preference that is limited to a certain number of applicants who may qualify for the preference. Some PHAs may use the term “set-aside” to describe a limited preference.
<b>Memorandum of Understanding/ Memorandum of Agreement</b>	A Memorandum of Understanding (MOU) is defined as an agreement of cooperation between two or more organizations defining roles and responsibilities of each with respect to developing a partnership or project.
<b>Project-Based Voucher (PBV) program</b>	Under the Project-Based Voucher program, a PHA enters into an assistance contract with the owner for specified units and for a specified term. The PHA refers families from its waiting list to the project owner to fill vacancies. Because the assistance is tied to the unit, a family who moves from the project-based unit does not have any right to continued housing assistance. However, they may be eligible for a tenant based voucher when one becomes available.
<b>Severe rent burden</b>	Unassisted renters with very low incomes paying more than half of their income for housing.
<b>Site-based waiting lists</b>	For public housing, a PHA may adopt a community-wide or (if the PHA qualifies and elects to do so in its Annual Plan) a “site-based waiting list.” A site-based waiting list is a separate list for a specific site or sites. Although it may be centrally administered, a system of site-based waiting lists allows applicants to select the developments where they will accept unit offers.

<b>Special Purpose Vouchers</b>	<p>Special Purpose Vouchers are specifically provided for by Congress in line item appropriations which distinguish them from regular vouchers.</p> <p>Examples of Special Purpose Vouchers are:</p> <ul style="list-style-type: none"> <li>• Veteran Affairs Supportive Housing (VASH)</li> <li>• Family Unification Program (FUP)</li> <li>• Non-Elderly Disabled (NED)</li> <li>• Enhanced Vouchers</li> <li>• Tenant Protection Vouchers (TPV)</li> </ul>
<b>SRO Mod Rehab</b>	<p>The Section 8 Moderate Rehabilitation Single Room Occupancy Program for Homeless Individuals (commonly known as the Section 8 SRO program) is authorized by the McKinney-Vento Homeless Assistance Act and administered by the U.S. Department of Housing and Urban Development (HUD). The program was created in 1987 to provide rental assistance to homeless individuals in rehabilitated single room occupancy (SRO) housing. Under this program, HUD enters into Annual Contributions Contracts with public housing authorities (PHAs) in connection with the moderate rehabilitation of residential properties that, when rehabilitation is complete, will contain multiple single room units. Participating PHAs make Section 8 rental assistance payments to participating owners on behalf of homeless individuals who rent the rehabilitated units. The rental assistance payments cover the difference between a portion of the tenant's income (normally 30 percent) and the unit's rent, which must be no more than the fair market rent established by HUD. The Section 8 SRO Program provides rental assistance for a period of 10 years, with the possibility of renewal. The rental assistance payments compensate owners for the cost of some of the rehabilitation, as well as the other costs of owning and maintaining the property. The McKinney-Vento Act requires that homeless individuals receive first priority for occupancy of SRO units.</p>
<b>Substandard Housing</b>	<p>A dwelling unit that is either dilapidated or unsafe, thus endangering the health and safety of the occupant, or that does not have adequate plumbing or heating facilities.</p>
<b>Ten Year Plan</b>	<p>A comprehensive plan developed by a coalition of community partners to outline an approach to eliminate homelessness in the community within 10 years. The plan should include: a plan for outcomes, closing the front door to homelessness, opening the back door to supportive housing, and building appropriate infrastructure to prevent homelessness.</p>
<b>Tenant Screening</b>	<p>A PHA describes the agency's selection policies for public housing in the Admissions and Continued Occupancy Policy (ACOP). Many PHAs also have separate procedures that describe in detail the methods that staff are expected to use to implement the policy. Applicant selection or screening procedures typically address: the lease requirement being evaluated by the screening process; how the screening is done; verifications required in support of the screening process; and the weight and consideration given to the information received.</p>
<b>VASH Program</b>	<p>The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating Veterans at VA medical centers (VAMCs) and community-based outreach clinics.</p>

## Appendix B. Study Methodology

### Census survey

The census survey was administered online to PHA directors from June 27 to October 5, 2012. PHAs that did not open or complete the census after four weeks received an email urging them to complete the survey. Two more rounds of reminder emails were sent in the following weeks. Non-responsive PHAs also received telephone calls, though these efforts were targeted to large PHAs with high homeless populations. If contacted by telephone, PHAs were given the option to complete the census over the telephone. In an effort to boost response rates, we contacted the secondary contact at the PHA to request that they complete the census. Overall, 95 percent of the surveys were completed online, while the remaining 5 percent were administered over the telephone.

Exhibit B-1 shows response rates by key PHA characteristics. We obtained a high response rate to the survey (80 percent) overall and is 79 percent or higher almost every subgroup based on PHA characteristics. Our analysis for potential non-response bias, which is explained below in greater detail, indicated that weighting the survey results based on any of these four key characteristics was unnecessary, as there would not be any meaningful differences between the weighted and unweighted results (differences were generally within rounding error).

#### Exhibit B-1. Response Rates by Key PHA Characteristics

PHA characteristic	Survey completion (Weighted by # of PHAs)		Survey completion (Weighted by # of total units)	
	Completed	Total	Completed	Total
<b>Is PHA in a metropolitan area?</b>				
In Metropolitan Area	1,606 (79%)	2,027	2,630,194 (85%)	3,085,156
Not in Metropolitan Area	1,601 (83%)	1,927	379,793 (85%)	444,843
<b>Size of homeless population in CoC (2011 Point in Time Count)</b>				
1-999 homeless in CoC	1,332 (79%)	1,684	906,204 (82%)	1,099,743
1,000-1,999 homeless in CoC	720 (80%)	898	556,688 (76%)	734,783
2,000-4,999 homeless in CoC	627 (87%)	723	609,758 (89%)	686,284
5,000-9,999 homeless in CoC	102 (82%)	124	436,120 (90%)	482,616
10,000 or more homeless in CoC	389 (82%)	477	490,044 (95%)	513,520
<b>Program type</b>				
HCV Only	664 (76%)	873	579,225 (87%)	665,818
Public Housing Only	1,349 (82%)	1,650	140,682 (60%)	233,528
HCV and Public Housing	1,216 (83%)	1,462	2,303,024 (87%)	2,644,651
<b>Census region</b>				
Great Plains	346 (84%)	410	111,716 (86%)	129,794
Mid-Atlantic	174 (84%)	208	303,860 (89%)	342,898
Midwest	554 (86%)	647	483,643 (93%)	517,726
New England	213 (80%)	267	196,646 (84%)	232,936
New York/New Jersey	193 (69%)	280	513,866 (90%)	568,607
Northwest/Alaska	60 (86%)	70	106,456 (89%)	120,089
Pacific/Hawaii	111 (82%)	136	355,622 (80%)	441,104

PHA characteristic	Survey completion (Weighted by # of PHAs)		Survey completion (Weighted by # of total units)	
	Completed	Total	Completed	Total
Rocky Mountains	143 (83%)	173	70,242 (81%)	86,828
Southeast/Caribbean	761 (80%)	947	559,398 (77%)	729,752
Southwest	674 (80%)	847	341,482 (87%)	394,263

Source: Web survey of PHA Engagement with Homeless Households (2012), 2011 Point-in-time count data from Homeless Data Exchange

Sample Size: 3,985 PHAs in study universe. 31 PHAs missing metro variable (representing 13,998 or 0.4% of total units), 79 PHAs missing homeless counts (representing 27,051 or 0.8% of total units), 1 PHA missing census region

Notes: Verifying PHAs missing CoC Point-in-Time count data.

To determine whether there were statistically significant differences in the four characteristics between PHAs that did and did not complete the survey, we conducted t-tests. Then, to decide whether to weight the data or not, we conducted sensitivity analyses to see how different response rates and assumptions about differences in prevalence of population characteristics would affect the difference between weighted and unweighted census results. The sensitivity analyses did not reveal any meaningful differences in results, when weighting data was based on any of the four key PHA characteristics. Therefore, we decided not to weight the census data for analysis.

## Follow-up survey

### Selecting the Sample

To determine the PHAs to include in the follow-up survey, we divided the PHAs that responded to the web survey into two groups—PHAs with a strong general preference or a limited set-aside and PHAs that did not meet either of those criteria. For PHAs with a strong general preference or limited set-aside, we decided that the type of preference and the size of the PHA were two of the most important factors on which to base our PHA selection. We split out the type of preference into three categories: strong general preference only, limited preference only, or both kinds of preferences. We also created three different PHA size categories based on their total HCV and public housing units: large (greater than 5,000 units); mid-size (501-4,999 units); and small (500 or less units). Based on this categorization of the PHAs, we had nine distinct categories to sample from.

In 2012, roughly 40 percent of homeless people were counted in the 50 largest cities in the United States. Another 40 percent were counted in smaller cities, suburbs, or regional CoCs, leaving 20 percent counted in Balance of State or Statewide CoCs—consisting largely of rural areas. Using HMIS data as a guide, 75 percent of homeless people are located in “principal cities,” with the remaining 25 percent located in suburbs or rural areas.

Given the greater effect that larger PHAs have on national trends for PHA programs and on homelessness, we decided to allocate more of the sampling slots to mid-size and larger PHAs, while at the same time making sure to include some smaller PHAs to understand how the functioning of preferences might vary with the size of the PHA. We excluded PHAs in U.S. territories, as well as PHAs with less than 100 units. With larger PHAs, we decided to sample all five PHAs with over 5,000 units that had a strong general preference, as well as all seven PHAs that had over 5,000 units and both a strong general preference and a limited preference. For the large PHAs with only a limited preference, we purposively sampled the two PHAs in the group that did not participate in the CoC (Louisville and

Denver), as well as Los Angeles City PHA. We then randomly selected 15 of the remaining 27 PHAs in this group.

Among mid-size PHAs (501-5,000 units), we randomly selected 12 PHAs with only strong general preferences and 5 PHAs that had both types of preferences. For PHAs that had only a limited preference, we purposively selected the top five PHAs in the category in terms of the number of reported units allocated to the limited preference and then randomly sampled an additional 8 PHAs. For small PHAs (500 units or less), we randomly selected five PHAs from each preference type.

In selecting PHAs to interview that did not have strong preferences, we decided to focus on PHAs deemed by HUD to be in locations where a focus on efforts to end homelessness is particularly important for meeting the goals of the federal Ten-Year Plan to End Homelessness.<sup>30</sup> We then randomly selected 50 of the 86 priority PHAs with weak or no general preferences and no set-asides.

### Choosing Sample Replacements

If we were unable to reach the primary contact at a PHA after multiple phone and email attempts or the contact refused to participate in the survey, we selected a replacement PHA from the sampling frame using the following guidelines (ordered by priority):

1. *Choose replacement PHA from the preference group that the non-responder was in.*
  - a. If non-responder was in the “Priority PHA, no or weak preferences” group, choose a replacement PHA from that group.
  - b. If the non-responder was in the “Strong Preferences” group, try to replace that PHA from within the same preference combination group (e.g., if the non-responder was a mid-sized PHA with a strong general and limited preference, replace it with another PHA that was in that size and preference category but was not initially selected)
2. *Within the preference/no preference pools, try to select a similarly sized PHA*
  - a. With the size of the PHA (in terms of total units) being a key characteristic, we tried to replace PHAs with ones of similar size.
3. *Within similarly sized PHAs, try to select a replacement from within the same state if possible.*
  - a. To help preserve the regional geographic diversity of the sample, if there were PHAs in the same state of similar size to the non-responder, we gave preference to those PHAs as replacements.

Thus, the goals of the replacements were generally to replace a non-responder with a PHA that had the same preferences, size, and state. Because the telephone interview was a purposive sample though, these criteria should not be seen as absolute rules, and a few replacement PHAs were chosen according to study needs.

# Appendix C. Follow-up Telephone Survey Instrument

## Follow-up Survey of PHA Engagement With Homeless Households

Thank you for agreeing to participate in this follow-up survey to the recent Web Census of PHA Engagement with Homeless Households. I believe you have reviewed my email and have a sense of the topics that we will cover today. Depending on how your agency is organized, I would be happy to talk with different people about the different programs you operate. As we go through the interview questions, feel free to let me know if another person is more appropriate for answering some sections or questions. This survey was approved by the Office of Management and Budget (OMB). The OMB control number is 2528–0291 and expires on May 13, 2015. We estimate that the survey will take approximately 1 hour to complete.

The first part of the interview will explore the [NAME OF PHA]'s involvement in addressing homelessness in [NAME OF COMMUNITY], including your participation in communitywide planning and policymaking and any partnerships you have with particular organizations that work with people experiencing homelessness.

Next, I will ask some follow-up questions to your responses to the Web Census on your preference systems for admission to the Housing Choice Voucher (HCV) and Public Housing programs. Then, we will talk about barriers that homeless people may encounter in using the HCV and Public Housing programs. Finally, I may ask you some questions about other programs that [NAME OF PHA] administers.

As I mentioned before, there may be other staff within [NAME OF PHA] who are better suited to answer questions on some categories. I would be happy to speak with them.

Do you have any questions before we begin?

Agency and Respondent Information. [PRE-FILLED FROM WEB CENSUS. NOTE WHO PARTICIPATED IN THIS TELEPHONE INTERVIEW, ADDING NAMES AND CONTACT INFORMATION AS NEEDED]

- Public housing agency (PHA) name: \_\_\_\_\_ PHA ID number: \_\_\_\_\_
- Move to Work (MTW) designation: \_\_\_\_\_
- Primary contact name: \_\_\_\_\_ Title: \_\_\_\_\_
- Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_
- Other contacts from Web Census: \_\_\_\_\_
- Responder #2 name: \_\_\_\_\_ Title: \_\_\_\_\_
- Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_
- Responder #3 name: \_\_\_\_\_ Title: \_\_\_\_\_
- Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_
- [Fill-in from Census: PHA DOES/DOES not HAVE MTW AUTHORITY.]

[IF AGENCY IS AN MTW PHA, PRE-FILL RESPONSES TO WEB CENSUS G.1.1, G.1.1.a, G.1.2, G.1.3, AND G.1.4 SO INTERVIEWER KNOWS THIS INFORMATION UP-FRONT AND CAN PROBE FURTHER DURING THIS CENSUS.]

G.1.1.	MTW site (Y/N)	
G.1.1.a.	Description of program:	
G.1.2.	How did the authority granted to you under MTW enable you to implement this type of program?	
G.1.3.	Could the PHA have done without being an MTW site?	
G.1.4.	If no, what regulations would need to be changed to allow for non-MTW sites to implement these programs?	



## Section 1. PHA Role in the Continuum of Care and With Specific Partner Programs

### 1.A. PHAS THAT PARTICIPATE IN THE CONTINUUM OF CARE

1.A.1. On the Web Census, you or one of your colleagues told us that [NAME OF PHA] participates in the Continuum of Care (CoC) for [NAME OF COMMUNITY TO BE FILLED IN FROM NATIONAL LIST OF CoCs] or in another planning body that attempts to end homelessness. You indicated that . . .

Can you give me more details about your participation? How would you characterize the PHA's role? What meetings do you participate in? Has your PHA made any commitments as a result of being part of the CoC or as part of another planning effort?

1.A.2. Has the CoC (or another planning body) identified a particular group of people experiencing homelessness on which to focus the community's efforts to reduce homelessness? By a particular type, I mean a subpopulation within those experiencing homelessness—for example, people with chronic patterns of homelessness, homeless people with disabilities, homeless families with children, homeless veterans, or youth aging out of foster care. If so, please describe and explain.

1.A.3. Has [NAME OF PHA] been asked to provide or volunteered to provide a specific number of public housing units or voucher over some period of time specifically for individuals or families experiencing homeless? (I don't mean to include here special-purpose vouchers [SPVs] allocated to the PHA by the U.S. Department of Housing and Urban Development [HUD], such as HUD-Veteran Affairs Supportive Housing [VASH].) If so, how many and which program or programs? [IF NO unit or voucher goals, SKIP TO 1.A.7.] Over what period of time?

1.A.4. Are the public housing unit or voucher commitments for homeless people in general or for particular type or subpopulation of homeless people? Please explain.

1.A.5. Do you think you will meet these public housing or voucher commitment goals? If not, what are the challenges or barriers to achieving them?

1.A.6. Has the PHA begun to provide these public housing units or vouchers? If not, why not? If yes, what activities has the PHA undertaken to implement those goals? Are they reflected in your Annual Plan?

1.A.7. Overall, what would you say is [NAME OF PHA]'s most important role in addressing homelessness?



1.A.8. Are there any changes you would recommend to the communitywide effort to plan and implement a strategy for ending homelessness in [NAME OF COMMUNITY]? Is there anything that would make [NAME OF PHA]'s participation more effective? If so, please explain.

**1.B. PHAS THAT DO NOT PARTICIPATE IN THE COC**

1.B.1. For more than a decade, HUD has encouraged local housing and supportive service providers to work together to develop a strategy to address homelessness through a planning process referred to as the *Continuum of Care*. On the Web Census, you told us that [NAME OF PHA] *does not* participate in the CoC for [NAME OF COMMUNITY TO BE FILLED IN FROM NATIONAL LIST OF CoCs] or in another community planning body that attempts to end homelessness. Is that correct? [IF NO, GO BACK TO 1.A.]

1.B.2. Has your PHA ever in the past participated in the CoC or another planning and policymaking effort that attempts to end homelessness? If you did, why did your participation end?

1.B.3. In your view, are there problems or weaknesses in the way in which the local effort to end homelessness is organized or has been designed? Please explain.

1.B.4. In your view, does [NAME OF PHA] play an important role in addressing homelessness?

1.B.5. [IF YES TO 1.B.4.] What is that role?

1.B.6. [IF NO TO 1.B.4.] Why not?

1.B.7. Are there reasons you have not touched on already that [NAME OF PHA] has not been more active in addressing homelessness?

1.B.8. Are there changes (environmental, fiscal, statutory, or other) that you think would lead your PHA to participate in efforts to end homelessness?

**1.C. PHA EXPERIENCE WITH COMMUNITY PARTNERS PROVIDING SERVICES TO HOMELESS PEOPLE**

1.C.1. In the Web Census, your PHA indicated that it has formal or informal relationships (*formal* meaning there is a Memorandum of Agreement or Memorandum of Understanding between agencies, and *informal* meaning there is no formal arrangement, just a partnership) with community organizations that provide services to homeless people to...

Please give me the name of each of the partnership programs or partner organizations and whether your relationship is formal or informal.

Name of Partnership program or organization	Informal/Formal?
<i>For example, Partner A</i>	<i>For example, Informal</i>

Partner: _____	Describe:
1.C.2. Subpopulation served	
1.C.3. PHA role in partnership	
1.C.4. Have a specific number of units been committed to partnership? If so, how does it work?	
1.C.5. Are “reserved” units first come, first served, or are they designated in certain type of properties?	
1.C.6. When is housing assistance provided?	
1.C.7. Does the partnership provide transition-in-place projects with project-based units?	
1.C.8. Any special arrangements with Low Income Housing Tax Credit (LIHTC) projects to link vouchers to PSH or other units?	
1.C.9. Do PHA staff provide additional housing services?	
1.C.10. Pros and cons of PHA provision	
1.C.11. Is the housing linked to services?	
1.C.12. Is participation in the services required?	
1.C.13. Service organization role in partnership	
1.C.14. What services does the partner organization provide?	
1.C.15. Have other public agencies committed to the program?	

1.C.16. Do these partners help remove barriers that might otherwise hamper use of HCVs or public housing by homeless people? If so, how?

1.C.17. [FOR PHAS THAT HAVE MTW AUTHORITY]: Is there any way in which the authority granted to you under your MTW Agreement made it easier for you to implement any of these programs or partnerships?

**1.D. [FOR PHAS THAT HAVE MTW AUTHORITY AND ANSWER NO TO WEB CENSUS G.1.1]**

1.D.1. On the Web Census, your PHA indicated that you do not implement any programs specifically aimed at homeless households. Why not?

1.D.2. Has anyone suggested that you use MTW authority for programs that serve homeless households? If so, why did you decide not to do it?

## Section 2. PHA's Preference Systems

**2.A. QUESTIONS FOR PHAS WITH HOMELESS PREFERENCES IN THEIR HCV, PROJECT-BASED HCV, OR PUBLIC HOUSING PROGRAMS [FOR PHAS RESPONDING YES TO ANY OF THE FOLLOWING QUESTIONS ON THE WEB CENSUS: A.2.2, A.2.3, A.3.4, B.3.3, OR B.3.4]**

2.A.1. From the answers your PHA gave on the Web Census, my understanding is that...

Have we understood correctly the information from the Web Census on your admission preferences to the [HCV, Public Housing, and project-based HCV] programs? Please explain anything that is incorrect.

2.A.2. [FOR PHAS WITH MULTIPLE SUBPOPULATION PREFERENCES NOTED ABOVE] Do you have a means by which you rank the different subpopulations with admission preferences?

2.A.3. [FOR PHAS WITH LIMITED PREFERENCES: RESPONSE TO WEB A.2.2 IS YES; A.3.4 IDENTIFIES A HOMELESS PREFERENCE, OR B.3.3 IS YES].

2.A.4. [FOR PHAS WITH LIMITED PREFERENCES FOR VOUCHERS] Please explain how the preference that establishes a specific number of vouchers for a particular population works. Why have you established this preference? How do you manage your wait list or the process for taking in new households to implement the limited preference? What is the process for identifying households that might qualify for that preference? Why do you manage the process that way?

2.A.5. [FOR PHAS WITH LIMITED PREFERENCES FOR PROJECT-BASED VOUCHERS OR PUBLIC HOUSING] Please explain how the preference that establishes a specific number of project-based voucher (PBV) units or public housing units works. How do you manage your wait

list or the process for taking in new households to implement the limited preference? What is the process for identifying households that might qualify for that preference? Why do you manage the process that way?

2.A.6. [FOR PHAS WITH LIMITED PREFERENCES FOR PROJECT-BASED VOUCHERS OR PUBLIC HOUSING] Are the unit or program slots reserved in specific properties? If so, why did you choose those properties? Who determines eligibility for the property?

2.A.7. Please tell me about what features of your wait list and preference system might bring homeless people to the top of the list sooner than if they were not homeless. What changes did you see after you started using a preference for homeless people? Have you seen a large increase in the number of households self-identifying as homeless? If so, how has this affected your workload—for example, time required for verification or documentation of eligibility for preferences? If the PHA takes referrals through the CoC's central intake system or from specific providers, have those providers seen an increase in households applying for assistance through those systems or providers? How have they handled it?

2.A.8. I see that . . .

Please explain why your preferences for homeless people differ between vouchers and public housing. Do you believe that one program is a more effective tool than the other for providing housing for people experiencing homelessness? If so, which do you see as more effective and why?

2.A.9. I see that . . .

Please explain why your preferences for homeless people differ between tenant-based vouchers and PBVs. Do you believe that one program is a more effective tool than the other for providing housing for people experiencing homelessness? If so, which do you see as more effective and why?

2.A.10. Can you provide an estimate of the number of homeless households (or an estimate of the percentage of all the households in your HCV, PBV, or Public Housing program) that are admitted each year because of your preference for homeless people?

2.A.11. Do you anticipate making any changes to the PHA's preference system that might affect homeless people? If yes, explain.

2.A.12. [FOR PHAS THAT HAVE MTW AUTHORITY] Is there anything about your preferences for homeless households that you would not have been able to implement without MTW authority?

**2.B. DEFINITIONS OF HOMELESSNESS [FOR PHAS WITH PREFERENCES—THOSE THAT WERE ASKED 2.A QUESTIONS]**

2.B.1. In your Web Census, you indicated that [NAME OF PHA] uses the following definition of *homelessness* in implementing the preference for homeless households or for a particular type of homeless household. [SUMMARIZE AND CONFIRM PREFILLED WEB CENSUS RESPONSES D.1. and D.2]

2.B.2. Can you offer any insight on why the PHA uses that particular definition?

2.B.3. In your Web Census, you indicated that [NAME OF PHA] uses the following information to determine whether a newly admitted household is homeless.

2.B.4. In your view, does that definition or required documentation limit or prevent you from serving some types of homeless people? If yes, please elaborate.

**2.C. Costs of preferences for homeless people [FOR PHAS WITH PREFERENCES—THOSE THAT WERE ASKED 2.A QUESTIONS]**

2.C.1. To what extent do your homeless preferences affect your ability to serve other households—that is, households that are not homeless but may meet other PHA preferences or have other needs?

2.C.2. Have your homeless preferences created additional costs or burdens to the PHA? If so, please describe.

2.C.3. [IF RESPONDENT HAS IDENTIFIED COST IMPACTS IN RESPONSE TO 2.C.2 ABOVE]: Are there ways that you have mitigated these impacts? Please elaborate.

2.C.4. [IF RESPONDENT HAS IDENTIFIED COST IMPACTS]: Is there anything HUD could do to help your agency reduce the costs associated with maintaining a homeless preference?

2.C.5. Are there positive impacts for your agency or community that you attribute to having a preference for homeless people?

2.C.6. [FOR PHAS THAT HAVE MTW AUTHORITY]: Is there anything about your MTW authority that has made it possible for you to cover or absorb the costs of serving homeless people? Is there anything that has made it possible for you to reduce the costs of serving homeless people?

2.D. Questions for PHAs without homeless preferences [FOR PHAS RESPONDING NO TO WEB CENSUS A.2.2, A.2.3, A.3.4, B.3.3, AND B.3.4]

2.D.1. Have you ever considered establishing a preference for homeless households? Has anyone outside the PHA's staff—such as the PHA's board, the mayor, the city council, local public agencies, or advocacy organizations—ever asked you to consider establishing a preference for homeless people?

2.D.2. If yes, what were the factors that led to your decision not to establish a preference for homeless households? What was the primary factor? What were other important factors?

2.D.3. Has anyone outside the PHA—such as the PHA's board or elected officials or advocacy organizations—ever opposed a preference for homeless people that was proposed by the PHA?

2.D.4. What concerns do or would you have about establishing a homeless preference?

2.D.5. From the answers your PHA gave on the Web Census, you do have preferences in your [HCV or Public Housing program] for some types of households although not for homeless households. According to those answers, you have preferences for households that . . . . Is this accurate?

2.D.6. [ASK IF PHA HAS SEVERAL PREFERENCE GROUPS]. Which of these groups is the most important from the standpoint of the PHA's mission?

2.D.7. What are the reasons it is important for [NAME OF PHA] to serve those households?

2.D.8. If you had a preference for homeless households, would that affect your ability to serve the types of households for whom you now have preferences? How would it do that?

2.D.9. Although you don't have a preference for homeless households, presumably you served some households that were homeless at the time they were admitted to the HCV or Public Housing program. Can you provide an estimate of the number of households each year (or an estimated percentage of all the households in your HCV or Public Housing program) that were homeless at the time they were admitted? [IF ESTIMATE(S) PROVIDED, ASK 2.D.10. AND 2.D.11 OTHERWISE SKIP TO 2.D.12.]

2.D.10. In your Web Census, your PHA indicated that you use the following definition of homelessness in responding to the question on HUD Form 50058 about whether a household was homeless at the time of admission. [SUMMARIZE AND CONFIRM PREFILLED WEB CENSUS RESPONSES D.1, D.1.a and D.2.]

Is that the information on which your estimate of the number of homeless households you serve is based?

2.D.11. In your Web Census, your PHA indicated that you use the following information to determine whether a newly admitted household is homeless. Is that the information on which your estimate of the number of homeless households you serve is based?

2.D.12. In your view, is there anything HUD could do to create more incentives for PHAs to use the HCV or Public Housing program to address homelessness? Please explain.

### **Section 3. Barriers to Using the HCV and Public Housing Programs [ASK THESE QUESTIONS OF ALL PHAS]**

In this section of the survey, we discuss barriers for homeless people in using the HCV and Public Housing programs. If there is anyone else at the PHA who can respond to these questions, please let me know.

3.A.1. In your response to the Web Census, your PHA (identified some/did not identify any) barriers that homeless people may encounter in using HCVs or being admitted to public housing.

3.A.2. [FOR THOSE IDENTIFYING BARRIERS: RESPONSE TO WEB CENSUS F.1.1 INDICATES BARRIERS] You indicated that...

[GO OVER EACH BARRIER BASED ON PRE-FILL RESPONSES TO WEB CENSUS F.1.1.]

Tell me more about why that is a barrier.

3.A.3. [FOR THOSE NOT IDENTIFYING BARRIERS: RESPONSE TO WEB CENSUS F.1.1 IS NONE] Please describe why, in your view, homeless households are able to use HCVs or public housing without significant barriers.

3.A.4. [FOR ALL PHAS] When assisted households have violated program rules and you plan to evict them from public housing or terminate their voucher, do you take any steps to help them avoid becoming homeless?

3.A.5. In your PHA's Web Census, you described some policy, procedural, or programmatic changes that you have made to make it easier to serve homeless people. [SUMMARIZE BASED ON PREFILLED RESPONSE TO WEB CENSUS F.1.3] Tell me more about what you have done and how it has worked.

3.A.6. Have any of the partnership arrangements that we talked about earlier helped you overcome barriers to serving homeless people? If so, how did that work?

3.A.7. [FOR PHAS THAT HAVE MTW AUTHORITY] Has your MTW authority given you the ability to overcome any of the barriers homeless people may face in using the HCV or Public Housing program?

## Section 4: Other Programs Administered by the PHA

In this section of the survey, we discuss other programs administered by the PHA. If there is anyone else at the PHA who can respond to these questions, please let me know.

### 4.A. SPECIAL-PURPOSE VOUCHERS

4.A.1. Based on HUD's administrative records, [NAME OF PHA] has some SPVs. Please confirm that you have [PREFILLED BASED ON HUD INFORMATION]:

- HUD-VASH: [YES/NO]
- Non-Elderly Disabled (NED): [YES/NO]
- 5-Year Mainstream: [YES/NO]
- Family Unification Program (FUP): [YES/NO]

4.A.2. [ASK FOR EACH PROGRAM] Has your experience with serving people with special needs under [NAME PROGRAM] influenced your policies for serving homeless people?

HUD-VASH	
NED	
5-Year Mainstream	
FUP	

4.A.3. Has your experience with people with special needs under [NAME OF PROGRAM] affected your capacity to serve homeless people? Please explain.

### 4.B OTHER PROGRAMS SERVING HOMELESS PEOPLE

4.B.1. Based on your responses to the Web Census, [NAME OF PHA] serves homeless people through one or more programs other than HCVs or Public Housing. You have [NAME OF PROGRAM] and that program serves about [XX] homeless people. [IF NO OTHER PROGRAMS IDENTIFIED AS SERVING HOMELESS PEOPLE, SKIP TO 4.B.5.]



## 4.B.2 Are there any changes to the list of programs the PHA administers?

	4.B.3. Is it easier to use [NAME OF PROGRAM] to serve homeless people than it is to use regular HCVs or public housing? Why or why not?	4.B.4. Are you working with community partners to serve homeless people in [NAME OF PROGRAM]? Please identify the partners and describe how that works.
HOME Tenant-Based Rental Assistance		
State or locally funded rental assistance		
Section 202		
Section 811		
LIHTC units (no rental assistance)		
HUD McKinney-Vento Supportive Housing Program		
HUD McKinney-Vento Shelter Plus Care		
HUD McKinney-Vento Section 8 Single-Room Occupancy Moderate Rehabilitation		
Homeless Prevention and Rapid Re-housing (HPRP)—prevention		
HPRP—rapid re-housing		
Section 8 Moderate Rehabilitation (not McKinney-Vento)		
Rural Housing Service Section 515 housing		
HUD multifamily private assisted housing (Section 8, 236, and so on)		
Housing Opportunities for People with AIDS		
Other [specify]		

4.B.5. Have the partnerships you have built for these programs also improved your ability to serve homeless households with your HCV or Public Housing program?

## Section 5. Closing

5.A. Is there anything else you would like to tell me about concerning [NAME OF PHA]'s engagement with homeless people?

## Appendix D. Full Multivariate Models and Estimates

This appendix includes the following additional information related to the multivariate analyses described in Chapters 2 and 3 of this report.

To support the analysis presented in Chapter 2, we include:

- Key findings: program-related and contextual factors on PHA efforts
- Basic model results with standard errors
- Stepwise results

To support the analysis presented in Chapter 3, we include:

- Key findings: effect of policy factors on PHA efforts
- Full combined model (that is, basic plus all three policy variables) results with standard errors
- Matrix of all policy models (including the combined model and the individual policy-specific models)

### Description of the Multivariate Models

To explore further which PHA characteristics influence PHAs' attempts to serve people experiencing homelessness through their mainstream HCV and Public Housing programs, we undertook a multivariate analysis. This analysis was conducted to help answer one of the primary research questions: What explains the extent of PHA efforts to serve people experiencing homelessness? What types of PHAs are more or less likely to make attempts to serve people experiencing homelessness? Specifically, this analysis was further guided by two questions:

1. Which basic programmatic and geographic PHA characteristics (such as the number of units and the location of the PHA) affect PHAs' likelihood to engage homeless households by:
  - a. Instituting a general preference for homeless households
  - b. Establishing a limited preference for a set number units for homeless households
  - c. Modifying screening requirements on behalf of homeless households
  - d. Doing any of the above three efforts
2. Which institutional relationships or recent policy choices (such as administering SPVs) affect PHAs' likelihood to make special efforts to serve homeless households (according to the four outcomes described in 1a–1d) while controlling for basic programmatic and geographic PHA characteristics?

This appendix presents more detailed information on the models and the full set of multivariate estimates for the results of multivariate analysis summarized in Chapters 2 and 3.

## D–1. Basic PHA Characteristics

In Chapter 2, we presented the key findings of the analysis of the effect of basic program characteristics on PHA efforts to serve homeless households. Exhibit D–1 presents the model showing the effect of basic program characteristics on PHA efforts to serve homeless households. Exhibit D–2 presents a full table of regression results for the models of basic characteristics. The table mirrors that of Exhibit D–1 but additionally reports the standard errors for each parameter estimate. The objective of this analysis was to examine the relationships between a set of PHA characteristics and each of four outcomes:

- Whether the PHA has a general preference for homeless households:
- Whether the PHA has a limited preference for homeless households
- Whether the PHA modifies its screening requirements in favor of homeless households
- Whether the PHA makes any of the above three efforts to engage homeless households

We wanted each model to include the same set of PHA characteristics, even though the regression results suggest the relative importance of each characteristic depends on the outcome. For instance, being a statewide PHA (as in the Arizona Department of Housing or the Virginia Housing Development Authority) is strongly associated with modifying screening requirements in favor of homeless households. In Chapter 2, we speculated that this may reflect collaborations between statewide PHAs and state agencies that serve special needs populations. But whereas this characteristic strongly predicts screening modifications, the regression found no evidence of a statistically significant relationship between statewide PHAs and either general preferences or a limited preference (statewide PHAs are significant for the fourth outcome, principally because this is an “any of the above” outcome that includes screening modifications). This illustrates the necessity to report separate results for each of the four outcomes, as Exhibit D–2 does.

In Exhibit D–2, each outcome (or dependent variable) appears along the header row, and for each outcome, we report the parameter estimate, the standard error of the estimate, and the statistical significance of the estimate. Each estimate corresponds to the independent variables listed along the first column. We have elected to use dichotomous categorical variables in place of continuous variables. For example, instead of using a raw variable describing the number of

units within a PHA (this would be a continuous variable), we use categories such as whether a PHA has between 501 and 5,000 units. With continuous variables, the meaning of parameter estimates is more esoteric and corresponds to the change in the outcome based on a one-unit change in the independent variable. However, with dichotomous categorical variables (such as whether a PHA has between 501 and 5,000 units) and dichotomous outcome variables (as in “yes, the PHA has a preference” or “no, the PHA does not have a preference”), the parameter estimate can be roughly understood as the percent likelihood a PHA with this characteristic would engage in the effort indicated in the column header, relative to PHAs in the reference category (the reference category is the omitted category, which in the case of PHA units, is whether a PHA has fewer than 501 units).

In developing the model, we ran a series of different logistic regressions to examine the changing relationships among the variables. In the early stages of this process, we also employed an automated stepwise model selection procedure. This served primarily as an exploratory exercise as we ultimately opted for a deliberate (substantively driven) model selection approach rather than an automated one. In a stepwise selection procedure, independent variables are added one at a time to the model if they meet a certain threshold (where the  $p$ -value for the  $F$ -statistic is significant at the 50 percent level). After each addition, the procedure runs a series of  $F$ -tests to see whether any of the independent variables in the model can be dropped (if the  $p$ -value for the  $F$ -statistic is not significant at the 10 percent level).<sup>39</sup> In Exhibit D–3, we present the results of this procedure. The table shows, for each outcome, which independent variables were chosen by the stepwise procedure (as indicated by an “x”); variables not chosen by the procedure are grayed out.

Stepwise model selection is a common procedure in multivariate analysis. The procedure is most useful in data mining where the number of independent variables is much larger and it is less clear which of these variables may potentially be important. In those scenarios, stepwise selection can help clear a path through the fog of data. However, in the analysis of PHAs’ efforts to engage people experiencing homelessness, this was not the case. For this analysis, we could use hypotheses driven by expert knowledge to compose the set of independent variables in our model. But as an exploratory exercise, we decided to run a stepwise procedure to see which variables it would choose and to compare that list to our final model. Because our final model of basic characteristics failed the  $F$ -test for general preferences, we were especially interested to see whether a more parsimonious model produced by the stepwise procedure would perform better, and indeed it did: The model for general preferences selected by the stepwise procedure passes the  $F$ -test at the 0.05 level. As Exhibit D–3 shows, this model only includes the administration of PBVs. This was an interesting result, but in its automation, the stepwise procedure is blind to substantive nuances. Our expert judgment cautioned against including PBVs because the causal relationship may be reversed; it’s unclear whether PBVs truly

<sup>39</sup>The procedure described above was run using the SAS regression procedure.

predict limited preferences or whether limited preferences predict PBVs. The stepwise selection procedure also reinforces our decision to exclude several PHA characteristics from the final model, including PHA demand, micropolitan geography, and whether the PHA is in a Balance of State CoC. These variables were not selected in any of the four models by the stepwise procedure. The results for the base model are shown in Exhibit D–2.

## D–2. Policy Choices and Combined Results

Chapter 3 presented the results of multivariate analysis in which three new independent variables were introduced, corresponding to three additional factors that we hypothesized may influence PHAs’ efforts to serve homeless households. The three variables reflect institutional relationships and choices to administer specific programs, and include:

- Whether the PHA has chosen to apply for and administer SPVs for populations that are not homeless but may be difficult to serve, including vouchers for NED households, five-year mainstream vouchers, and the FUP
- Whether the PHA participates in the local CoC or another organized planning body that attempts to end homelessness
- Whether the PHA administers other programs explicitly targeted to homeless households, including VASH among other programs

The model discussed in Chapter 3 and presented in Exhibit D–4 and Exhibit D–5 of this appendix combines these three policy variables with the set of basic PHA characteristics used in the basic model. Adding a new independent variable to the model implies that the regression will now control for this new characteristic. This can change the existing relationships between independent and dependent variables. When controlling for new independent variables, the model may no longer be able to detect a statistically significant effect for an existing independent variable. Alternatively, controlling for a new variable may reduce the unexplained variability in the model and increase the likelihood that it will detect a statistically significant effect for an existing independent variable. In addition, the new variables may be highly correlated with existing ones, which may cause an existing independent variable to lose its statistical significance. Exhibit D–5 presents the full results of this combined model, including the results for both the existing basic PHA characteristics and the three new policy variables. The structure of this table mirrors that of Exhibit D–2.

The analysis in Chapter 3 references the “combined” model, including the set of basic PHA characteristics as well as all three institutional relationships and policy choices. But we also conducted additional regressions, in which only one policy choice was added to the model of

basic PHA characteristics. We present these results in Exhibits D–6 through D–9. Unlike the other tables, each table in Exhibits D–6 through D–9 represents a distinct outcome. Exhibit D–6 describes results for general preferences. Exhibit D–7 describes results for limited preferences. Exhibit D–8 describes results for screening modifications, and Exhibit D–9 describes results for any effort made to engage homeless households. Within each of these four tables, regression results are presented for five different models:

- **Model 1.** The model of basic PHA characteristics (described in Chapter 2)
- **Model 2.** The model of basic PHA characteristics, plus whether the PHA administers SPVs
- **Model 3.** The model of basic PHA characteristics, plus whether the PHA participates in the CoC
- **Model 4.** The model of basic PHA characteristics, plus whether the PHA administers other programs targeting homeless households
- **Model 5.** The “combined” model, including the basic PHA characteristics along with all three policy choices (SPVs, CoC participation, and other programs)

As the exhibits illustrate, controlling for one policy choice versus controlling for all three does make a difference. The estimates and statistical significance may change for both the preexisting basic PHA characteristics and the new policy variables. For instance, in Chapter 3, we explained that CoC participation is a statistically significant predictor of general preferences when the model includes only the basic characteristics and CoC participation. But when controlling for all three policy variables, CoC participation is no longer significant. Instead, administering other programs is the only significant independent variable, suggesting that the two policy choices tend to move in the same direction for general preferences. This can be seen in Exhibit D–6.

**Exhibit D–1 Effect of Program-related and Contextual Factors on PHA Efforts**

	General Preference	Limited Preference	Screening	Any Effort
HCV only (omitted category)				
HCV and public housing	0.01566	–0.01810	–0.00836	–0.01893
Public housing only	0.00710	–0.05552***	0.00214	–0.03225
PHA size: 1–500 units (omitted category)				
PHA size: 501–5,000 units	0.01227	0.07821***	0.04789***	0.11416***
PHA size: 5,001 or more units	–0.00379	0.19839***	0.16264***	0.23779***
PHA geography: metropolitan <sup>a</sup>	0.00400	0.02777***	0.03112***	0.04564***
Homeless in CoC weighted by relative size of PHA less than 1,000 (omitted category)				
Homeless in CoC: 1,000–1,999	–0.04818	0.14344***	0.13683***	0.14517**
Homeless in CoC: 2,000–4,999	0.05145	0.17676***	0.24575***	0.24062***
Homeless in CoC: 5,000–9,999	0.10047	0.32080***	0.04064	0.34234**
Homeless in CoC $\geq$ 10,000	–0.10109	0.72261***	0.40814**	0.54423**
PHA is statewide or regional	0.05814	0.03994	0.25077***	0.17176**
Intercept	0.08523***	0.06933***	0.07312***	0.19128***
PR>F	0.6774	<0.0001***	<0.0001***	<0.0001***
R <sup>2</sup>	0.0024	0.0996	0.0486	0.0595

\* Significant at the 0.10 level.

\*\* Significant at the 0.05 level.

\*\*\* Significant at the 0.01 level.

<sup>a</sup> Other versions of the model distinguished between micropolitan and rural areas. That distinction had no effect, so we dropped it from the final model.

Exhibit D–2: Basic Model Results

	General Preferences			Limited Preference			Modifies Screening			Any Effort		
	Estimate	SE	Sig.	Estimate	SE	Sig.	Estimate	SE	Sig.	Estimate	SE	Sig.
HCV only (omitted category)												
HCV and public housing	0.01566	0.01548		-0.01810	0.01370		-0.00836	0.01584		-0.01893	0.02135	
Public housing only	0.00710	0.01550		-0.05552	0.01372	***	0.00214	0.01586		-0.03225	0.02139	
PHA size: 1–500 units (omitted category)												
PHA size: 501–5,000 units	0.01227	0.01507		0.07821	0.01334	***	0.04789	0.01542	***	0.11416	0.02079	***
PHA size: 5,001 or more units	-0.00379	0.04475		0.19839	0.03960	***	0.16264	0.04579	***	0.23779	0.06173	***
PHA geography: metropolitan	0.00400	0.01178		0.02777	0.01042	***	0.03112	0.01205	***	0.04564	0.01625	***
Homeless in CoC weighted by relative size of PHA less than 1,000 (omitted category)												
Homeless in CoC: 1,000–1,999	-0.04818	0.04765		0.14344	0.04216	***	0.13683	0.04876	***	0.14517	0.06573	**
Homeless in CoC: 2,000–4,999	0.05145	0.06329		0.17676	0.05599	***	0.24575	0.06476	***	0.24062	0.08729	***
Homeless in CoC: 5,000–9,999	0.10047	0.10410		0.32080	0.09211	***	0.04064	0.10652		0.34234	0.14358	**
Homeless in CoC $\geq 10,000$	-0.10109	0.17830		0.72261	0.15776	***	0.40814	0.18244	**	0.54423	0.24593	**
PHA is statewide or regional	0.05814	0.06202		0.03994	0.05488		0.25077	0.06346	***	0.17176	0.08555	**
Intercept	0.08523	0.01433	***	0.06933	0.01268	***	0.07312	0.01467	***	0.19128	0.01977	***
PR>F	0.6774			<0.0001		***	<0.0001		***	<0.0001		***
R <sup>2</sup>	0.0024			0.0996			0.0486			0.0595		

Note: Statistical significance is reported with asterisks, with one asterisk indicating significance at the 0.10 level, two asterisks indicating significance at the 0.05 level, and three asterisks indicating significance at the 0.01 level.



**Exhibit D-3: Results of the Stepwise Procedure for the Basic Model**

	General Preference	Limited Preference	Modifies Screening	Any Effort
HCV and public housing		x		
Public housing only		x		
Administers PBVs	x	x	x	x
Homeless in CoC: 1,000–1,999		x	x	
Homeless in CoC: 2,000–4,999		x	x	
Homeless in CoC: 5,000–9,999		x		
Homeless in CoC $\geq$ 10,000		x	x	
PHA Geography: Metropolitan		x	x	x
PHA Geography: Micropolitan				
PHA is statewide or regional			x	x
PHA Size: 501–5,000 units		x		x
PHA Size: 5,001 or more units		x	x	x
PHA Demand: Low				
PHA Demand: Moderate				
PHA is in a Balance of State CoC				

Note: "X" implies that the independent variable was selected by the stepwise procedure. If the cell is grayed out, then the variable was not selected.

**Exhibit D–4: Effect of Policy or Institutional Factors on PHA Efforts to Serve Homeless Households**

	General Preference	Limited Preference	Screening	Any Effort
Participates in the CoC	0.01814	0.05211***	0.08131***	0.11340***
Administers homeless programs	0.05390***	0.06973***	0.08798***	0.13286***
Administers SPVs <sup>1</sup>	0.00287	0.04997***	0.04176**	0.07643***
HCV only (omitted category)				
HCV and public housing	0.02248	–0.00856	0.00749	0.00209
Public housing only	0.02551	–0.02256	0.04466***	0.03327
PHA size: 1–500 units (omitted category)				
PHA size: 501–5000 units	–0.00493	0.03761***	–0.00483	0.03704*
PHA size: 5,001 or more units	–0.03435	0.12651***	0.07417	0.10289
PHA geography: Metropolitan <sup>1</sup>	–0.00201	0.01540	0.01862	0.02320
Homeless in CoC weighted by relative size of PHA less than 1000 (omitted category)				
Homeless in CoC: 1,000–1,999	–0.07331	0.09497**	0.07384	0.05099
Homeless in CoC: 2,000–4,999	0.02908	0.12746**	0.18447***	0.14965*
Homeless in CoC: 5,000–9,999	0.08010	0.26666***	–0.02785	0.24125*
Homeless in CoC $\geq$ 10,000	–0.12149	0.67792***	0.35637**	0.46555*
PHA is statewide or regional	0.05901	0.03663	0.26019***	0.17475**
Intercept	0.06651***	0.03430***	0.02606*	0.12138***
PR>F	0.0194**	<0.0001***	<0.0001***	<0.0001***
R <sup>2</sup>	0.0083	0.1249	0.0819	0.0994
<p>* Significant at the 0.10 level.  ** Significant at the 0.05 level.  *** Significant at the 0.01 level.  <sup>1</sup> We considered VASH to be a homelessness program rather than an SPV.</p>				

**Exhibit D–5: Combined Model Results (With All Three Policy Variables)**

	General Preferences			Limited Preference			Modifies Screening			Any Effort		
	Estimate	SE	Sig.	Estimate	SE	Sig.	Estimate	SE	Sig.	Estimate	SE	Sig.
Participates in the CoC	0.01814	0.01469		0.05211	0.01288	***	0.08131	0.01488	***	0.11340	0.01990	***
Administers homeless programs	0.05390	0.01606	***	0.06973	0.01408	***	0.08798	0.01626	***	0.13286	0.02175	***
Administers SPVs <sup>1</sup>	0.00287	0.01872		0.04997	0.01641	***	0.04176	0.01896	**	0.07643	0.02536	***
HCV only (omitted category)												
HCV and public housing	0.02248	0.01566		-0.00856	0.01373		0.00749	0.01586		0.00209	0.02121	
Public housing only	0.02551	0.01617		-0.02256	0.01417		0.04466	0.01638	***	0.03327	0.02190	
PHA size: 1–500 units (omitted category)												
PHA size: 501–5,000 units	-0.00493	0.01632		0.03761	0.01431	***	-0.00483	0.01653		0.03704	0.02211	*
PHA size: 5,001 or more units	-0.03435	0.04691		0.12651	0.04112	***	0.07417	0.04751		0.10289	0.06355	
PHA geography: Metropolitan <sup>2</sup>	-0.00201	0.01199		0.01540	0.01051		0.01862	0.01215		0.02320	0.01625	
Homeless in CoC weighted by relative size of PHA less than 1,000 (omitted category)												
Homeless in CoC: 1,000–1,999	-0.07331	0.04841		0.09497	0.04243	**	0.07384	0.04903		0.05099	0.06558	
Homeless in CoC: 2,000–4,999	0.02908	0.06367		0.12746	0.05581	**	0.18447	0.06448	***	0.14965	0.08625	*
Homeless in CoC: 5,000–9,999	0.08010	0.10435		0.26666	0.09147	***	-0.02785	0.10568		0.24125	0.14136	*
Homeless in CoC ≥10,000	-0.12149	0.17835		0.67792	0.15633	***	0.35637	0.18063	**	0.46555	0.24160	*
PHA is statewide or regional	0.05901	0.06427		0.03663	0.05633		0.26019	0.06509	***	0.17475	0.08706	**
Intercept	0.06651	0.01514	***	0.03430	0.01327	***	0.02606	0.01533	*	0.12138	0.02051	***
PR>F	0.0194		**	< .0001		***	<0.0001		***	<0.0001		***
R <sup>2</sup>	0.0083			0.1249			0.0819			0.0994		

Note: Statistical significance is reported with asterisks, with one asterisk indicating significance at the 0.10 level, two asterisks indicating significance at the 0.05 level, and three asterisks indicating significance at the 0.01 level.

<sup>1</sup> For this study, VASH was considered to be a homelessness program rather than a special purpose voucher.

<sup>2</sup> Other versions of the model distinguished between micropolitan and rural areas. That distinction had no effect, so it was dropped from the final model.

Exhibit D–6. Policy Results (General Preferences)

	Model 1	Sig_1	Model 2	Sig_2	Model 3	Sig_3	Model 4	Sig_4	Model 5	Sig_5
Participates in the CoC					0.03269	**			0.01814	
Administers homeless programs							0.05885	***	0.05390	***
Administers SPVs <sup>1</sup>			0.01650						0.00287	
HCV only (omitted category)										
HCV and public housing	0.01566		0.01652		0.01716		0.02222		0.02248	
Public housing only	0.00710		0.00921		0.01302		0.02333		0.02551	
PHA size: 1–500 units (omitted category)										
PHA size: 501–5,000 units	0.01227		0.00779		0.00327		–0.00005605		–0.00493	
PHA size: 5,001 or more units	–0.00379		–0.01443		–0.01400		–0.02983		–0.03435	
PHA geography: Metropolitan <sup>2</sup>	0.00400		0.00328		0.00102		–0.00031856		–0.00201	
Homeless in CoC weighted by relative size of PHA less than 1,000 (omitted category)										
Homeless in CoC: 1,000–1,999	–0.04818		–0.05280		–0.05582		–0.07040		–0.07331	
Homeless in CoC: 2,000–4,999	0.05145		0.04795		0.04374		0.03317		0.02908	
Homeless in CoC: 5,000–9,999	0.10047		0.09638		0.08739		0.08749		0.08010	
Homeless in CoC $\geq 10,000$	–0.10109		–0.10527		–0.10343		–0.12061		–0.12149	
PHA is statewide or regional	0.05814		0.05606		0.06877		0.04628		0.05901	
Intercept	0.08523	***	0.08341	***	0.07746	***	0.06969	***	0.06651	***
PR>F	0.6774		0.6839		0.2799		0.0172	**	0.0194	**
R <sup>2</sup>	0.0024		0.0026		0.0042		0.0074		0.0083	

Note: Statistical significance is reported with asterisks, with one asterisk indicating significance at the 0.10 level, two asterisks indicating significance at the 0.05 level, and three asterisks indicating significance at the 0.01 level.

The numbering in the column headers corresponds to the model run, where: Model 1 = The Base Model, Model 2 = The Base Model, plus SPVs, Model 3 = The Base Model, plus CoC participation, Model 4 = The Base Model, plus administration of other programs, Model 5 = The Base Model, plus all three new variables

<sup>1</sup> For this study, VASH was considered to be a homelessness program rather than a special purpose voucher.

<sup>2</sup> Other versions of the model distinguished between micropolitan and rural areas. That distinction had no effect, so it was dropped from the final model.

Exhibit D–7. Policy Results (Limited Preferences)

	Model 1	Sig_1	Model 2	Sig_2	Model 3	Sig_3	Model 4	Sig_4	Model 5	Sig_5
Participates in the CoC					0.08307	***			0.05211	***
Administers homeless programs							0.09463	***	0.06973	***
Administers SPVs <sup>1</sup>			0.07858	***					0.04997	***
HCV only (omitted category)										
HCV and public housing	-0.01810		-0.01403		-0.01274		-0.01277		-0.00856	
Public housing only	-0.05552	***	-0.04549	***	-0.03779	***	-0.03532	**	-0.02256	
PHA size: 1–500 units (omitted category)										
PHA size: 501–5,000 units	0.07821	***	0.05688	***	0.05808	***	0.05750	***	0.03761	***
PHA size: 5,001 or more units	0.19839	***	0.14773	***	0.17738	***	0.15720	***	0.12651	***
PHA geography: Metropolitan <sup>2</sup>	0.02777	***	0.02434	**	0.02083	**	0.02041	*	0.01540	
Homeless in CoC weighted by relative size of PHA less than 1,000 (omitted category)										
Homeless in CoC: 1,000–1,999	0.14344	***	0.12142	***	0.12635	***	0.10904	***	0.09497	**
Homeless in CoC: 2,000–4,999	0.17676	***	0.16010	***	0.15338	***	0.14809	***	0.12746	**
Homeless in CoC: 5,000–9,999	0.32080	***	0.30130	***	0.28256	***	0.30062	***	0.26666	***
Homeless in CoC ≥10,000	0.72261	***	0.70271	***	0.71152	***	0.69244	***	0.67792	***
PHA is statewide or regional	0.03994		0.03006		0.05614		0.01757		0.03663	
Intercept	0.06933	***	0.06067	***	0.04763	***	0.04810	***	0.03430	***
PR>F	<0.0001	***	<0.0001	***	<0.0001	***	<0.0001	***	<0.0001	***
R <sup>2</sup>	0.0996		0.1064		0.1144		0.1149		0.1249	

Note: Statistical significance is reported with asterisks, with one asterisk indicating significance at the 0.10 level, two asterisks indicating significance at the 0.05 level, and three asterisks indicating significance at the 0.01 level.

The numbering in the column headers for the model run, where: Model 1 = The Base Model, Model 2 = The Base Model, plus SPVs Model 3 = The Base Model, plus CoC participation, Model 4 = The Base Model, plus administration of other programs, Model 5 = The Base Model, plus all three new variables

<sup>1</sup> For this study, VASH was considered to be a homelessness program rather than a special purpose voucher.

<sup>2</sup> Other versions of the model distinguished between micropolitan and rural areas. That distinction had no effect, so it was dropped from the final model.

Exhibit D–8. Policy Results (Screening Modifications)

	Model 1	Sig_1	Model 2	Sig_2	Model 3	Sig_3	Model 4	Sig_4	Model 5	Sig_5
Participates in the CoC					0.11256	***			0.08131	***
Administers homeless programs							0.12602	***	0.08798	***
Administers SPVs <sup>1</sup>			0.07981	***					0.04176	**
HCV only (omitted category)										
HCV and public housing	-0.00836		-0.00423		0.00043454		0.00118		0.00749	
Public housing only	0.00214		0.01233		0.02792	*	0.02749	*	0.04466	***
PHA size: 1–500 units (omitted category)										
PHA size: 501–5,000 units	0.04789	***	0.02623		0.02083		0.01645		-0.00483	
PHA size: 5,001 or more units	0.16264	***	0.11120	**	0.13235	***	0.10263	**	0.07417	
PHA geography: Metropolitan <sup>2</sup>	0.03112	***	0.02764	**	0.02324	*	0.02331	*	0.01862	
Homeless in CoC weighted by relative size of PHA less than 1,000 (omitted category)										
Homeless in CoC: 1,000–1,999	0.13683	***	0.11446	**	0.11065	**	0.08979	*	0.07384	
Homeless in CoC: 2,000–4,999	0.24575	***	0.22883	***	0.21490	***	0.20674	***	0.18447	***
Homeless in CoC: 5,000–9,999	0.04064		0.02083		-0.00952		0.01301		-0.02785	
Homeless in CoC $\geq 10,000$	0.40814	**	0.38792	**	0.39462	**	0.36695	**	0.35637	**
PHA is statewide or regional	0.25077	***	0.24074	***	0.28215	***	0.22182	***	0.26019	***
Intercept	0.07312	***	0.06433	***	0.04098	***	0.04657	***	0.02606	*
PR>F	<0.0001	***	<0.0001	***	<0.0001	***	<0.0001	***	<0.0001	***
R <sup>2</sup>	0.0486		0.0541		0.0707		0.0688		0.0819	

Note: Statistical significance is reported with asterisks, with one asterisk indicating significance at the 0.10 level, two asterisks indicating significance at the 0.05 level, and three asterisks indicating significance at the 0.01 level.

The numbering in the column headers corresponds to the model run, where: Model 1 = The Base Model, Model 2 = The Base Model, plus SPVs, Model 3 = The Base Model, plus CoC participation, Model 4 = The Base Model, plus administration of other programs, Model 5 = The Base Model, plus all three new variables

<sup>1</sup> For this study, VASH was considered to be a homelessness program rather than a special purpose voucher.

<sup>2</sup> Other versions of the model distinguished between micropolitan and rural areas. That distinction had no effect, so it was dropped from the final model.

**Exhibit D–9. Policy Results (Any Effort)**

	Model 1	Sig_1	Model 2	Sig_2	Model 3	Sig_3	Model 4	Sig_4	Model 5	Sig_5
Participates in the CoC					0.16533	***			0.11340	***
Administers homeless programs							0.18543	***	0.13286	***
Administers SPVs <sup>1</sup>			0.13138	***			.		0.07643	***
HCV only (omitted category)										
HCV and public housing	-0.01893		-0.01213		-0.00737		-0.00635		0.00209	
Public housing only	-0.03225		-0.01548		0.00359		0.00882		0.03327	
PHA size: 1–500 units (omitted category)										
PHA size: 501–5,000 units	0.11416	***	0.07850	***	0.07330	***	0.07272	***	0.03704	*
PHA size: 5,001 or more units	0.23779	***	0.15309	**	0.19195	***	0.15504	**	0.10289	
PHA geography: Metropolitan <sup>2</sup>	0.04564	***	0.03991	**	0.03298	**	0.03163	*	0.02320	
Homeless in CoC weighted by relative size of PHA less than 1,000 (omitted category)										
Homeless in CoC: 1,000–1,999	0.14517	**	0.10835	*	0.10852	*	0.07653		0.05099	
Homeless in CoC: 2,000–4,999	0.24062	***	0.21277	**	0.19711	**	0.18366	**	0.14965	*
Homeless in CoC: 5,000–9,999	0.34234	**	0.30973	**	0.27012	*	0.30206	**	0.24125	*
Homeless in CoC ≥10,000	0.54423	**	0.51094	**	0.52597	**	0.48415	**	0.46555	*
PHA is statewide or regional	0.17176	**	0.15525	*	0.20979	**	0.12852		0.17475	**
Intercept	0.19128	***	0.17680	***	0.14625	***	0.15009	***	0.12138	***
PR>F	<0.0001	***	<0.0001	***	<0.0001	***	<0.0001	***	<0.0001	***
R <sup>2</sup>	0.0595		0.0677		0.0847		0.0837		0.0994	

Note: Statistical significance is reported with asterisks, with one asterisk indicating significance at the 0.10 level, two asterisks indicating significance at the 0.05 level, and three asterisks indicating significance at the 0.01 level.

The numbering in the column headers corresponds to the model run, where: Model 1 = The Base Model, Model 2 = The Base Model, plus SPVs Model 3 = The Base Model, plus CoC participation, Model 4 = The Base Model, plus administration of other programs, Model 5 = The Base Model, plus all three new variables

<sup>1</sup> For this study, VASH was considered to be a homelessness program rather than a special purpose voucher.

<sup>2</sup> Other versions of the model distinguished between micropolitan and rural areas. That distinction had no effect, so it was dropped from the final model.

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