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## ***Chapter 11 – Systems-Level Strategies to Facilitate Access to Vouchers for People Experiencing Chronic Homelessness***

### **KEY CONCEPTS**

**PUBLIC HOUSING AGENCIES (PHAS) ARE REQUIRED** to develop strategic plans that describe how they intend to use their resources.

**THE HOUSING CHOICE VOUCHER (HCV) ADMINISTRATIVE PLAN** provides information on how the PHA operates its HCV program and is a valuable resource for understanding how to use a voucher.

**IT IS HELPFUL TO LEARN WHAT FACTORS** influence and motivate a PHA when trying to build partnerships with it.

**THERE ARE MANY STRATEGIES** that Continuums of Care and homeless advocates can explore to increase access to HCVs.

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# Chapter 11 ***Systems-Level Strategies to Facilitate Access to Vouchers for People Experiencing Chronic Homelessness***

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## ***Collaborating with Public Housing Agencies***

Learning about the plans that public housing agencies (PHAs) are required to develop can help you better understand how the Housing Choice Voucher (HCV) program currently works. In this chapter, you'll read about some innovative, systems-level strategies that can increase access to vouchers for people experiencing chronic homelessness.

All of these strategies rely on transparent partnerships between PHAs, local Continuums of Care (CoCs), and agencies working with people who are homeless.

## ***The Public Housing Agency Plan and the HCV Administrative Plan***

One way to find out how a PHA is administering its HCV program is to review its written documents. The most critical documents are the two plans required by the U.S. Department of Housing and Urban Development (HUD): the PHA Plan and the HCV Administrative Plan. Together, these two plans document the PHA's long-range strategic plans for using the HCV program to meet the housing needs of the community as well as its policies for the day-to-day administration of the program.

### **The Public Housing Agency Plan ([24 CFR 903](#))**

Each PHA is required to have a PHA Plan approved by HUD that describes the agency's overall mission for serving low-income and very low-income individuals and families, and its strategies for using HCV and public housing resources to meet the needs of these households. For example, a PHA is required to state in its PHA Plan if it intends to apply for any new vouchers targeted to special populations, such as homeless veterans or people with disabilities.

In consultation with a resident advisory board, each PHA is responsible for developing a PHA Plan that includes a statement on the housing needs of low-income and very low-income people in the community and explains how the PHA will address those needs.

In addition to getting input from residents, the PHA must conduct a public hearing to discuss the plan and invite public comment. The hearing must be held at a location that is convenient to the residents served by the PHA.

Some PHA Plans may not be very useful. For example, some do not include any data on the housing needs of homeless people or people with disabilities. Or, a PHA Plan may document a significant housing need

## GOOD TO KNOW

### **NEEDS ASSESSMENTS IN PHA PLANS**

A Public Housing Agency (PHA) Plan must include a needs assessment, describing the needs of income-eligible people who live within the PHA's jurisdiction and those people who are on the PHA's waiting lists. This assessment should include information about people experiencing chronic homelessness and other people with disabilities. The data could come from a variety of sources, including the point-in-time annual homeless count and the Homeless Management Information System used by Continuums of Care and homeless providers. This data can be provided in writing before or during a comment period or through testimony at a public hearing.

among chronically homeless people, for example, but may not describe any strategies to meet that need. To address this problem, you should work closely with a PHA to ensure that its PHA Plan — which can be amended if it is not accurate — is complete and responsive to the housing needs of people with disabilities, including those experiencing chronic homelessness. This is one of the best opportunities to ensure that the homeless crisis in your community is documented.

### **The HCV Administrative Plan ([24 CFR 982.54](#))**

Any PHA that receives HCV funds from HUD must develop and make available upon request a HUD-approved HCV Administrative Plan that outlines its policies and procedures for managing the HCV program. At a minimum, the Administrative Plan must describe how HCV households are assisted in locating suitable housing; how calculations are made and the housing assistance payment amounts determined; and what safeguards are in place to prevent the misuse of funds.

The HCV Administrative Plan is the main resource for learning what discretionary policies a PHA has established. It details the policies concerning eligibility criteria, applications, waiting list management, tenant selection policies, housing inspection standards, and PHA administrative responsibilities.

### **How to Get Copies of PHA Plans and HCV Administrative Plans**

These two plans contain valuable information and must be made available to the public. You can ask any local PHA for a copy of its HCV Administrative Plan and its PHA Plan. Some PHAs will supply a complete copy and may even post the plans online. Other PHAs, especially those with few staff members, may only display copies in their office and may charge for making copies of them.

### ***Forming Partnerships to Increase Access***

Many homeless agencies, service providers, and Continuums of Care have developed partnerships with PHAs that have led to increased access to

HCVs by chronically homeless people and improved residential stability for many HCV households. Such relationships leverage the strengths of each agency — combining the PHA’s housing resources with the community organizations’ expertise in working with people who are experiencing chronic homelessness. To be successful, partnerships should be spelled out in writing and incorporate ongoing communication protocols.

### ***Developing a Relationship with a Public Housing Agency***

One of the best ways to get access to vouchers for people experiencing chronic homelessness is to develop a strong working relationship with the PHA. Meet with the executive director, the HCV manager, and members of the PHA board to learn about the PHA’s organizational structure. Discuss the housing needs of chronically homeless people, listen to any PHA concerns and questions, and brainstorm ways to work better together.

Continuums of Care, homeless providers, advocates, and other agencies can serve as great resources to the PHA. Explain the services your agency provides to people experiencing chronic homelessness and describe the CoC and the local homeless system. Invite the PHA to attend and participate in local CoC and homeless planning meetings to learn more. Leveraging this relationship can lead to benefits for many parties. For example, a community agency that provides housing search assistance to chronically homeless voucher holders who are looking for rental units could lead to a shorter housing search time and a faster lease-up, expediting the PHA’s receipt of an administrative fee for that leased voucher.

A strong partnership can put systems in place proactively to help people experiencing chronic homelessness and ease a PHA’s administrative burden. For example, Chapter 7 described how chronically homeless people could request that friends, family members, advocates, or service providers attend the HCV briefing as a reasonable accommodation. Working with the PHA, an agency could help this to become a regular, even encouraged, PHA practice rather than requiring the PHA to process individual requests on a case-by-case basis.

### ***Influencing Housing Choice Voucher Policies***

There may be policies that are impeding the access of homeless people, especially those experiencing chronic homelessness, to HCV housing assistance. Remember that the PHA Plan and the HCV Administrative Plan can be amended. After reading this guidebook and learning more about the HCV program, you may want to approach a PHA to advocate for changes in its HCV policies and procedures.

To work effectively with a PHA, it is important to have a clear understanding of the ways that HCV housing assistance can and cannot be used. The [Code of Federal Regulations](#), [HUD notices](#), and regulations published in the [Federal Register](#) contain very useful information about the HCV program.

## GOOD TO KNOW

### **THINK LIKE A PUBLIC HOUSING AGENCY**

It is important to understand what motivates and influences public housing agencies (PHAs) so that you can build a partnership that works for all parties. For example, PHAs do not receive any federal reimbursement for their time spent during the outreach, application, screening, or housing search processes. Partnerships that help alleviate some of these upfront costs or shorten the housing search time may be especially attractive to a PHA.

Keep in mind that due to federal funding limitations, some PHAs have had to cut staff or limit the availability of assistance. PHAs in this situation may be reluctant to enter into a partnership that they think will increase their workload.

Finally, each PHA is organized slightly differently and will be responsive to different political and environmental pressures. Partnership-building activities should account for these dynamics.

### **AMENDING THE HCV ADMINISTRATIVE PLAN**

When a PHA makes a significant change to its Housing Choice Voucher (HCV) Administrative Plan, the revisions must be formally adopted by the PHA board of commissioners or other authorized PHA officials. Given this, some PHAs may be reluctant to make HCV policy changes that would result in a change to the Administrative Plan.

All policies should be included in the HCV Administrative Plan. However, not all policy changes require an amendment to the plan. It is up to the PHA to establish policies regarding what types of changes constitute a significant amendment to the HCV Administrative Plan.

### ***Innovative Waiting List Preferences***

#### **The Move-Up Preference**

Since the 1980s, CoCs have used HUD homeless assistance grants to create permanent supportive housing (PSH) for people experiencing homelessness. Currently there are almost 404,000 beds across the nation targeted to people experiencing homelessness.<sup>1</sup>

In some cases, PSH programs may be providing assistance to people who no longer need the level of support services provided. In some cases, these people are able to leave the program and move into other housing.

<sup>1</sup> From HUD's 2015 Continuum of Care Homeless Assistance Programs Housing Inventory Count Report: [https://www.hudexchange.info/resource/reportmanagement/published/CoC\\_HIC\\_NatlTer-rDC\\_2015.pdf](https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_NatlTer-rDC_2015.pdf)

However, some people, particularly those with disabilities who rely on limited federal disability benefits, may not be able to afford housing in the community without some type of housing assistance. In summary, in many communities there are people in permanent supportive housing who no longer need the services, but who do still need the rental subsidy.

As part of a “move-up strategy,” PHAs can implement a [limited preference for people residing in PSH](#) who no longer need the level of supportive services provided in the PSH program. This preference can help create ‘flow’ in the system, allowing new people to transition into a PSH project once a current participant has moved up to an HCV.

Homeless providers and CoCs should review the current inventory of PSH in their community and determine how many people would be eligible for a move-up strategy preference. To be effective, the preference should include criteria that require the person to have lived in PSH for a significant amount of time (e.g., three years) and should be based on referrals from homeless or other service providers documenting that the person has built up a positive tenancy history.

Since units funded with CoC Program assistance must meet many of the same standards as in the HCV program (i.e. rent reasonableness, housing quality standards), some preference-eligible people may be able to “lease in place” once they receive a voucher. Remember, PHAs don’t get paid until a voucher is leased in a unit so this option may be particularly attractive to them.

## GOOD TO KNOW

### ***THE IMPORTANCE OF PREFERENCES IN ENDING CHRONIC HOMELESSNESS***

Given the homelessness crisis facing the nation, it is important to encourage public housing agencies to implement preferences that assist people who are homeless to move quickly through the waiting list. Some examples of HCV preferences that may benefit homeless people include:

- People who are experiencing chronic homelessness
- People living in transitional housing or receiving time-limited housing assistance
- Previously homeless people living in permanent supportive housing as part of a move-up strategy
- Previously homeless people living in single room occupancy units

### **The Housing Stability Preference**

The move-up strategy described above targets people in CoC-funded permanent supportive housing who no longer need the same level or types of support services. Another group is those people living in PSH who are receiving individual, person-centered services — the kind of services that are provided to the person regardless of where they are living. Thus, if a person moved from CoC Program-funded PSH to an HCV, the services available to them would remain the same.

With this in mind, PHAs can develop a limited local preference for people who have resided in PSH for an extended period of time (e.g., three years or more) and who are receiving services that are mobile and able to move with them, such as those funded by Medicaid. As with the move-up strategy, this “housing stability” strategy decreases logjams by allowing new chronically homeless residents to move into PSH after current PSH tenants have transitioned to an HCV.

CoCs and homeless providers are encouraged to conduct an analysis of the existing PSH programs and the funding sources for any support services. This analysis should focus on whether these services would continue for recipients who moved into different housing.

### **The Bridge Subsidy Preference**

Given that there aren't sufficient HCVs to meet the housing need, [many states and localities have developed other tenant-based rental assistance programs](#). Often funded by the HOME program or with state or local appropriations, these tenant-based rental assistance programs usually target specific populations such as people experiencing homelessness.

These programs are often referred to as “bridge subsidies” since they are meant to span the gap to HCV assistance. They are usually considered transitional and sometimes are time-limited with the expectation that the household will eventually receive a permanent rental voucher, such as an HCV, and will no longer need the bridge subsidy.

If designed correctly, bridge subsidy programs should mirror the HCV program with regards to rent standards, lease arrangements, tenant share of rent, and housing quality standards. By copying the HCV design features, the program can prepare a household to transition easily from the bridge subsidy to the HCV and in many cases, stay in the same unit.

PHAs can implement a limited preference for bridge subsidy programs or other time-limited programs serving people who are homeless or chronically homeless. This preference allows the PHA to lease a voucher immediately — a benefit to the PHA — and helps the bridge subsidy program to serve additional households.

### **The Rapid Rehousing Preference**

In recent years the federal government has made funding available for communities to provide rapid re-housing (RRH) assistance. This new

## GOOD TO KNOW

### **BRIDGE RENTAL ASSISTANCE PROGRAMS AND LEASING IN PLACE**

Many states and localities have created temporary rental assistance programs using HOME tenant-based rental assistance or other discretionary government funding. These programs are often referred to as bridge rental assistance since they meet a household's housing needs until a voucher is available.

To be most effective, bridge rental assistance policies should mirror Housing Choice Voucher program requirements so that a tenant and owner can seamlessly transition from one subsidy resource to another. By establishing a local waiting list preference for participants in a bridge rental assistance program, a public housing agency can allow these households to lease in place — thereby eliminating the housing search and allowing the agency to start collecting its monthly administrative fee right away.

model provides time-limited rental assistance (usually not more than 24 months and often much less) to a household along with case management and some limited services. The goal of the model is to shorten stays in emergency shelter or on the streets by quickly identifying households and moving them into permanent housing. In most RRH programs the housing is considered permanent, with the household signing a lease and having full rights of tenancy, although the rental assistance is time-limited.

Many communities have chosen to target RRH assistance to those households that will be able to sustain housing on their own with minimal support after the rental assistance ends. However, some communities have chosen to use RRH for people experiencing chronic homelessness as a means to move them out of shelters and off the streets. When the RRH assistance ends, some of these people will be unable to afford to pay for housing on their own, especially if they are relying on federal disability benefits as a main source of income.

Continuums of Care and homeless providers may want to discuss with the local PHA the possibility of a limited preference for RRH programs. As with the PSH described above, most RRH-assisted units already meet the HCV requirements for rent and quality, so a preference would allow RRH households to lease in place and the PHA to receive an administrative fee immediately.

### ***Addressing Eligibility and Move-In Barriers***

Despite a PHA's best efforts, many chronically homeless people who are successful in getting a voucher have a difficult time locating a unit in the



community. If they do find a property owner willing to rent to them, they often face further barriers such as move-in costs, security deposits, furnishings, and utility deposits.

### **Addressing Poor Housing Histories**

One of the major reasons that some owners will not rent to people experiencing chronic homelessness is that they often have poor credit (or no credit) and problematic housing histories. Even though the PHA will be guaranteeing the majority of the rent to the owner through the subsidy payment, owners are still wary of renting to high-risk households.

To help address this issue, some communities have developed education programs that award certificates to people who complete a training in ‘how to be a good tenant.’<sup>2</sup> These tenant education programs usually require participants to attend classes and do homework. The certificates can then be presented to an owner as a way of remediating any past tenancy problems. Some communities are providing these classes to shelter residents and at drop-in centers and have reached out to local realtor networks for endorsement.

### **Assistance with Security Deposits and Move-In Costs**

While HCV assistance subsidizes a household’s monthly rent, the HCV program does not pay for security deposits or other upfront moving costs, such as utility deposits or moving trucks. Owners often charge a security deposit, typically equal to one month’s full rent; if a unit’s total rent is \$1,000, the owner can charge a \$1,000 deposit — which the household is responsible for paying — even if the household’s share of the rent is only \$100 per month. As you may imagine, for households that have been chronically homeless and that may rely on very low fixed incomes, these move-in costs can be significant barriers to moving into permanent housing. This also negatively impacts a PHA’s ability to successfully lease up HCV households.

Continuums of Care and homeless service providers are well positioned to help chronically homeless households overcome move-in cost barriers by leveraging existing resources, such as Emergency Solutions Grants and Supportive Services for Veteran Families. Both programs can pay for security and utility deposits as well as moving expenses. Other options include private or philanthropic dollars to which a CoC may have access; for example, the local United Way or realtors’ association may be interested in pooling funds. Additionally, some cities have allocated portions of their Community Development Block Grant funds to address move-in cost barriers for homeless households.

PHAs may be interested in setting up formal, streamlined referral arrangements with agencies administering funds for move-in costs as a way to increase their lease-up rates among chronically homeless households. Establishing a systematic referral partnership with your local PHA to fund move-in costs for homeless households may also be a compelling reason

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<sup>2</sup> For examples of such trainings, see [Rentwise](#) in Nebraska, and [Rent Right](#) in Vermont.

for the PHA to consider implementing a homeless or chronically homeless waiting list preference in its HCV program.

### ***Data Sharing***

The U.S. Department of Housing and Urban Development requires each CoC to establish and operate a Homeless Management Information System (HMIS). That includes information about the characteristics and service and housing utilization for the people in a community who are experiencing homelessness. The system can also be used to generate reports, evaluate programs, and process intake and referral information as part of a coordinated entry system. HMIS is a valuable tool in working with PHAs and increasing access to HCVs for people who are experiencing chronic homelessness.

### **Public Housing Agency Waiting List Data**

Most PHAs do not have enough vouchers to meet the need in their community, and have created an HCV waiting list. Often these waiting lists are closed and are very long. People experiencing chronic homelessness who have unstable housing may not remember that they are currently on an HCV waiting list. Some people who applied for a voucher in the past may have since begun to experience chronic homelessness.

Continuums of Care and homeless providers may find it useful to determine if there are people currently on the HCV waiting list who are experiencing chronic homelessness. This will help the CoC and the PHA plan for possible preference categories or other interventions.

Sharing waiting list information is not always easy, since PHAs may only provide information to the applicant directly. However, joint “Releases of Information” can enable the PHA and HMIS to share data. By linking these two data sources, the community will become more aware of the local housing needs and better able to develop appropriate strategies.

### **Verification and Documentation**

Documenting a person’s eligibility for HCV is a key component in securing a voucher. HMIS often contains much of the information needed to document a person’s homeless status, disability status, past housing history, and household characteristics. By allowing HMIS-generated documentation to be used by HCV applicants who are experiencing chronic homelessness, PHAs can reduce the amount of time spent gathering information and streamline the verification process.