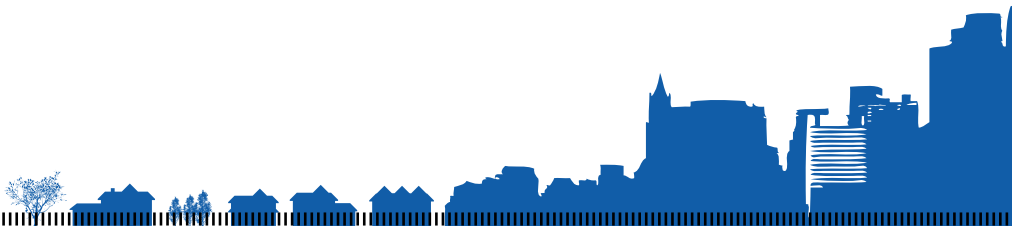


# **Advancing HUD's Learning Agenda through Cooperative Agreements with Historically Black Colleges and Universities, Hispanic Serving Institutions, Tribal Colleges and Universities, and Alaska Native/ Native Hawaiian-Serving Institutions**

## **Short White Paper on Housing and Health**



# **Advancing HUD's Learning Agenda through Cooperative Agreements with Historically Black Colleges and Universities, Hispanic Serving Institutions, Tribal Colleges and Universities, and Alaska Native/ Native Hawaiian-Serving Institutions: Short White Paper on Housing and Health**

## **Introduction**

The Office of Policy Development & Research (PD&R) within the U.S. Department of Housing and Urban Development (HUD) recently published a Notice of Funding Opportunity (NOFO) titled *Advancing HUD's Learning Agenda through Cooperative Agreements with Historically Black Colleges and Universities, Hispanic Serving Institutions, Tribal Colleges and Universities, and Alaska Native/ Native Hawaiian-Serving Institutions*. Through this funding opportunity, PD&R seeks to fund quality research that contributes to knowledge on housing and community development and to support minority-serving institutions to conduct housing and community development research important to the communities and students the institutions serve.

Applicants for funding must submit a research project proposal that addresses one of the specific research questions featured in the NOFO.<sup>1</sup> The research questions are broadly organized under seven topic areas: (1) Community Development and Place-Based Initiatives, (2) Disaster Recovery, (3) Fair Housing, (4) Homelessness, (5) Homeownership, Asset Building, and Economic Opportunity, (6) Housing and Health, and (7) American Indian, Alaska Native, and/or Native Hawaiian Housing Needs.

This short white paper is designed to provide a high-level overview of the current state of research within the topic area of Housing and Health, references to foundational studies related to Housing and Health, and the general context for the research questions that are included in this NOFO. This paper is designed to provide potential applicants with a common grounding in the topic as they consider this new funding opportunity.

## **Background**

Housing is at the center of individual and family life, and the neighborhoods and homes in which people live have a major impact on their health and well-being. The U.S. Department of Health and Human Services (HHS) defines social determinants of health (SDOH) as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (Healthy People, n.d.). Housing, including but not limited to housing instability and housing quality, is a key SDOH.

Studies have shown that housing stability, affordability, safety, and quality impact residents' health and affect the physical, environmental, and social nature of our communities (Taylor, 2018). HHS' Healthy People 2030 provide a snapshot of the latest research related to specific

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<sup>1</sup> See a full list of the research questions in Section III.G under the subheading “Eligible Research Questions.”

social determinants of health, including but not limited to [housing instability](#) and [quality of housing](#), on their “[Social Determinants of Health Literature Summaries](#)” page.

## **Research Questions of Interest Related to Housing and Health**

HUD is interested in housing and health research proposals that address one the following policy-relevant research questions which are adapted from [HUD’s Learning Agenda](#):

1. How are states with approved Section 1115 Medicaid waivers for the provision of Health-Related Social Needs (HRSN) delivering, or planning to deliver, housing supports to eligible beneficiaries?
2. What are the best models for communities to meet the mental and behavioral health needs of HUD-assisted households, including access to voluntary supportive services?
3. How can communities leverage housing policies and programs to support health, social connection, and overall well-being among older adults?
4. How can housing assistance programs be leveraged to improve maternal and child health outcomes? For example, how can rental assistance programs prioritize pregnant people for housing assistance programs to ensure both mother and child are stably housed at the time of delivery? Can home visiting models promote health or other beneficial outcomes for families with children living in HUD-assisted housing?

## **Context for the Research Questions of Interest**

Additional context for each of the four research questions of interest is detailed below.

**Question 1: How are states with approved Section 1115 Medicaid waivers for the provision of Health-Related Social Needs (HRSN) delivering, or planning to deliver, housing supports to eligible beneficiaries?<sup>2</sup>**

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<sup>2</sup> Additional references related to this section:

1. <https://www.medicaid.gov/sites/default/files/2023-11/hrsn-coverage-table.pdf>
2. <https://www.kff.org/report-section/section-1115-waiver-tracker-key-themes-maps/>
3. <https://www.kff.org/medicaid/issue-brief/section-1115-waiver-watch-medicaid-services-for-traditional-american-indian-and-alaska-native-health-care-practices/>
4. <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>
5. [https://www.huduser.gov/portal/sites/default/files/pdf/HousingRecovery\\_CDBG-DR.pdf](https://www.huduser.gov/portal/sites/default/files/pdf/HousingRecovery_CDBG-DR.pdf)
6. <https://www.kff.org/medicaid/issue-brief/medicaid-authorities-and-options-to-address-social-determinants-of-health-sdoh/>
7. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10986195/>

The opportunity for states and local jurisdictions to use an approved Section 1115 Medicaid waiver<sup>3</sup> to address housing and other social needs is one of the most significant opportunities to emerge this decade for addressing adverse social conditions that contribute to the poor health of their most vulnerable residents. Innovative strategies underway in a growing number of states indicate a large appetite for addressing allowable housing-related needs with Medicaid funds (e.g., finding and securing housing, moving costs, security deposits, application and inspection fees, utility activation fees, home remediations that are medically necessary such as air filtration, air conditioning or ventilation, refrigeration for medications, carpet replacement, mold and pest removal, wheelchair accessibility ramps, handrails, grab bars, nutrition counseling and case management). In 2024, HHS and HUD provided technical assistance to eight states and the District of Columbia through the Housing and Services Partnerships Accelerator to facilitate peer-to-peer learning and sharing innovative strategies for implementing the use of Medicaid waivers for health-related social needs.<sup>4</sup> While the use of Medicaid waivers for *health-related social needs (HRSN)* has accelerated in some communities, collaborations between health and housing sectors, and between state and local entities in other communities, have been slower and have been complicated by a lack of organizational infrastructure, insufficient guidance, and a lack of integrated data systems to support these activities.

As a more recent policy innovation, research on the experience with waivers is thin and anecdotal and therefore the potential opportunities for further research are numerous. Applicants are encouraged to address this research question with rich, compelling observations and analysis of how the Section 1115 Medicaid waivers for HRSN are being implemented and experienced in their community. What is currently underway or planned? Are the Section 1115 Medicaid waiver demonstrations for HRSN working well, and, if not, what can they be improved? How are states implementing the waiver, and what is their experience? Who is benefiting? How has data integration between health and housing state and local agencies been used to support the innovative use of the waivers for housing related services? HUD is interested in research that can identify successes that are worthy of replication, as well as documentation of the struggles with implementation that have made achievement of goals harder to obtain.

**Question 2: What are the best models for communities to meet the mental and behavioral health needs of HUD-assisted households, including access to voluntary supportive services?**

Researchers have described a bi-directional relationship between poverty and poor mental health, but there is some evidence that programs designed to address poverty may improve mental health

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<sup>3</sup> Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serve Medicaid populations. [About Section 1115 Demonstrations | Medicaid](#)

<sup>4</sup> <https://acl.gov/HousingAndServices/Accelerator>

(e.g., Ridley et al. 2020). There have been several models aimed at meeting the mental and behavioral health needs of communities and HUD-assisted households. Two recent approaches include supportive housing and Housing First models. While supportive housing is a broad term that may cover numerous program models and settings, generally speaking, all supportive housing models include a combination of affordable rental housing with an array of voluntary supportive services designed to support tenancy. There is emphasis on choice, integration into residential neighborhoods, and low barriers to entry (Dohler et al., 2016). Housing First describes a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing without requiring preconditions such as sobriety or minimum income thresholds (HUD, 2024).

A broad body of research shows that supportive housing effectively helps people with disabilities maintain stable housing. Evidence shows that people in supportive housing less frequently use costly systems like emergency health services and state-run psychiatric hospitals and are less likely to be incarcerated (Dohler et al., 2016). HUD has created several programs with supportive services and housing practices in mind. These include the [Section 811 Supportive Housing for Persons with Disabilities](#) and HUD-Veterans Affairs Supportive Housing (HUD-VASH) programs, and guidance for Continuum of Care grantees to implement Permanent Supportive Housing (PSH). PSH refers to permanent housing in which housing assistance and supportive services are provided to households with at least one member with a disability. The Section 811 Supportive Housing for Persons with Disabilities program provides funding to subsidize rental housing with supportive services for very low and extremely low-income adults with disabilities. The HUD-VASH program combines rental assistance via the Housing Choice Voucher program with case management and clinical services provided by the Department of Veterans Affairs for homeless veterans. To date, few supportive housing studies track mental health outcomes. A few more track substance use, but only a handful compare groups with and without supportive housing (Dohler et al., 2016).

While there is an existing body of research on approaches for providing mental and behavioral health services to HUD-assisted households with disabilities and people experiencing homelessness, there is smaller body of evidence on effective models for providing mental and behavioral health services to non-disabled HUD-assisted households. HUD housing assistance may address some of the negative effects of poverty on low-income children by providing higher quality housing, affordability, and better parental mental health, which may impact child mental health (Kull & Coley, 2014). A 2018 study (Fenelon et al.) found that access to housing assistance, particularly public housing, provides mental health benefits for children and adolescents. A scoping review published in 2022 (DeVoss et al.) found improved mental health outcomes across HUD-assisted households, as compared to unassisted households, and identified the following knowledge gaps as opportunities for future research: studies designed to assess causal inference, quantitative studies comparing resident outcomes across housing programs, and

longitudinal studies measuring short- and long-term mental health impacts of redevelopment programs.

HUD is interested in further exploring the benefits of current models across several different contexts and populations, as well as additional models and best practices that meet the mental and behavioral health needs of HUD-assisted households.

**Question 3: How can communities leverage housing policies and programs to support health, social connection, and overall well-being among older adults?**

Nearly 56 million people aged 65 and over live in the U.S., representing almost 17% of the total population in 2021 (U.S. Census Bureau, n.d.). This proportion is expected to grow to more than 21% by 2040 (Administration for Community Living (ACL), 2021). While the poverty *rate* within this group declined over the past 50 years, the *number* of older adults experiencing poverty increased, growing from 3.1 million to 5.8 million since 1974 (Li & Dalaker, 2022). Among older adults, people living alone faced higher rates of poverty than those living with families; Hispanic and African-American women who lived alone saw the highest poverty rates among older adults (ACL, 2021). As with other age groups, older individuals with lower incomes are at higher risk for functional limitations, compared to those with higher incomes (Minkler et al., 2006).

Close to 40 percent of the 4.6 million households HUD serves are headed by one or more individuals aged 62 or over, and this proportion has increased over time: between 1996 and 2022, the share of older adults receiving federal housing assistance rose by 7 percent. This population faces unique challenges that affect their housing stability, health, and quality of life. Many older adults experience mobility challenges, necessitating accessible features (like grab bars, elevators, and ramps), and they often rely on Social Security or other fixed sources of income, making them vulnerable to rising costs of utilities, medical care, or transportation. Many suffer from multiple, chronic conditions, requiring frequent medical care, service coordination, and access to supportive services (e.g., transportation and meal service). Growing attention has also focused on the challenge of social isolation, which can exacerbate mental health conditions like depression and anxiety.

HUD publications have documented the health challenges faced by the older adult population served. For example, [A Health Picture of HUD-Assisted Adults \(2006-2012\)](#) was an analysis of linked administrative records from HUD adult and older-adult assisted housing and data from the National Center for Health Statistics' National Health Interview Survey. [Picture of Housing and Health: Medicare and Medicaid Use Among Older Adults in HUD-Assisted Housing](#) presented analyses of linked administrative records from HUD older-adult assisted housing and data from Medicare/Medicaid claims in 12 jurisdictions across the country in 2008. It is important to understand how local programs are addressing these issues.

HUD is committed to developing innovative strategies to provide older adults who have very low incomes with stable, affordable housing that enables them to remain in their homes as they age. Past and current HUD-assisted programs that specifically aim to support older adults with very low household income include, but are not limited to, the [Section 202 Supportive Housing for the Elderly Program](#), the [HUD Service Coordinator Program](#), the [Assisted Living Conversion Program](#), and the [Older Adult Homes Modification Program](#).

HUD also has several ongoing research efforts related to supporting the well-being of elderly households in HUD-assisted housing. In 2016, HUD launched the *Supportive Services Demonstration for Elderly Households in HUD-Assisted Multifamily Housing*, which was designed as a large, cluster-randomized controlled trial. The demonstration and accompanying research explore whether structured health and wellness supports can help older adults living in privately-owned HUD-assisted housing developments remain in that housing longer, or “age in place.” The demonstration tests the Integrated Wellness in Supportive Housing (IWISH) model, which is a place-based model that pairs an enhanced service coordinator with a non-clinical nurse and health and wellness programming. The [study](#) consists of 40 treatment group properties and 84 control group properties that predominantly or exclusively serve people aged 62 and older. Initially funded for three years (2017-2020), Congress extended the demonstration for two additional years (2021-2023). The second phase of the evaluation builds on the initial phase to measure impacts of the IWISH model for the two-year extension period and for the full six-year demonstration period (2017-2023). Phase 2 also includes exploratory analyses based on program data and interviews with residents of IWISH properties, IWISH staff, and property owners and managers. The results of the Phase 2 evaluation will be summarized in a final report in 2026.

In April 2021, HUD and the Centers for Disease Control and Prevention (CDC) established an interagency agreement (IAA) to leverage opportunities and resources in support of shared agency priorities related to aging in place, which refers to “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.” The priority of the IAA was to assess evidence-informed approaches for affordable housing programs that coordinate health, wellness, and supportive services to help older adults remain healthy, age in their community, and reduce their use of costly health care services. The CDC, with support from the National Network of Public Health Institutes (NNPHI) and the Georgia Health Policy Center (GHPC), conducted a literature review and environmental scan, a review of published evidence reviews, and interviews with CDC Subject Matter Experts (SMEs), which led to the identification of 24 broad categories of interventions with sufficient or strong evidence pertinent to the health of older adults. These interventions were then sorted by highest-level of evidence and one of four options for potential action: 1) physical housing standards and/or enhancements, 2) healthcare system interventions and partnership opportunities, 3) programs and services HUD could offer or partner to provide, and 4) existing community characteristics and services. In their final report, [Evidence-Based Actions to Help HUD-Assisted Older Adults Remain Healthy and Age in Their Community](#), the CDC suggests that options 2) and 3) have the



strongest published and contextual evidence to support their consideration for possible action by HUD and partners.

HUD is interested in further exploring the benefits of promising models or interventions for supporting the health and well-being of low-income older adults, including but not limited to those under the umbrella of healthcare system interventions and partnership opportunities, and programs and services HUD could offer or partner to provide.

**Question 4: How can housing assistance programs be leveraged to improve maternal and child health outcomes? For example, how can rental assistance programs prioritize pregnant people for housing assistance programs to ensure both mother and child are stably housed at the time of delivery? Can home visiting models promote health or other beneficial outcomes for families with children living in HUD-assisted housing?**

Housing's influence on maternal and child health is increasingly recognized as an important relationship. Notably, for the first time in the agency's history, [HUD's Strategic Plan \(FY2022-2026\)](#) includes a strategy focused on improving maternal and child health outcomes (see Objective 4C, page 57). Additionally, in June 2022, the White House released a [Blueprint for Addressing the Maternal Health Crisis](#). HUD made several commitments, including research to better understand maternal and child populations receiving federal housing assistance.

Experiences of homelessness exacerbate poor maternal and child health outcomes. Homelessness during infancy is associated with worse infant health and developmental risks (Cutts et al., 2018), and prenatal homelessness has been linked to higher odds of low birth weight and preterm delivery (Cutts et al., 2015). Evidence also demonstrates that infancy is the period of life when a person is most likely to experience sheltered homelessness (Gubits et al., 2015). Public housing agencies (PHAs) can use preferences when determining program eligibility and waitlist order. In February 2014, a study examining the use of PHA preferences to prioritize people experiencing homelessness was published by HUD. The report, entitled [Study of PHAs' Efforts to Serve People Experiencing Homelessness](#), found that approximately one-quarter of all PHAs were attempting to prioritize people experiencing homelessness over other populations when assessing waitlists for housing assistance.

Several studies have also linked poor housing conditions or housing instability to worse maternal and/or infant health outcomes (Reece 2021), including maternal depression and anxiety (Kracht et al., 2024, Marçal, 2024, Sandel et al., 2018, Suglia et al., 2011), fair/poor child and caregiver health (Sandel et al., 2018), child lifetime hospitalizations (Sandel et al., 2018), and low birth weight (Carrion et al., 2014). At an aggregate level, municipal-level rent costs have been linked to higher odds of severe maternal morbidity, especially among mothers with less than a high school education. By contrast, for those with incomes below the poverty line, every additional \$1,000 of annual housing subsidies at the municipal level significantly reduced the risks of maternal morbidity (Muchomba et al., 2022). In Reece's (2021) review article, the author notes that most initiatives to try to address the link between poor housing quality and infant and



maternal health outcomes work best when they are based on existing affordable housing systems. For example, work could be done within the Housing Choice Voucher (HCV) system. In a study by Garg and colleagues (2013) they studied families in Hawaii's Healthy Start Program, which was a program with home visiting to at-risk families. They found that for families receiving a Section 8 Voucher (i.e., an HCV) in the first year of a child's life, there were significantly lower odds of poor maternal mental health at follow-up, even after accounting for poor mental health at baseline.

Home visiting programs, through which healthcare providers offer information, resources, and support to expectant parents and families with young children directly in their homes, have been demonstrated to provide benefits for parents and children in low-income families. Benefits include improved maternal and child health, parenting, child development, and family economic self-sufficiency (Michalopoulos et al., 2017). A recent analysis also indicates home visiting programs are cost effective in the long term (Michalopoulos et al., 2017). Yet, only a few studies have attempted to look specifically at how these programs might benefit HUD-assisted households (e.g., McDaniel et al., 2015).

HUD is interested in adding to the evidence on how housing assistance can be combined with health-based interventions such as home visiting programs to improve maternal and child health outcomes. HUD is also interested in exploring how the administration of existing HUD housing programs could be improved to better support maternal and child health, for example by providing tailored support to pregnant people to ensure that the housing they lease optimizes infant health and safety.

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