

## Strategic Objective 3B: Economic Prosperity

### Promote advancements in economic prosperity for residents of HUD-assisted housing

#### OVERVIEW

Residents of HUD-assisted housing often face challenges such as lack of employable skills and low educational attainment levels that limit their ability to become economically self-sufficient and rise out of poverty. The Department recognizes that while some families and individuals will need assistance for longer periods, others are capable, with assistance, of rising out of poverty. A majority of adults receiving rental assistance who are able to work have some income from wages; however, they are most often in the lowest-paying jobs. Further, increasing workplace demands for technical expertise require attention to education and training for both adults and youth, including digital literacy. HUD will utilize its housing platform to expand access to employment and educational services. HUD seeks to significantly increase the economic opportunities available to low-income residents in neighborhoods where it invests, particularly through the Family Self Sufficiency (FSS) program and Section 3<sup>4</sup>.

#### STRATEGIES

- **Build evidence on effectiveness of programs that promote economic self-sufficiency** by evaluating the FSS program through a randomized controlled trial by 2018.
- **Implement an evidence-based evaluation to improve reentry outcomes for formerly incarcerated individuals and their communities.** HUD will assess models that deliver permanent supportive housing linked with employment, behavioral health services, and family unification. HUD is considering options ranging from an evaluation of existing PHA reentry programs to an interagency effort that would involve leveraging private/philanthropic investments to support permanent supportive housing plus services within a pay-for-success framework.
- **Expand the Section 3 Business Registry system nationwide.** A five city pilot, started in in FY 2012 in Detroit, Miami, New Orleans, Los Angeles, and Washington, DC, provides HUD funding recipients with access to a registry of self-certified local Section 3 businesses and has demonstrated promising results in increasing contracts awarded to Section 3 businesses. Expanding the registry nationwide will be supported with training, HUD guidance, and marketing to increase awareness of this resource.
- **Strengthen collaboration between HUD programs to ensure recipients have adequate guidance and technical assistance and that HUD has a coordinated approach to compliance.** Section 3

---

<sup>4</sup> The [Section 3 program](#) requires that recipients of certain HUD financial assistance, to the greatest extent possible, provide job training, employment, and contract opportunities for low- or very-low income residents in connection with projects and activities in their neighborhoods.

compliance is overseen by HUD's Office of Fair Housing and Equal Opportunity (FHEO), but funding is distributed to recipients through other program offices, including the Office of Public and Indian Housing (PIH), the Office of Community Planning and Development (CPD), and the Office of Lead Hazard Control and Healthy Homes. Increased coordination, both with providing technical assistance and resolving compliance issues, will increase the impact that Section 3 has on communities and be responsive to the Office of Inspector General audit findings.

### LEADING THIS OBJECTIVE

Janet Hostetler, *Senior Advisor* for the Office of Fair Housing and Equal Opportunity

Dominique Blom, *Deputy Assistant Secretary*, Office of Public Housing Investments

### MEASURING OUR PROGRESS

To track our progress towards this objective, HUD will monitor the following performance indicators.

- ▶ **Percentage of participants enrolled in the Family Self Sufficiency program that have increased wages**

The [Section 3 program](#) requires that recipients of certain HUD financial assistance, to the greatest extent possible, provide job training, employment, and contract opportunities for low- or very-low income residents in connection with projects and activities in their neighborhoods. The following metrics are related to Section 3.

- ▶ **Percentage of Section 3 residents hired, of total hiring that occurs as a result of Section 3 covered HUD funding**
- ▶ **Percentage of total dollar amount of (construction and non-construction) contracts awarded to Section 3 businesses by covered HUD funding**
- ▶ **Percentage of Section 3 covered funding recipients who timely meet reporting, hiring, and contracting requirements**
- ▶ **Number of self-certified Section 3 businesses in HUD's registry nationwide**

## Strategic Objective 3C: Health and Housing Stability

### Promote the health and housing stability of vulnerable populations.

#### OVERVIEW

Many residents of HUD-assisted housing face health-related challenges, especially the elderly, people with disabilities, homeless people, and those individuals and families at risk of becoming homeless. New studies of the health status of HUD residents show that they have higher rates of chronic health conditions and higher utilization of hospitals and emergency rooms than peer comparison groups. Some may have a criminal record, a history of homelessness, be making the transition out of military service back into civilian life, or be transitioning out of health care treatment settings.

In 2013, one out of every six Americans did not have health insurance. Hardworking families in HUD housing may not get insurance from their employers, and they may not make enough money to afford a plan for their family. Without health insurance, families risk forgoing necessary preventive care or facing economic catastrophe from a major illness.

In January 2014, many more affordable insurance options became available through the new health insurance marketplaces, including, in those states that have opted in, an expansion of Medicaid. When residents of HUD-assisted housing also have health insurance, they gain an additional stepping stone to better health and financial security. This makes for healthier, stronger households and communities.

The Affordable Care Act can help as many as 40 million currently uninsured Americans find greater peace of mind and financial stability that will help them work toward their own goals and dreams. Access to health insurance is important, but so too is access to health care. As the health care system develops new tools to provide better care at a lower cost, new partnerships are needed between housing and the health care system.

Additionally, work led by DOJ and HHS related to enforcement of and compliance with the Supreme Court's *Olmstead* decision<sup>5</sup> reinforces the rights of individuals with disabilities to live, work, and receive services in the greater community in the most integrated setting appropriate to their needs. As a result of *Olmstead*, there is a significant need for affordable, integrated housing opportunities where individuals with disabilities are able to live and interact with individuals without disabilities. Achieving this goal requires an increase in the supply of integrated housing options so that individuals have meaningful choice in where they live, including housing without services and supportive housing with access to voluntary services.

HUD also helps protect the health of residents of assisted multifamily and public housing from both direct and environmental (i.e., second-hand and third-hand) tobacco smoke exposure by encouraging owners of assisted housing, and public housing agencies to issue and implement smoke free policies, and by

---

<sup>5</sup> *Olmstead v. L.C.*, 57 U.S. 581 (1999)

providing outreach and technical support. The Department will enhance those efforts to help reduce the extent of this public health problem among residents of its housing portfolio.

## STRATEGIES

- **Promote health and financial stability of vulnerable populations by identifying opportunities to determine eligibility for Medicaid automatically or routinely.** HUD will use income information collected in HUD funded programs and partner with state Medicaid programs and health insurance navigators.
- **Build evidence on effective models for coupling services with housing** and modify existing and future programs to reflect best practices
- **Improve performance management by enhancing HUD's collection and analysis of data** pertaining to health-related outcomes across HUD-assisted housing programs. Also improve HUD's ability to integrate and/or conduct administrative data matches with other partner federal programs.
- **Assist with enforcement and implementation of the Supreme Court's Olmstead decision**, in collaboration with HHS, DOJ, and state agencies, through facilitating expansion of integrated housing opportunities for people with disabilities transitioning out of institutions/at risk of institutionalization, including people experiencing homelessness.
- **Increase the number of public housing agencies that have issued smoke-free policies.** In accordance with recommendations by the Surgeon General,<sup>6,7</sup> and the systematic review by the Department of Health and Human Services-chartered Task Force on Community Preventive Services on the effectiveness of smoke-free policies,<sup>8</sup> the public health of residents of public housing, both smokers and non-smokers, is improved when the management issues and implements a smoke free policy. Research by the Centers for Disease Control and Prevention indicates that such policies in assisted housing are associated with cost savings.<sup>9</sup> HUD will expand its encouragement of such policies through notices, guidance, outreach and technical support, and track the issuance and implementation of smoke free policies by public housing agencies.

---

<sup>6</sup> The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014; [www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html](http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html)

<sup>7</sup> Reducing Tobacco Use. A Report of the Surgeon General, 2000; [www.cdc.gov/tobacco/data\\_statistics/sgr/2000/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/2000/index.htm)

<sup>8</sup> Task Force on Community Preventive Services. The Guide to Community Preventive Services: What Works to Promote Health?, 2005; [www.thecommunityguide.org/tobacco/Tobacco.pdf](http://www.thecommunityguide.org/tobacco/Tobacco.pdf)

<sup>9</sup> King BA, Peck RM, Babb SD. Cost Savings Associated with Prohibiting Smoking in U.S. Subsidized Housing. *Am J Prev Med.* 2013 Jun;44(6):631-4; [www.ncbi.nlm.nih.gov/pubmed/23683981](http://www.ncbi.nlm.nih.gov/pubmed/23683981)

### LEADING THIS OBJECTIVE

Jennifer Ho, *Senior Advisor on Housing and Services*, Office of the Secretary

### MEASURING OUR PROGRESS

To track our progress towards this objective, HUD will monitor the following performance indicators.

- ▶ **Number of successful transitions from institutions through Section 811 Project Rental Assistance program**
- ▶ **Percentage of HUD-assisted residents with public or private health coverage** (source: [National Health Interview Survey](#))
- ▶ **Number of public housing agencies with smoke-free housing policies**