



A Statewide Approach for Integrated Supportive Housing in Mississippi



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Executive Summary

Multiple agencies, including development authorities, housing corporations, regional housing authorities, state departments, federally funded contractors and local contracted providers have a role in providing housing and supportive services for individuals with disabilities and life challenges in the State of Mississippi. However, the State lacks a coordinated approach and the infrastructure to address the needs of the State's target populations who are in need of affordable, supportive housing. Given the current lack of a statewide administrative structure:

- There is no coordinated approach to utilizing the resources committed by state and local agencies;
- There is no mechanism for accessing available resources and supports;
- There is no statewide data on housing needs for planning and budgetary purposes;
- The availability of housing appears to be inadequate to meet the need for State-identified target populations, with reliance on agency-specific and sometimes time-limited funding sources; and
- There is no comprehensive inventory of the statewide resources that exist.

Pockets of affordable housing funding exist in Mississippi, but absent a coordinated approach, the State has limited ability to assess the need for supportive housing across disability groups or other State identified target populations, thereby impeding its ability to plan and implement effective strategies to meet these needs. In addition, the lack of a coordinated approach has also resulted in the lack of awareness of the housing resources that do exist in Mississippi or how to go about accessing those resources, which inhibits the State's ability to leverage resources in order to create the most opportunities.

The State of Mississippi, through an appropriation to the Mississippi Department of Mental Health (MDMH), retained the Technical Assistance Collaborative (TAC) to help the State develop a statewide integrated supportive housing (ISH) strategy for people with mental illness, intellectual and developmental disabilities (IDD), addictive disease, Veterans and other high need populations in Mississippi served by agencies such as the Department of Human Services (DHS), Department of Health (DOH), and the Department of Corrections (DOC). ISH refers to safe, secure and affordable housing, where tenancy is not time-limited as long as the resident pays the rent and honors the conditions of the lease. Individualized and flexible support services are available to residents based upon their choices and needs.

As part of this process, TAC convened a strategic planning committee to discuss and identify the challenges and barriers to the availability of supportive housing, and to make recommendations for an organized, statewide supportive housing strategy. Membership of the planning committee consisted of leadership from key state agencies that work with Mississippians who may be in need of supportive housing. TAC also reviewed available sources of information pertaining to federal, state and local resources and affordable housing policy in Mississippi, as well as approaches that other states have taken to organize management of supportive housing resources for people with disabilities and other target populations. TAC interviewed key stakeholders and other informants about possible housing strategies, including staff from state agencies, service providers, housing developers, public housing authorities, and service recipients. As a result of these efforts, TAC assessed: 1) that the State of Mississippi has human service agencies (MDMH, DHS, DOH, DOC, etc.) with the expertise to provide services to individuals with disabilities and life challenges, however, these agencies do not have the expertise to create and provide affordable housing stock to scale; and 2) Mississippi needs a single designated agency to coordinate housing efforts statewide.

TAC's scope of work was limited to recommending housing strategies for Mississippi. A review of services and the availability of service funding were beyond the scope of this report. However, because the availability and quality of services is integral to the success of the integrated supportive housing model, this report does make preliminary observations/recommendations about services for individuals who could benefit from ISH in the State.

The report identifies three key issues that the State should address to improve its ability to meet the integrated supportive housing needs of people with disabilities or other priority populations:

1. The lack of a coordinated integrated supportive housing strategy across State agencies is resulting in missed opportunities to increase affordable housing;
2. There are limited housing resources currently available to meet the affordable housing needs of the State's low income disabled population and other priority populations; and
3. An assessment is needed of the types of services that should be provided to ensure the success of individuals who gain access to integrated supportive housing opportunities.

With limited affordable housing options, many individuals with disabilities and life challenges have had little choice but to live in the limited housing options they could afford, often in less than desirable settings, in un-safe neighborhoods or in more restrictive settings. Others with involved families have had to return to live with them, in some cases losing the instrumental activities of daily living (IADLs) skills they may have acquired while in more independent living and in other cases affirming their families' angst over what would become of them when the families are no longer able to provide them a place to live.

Research has proven, and personal stories continue to validate, that many people with the most severe and complex disabilities can live successfully in integrated, affordable, community settings with the right services and supports. Mississippi's human service agencies recognize the need to create integrated and affordable housing options for the individuals these agencies serve and have been moving in this direction. Examples of progress include the Bridge to Independence (B2i), Money Follows the Person (MFP) Program, and the increase in the number of certified Community Living Providers. However, significant challenges still exist in meeting the integrated supportive housing needs of people with disabilities or other complex situations. With support from the Legislature, Mississippi can build on its progress to date to overcome these challenges.

The recommendations below were informed by numerous interviews with stakeholders representing the continuum of housing and service agencies. While the input was diverse, there were consistent messages about the strengths and shortcomings of the current system that need to be addressed and can be built upon to create recommendations for integrated supportive housing opportunities.

The recommendations are as follows:

1. Designate the Mississippi Home Corporation (MHC) as the lead agency for the statewide housing strategy. As Mississippi's designated Housing Finance Agency, MHC is the only agency in Mississippi where housing is its core mission.
2. The Mississippi Legislature should establish an ongoing interagency housing council and define its role. The ISH Planning Committee could serve as the starting point, adding a few additional tactical members. The objective is to create a body that is responsible and accountable for housing resources and the policy needed to most effectively use those resources. The council should be charged with developing an integrated supportive housing plan and submitting an annual progress report.
3. The Mississippi Legislature should develop and appropriate funds for a state-funded bridge housing subsidy program (HSP). The HSP should be designed to resemble the federal Housing Choice Voucher (HCV) program, and all participants should be required to apply for and transition to a form of federal rental assistance when possible. Individuals who could be eligible for the HSP should be specified in program requirements and should include people with disabilities or other priority populations served by human service agencies such as MDMH, DOM, DHS, DOH and DOC. The HSP should be administered by MHC in coordination with the relevant State agencies.

4. Create and appropriate funds for an ISH Coordinator position to be housed at the Mississippi Home Corporation. The responsibilities for administering and coordinating housing resources across multiple agencies are time-consuming and complex. Allocating these responsibilities to existing staff would result in an ineffective housing strategy.
5. Create and appropriate funds for Housing Support Specialists to assist individuals supported by the bridge housing subsidy program with pre-tenancy and post-tenancy activities.
6. Obtain specific housing needs data for targeted subpopulations and establish criteria for who is in need of integrated supportive housing. While each agency may have some data on the housing needs of individuals the agency serves, there is not a mechanism for aggregating and un-duplicating data across agencies to create a valid and reliable data set. This activity will require clearly defining the target population(s) and establishing criteria for who is in need of ISH.
7. Initiate immediate planning for the U.S. Department of Housing and Urban Development (HUD) FY 2015 811 Project Rental Assistance (PRA) application. PRA funds are awarded to State Housing Finance Agencies to create deeply affordable supportive housing units for people with disabilities within mainstream affordable housing (either existing or to be established) developments financed by the State Housing Agency through programs such as the Low Income Housing Tax Credit (LIHTC) program, the HOME program, state bond financing, etc.
8. Identify additional housing resources with the potential to adopt a disability and homeless preference in accordance with HUD guidance. For example, in July 2013, HUD issued Notice H: 2013-21 in which it clarified that private owners of HUD-assisted Section 8 project-based assistance could request a homeless preference from HUD. As such, private owners and developers whose properties have Section 8 project-based assistance can request a preference from HUD to serve homeless persons. The new ISH Housing Coordinator could convene meetings of owners of such Section 8 HUD-assisted housing to identify a strategy for Mississippi.
9. Work with Public Housing Authorities (PHAs) to establish an Olmstead preference, thereby increasing the possibility that people with disabilities who may be part of an Olmstead class are more likely to access federal rental assistance.
10. Evaluate the adequacy of existing services and funding for services, as well as the need for alternative approaches, to ensure the success of individuals who gain access to supportive housing.

Additional resources will be needed if Mississippi is to commit to a *sustainable pipeline* of integrated, affordable housing and services to meet the need of individuals with disabilities.

Section 1: Introduction

Evidence shows that most people with significant and complex disabilities can live successfully in integrated community settings with access to affordable housing and services suitable to their needs and preferences. Title II of the Americans with Disabilities Act (ADA) and the U.S. Supreme Court Olmstead¹ decision reinforce that people with disabilities have the right to live in the least restrictive, most integrated settings possible, and that states have an obligation to ensure this. Individuals should be offered options for housing and services that optimize autonomy and independence in making life choices. While Mississippi has made progress in serving people in integrated settings, significant challenges still exist in meeting the integrated supportive housing needs of people with disabilities or other priority populations. Recovering from the national recession and the devastation from local disasters such as

1. Olmstead v. L.C. 527 U.S. 581 (1999).

Hurricane Katrina and deadly tornadoes has placed added strain on the State's ability to address these obligations. Nevertheless, similar to the unique circumstances experienced by other states, Mississippi is confronted with the obligation to address the needs of individuals with disabilities despite these challenges.

In May, 2014, the Mississippi Department of Mental Health (MDMH) engaged the services of the TAC, to assist the State in developing a statewide integrated supportive housing strategy for people with limited income and special needs, including mental illness, intellectual and developmental disabilities (IDD), addictive disease, Veterans, older adults and other life challenges. While pockets of housing resources exist in Mississippi, there is no coordinated approach or infrastructure in place to address the affordable, supportive housing needs of the State's target populations. Integrated Supportive Housing is defined as a safe, secure and affordable place to live, as long as the resident pays the rent and honors the conditions of the lease. Individual and flexible support services are available to residents based upon their choices and needs.

TAC's engagement involved several defined tasks within a compressed timeframe, in order to produce a report with recommendations for the Legislature to consider in preparing the 2015 budget. Tasks included: assisting the State in establishing an Integrated Supportive Housing Strategic Planning Committee and making presentations at Committee meetings; interviewing a variety of stakeholders representing housing and support service agencies, service recipients, lenders, developers, and more; conducting an analysis and preparing an inventory of housing resources in Mississippi; and preparing a recommended strategy for a statewide approach to integrated supportive housing for individuals with disabilities/life challenges and limited incomes.

During our review, we identified three key issues that the State should address to improve its ability to meet the integrated supportive housing needs of people with disabilities or other priority populations. These three issues form the basis of recommendations later in the report:

1. The lack of a coordinated supported housing strategy across State agencies is resulting in missed opportunities to increase affordable housing options;
2. There are limited housing resources available to meet the affordable housing needs of the State's low income disabled population and other priority populations; and
3. An assessment is needed of the types of services that should be funded to ensure the success of individuals who gain access to integrated supportive housing opportunities.

Due to the lack of a designated statewide authority, Mississippi does not have readily accessible data on the number of individuals with disabilities and life challenges that may be in need of, and could benefit from, integrated supportive housing. However there are examples of populations who should be assessed to determine the State's supportive housing needs:

- Adults and older adults living in licensed Personal Care Homes, as well as an unknown number living in unlicensed homes;
- Individuals with physical disabilities, mental illness and intellectual/developmental disabilities (IDD) living at home with aging parents/caretakers;
- Older adolescents and young adults with disabilities transitioning out of the child welfare system;
- Individuals residing in state-operated residential programs for adults with mental illness and/or IDD;
- Individuals completing treatment for addictive disease who are not eligible for, or interested in, the Oxford House Model, including men and women who are married and/or have children;
- Individuals with a disability, and families who have a member with a disability, who are interested in, but not yet ready for, home ownership;

- Individuals with a disability who are, or are at risk of being, homeless; and
- Young adults, adults and older adults re-entering the community from state correctional facilities, county jails and community work centers.

It is likely that many of these individuals would be well-served by transitioning to a more independent, integrated affordable living arrangement with readily available individualized services and supports. Quantifying the need should be based on the application of mutually agreed upon eligibility criteria as further discussed in the ‘Recommendations’ section of this report.

Creating opportunities for individuals to move from facility-based settings to integrated community settings requires states to proactively: a) budget for integrated supportive housing, usually through newly appropriated funds; and b) consider statutory, regulatory and administrative changes to accelerate the creation of new integrated and affordable housing opportunities in order to begin to address unmet need. Accordingly, states’ approaches to improve their integrated supportive housing often include a broad range of possible legislative, regulatory, and budgetary measures that are applied depending on state priorities and identified needs. Legislatively driven examples in states have included establishing integrated supportive housing advisory committees and interagency councils on homelessness. Budgetary measures have included the establishment of state-funded rental assistance/bridge subsidy programs, capital funding, and service package development through Medicaid plans and waivers. Regulatory examples include changes to target populations and eligibility criteria within Qualified Allocation Plans (QAPs) developed by state housing finance agencies, which detail the selection criteria and application requirements for developers applying for low income housing tax credits.

States must consider the appropriate balance of housing options for individuals with disabilities in order to provide meaningful choice and be considered integrated. This involves consideration of concentration level, or density, of people with disabilities living in a single site, and to what extent the development of single site or congregate residences is appropriate given the current balance of housing options within the available portfolio of housing. In order to inform the discussion, the U.S. Department of Housing and Urban Development (HUD) issued its own statement on the role of housing in accomplishing the goals of *Olmstead* on June 4, 2013.¹ The statement contained guidance for public housing authorities, housing providers, and other recipients of federal financial assistance from HUD on supporting individuals in integrated settings. This is particularly important in states currently at risk of *Olmstead* lawsuits alleging that individuals with disabilities are in segregated living arrangements, such as state hospitals, nursing homes, or other congregate settings, such as boarding homes or adult care homes. While Mississippi is well aware of *Olmstead* and the possibility of facing litigation, the State is assessing its current housing options and planning for new affordable housing for people with disabilities because leaders believe it’s the ‘right thing to do.’

Section 2: Background

Mississippi has devoted considerable time and effort to begin transforming its community residential service system. The following information is specific to the agencies primarily vested with service provision in the community that is largely separate from the mainstream housing-provider systems in the state.

In 2009, MDMH created a Housing Task Force that was a collaborative effort that identified Integrated supportive housing as the best practice to be explored and developed. This Housing Task Force met during 2010 and 2011 and developed a plan (titled “MDMH Statewide Housing Planning Initiative”) that included several goals which can be seen as laying the groundwork for Mississippi moving forward toward better opportunities for fully integrated community living for individuals with behavioral health or other disabilities.

1. HUD statement of the Department of Housing and Urban Development on the Role of Housing in Accomplishing the Goals of *Olmstead*. <http://portal.hud.gov/hudportal/documents/huddoc?id=OlmsteadGuidnc.060413.pdf>

In February, 2011, MS Division of Medicaid (DOM) was awarded a Money Follows the Person (MFP) Demonstration Grant (called Bridge to Independence or B2i) that started in February, 2012, with funding projected for six years. The grant required the establishment of a state-level committee to work with DOM in implementing B2i and identifying topical work groups to address issues relevant for the initiative, including housing for the B2i target populations. The scope of MFP dovetailed with the work of the Statewide Housing Planning Initiative and many of the same agencies, programs, and individuals who were active in that planning effort were also included in the planning and implementation committee and work groups for MFP. Concurrently, in late 2011, MDMH was successful in creating a new administrative position at the state level to coordinate community living efforts for MDMH. The newly appointed MDMH Director of Community Living was also 'selected' to be the chair of Division of Medicaid's B2i Housing Work Group. Given that the MDMH Housing Planning Committee had completed its report, the decision was made to eliminate duplication by merging that planning committee with the new B2i Housing Work Group.

In July, 2012, the Division of Medicaid (DOM) was approved by CMS to participate in the Balancing Incentive Program (BIP), authorized by Section 10202 of the Patient Protection and Affordable Care Act of 2010. BIP provides states with increased Federal Medical Assistance Percentage (FMAP) funding to incent increased investment in long-term services and supports (LTSS) such as home and community-based waivers, home health, rehabilitation option services provided by community mental health centers, targeted case management, etc. MS received and will continue to receive 5% enhanced FMAP through September 30, 2015; as a requirement for participation, DOM committed to implementing the following CMS-required structural changes:

- A "No Wrong Door" System that plays a key role in the timely coordination of financial and functional Medicaid eligibility and helps individuals navigate both administrative and community-resource barriers to home and community-based services (HCBS).
- Core Standardized Assessment Instruments streamlining and improving data collection for the purposes of placement in Medicaid HCBS programs.
- Conflict-Free Case Management requiring providers of case management services to develop and adopt firewall policies and procedures.

Mississippi's efforts are known as 'Mississippi Access to Care 2.0' and are governed by a stakeholder group that meets quarterly and learning collaborative groups that meet and report at the quarterly meetings. On average 50 representatives from advocacy groups, providers, associations, and state agencies including MDMH attend the meetings.

MDMH's ten-year strategic plan (2010-2020) adopted by the MS Board of Mental Health, includes community living and housing objectives and strategies. This plan is reviewed and updated annually with three-year target dates identified in conjunction with each annual review by the Board. This plan by its nature and intent is specific to work within MDMH but often requires partnerships with other entities to achieve some of the goals and objectives.

In addition, there have been numerous other planning groups, policy academies, and new or renewed funding that has included topic-specific or time-limited planning efforts that have all contributed to the overall planning efforts of the state, such as the Olmstead Policy Academy, BRSS TACS Policy Academy, 811 PRA application process, and others. In June 2013, MDMH learned that Mississippi was one of seven states to be selected to participate in the SAMHSA's 2013 Olmstead Policy Academy, a virtual policy academy to provide technical assistance and access to subject matter experts to help Mississippi develop action plans to increase community integration for people with behavioral health issues. With the help of a lead facilitator assigned to MDMH by SAMHSA, MDMH spent several months developing a one-year action plan with goals and strategies to help promote community integration through improved housing, employment, and recovery support opportunities for people with behavioral health disorders in Mississippi. A team of approximately 30 individuals representing service providers, policy makers, and stakeholders in all three of the targeted areas met to identify actionable strategies that would move services forward in an evidence-based approach. MDMH provided leadership and functional support for the process and was actively involved in the efforts of all three planning groups. The Action Plan moved the system yet another step further along in its transformation, educating

partner agencies and organizations about MDMH's vision for a different approach to supporting individuals with disabilities.

MDMH's efforts to date have resulted in greater opportunities for personal choice and life in the community, particularly for individuals with IDD. The Mississippi Division of Medicaid's B2i initiative has also opened doors for transitioning individuals who meet stringent eligibility criteria from institutional settings to community living, tapping into a limited number of federal Housing Choice Vouchers, which previously had not been available for individuals with special needs. Each agency provided the staff resources and the funding needed to achieve these gains. Neither agency can continue to carry the water alone. Between 2009 and 2011 MDMH received a \$38 million cut to its mental health budget seriously compromising its ability to sustain, much less expand, the continuum of services and supports. Although substantial efforts have been made by individual state agencies to create these limited affordable housing opportunities, the State would achieve more substantial and timely results by designating a single entity to coordinate these efforts as a whole and to manage vouchers, subsidies and/or other potential housing programs.

States should be working to establish integrated supportive housing at scale. To do so, states must mobilize state leadership to develop a plan that lays out state commitments, a cross-agency policymaking process that identifies how new service models will be underwritten, and strategies for directing or reallocating program resources. States must also develop a policymaking apparatus to implement the state's plan. A clearly identified interagency group needs to develop program design, operational strategies, and measurable outcomes. Finally, states would benefit from creating a mechanism for tracking and reporting progress across agencies.¹ Through creation of the statewide ISH Planning Committee, Mississippi is poised to establish the framework and plan to move forward with this opportunity.

Section 3: Other States' Approaches and Models

TAC has extensive experience in studying and evaluating the nation's best practices in integrated supportive housing financing and development, proposing recommended actions for successfully increasing ISH, and developing training materials to assist in financing and developing ISH for extremely low-income persons of all ages with disabilities. 'Permanent supportive housing' and 'integrated supportive housing' both refer to a safe, secure and affordable place to live, as long as the resident pays the rent and honors the conditions of the lease. Individual and flexible support services are available to residents based upon their choices and needs. We have retained the reference to 'PSH' in the examples below as PSH is the term these states use to describe their services.

Based on TAC's comprehensive studies, a number of states have emerged in developing effective PSH models. The states vary in several areas, including targeted populations and eligibility for Medicaid, funding for services and housing, availability of services, capital and operating resources for housing, and preferred models of supported housing. Three of the states studied – North Carolina, Georgia and Illinois - have entered into Settlement Agreements to address *Olmstead* issues that are driving supported housing development efforts and long-term care related policy reforms in those states.

There is no single model for success among these states, and states have organized their approaches to supported housing differently with some coordinated by a single state entity and others shared and coordinated by several agencies. However, within their programs and experiences emerge consistent best practices and themes that TAC has identified as key to a successful strategy that can also support the State of Mississippi in increasing the availability of integrated supportive housing for people with disabilities.

1. RESTORING LIVES: Building Integrated Communities and Strengthening Support. 2012 Olmstead Implementation Best Strategies and Practices Policy Academy Summary, pg. 13 www.samhsa.gov/recovery/docs/Olmstead-Policy-Academy.pdf

Pennsylvania

In Pennsylvania, permanent supportive housing is organized at the county level and uses a cross-disability approach. However, the program tends to reach predominantly the mental health population. Access to affordable housing is through a **Local Lead Agency (LLA) process**, and services are funded primarily through Medicaid-managed care at the county level. Pennsylvania recently implemented the LLA model statewide and is still in the maturation/development stage. In the local efforts to meet the supportive housing needs of mental health consumers, counties establish housing plans to utilize portions of Medicaid savings to reinvest in housing – either through support services, temporary operating support, or capital. The availability of state funding and reinvestment funds has enabled the program to leverage significant other resources. The Pennsylvania Housing Finance Agency's efforts to increase the supply of supportive housing have focused on an extremely low income requirement within its Low Income Housing Tax Credit (LIHTC) Program linked with an incentive for developers to partner with the LLA through a referral agreement.

Louisiana

Following Hurricanes Katrina and Rita in 2005, the State of Louisiana, through its *Road Home Plan*, implemented an initiative to create 3,000 permanent supportive housing (PSH) units across the entire Louisiana Gulf Opportunity (GO) Zone which had been impacted by the hurricanes. The Louisiana PSH program was modeled after similar efforts in the State of North Carolina. The program is guided by **state-level policy and partnerships** that systematically offer access to a pipeline of integrated affordable housing units to a cross-disability population, as well as **an infrastructure for outreach and service coordination**. Both the housing and service components of the initiative are being sustained with mainstream affordable housing and services funding throughout the State, expanding it past the GO Zone area. The state made several changes to Medicaid plans and waivers to ensure the appropriate services were available for individuals moving into scattered-site, integrated housing.

North Carolina

Since 2002, the North Carolina Housing Finance Agency (NCHFA) and the state's Department of Health and Human Services (DHHS) have partnered to create quality, affordable apartments for persons with disabilities linked with community-based services through the state's Targeting Plan Program. HUD's newly established Section 811 Project-Rental Assistance (PRA) Program, developed through the Frank B. Melville Supportive Housing Investment Act of 2010, was modeled in part on the state-sponsored supportive housing project-based operating program (the Key Program) in North Carolina. Nearly 2,500 PSH units – including accessible units – have been created and made available across the state to the DHHS targeted populations, which include extremely low-income households with disabilities including frail elders and persons who have been homeless. Despite this effective model, however, insufficient funding and other issues resulted in a DOJ investigation and subsequent Settlement Agreement with DOJ in 2012 to facilitate the transition of people with disabilities from adult care homes into more integrated settings. The **legislature appropriated funding to support a state-funded, tenant-based rental assistance program and expanded community-based services in order to create supportive housing opportunities** for people with disabilities transitioning from these adult care homes.

Georgia

The State of Georgia also reached a Settlement Agreement with DOJ in 2010 to move people with mental illness and developmental disabilities into more integrated settings. The **legislature funded the Georgia Housing Voucher Program, a state-funded bridge rental subsidy program** for 2,000 people, and significantly expanded services statewide. Medicaid waivers and state plan services were modified to meet the needs of the settlement class. In addition, the Georgia Department of Community Affairs (DCA) was designated as the lead housing agency and engaged in a strategic planning process to support the housing needs of the Department of Behavioral Health and Development Disabilities (DBHDD) under the Settlement Agreement. As part of this process, **DCA allocated additional rental assistance through the state's Section 8 Housing Choice Voucher Program**, targeting disabled individuals who are class members of the Settlement Agreement. In addition, **DCA modified its Qualified Allocation**

Plan, which guides its LIHTC Program, creating incentives to encourage the development of permanent supportive housing options (no more than 20% within a LIHTC-financed, multi-family project) through set-asides for people with disabilities.

Illinois

In Illinois, much of the state-supported housing approach is organized through the Governor's office by a statewide housing coordinator who works in partnership with the Illinois Housing Development Authority (IHDA), other state agencies and local PHAs. In 2007, the Illinois Housing Development Authority (IHDA), in close coordination with the Illinois Department of Human Services (DHS), developed a series of **incentives within its LIHTC Program** to encourage the creation of a steady supply of supportive housing. As a result of these incentives, IHDA's LIHTC Targeting Program has created approximately 550 permanent supportive housing units since 2007. The average annual production of targeted units is approximately 175 supportive housing units per year. In 2008, **the State of Illinois established and implemented a comprehensive supportive housing policy to transition people with mental illness living unnecessarily in restrictive settings (e.g., nursing and mental health facilities) to community-based permanent supportive housing**. Led by the Illinois Department of Mental Health (DMH), this initiative included the **creation of a Bridge Subsidy Program**, modeled after the Section 8 Program, which **linked to permanent Section 8 Housing Choice Vouchers provided by local Public Housing Authorities**. The Bridge Subsidy Program has provided permanent supportive housing linked with Medicaid Rehabilitation Option services for more than 1,000 people with mental illness who are DMH mental health consumers. More recently, three significant *Olmstead* Settlement Agreements are resulting in increased State-funded rental assistance and services to support the move of individuals with mental illness, developmental and physical disabilities, and older adults into more integrated, community-based settings.

New Mexico

New Mexico's permanent supportive housing efforts were initiated through strong leadership at the Secretary level at the Department of Health and Human Services. The former Secretary, and now U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Administrator, viewed supportive housing as a critical intervention needed across all disabilities throughout the human services system. New Mexico's PSH initiative is a **public-private partnership**, which includes the New Mexico Mortgage Finance Agency (MFA), the two homelessness Continuums of Care (CoCs), the Supportive Housing Coalition of New Mexico, mental health and substance use providers and a number of the state agencies who formed the New Mexico Behavioral Health Collaborative. In 2009, New Mexico adopted a **Local Lead Agency (LLA) model** to pre-screen and make timely referrals, manage waiting lists, and coordinate supportive services, linking supporting housing opportunities to a cross-disability target population. During the same timeframe, the MFA developed a package of **incentives within its LIHTC Program** to encourage developers to set aside units for supportive housing within LIHTC-financed, multi-family housing projects. As a result of these incentives, LIHTC developers have universally chosen to participate in the Set Aside Program. The state also has an innovative transition-age youth supportive housing program, *Transitions*, which is known as a best practice.

Housing Referral, Waiting List, and Service Coordination System

All best practice states made provisions for a housing coordinator role to accomplish such tasks as coordinating lease-up, executing partnership agreements, responding to owner/property manager concerns, and offering ongoing technical assistance. Each state organized the housing coordinator function differently. Some states positioned these coordinators at the state level, either at the Housing Finance Agency or a state service agency. Other states have developed a regional network of housing coordinators who may be positioned in county government or at the provider level. One state (PA) has housing coordinator functions at both the county and state agency level.

All states managed a systematic waiting list structure and common procedures. There were differences in where the waiting list was managed, either at the local/county level, on a regional basis, or statewide. Some states elected a housing agency to manage the waiting list, while other states elected a state service agency or local supportive service provider to manage the waiting list. One state (LA) named the managed care company to manage different components of the program, including the waiting list.

Some states (LA, NC, and NM, among others) chose a broad cross-disability target population, making outreach and referral mechanisms particularly important. Other states, often with *Olmstead*-related settlements, maintained a more focused target population. Several states developed a service coordination entity often referred to as a Local Lead Agency (LLA). Although the duties of the LLA varied, activities typically included: coordination of referral to the waiting list, provision of tenant liaison services to link the household to appropriate services, waiting list management, and coordination of supportive services with a local service provider. Some states were able to provide some level of compensation to an agency for carrying out these LLA duties (which typically grew over time as the number of units in a community grew). Other states have recruited agencies to be LLAs with the incentive of having access to these housing opportunities with no available compensation.

Section 4: Stakeholder Input

A wide spectrum of housing agencies, housing-related organizations and social service agencies were identified for potential interviews. TAC staff contacted representatives across the spectrum of agencies, requesting their participation in a telephonic or face-to face interview (see Appendix A for questions which served as an Interview Guide). More than 35 individuals were interviewed (See Appendix B for a list of interviewees.) In addition, TAC staff participated in on-site visits to an Oxford House and several MDMH-certified supervised and supported living arrangements. Themes and observations emerged from the interviews and visits:

- Mississippi has made progress in transforming its community residential service system, particularly for individuals with Intellectual and Developmental Disabilities. Individuals with IDD are living in Supervised and Supported Living arrangements integrated into the community, participate in individualized work and social activities and are able to maintain relationships with family members and friends/significant others;
- Providers are engaged in the transformation;
- Shared living arrangements are the predominant Community Living option;
- MDMH is following the national trend by re-focusing its resources on services rather than housing;
- MDMH needs the support of its Housing Partners to continue with transformation;
- Affordable and permanent housing options are needed for all populations;
- Safe, affordable housing is especially hard to find in urban areas and along the Gulf Coast;
- Housing does exist in MS but individuals/families don't know what resources exist or how to access them; and
- Support Services exist but demand far outweighs availability.

Current Pathways to Affordable Housing in Mississippi

Most stakeholders interviewed representing human service agencies/organizations were not aware of the housing resources that do exist or where and how to access them. A mother of an adult son with autism who leads an advocacy organization responded that she has no idea what housing options would be available for her son or how to go about finding them. Conversely, stakeholders representing the housing system were aware of housing availability and resources, but less attuned to how inaccessible they are for individuals with disabilities/life challenges. Housing stakeholders were also not aware of the availability of services and supports to assist individuals with disabilities/life challenges in maintaining stability in their housing. In addition, if stakeholders are aware of housing resources and how to access them, they perceive that resources are 'siloed' and directed to individuals based on their disability/qualifying condition and the system that supports them.

Awareness of Integrated Supportive Housing/Need for Education

Given that MDMH has been actively involved in transforming its residential services system, and has previously engaged many of the stakeholders interviewed by TAC, ISH was a familiar concept that most persons understood. This was again especially true for representatives from the IDD system who appear to be embracing the idea of community inclusion and person-centered support. However, affordability is less of a concern within this system as individuals with IDD are more likely to qualify for Social Security Disability Income than individuals with a mental health disorder or addictive disease. Monthly disability income, often supplemented by involved family, makes housing more affordable to many with IDD than their peers who rely strictly on Supplemental Security Income, state assistance or earned income from entry level jobs.

Stakeholders reported that historically, housing efforts and resources in Mississippi have supported 'permanency' with housing assistance geared towards funding opportunities for home ownership. More than one stakeholder pointed out the 'lack of appetite' to use Federal Housing support for rental assistance.

While many of the stakeholders interviewed were familiar with ISH, education about the approach is needed within both the housing and human services arenas, as well as among elected officials. Educating policy makers and legislators about ISH should be helpful in garnering support, and ideally the allocation of some new resources, for initiating development. It is equally as important to educate and train providers on how to support individuals in ISH to maximize success, including the need to individualize services, and to proactively deliver flexible, responsive interventions if and when issues do arise.

Developer and Housing Provider Concerns

Making housing opportunities available to people with disabilities and certain life challenges, including mental health disorders, addictive disease and criminal justice involvement, has been met with some resistance. Tax credits have been successful in enticing developers to create new units in Mississippi. MHC awarded tax credits to 10 developments, supplying 318 units in 2009; to 15 developments, supplying 1,401 units in 2010; and to 14 developments, supplying 731 units in 2011. This demonstrates that Mississippi can supply a pipeline of units based on past performance. However, only a limited number of the units were required to be set aside for individuals with disabilities, 5% for individuals with mobility issues and an additional 2% for individuals with sensory impairments. To increase the availability of units for individuals with disabilities, the FY13 Qualified Application Plan for Mississippi provided a scoring advantage for those projects applying for LIHTC funds that committed to target the units in the property for special needs populations, veterans, and households whose incomes are 30% or less of the area median income.

Absent a formalized approach to identify eligible tenants and potential renters, developers are reluctant to designate a number or percent of units for persons with disabilities and life challenges out of fear that units will go un-filled and rental income will be lost. Developers want assurance that there will be a pipeline of solid tenants ready to move in when a vacancy occurs. In addition, many neighborhoods have established covenants to preclude the development of housing for, or use of housing by, unrelated individuals. Some developers have been reluctant to take on legal challenges.

Stakeholders also report that landlords are conducting detailed background checks in order to avoid renting to individuals with 'concerning' histories. Landlords repeatedly express concerns that individuals with behavioral health issues and criminal backgrounds will cause problems and that the social service system will not respond when needed. Most stakeholders described this as a perception rather than a reality. In fact, during interviews with a landlord and an apartment manager who have experience renting to individuals with behavioral health disabilities, both described the tenants as 'ideal,' paying their rent on time and causing no problems, unlike other tenants not associated with a disability.

Stakeholder Suggestions on how to Organize an Approach to ISH

Given that there is no statewide housing authority in Mississippi, the overwhelming sentiment among stakeholders was that an organized approach to accessing housing resources and supports statewide is needed.

There was less agreement, however, on what the approach should look like or who should have lead responsibility. Suggestions varied from which state agency should be responsible to having no state agency responsible. The greatest consensus was for the Mississippi Home Corporation (MHC) to serve as the lead agency. Stakeholders recommended the MHC, since unlike any other agency in Mississippi, housing is its sole mission.

Stakeholders from the social services system were somewhat leery about a state agency overseeing access to housing at the local level, fearing that administrative processes will create barriers to ready access. Continuum of Care organizations and Community Action Agencies were identified as having experience with connecting individuals in need with local resources. If a state agency is appointed as lead, stakeholders suggest that partnerships with regional or local entities and a structure and process for accountability also be required.

Several stakeholders expressed optimism that the implementation of a new on-line housing inventory will identify and facilitate access to statewide housing resources. Funded by the Mississippi Partnerships for Sustainable Housing using grant funds awarded through CMS, Social Serve (MSHousingSearch.org) provides on-line access to housing/apartments by county, listing various features such as number of bedrooms and bathrooms, monthly rent, availability of units, accessibility, etc. The service is provided at no cost to those listing units or those accessing the information. A limitation of the service, however, is that participation is voluntary and absent real-time data entry, openings may not be current.

Section 5: Existing Affordable Housing Infrastructure and Pathways for People with Disabilities

Existing Affordable Housing Infrastructure

When asked who is responsible for affordable housing in Mississippi the answer varies depending on who is being asked the question. Mississippi appears to be an example of the old adage... “When everyone is responsible no one is really responsible.” While there are relationships between various agencies and initiatives that intersect at times, there is no formalized structure or process to insure that statewide resources are being used to maximize effectiveness and efficiency, or to avail access to those resources. The list of agencies involved in some way with affordable housing is provided in Table 1 below. Please see Appendix C for a Scan of Housing Resources in Mississippi.

Table 1: Government and Non-Governmental Organizations Involved in Affordable Housing Issues

Mississippi Development Authority	Homelessness Continuums of Care (3)
Mississippi Home Corp	Southern MS Housing and Development Corporation
United States Department of Agriculture -Rural Development	HUD and the Veterans’ Administration in administering the VASH program
Jackson Office of Housing and Community Development	MS Department of Health
University of Southern MS – Institute for Disability Services	MS Department of Medicaid
FDIC Jackson	MS Department of Corrections
Public Housing Authorities (56)	MS Department of Mental Health

In addition to housing units, there are examples of housing support services that are available. The USM/IDS provides budgeting, credit and housing counseling for low income individuals and families having a member with a disability. However, funding cuts have limited services to far fewer than in need.

KEY ADMINISTRATIVE BARRIERS

Mississippi lacks the administrative policies and procedures and regulatory infrastructure to systematically manage marketing, referrals, waiting list, and service coordination for integrated supportive housing. There must be a framework in place to ensure that the relevant components of integrated supportive housing are being met. This includes having clearly identified roles and responsibilities and sufficient infrastructure to ensure that vacancies are filled in a timely manner, services and housing support needs of tenants are being met, lease conditions are being satisfied, and potential landlord disputes are being resolved effectively.

Until recently, there was no readily available inventory of affordable housing for individuals with disabilities/life challenges. Finding housing, much less housing that was affordable or qualified for housing assistance, was dependent on local relationships and repeated efforts by individuals in need, families and social service caseworkers. The recent implementation of Social Serve (MSHousingSearch.org) may facilitate access to statewide housing resources. However, the grant funding used to support the website will end in September 2016, compromising its sustainability without a dedicated funding source.

The limited access to federal Housing Choice Vouchers is an indication of the lack of an affordable housing infrastructure. Currently there are more than 24,000 vouchers in Mississippi; only 14% are accessed by non-elderly individuals with disabilities.¹ The Division of Medicaid, with the expertise of a past PHA Director, had to individually approach Regional Housing Authorities to attempt to obtain preferences for vouchers to support the B2i initiative. Medicaid's ability to contract for this expertise contributed to two of the three Authorities agreeing to a limited number of preferences.

Finally, the lack of a designated funding source to support the infrastructure and to create a pipeline of affordable housing opportunities seriously limits the state's ability to move forward. Stakeholders report that Housing Trust Fund legislation was introduced as part of the budget process for the past several years and was re-introduced again for 2014 only to die in Senate Committee.

Pathways to Housing for People with Disabilities

How an individual currently finds and is able to access housing in Mississippi appears to be most influenced by his/her disability and the service system that supports the person. Examples of program-specific resources include access to flexible funds, bridge subsidies and housing vouchers.

HOUSING ASSISTANCE

Individuals with limited incomes cannot afford to move into independent living without assistance. In 2014, in Mississippi, a person with a disability receives SSI benefits equal to \$721.00 per month.² A person with a disability receiving SSI would have to pay 68% of their monthly income to rent an efficiency (studio) unit and 80% of their monthly income for a one-bedroom unit at the Fair Market Rent (FMR) established by HUD. Agencies supporting individuals with disabilities have created or accessed federally funded population-specific housing assistance opportunities out of necessity.

The Region 8 Community Mental Health Center (CMHC) provides Supported Living for eight persons with mental health disorders. Primarily funded by MDMH, the CMHC only charges residents \$50 per month for rent in order to allow them to save enough money to pay for their initial independent living costs such as security deposits and first-month's rent. The 'nFusion' program, supported with federal grant funds to serve Transition Age Youth with

1. Data from HUD Resident Characteristics Report as of April 30, 2014: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/systems/pic/50058/rcr

2. \$721 is equal to the federal SSI amount in 2014. In 2014, there was no optional state supplement provided to SSI recipients in Mississippi.

behavioral health disorders, is able to provide Flex Funds for youth to cover initial independent living costs. The B2i initiative has been able to use its grant funding to create a few temporary bridge subsidies that were used to cover housing costs for individuals who were ready to move into a certified living arrangement before a permanent housing voucher was available. The Department of Health has created Tenant Based Rental Assistance using federal Housing Opportunities for Persons with AIDS (HOPWA) funding. Individuals qualifying for the (B2i) initiative, adults residing in Nursing Facilities and Intermediate Care Facilities for persons with IDD, have access to housing voucher preferences from the TN Valley and #7 Regional Housing Authorities. The Veterans Administration has access to 470 Housing Choice Vouchers to provide rental assistance for homeless Veterans.

Mississippi does not currently provide state funding for rental assistance to low income people with disabilities or other priority populations. In 2014, TAC released a report identifying states that have created state-funded housing assistance programs to help meet the affordable housing needs of state residents due to shortages of affordable housing and available federal housing assistance resources. The report identified 30 states with annual funding commitments for rental assistance programs, ranging from \$42,000 in North Dakota to \$83 M in Massachusetts.¹

HOUSING

Access to housing is also varied and heavily reliant on the nature of an individual's disability/life challenge. There are 56 Public Housing Authorities (PHAs) in Mississippi; 3 PHAs administer only a Housing Choice Voucher (HCV) program, 41 PHAs administer only a public housing program, and 12 PHAs administer both a HCV and public housing program. The PHAs in Mississippi administer a total of 24,039 vouchers and own and operate a total of 13,735 units of federally-funded public housing. Few of these units or vouchers are available to individuals with disabilities, leaving the human service system to create housing opportunities for the individuals the agencies support.

The residential service system for individuals with an Intellectual or Developmental Disability is undergoing transformation from institutional/segregated congregate living to community-included living settings with individualized services and supports. IDD providers identify housing opportunities and rely on the IDD Home and Community Based Waiver funding for the services that support individuals in these living environments. Individuals in recovery from addiction may have access to housing if they are amenable to the rules and structure of an Oxford House program. Individuals and families with a disability and limited income may qualify for home ownership through an initiative supported by the University of Southern Mississippi/Institute for Disability Services. But what housing is available to an individual and how they are able to access it is strongly dependent on where an individual enters 'the system.'

Strengths and Weaknesses of the Current System

The lack of a formalized infrastructure and formalized pathways to affordable housing results in less than optimal housing outcomes for Mississippi residents with disabilities and other life challenges. People in Mississippi are unfamiliar with the housing stock or resources that exist or how to access them. In some cases the resources that exist have been made possible as a result of time-limited grant funding and may be eliminated when that funding ends. There is no mechanism to share information about strategies and approaches that have proven successful for a particular person or agency.

There is also no ongoing mechanism to create and advocate for a statewide affordable housing strategy. Individually, human services agencies are utilizing funds to support services that include the cost for 'housing' individuals with disabilities and other life challenges. Absent a coordinated approach that includes the collection of information and data, there is no mechanism for determining the total amount of funding these agencies are spending on housing statewide, limited ability to leverage resources together, and there may be inconsistent or conflicting program requirements across State agencies.

Regardless of the amount, these dollars could be used to leverage other state and federal funds dedicated for housing,

1. <http://www.tacinc.org/media/43566/State%20Funded%20Housing%20Assistance%20Report.pdf>

freeing up program dollars to fund support services in order for individuals to live successful and meaningful lives in their communities. As pointed out in the final Planning Committee meeting, absent a formal mechanism, there is no data available to quantify the need for affordable housing options in Mississippi. Individual agencies may have data on their respective populations, but there is no mechanism to aggregate and un-duplicate the data across agencies. Absent reliable data it is impossible to quantify the actual housing needs of low income persons with disabilities/life challenges.

Perhaps the greatest short-coming of the current system is that it does not afford the opportunity to establish agreed upon needs and strategies to collectively approach the legislature for support. Independent and competing interests only serve to confuse and immobilize legislators when seeking funding and policy alignment for integrated supportive housing. A unified approach across multiple agencies and stakeholders is far more likely to be successful in gaining support and funding.

AVAILABILITY OF SERVICES TO ALIGN WITH HOUSING

In order for integrated supportive housing to be successful there is a significant need for the appropriate, individualized services to be available and aligned with integrated, affordable housing for individuals with disabilities and life challenges. Mississippi, like other states, faces various constraints when it comes to providing these services. Between 2009 and 2011, MDMH received cuts of more than \$38 million to its mental health budget. There are a number of key support services that have been approved in Mississippi's Medicaid state plan yet are available in limited capacity, such as Programs for Assertive Community Treatment (PACT). While an analysis of services availability, capacity and funding were beyond the scope of work for this project, MDMH and its sister agencies should assess and plan to implement the types of services needed by individuals to succeed in integrated supportive housing settings.

INDIVIDUAL EXAMPLES OF SUCCESS

The lack of a statewide approach or formalized infrastructure has not prevented some agencies from moving forward. While falling short of demand, MDMH-certified Community Living Providers are capitalizing on individual relationships and a proven track record, in order to access housing and rental units in nice neighborhoods throughout their communities. As one Director stated..." All things are local in Mississippi." Not only has he been able to access existing properties, but a builder recently constructed affordable, accessible housing units to meet the provider's specifications.

Using existing resources, these Community Living Providers have been able to access housing sites fully integrated within the local communities, both within residential neighborhoods and apartment complexes. TAC had the opportunity to visit a number of the properties. A few sites were located just outside of town but within five minutes of Emergency Responders if needed. All of the sites involved 'shared living;' most, though not all, sites afforded residents with their own bedrooms. Some sites offered individual bathrooms while others involved shared bathrooms. Sites varied from three occupants to six occupants. Supervised sites had on-site staff 24/7; Supported sites had staff dropping in to visit residents as individually needed. A number of residents of the Supervised and Supported Living settings were competitively employed; others are involved in day programming and/or agency-sponsored jobs/work activities based on their individualized abilities and choices. Another residential option facilitated by MDMH with growing popularity in Mississippi is the Oxford House approach. Oxford House is an approach for individuals in recovery from addiction after completing treatment and, for some, time in jail. A few of the men living in the house TAC visited had a co-occurring mental health disorder. The house, located in a quiet residential neighborhood close to transportation and shopping, was purchased via a start-up loan from Oxford House, Inc.; the loan is paid back from a portion of all residents' monthly rent. The 'only' MDMH funding needed was for two outreach workers; without increased funding MDMH will need to re-direct funding from treatment to support the outreach workers and additional outreach workers for new houses. Oxford Houses do not have on-site staff; residents are self-monitoring. Residents of the Oxford House are required to work and to refrain from using drugs and/or alcohol. There is not a defined length of stay in the program.

Lease options vary among the sites visited. Saratoga House, a MDMH certified Community Living option, is owned by SON Valley and residents have a residential agreement. A number of the Community Living apartments are leased by provider agencies, others directly by the tenants. Examples of costs to residents in various models include:

- Oxford House – Rent/utilities cost \$125 per week with food and personal items extra.
- IDD Supervised and Supported Living settings – Rent/utilities ranged from \$330 per month to \$800 per month. Monthly costs of \$600 - \$800 included food.
- SMI Supported Living - There is a limited number of supported living programs across the state that are affordable for individuals with serious mental illness that could be successful if provided adequate and stable funding.

Residents in the programs that were visited do not receive formal rental assistance or a housing voucher. Individuals rely on SSI, SSDI, job-related income, and/or family support to cover their costs and spending money resulting in a rent burden where they are paying more than 30% of income for living expenses. The providers subsidize rent for a few residents but on a limited basis. These arrangements do not offer transitional assistance for persons leaving to pay for security deposits or first month’s rent. Length of stay also varies. The Oxford House residents’ average length of stay is about a year according to the Regional Director. Residents find their own housing when ready to leave. Residents of the IDD Supported Living arrangements are able to stay as long as they want to and can pay their rent; the sites are their ‘homes.’ Residents of the Region 8 CMHC SMI Supported Living apartments are expected to move to a permanent living arrangement within 12 to 18 months.

While there have been successful individualized approaches, as Mississippi organizes its strategy for integrated supportive housing, it must consider several issues, particularly as it considers housing options for people with disabilities. Among these include best practices in supportive housing, how DOJ defines integrated and segregated settings, and Medicaid policy approaches to paying for services in integrated settings (i.e. Home and Community Based Services requirements). In reviewing these issues, TAC has identified the following cross-cutting issues that all states should consider when implementing supported housing strategies for people with disabilities:

Table 2 – TAC Analysis of HCBS Rule Compared to *Olmstead* & PSH Principles

CMS HCBS Rule	Olmstead Guidance/Principles ¹	Evidence-Based PSH Principles ²
The setting is selected by the individual from among setting options including non-disability specific settings; choice of setting must be documented in person-centered service plan. Individuals must have options available for both private and shared living; provider owned or controlled housing must facilitate choice regarding roommate selection.	People live in housing that they chose in a neighborhood in which they desire to live. They are not “placed” or “steered” to the housing by providers that may be associated with the housing unit or building.	People have a choice of housing options (i.e. housing type and unit) and of living arrangements (e.g., whether to live with someone and who that someone is)
Separation of housing and services is not required; choice regarding services including choice of provider in provider-owned housing must be addressed in person-centered service plan.	The housing owner/sponsor may not be the person’s representative payee, and may not require as a condition of tenancy that people have the rent directly deducted from the person’s income. ³	Housing management and service provision functions are functionally separate and not performed by the same provider/agency staff
CMS has no statutory authority with regard to housing affordability, so there is no reference in the final rule to affordability	People live in safe and affordable housing; they cannot be required to pay more than 30-40% of their income for housing costs, including utilities.	Housing is decent and safe (i.e. meets federal Housing Quality Standards), people pay no more than 30-40% of monthly income for housing/utility costs

1. Synthesized from recent *Olmstead* decisions and/or Federal *Olmstead* Guidance – for more info www.ada.gov/olmstead.

2. Substance Abuse and Mental Health Services Administration. *Permanent supportive housing Evidence-Based Practices (EBP) Kit*. Rockville, MD: 2010.

3. Tenants may voluntarily enter into an agreement to have the rent paid directly to the landlord, but this cannot be a condition of tenancy.

CMS HCBS Rule	Olmstead Guidance/Principles ¹	Evidence-Based PSH Principles ²
The setting is integrated in and supports full access to the greater community; excluded from HCBS settings are those that have the effect of discouraging integration of individuals receiving Medicaid-funded HCBS from the broader community.	People live, work and socialize primarily with other people who do not have disabilities. Housing is not a “disability identified” setting; it is similar to the housing stock in the community, and is not identified or advertised as housing restricted to people with disabilities.	People live in housing units typical of the community, without clustering people with disabilities
The setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint. The setting has a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement with the same responsibilities/ protections as tenants have under local landlord/tenant law. A lease or other legally enforceable agreement providing similar protections is required for individuals residing in provider-owned or controlled housing.	Tenancy may not be terminated for any reason other than violation of a standard lease consistent with state/local law. People cannot be “evicted” or “discharged” from their housing unit for violation of “program rules” or refusal to accept services offered by the housing provider or any other service provider. ³	People have leases or landlord/ tenant agreements that provide all tenancy rights allowable under state/ local law; tenancy is not contingent on program compliance or limits on length of stay beyond that in a standard lease
The setting optimizes autonomy and independence in making life choices and facilitates choice regarding services and who provides them; these choices must be reflected in the person-centered service plan.	Public entities must ensure that individuals have an opportunity to make an informed choice. People have choice in their daily life activities and the opportunity to interact with non-disabled persons to the fullest extent possible.	Services are consumer driven; people choose and modify the types of services they want and are not required to accept a standard service package. They may choose from an array of services, including the option of no services.

Section 6: Recommendations

Working closely with the Integrated Supportive Housing Planning Committee, the Technical Assistance Collaborative has identified ten primary recommendations to assist the State of Mississippi in its goal to develop a statewide supportive housing strategy for people with mental illness, intellectual and developmental disabilities, addictive disease, Veterans and other high need populations. These strategies are intended to build upon and leverage the existing resources and capacity in Mississippi, as well as provide the needed oversight, direction and leadership to ensure statewide ownership and commitment. Some of the recommendations do require the investment of new resources by the State to create new housing opportunities and to ensure access to existing resources by the target populations.

The recommendations are as follows:

1. Designate the Mississippi Home Corporation (MHC) as the lead agency for the statewide housing strategy.
2. The Mississippi Legislature should establish an ongoing interagency housing council and define its role.
3. The Mississippi Legislature should develop and appropriate funds for a state-funded bridge housing subsidy program (HSP).
4. Create and appropriate funds for an ISH Coordinator position to be housed at the Mississippi Home Corporation.
5. Create and appropriate funds for Housing Specialist Positions to provide assistance with pre-tenancy and post-tenancy activities.

1. Synthesized from recent *Olmstead* decisions and/or Federal *Olmstead* Guidance – for more info www.ada.gov/olmstead.

2. Substance Abuse and Mental Health Services Administration. *Permanent supportive housing Evidence-Based Practices (EBP) Kit*. Rockville, MD: 2010.

3. Note: People can voluntarily enter into agreements to abide by housing community standards, such as remaining sober or not bringing drugs or alcohol into the setting. However, provisions such as being required to go to a day program or otherwise receive specific services from the provider that also controls the housing – or any other provider – would constitute evidence of a restricted setting.

6. Obtain specific housing needs data for targeted subpopulations and establish criteria for who is in need of integrated supportive housing.
7. Initiate immediate planning for FY 2015 811 Project Rental Assistance (PRA) Funding Application.
8. Identify additional housing resources with potential to adopt a disability and homeless preference in accordance with HUD guidance.
9. Work with PHAs to establish an Olmstead preference.
10. Evaluate the adequacy of existing services and funding for services, as well as the need for alternative approaches, to ensure the success of individuals who gain access to supportive housing.

Each recommendation is discussed in more detail below.

1. Designate the Mississippi Home Corporation (MHC) as the lead agency for the statewide housing strategy

Other states that have created successful supportive housing strategies are guided by the leadership of one statewide entity that can provide the stewardship, housing expertise, and administrative support to see that the strategies get implemented. The Mississippi Home Corporation (MHC) was created by the Legislature in 1989 to be a hub agency for housing. This quasi-governmental entity is charged with raising funds from private investors to finance the acquisition, construction and rehabilitation of residential housing for persons of low to moderate income within the State. MHC administers Mississippi's Low Income Housing Tax Credit (LIHTC) Program including development of the Qualified Allocation Plan, awarding of tax credits to developers and asset management of the LIHTC portfolio. MHC is self supporting, meaning it does not receive administrative funds from the State of Mississippi. MHC has a Legislative Oversight Committee consisting of members from both the Senate and House of Representatives, and is guided by a nine (9) member Board of Directors.

MHC was the applicant in Mississippi's FY 12 unsuccessful application for the Section 811 Project Rental Assistance (PRA) Demonstration Program. Should Mississippi submit future applications, MHC is the only entity that meets HUD's qualifications to apply.

As the lead agency for the Housing Strategy, MHC would be charged with staffing the Planning Committee, scheduling meetings, setting agendas with input from Planning Committee members, taking minutes and doing follow-up on assignments to Planning Committee members. The lead agency would prepare the Three Year Action plan with one year, two year and three year individual goals as developed by the Planning Committee. The lead agency would also obtain information from relevant State Agencies and Planning Committee members to track progress and prepare the Annual Report on Progress on the action plans.

Cost: MHC may require some resources to cover the time to provide oversight of the Housing Coordinator (see recommendation 4 below) and related administrative overhead.

2. The Mississippi Legislature should formalize and define the role of the ISH Planning Committee, requiring an integrated supportive housing plan and annual reports on progress

The current ISH Planning Committee was created to serve as a time-limited body to provide TAC with a forum to discuss challenges and barriers to a statewide supported housing strategy, to offer insight and guidance on resources available in the State, and to provide feedback on suggested strategies. Please see Appendix D for a list of the current Planning Committee representatives. In the three months since it has been convened, the Planning Committee has met the original purpose as well as provided valuable leadership.

TAC proposes that this Planning Committee be formalized into a year round ongoing entity with the responsibility to align various state agencies' affordable housing policy objectives, guide and monitor progress on a statewide affordable housing strategy and develop any subsequent budget requests or adjustments. The composition would

include current members as well as a few additional members including a representative of a Public Housing Agency, a representative of the Governor’s Office, a representative of one of the State’s three Continuums of Care and at least one person residing in ISH.

The ISH Planning Committee would meet quarterly. Its responsibilities would be to create a three year action plan for the Statewide Strategy. Within this three year action plan would be specific goals for years 1, 2 and 3. The ISH Planning Committee, with support from the ISH Housing Coordinator, would be responsible to produce an annual report on progress made toward the action plan. This public report would serve as a ‘report card’ on progress, identifying areas where objectives were attained, areas where objectives could be met with some guided assistance or targeted resources, and areas where the direction may need to be altered.

3. The Mississippi Legislature Should Develop a state-funded bridge housing subsidy program (HSP) that is administered by the MHC

Access to more long-term mainstream housing resources, such as Housing Choice Vouchers, Public Housing units, or other subsidized housing, can be challenging due to closed or long wait lists, bureaucratic requirements and regulations. States have demonstrated tremendous success with increasing access to these more traditional housing resources by creating a ‘bridge’ resource from the institution, homeless situation or other lack of stable housing situation to the mainstream housing resource. We are recommending that a bridge subsidy program be created.

As a new initiative in Mississippi there may be interest in first piloting the approach in two or three different communities in the state. The Planning Committee supported the opportunity to pilot the initiative in the two regions with a PHA that already has sought a preference (for the Money Follows the Person Bridge to Independence Program), as well as a third region that either covers the Gulf Coast, Jackson, or a rural area. The key to region selection would be the participation of a PHA seeking a preference (see Component B below), as well as a local provider who could successfully manage and supervise the Housing Support Specialist (see Recommendation #5). If the decision is made to implement the HSP as a pilot, MHC may be well-served to competitively solicit for an evaluation of the initiative.

For the initial two years, TAC recommends that the State of Mississippi should fund bridge subsidies for a minimum of 50 participants in each of the three pilot regions in an effort to further illustrate the State’s commitment to community integration, and to provide a sufficient number of participants to demonstrate the effectiveness of the approach. During this period, the Planning Committee can evaluate progress and plan for further expansion to other regions of the state. Mississippi has different regional configurations of counties within the state, depending on the lead agency/service system. Any of the regional configurations can be adopted for the pilot; however, the regions selected must have a Public Housing Agency that is willing to adopt a preference for persons who receive the bridge subsidy. The rental assistance budget would be set at the area Fair Market Rent. In order for this bridge to be successful, the requirements for the bridge program must align with those of HUD’s Housing Choice Voucher program. These alignment areas include:

- Housing units must meet HUD Housing Quality Standards;
- Housing units must meet HUD HCV ‘rent reasonableness’ and PHA payment standard requirements;
- Participants assisted with the bridge subsidy must agree to accept a HCV when one becomes available;
- Housing owners must agree to accept HCV payments from the PHA;
- Participants transitioning to the HCV program must meet basic HCV eligibility criteria;
- Participants rent contribution must be calculated according to HCV standards; and
- Participants must agree to pay rent to the owner of their unit in accordance with all HCV program requirements.

To fund the housing component of the Pilot Bridge Subsidy, the State of Mississippi would be asked to identify \$2,064,000 million to provide 24 months of rental assistance to 150 participants. The budget includes necessary costs to administer the program and to pay for Transition Funds. Administration (8%) includes Housing Choice Voucher inspections, landlord rent payments, and rent calculation determination. Since participants will be coming from institutions or homeless situations with minimal to no resources, Transition Funds will pay for furniture, supplies or resources to cover utility deposits or housing fees in addition to other transition assistance options similar to current state programs such as B2i or the IDD Waiver for Transition Services. The budget estimate is based on the following:

Pilot Budget:

Rental Subsidies	\$1,800,000
Administration	\$144,000
Transition Fund	\$120,000
TOTAL:	\$2,064,000

Notes:

1. Subsidies: 150 units for 24 months at average \$500 per subsidy.
2. Administration: 8% of \$1.8 million.
3. Transition Fund: \$800 per person.

Component B. PHA Preferences

The bridge subsidies are to be a temporary resource until a more long-term housing resource is available. To that end, if piloted, the initiative will require that the selected community have a Public Housing Agency that agrees to establish a preference for persons covered by the bridge subsidy. There are currently two PHAs that have established a preference for persons in the Bridge to Independence Program funded through Money Follows the Person. These two PHAs could be asked to expand their preference to the broader target population covered by this strategic plan. In addition, other PHAs would be asked to agree to establish a preference. As the initiative rolls out statewide, the bridge could be to other established affordable housing programs, such as privately owned Section 8 Project-Based developments.

There would be no cost to the State of Mississippi related to this component.

4. Create an ISH Coordinator position to be housed at the Mississippi Home Corporation

While MHC is recommended to be the lead agency shepherding the State's strategic housing plan, an identified Housing Coordinator position will ensure that the responsibilities outlined for MHC above can be successfully implemented. The Housing Coordinator would be someone with strong experience and knowledge of various housing systems and programs, and a commitment to integrated supportive housing. The Housing Coordinator role would be to work with the State Agencies, Planning Committee, and local agencies participating in the bridge subsidy housing program (see Recommendation #3) to implement these recommendations as well as the specific Action Plan tasks. Furthermore, the Housing Coordinator would work to identify new partners and new opportunities to continue to expand ISH units and resources.

Cost: Estimated at \$90,000 - \$110,000 (including salary, fringe benefits, and related personnel costs)

5. Create Housing Support Specialist Positions

The ISH target population will need assistance with both pre-tenancy and post-tenancy activities. Pre-tenancy activities include: identifying available units, completing applications for housing, negotiating leases with landlords, ensuring units are compliant with HCV program, obtaining supplies and furniture to move into unit, utility connections, and other move-in activities. Once in the unit, on-going housing support services, such as skill development and

maintenance on being a good tenant, eviction prevention activities, and referral to possible supportive services and community resources, will increase the potential for successful independent living. The Bridge Housing Subsidy Program would include the hiring of a Housing Support Specialist in each region or, if piloted, in the three pilot regions to perform these functions. The three Housing Support staff in these pilot regions would each be hired by a local agency that applies competitively for the resources. In addition to reporting to their own agency supervisor, the Housing Support Staff would also report regularly to the ISH Housing Coordinator.

The cost for the Housing Support Specialists is based on an annual salary, including fringe benefits and overhead of \$75,000 each for a total cost of \$225,000.

Salary, fringe, and overhead	Per region x 3	Total
\$75,000	X 3	\$225,000

6. Quantify the Housing needs of the defined target population

In order to be able to track progress on how well the State is meeting the supportive housing needs of its targeted population, it is imperative that it first clearly define who the target population is and then identify what the housing needs are of this target population. The ISH Planning Committee has demonstrated leadership in approaching this statewide strategy as a broad-based effort that seeks to address the housing needs of many vulnerable populations. It would be helpful to more clearly define who the State hopes to capture through these efforts. For example, the ISH Planning Committee has discussed the following subpopulations:

- Individuals with serious mental illness,
- Individuals with addictive disease,
- Individuals with intellectual/developmental disabilities,
- Individuals who are homeless or at risk of homelessness,
- Individuals leaving incarceration, and
- Transition age youth with behavioral health disorders.

Not all individuals within these subpopulations will want or need ISH. Integrated supportive housing is defined as deeply subsidized, affordable housing that provides tenancy rights, and an array of flexible community-based services that are available to assist the individuals with accessing and maintaining housing. TAC recommends utilizing agreed-upon criteria to determine who within the subpopulations are 'in need of integrated supportive housing.' Potential criteria for ISH include:

1. Clinical/functional
 - Presence of a disabling condition and/or life challenge that impedes the individual's ability to live independently, but the effects of the condition can be mitigated through individualized services and supports
 - Presence of functional limitations
 - Specific indicators of continuous high-service needs (frequent use of Crisis, visits to ED, involvement with police, etc.)
2. Low Income: At or below a percent of the Area Median Income as determined by the ISH Planning Committee
3. Preference: The individual has indicated a preference to live in ISH
4. Prioritization
 - Homeless or at-risk of homelessness (i.e., discharge from an institution such as hospital, nursing facility,

ICF/DD, or jail with no placement option), or those living in uninhabitable or substandard housing

- Those living in short-term or transitional housing with no tenancy rights or other discharge options

5. Exclusionary Criteria

- The individual chooses and is able to live with willing family and/or friends
- The services and supports needed to insure safety and stability, as identified in a person-centered planning process, cannot be provided

Once the priority populations are defined, the State agencies would then seek to identify the specific housing needs of their respective subpopulations. Data sets should be cross-walked in order to avoid duplication as individuals may appear in more than one agency's data set. The availability of valid and reliable data will help to strengthen any future funding requests for housing resources.

7. Initiate immediate planning for FY 2015 811 PRA Funding Application

The Section 811 Supportive Housing for Persons with Disabilities program (Section 811) is a symbolic HUD supportive housing program that has been modernized and reinvigorated as a result of the enactment of the Frank Melville Supportive Housing Investment Act of 2010. Section 811 creates permanent housing linked with voluntary supportive services for people with significant and long-term disabilities and has been used for many years to transition people from institutional settings to the community and to prevent unnecessary institutionalization. Section 811 is a project-based – rather than a tenant-based – approach to supportive housing. The project-based approach is intended to create a permanent supply of supportive housing units that is: (1) not dependent of the fluctuations of the rental housing market; and (2) not subject to the willingness of landlords to rent units to supportive housing tenants with rental vouchers.

In 2010, Section 811 was reformed by Congress to facilitate the creation of integrated, project-based, supportive housing. The available assistance includes PRA subsidies for which only State Housing Finance agencies could apply. The PRA funds are used by the Housing Agency to create deeply affordable supportive housing units within other affordable housing (either existing or to be developed) developments financed by the State Housing Agency through programs such as the LIHTC program, the HOME program, state bond financing, etc. The program requires a strong collaboration as evidenced by a Memorandum of Understanding or similar document between the State Housing Finance Agency and State Medicaid and Human Services agencies.

In FY 2012, HUD made these resources available for the first time. Mississippi submitted an application through the Mississippi Home Corporation but was not one of the 13 successful states. HUD issued a second notice of funding availability (NOFA) in February 2013. Mississippi did not submit an application in this second round.

It is anticipated that HUD will issue a third NOFA in the coming year. TAC recommends that the State, through the newly recognized Integrated Supportive Housing Planning Committee, begin planning now for this third NOFA. This planning would include a close review of the first application, a review of the second NOFA, conversations with staff in other State Housing Agencies, and a formal debrief with either HUD or one of its technical assistance contractors.

Obtaining Section 811 PRA resources would allow the State to make LIHTC units affordable and available to the target population at no cost beyond planning to the State.

8. Identify additional housing resources with potential to adopt a disability and homeless preference in accordance with HUD guidance

While HUD's HCV Program and State developed LIHTC units can provide a valuable affordable resource for the target population, there are other subsidized housing programs that could also be accessed. For example, in July, 2013, HUD issued Notice H: 2013-21 in which it clarified that private owners of HUD-assisted Section 8 project-based assistance could request a homeless preference from HUD. As such, private owners and developers whose properties

have Section 8 project-based assistance can request a preference from HUD to serve homeless persons. As a result of this Notice, Massachusetts is rolling out the program to 400 units of privately owned housing in the Boston area and HUD is currently working with ten other communities around the country to encourage a similar effort. Mississippi, through its new ISH Housing Coordinator, could seek to convene meetings of owners of such Section 8 HUD-assisted housing to identify a strategy for seeking a similar preference. The strategy would include identification of referrals to these units and support for participants once they move into the units.

9. Work with PHAs to establish an Olmstead preference

In 2013, HUD allowed PHAs the opportunity to establish an Olmstead preference.¹ Previously, PHAs could not set preferences for specific disability groups, but through this process established a waiver process for PHAs in states where there is an active Olmstead settlement agreement or planning going on. Establishing this preference locally at PHAs would increase the possibility that people with disabilities who may be part of an Olmstead class are more likely to access federal rental assistance. So far, PHAs in Georgia and Illinois have received HUD permission to utilize the preference and other states are exploring the option. The Planning Committee would work with the PHAs to establish an Olmstead preference in Mississippi.

10. Evaluate funding for services and service models to ensure the success of individuals who gain access to supported housing

While an assessment of services was beyond the scope of this project, the success of individuals in supported housing is highly contingent upon the availability, capacity, quality, and funding of services. As an affordable housing strategy is developed to meet the housing needs of Mississippians with disabilities and other priority populations, the agencies represented on the Integrated Supportive Housing Planning Committee should examine the services available to meet the services needs of individuals likely to benefit from affordable housing. This assessment should consider the types of services and programs that currently exist or should be developed, as well as new funding mechanisms needed to accomplish this.

1. HUD "Statement of the Department of Housing and Urban Development on the Role of Housing in Accomplishing the Goals of *Olmstead*"; <http://portal.hud.gov/hudportal/documents/huddoc?id=OlmsteadGuidnc060413.pdf>

Appendix A: Stakeholder Interview Guide

Below are the types of questions that will be asked in group and individual interviews. These questions are intended to be a guide and actual questions may vary as the interviews progress. The main objectives are to understand stakeholder perspectives on:

- the existing climate as it relates to affordable housing in Mississippi, including perceived availability and need;
- the current process, or pathways, for individuals to seek and secure affordable housing, including challenges and barriers;
- recommendations for a statewide approach to developing and managing supportive housing; and
- recommendations for the types of supportive housing to be created.

Current pathways to affordable housing in Mississippi

- Did you/the constituents you represent choose to live in your/their current house or was it the only option presented to you/them?
- Do you/they know what other housing options are available to you/them?
- Do you/they know where to look for help in finding the type of housing you/they prefer?
- Do you/they know how to find the services and supports that you/they would need to be successful in the place you/they would rather live?

Stakeholder awareness of permanent supportive housing and need for education to various groups (e.g. providers, sister state agencies, policy makers) about PSH in Mississippi;

- What type of housing do you/the constituents you represent live in?
- What is your/their source of income?
- How much of your/their monthly income do you/they need to pay for your/their housing?
- If you/the constituents could move, what type of housing would you/they rather live in?
- Where would the housing be located?
- What services and supports would you/they need to live in that housing?
- Do you think there is enough safe and affordable housing for people living in Mississippi?
- For people with limited income?
- For vulnerable populations such as the elderly, people with mental health and or addictive disease, people with Intellectual or Developmental Disability, Veterans, People returning from jail/prison?
- Do you know what it means to have “permanent supportive housing?”
- Do you know where to go to get help with finding/accessing PSH?
- If affordable housing were readily available, would the services and supports be readily available that a person may need to live successfully in that housing?
- If these housing resources were tenant based subsidies, is there appropriate housing readily available for participants?
- What providers/local or state agencies/advocacy organizations would benefit from learning more about PSH?

- What type of educational opportunities/resources would best inform the entities you identified about PSH and how to access PSH units?

Developer and services provider concerns

- Are you aware of resources at the federal/state/local level that are available to support housing development? For people with disabilities?
- Do you know how to access those resources?
- Do you know if those resources are targeted to certain groups/populations?
- If you were to develop PSH units do you know if there are qualified tenants readily available to rent those units?
- Do you have relationships with agencies, or know who to establish relationships with, that can refer potential tenants who would qualify for PSH?
- Do you know what services/agencies are available to support people living in your housing units?
- Do you know how to access those services/agencies?
- Do you have concerns about the availability of services and supports if and when a tenant needs them?
- What types of services do tenants with disabilities or other needs require?

Stakeholder suggestions on how Mississippi should organize its approach to PSH

- Does Mississippi have a statewide approach to permanent supportive housing?
- How would you describe Mississippi's approach to meeting the affordable housing needs of people with disabilities or other populations (e.g. homeless, Veterans, etc) in need?
- Who is responsible for affordable housing policy in Mississippi?
- Who is responsible for creating affordable housing in Mississippi?
- Have there been efforts to create an affordable housing strategy for people with disabilities or other needs?
- If not, what has prevented the state from developing a PSH approach?
- What is necessary to move forward with a statewide PSH strategy?
- What agency is best suited to oversee a statewide PSH approach? Why?
- What suggestions would you make to Governor Bryant and the Legislature for making PSH available statewide in Mississippi?

Questions for Public Housing Agencies

- What is current wait list/demand for housing resources?
- What are obstacles/barriers to people with disabilities accessing housing resources?
- What is your experience with serving the target population?
- What would you need in place to attempt a preference or to make your current preference more effective?
- What is the turnover in your existing programs?
- Would you be willing to consider leveraging your resources with those provided by the State or other entities?

Appendix B: Mississippi Stakeholder Interview List

Name	Agency	Title	Interview Date
Ben Mokry	MS HOME Corporation	Executive VP of Research and Development	6/9/2014
Kristi Plotner	MS Division of Medicaid	Director, Office of Policy, Planning & Development	6/10/2014
John Randazzo	MS Division of Medicaid	Consultant	6/10/2014
Steve Hardin	MS Development Authority	Director of Community Services	6/10/2014
Cassie Hicks	University of Southern MS/Institute for Disability Studies	Coordinator for Housing Initiatives	6/13/2014
Linda, Betty, David, Ulysses and Kisha	Hudspeth Regional Center	Supervised/Supported Living Residents	6/16/2014
James Stewart	MS Department of Health	Bureau Director, Care and Services	6/17/2014
Sandra Parks	MS DMH Division of C&Y	Director	6/17/2014
Jackie Chatmon	nFusion	State Program Director	6/17/2014
Don Brown	Region 15 CMHC	Deputy Executive Director	6/17/2014
Millicent Ledbetter	Region 15 CMHC	Program Supervisor	6/17/2014
Jackie Edwards	Region 7 CMHC	Executive Director	6/17/2014
Steve Allen	Boswell Regional Center	Director	6/17/2014
Jackie Breland	Hudspeth Regional Center	Assistant Director	6/17/2014
Danny Cowart	Brandi's Hope	Executive Director	6/17/2014
Shelley Johnson	Partners to End Homelessness COC	Executive Director	6/17/2014
Stacey Howard	PTEH COC	Director of Programming	6/17/2014
Louise Meyer	MUTEH COC	Executive Director	6/17/2014
Ledger Parker	MUTEH COC	HMIS Coordinator	6/17/2014
Beth Porter	Disability Rights of MS	Advocate	6/17/2014
Pam Dollar	MS Coalition for Citizens with Disabilities	Executive Director	6/17/2014
Lori Holtzclaw	Oxford House Inc.	Regional Outreach Manager, LA/MS	6/20/2014
Thomas Coleman	TN Valley Regional Housing Authority	Executive Director	6/24/2014
Lucious Cameron	Region #7 Housing Authority	Executive Director	7/3/2014
Dorothy Coleman	Region #7 Housing Authority		7/3/2014
Steve Somerall	Region 8 CMHC Community Living Program	IDD Residential Services	7/7/2014
Judith Jones Moran	South MS Housing and Development	Interim President/CEO	7/8/2014
Nena Williams	Region 8 CMHC	Clinical Director	7/8/2014
Kay Daneault	MHA of Southern MS	Executive Director	7/9/2014
Bill McCormack	SON Valley	Executive Director	7/15/2014
Legacy Apartments	SON Valley Community Living Program	Apartment Manager	7/15/2014
Steve Allen	Boswell Regional Center	Director	7/15/2014
Stacy Broadwell	Boswell Community Living Program	Landlord	7/15/2014

Appendix C: Mississippi Housing Scan

Housing Affordability Gap

In 2014, in Mississippi, a person with a disability received SSI benefits equal to \$721.00 per month.¹ Statewide, this income was equal to 25.6% of the area median income (AMI).² A person with a disability receiving SSI would have to pay 68% of their monthly income to rent an efficiency (studio) unit and 80% of their monthly income for a one-bedroom unit at the Fair Market Rent (FMR) established by the U.S. Department of Housing and Urban Development (HUD).

As documented in Table 1 below, within Mississippi's federally defined housing market areas the cost of a one-bedroom rental unit ranged from a low of 63% of monthly SSI payments in Marshall County to a high of 96% in the Gulfport/Biloxi housing market area.

TABLE 1: Housing Needs Data for Mississippi³

Housing Market Area	SSI Monthly Payment	SSI as % of Median Income	% SSI for Efficiency Apt.	% SSI for 1 Bedroom
Gulfport/Biloxi	\$721.00	23.7%	93%	96%
Hattiesburg	\$721.00	24.0%	74%	78%
Jackson	\$721.00	21.0%	64%	89%
Marshall County	\$721.00	27.1%	63%	63%
Memphis*	\$721.00	21.7%	80%	91%
Pascagoula	\$721.00	22.0%	90%	90%
Simpson County	\$721.00	26.9%	51%	72%
Tate County	\$721.00	24.0%	72%	73%
Tunica County	\$721.00	27.1%	69%	71%
Non-Metropolitan Area	\$721.00	29.0%	62%	72%
Statewide	\$721.00	25.6%	68%	80%

* Indicates a housing market area that crosses state boundaries

As Table 2 below indicates, a person with a disability receiving SSI payments in Mississippi had income equivalent to an hourly wage of \$4.16 – \$3.09 less than the federal minimum wage of \$7.25. In 2014, a person had to earn \$11.03 per hour to be able to afford a one-bedroom rental unit based on HUD's FMR (referred to by the National Low Income Housing Coalition as the Housing Wage).⁴

1 \$721 is equal to the federal SSI amount in 2014. In 2014, there was no optional state supplement provided to SSI recipients in Mississippi.

2 The area median income (AMI) is used to determine the eligibility of applicants for federally-funded housing programs (and many local programs as well). It sets the maximum limit that a household can earn to be eligible for federal programs, essentially defining who can be served by a particular funding source. HUD publishes median income, by geographic area and family size, each year. These data are available online at www.huduser.org/datasets/il.html.

3 Data extrapolated from FMR and SSI Monthly Payment data

4 More information about the Housing Wage can be found in *Out of Reach* published by the National Low Income Housing Coalition, available online at www.nlihc.org.

Table 2: 2014 SSI Payments as an Hourly Wage – Mississippi

Housing Market Area	SSI As Hourly Wage	NLIHC Housing Wage
Gulfport/Biloxi	\$4.16	\$13.25
Hattiesburg	\$4.16	\$10.77
Jackson	\$4.16	\$12.29
Marshall County	\$4.16	\$8.73
Memphis*	\$4.16	\$12.65
Pascagoula	\$4.16	\$12.54
Simpson County	\$4.16	\$9.96
Tate County	\$4.16	\$10.10
Tunica County	\$4.16	\$9.87
Non-Metropolitan Area	\$4.16	\$10.04
Statewide	\$4.16	\$11.03

* Indicates a housing market area that crosses state boundaries

Housing Resources

US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

HUD provides a variety of resources to states, local governments, and non-profit housing agencies to provide access to or to develop affordable housing. This housing scan describes some of those resources of most value to expanding housing options for people with disabilities and elders transitioning from nursing homes and other health care institutions into the community including:

- Housing Choice Vouchers (HCV), including special purpose vouchers
- Federal Public Housing Units
- Home Investments Partnership Program
- Housing Opportunities for Persons with AIDS (HOPWA)
- Section 811 Supportive Housing for Persons with Disabilities Program
- Section 202 Supportive Housing for the Elderly Program
- Continuum of Care Homeless Programs

Resources Administered by Public Housing Agencies (PHAs)

PHAs are public agencies overseen by a Board of Commissioners that is either elected or appointed by the city or town. PHAs were created with passage of the first Housing Act in 1937 to develop, own, and manage public housing under contract with HUD. PHAs can administer conventional public housing units, Housing Choice vouchers, or both, as well as numerous other affordable housing programs.

Housing Choice Voucher Program

The Housing Choice Voucher program is the major federal program for assisting low-income families, the elderly, and people with disabilities to obtain decent, safe, and affordable housing in the community. Vouchers are commonly referred to as tenant-based rent subsidies because they are provided to eligible applicants to use in private market rental housing of their choice that meets the HCV program requirements. The HCV household pays a portion of monthly housing costs that is based on the income of the household. The household's portion is usually – but not always – equal to 30-40% of its monthly-adjusted income. This subsidy is based on the cost of moderately priced rental housing in the community and is provided by a PHA under a contract with HUD.

At the present time, there are 56 PHAs in Mississippi administering HCV and public housing programs. Of these, 3 PHAs administer only an HCV program, 41 PHAs administer only a public housing program, and 12 PHAs administer both an HCV and public housing program. The PHAs in Mississippi administer a total of 24,039 vouchers and own and operate a total of 13,735 units of federally funded public housing. A list of Mississippi PHAs – and the resources they control – is included in Table 3.

TABLE 3¹: PHA Contacts for Mississippi

PHA Name	City	PH/HCV/Both	Housing Choice Vouchers	Public Housing Units
Aberdeen HA	Aberdeen	PH		151
Amory HA	Amory	PH		112
Baldwyn HA	Baldwyn	PH		65
Bay St. Louis HA	Bay Saint Louis	PH		No data available
Bay Waveland HA	Bay Saint Louis	Both	380	180
Waveland HA	Bay Saint Louis	PH		No data available
Biloxi HA	Biloxi	Both	701	961
Booneville HA	Booneville	PH		160
Brookhaven HA	Brookhaven	PH		235
Canton HA	Canton	PH		150
North Delta Regional HA	Clarksdale	HCV	754	
Clarksdale HA	Clarksdale	PH		296
Columbus HA	Columbus	PH		480
Mississippi Regional HA IV	Columbus	Both	2,478	389
Walnut HA	Corinth	PH		34
Tennessee Valley RHA	Corinth	Both	1,580	1,211
Corinth HA	Corinth	PH		330
Forest HA	Forest	PH		79
Greenwood HA	Greenwood	Both	260	408
Mississippi Regional HA VIII	Gulfport	Both	6,812	1,056
Hattiesburg HA	Hattiesburg	PH		296
Hazlehurst HA	Hazlehurst	PH		122
Holly Springs HA	Holly Springs	PH		90
Itta Bena HA	Itta Bena	PH		70
Iuka HA	Iuka	PH		76
Mississippi Regional HA VI	Jackson	Both	4,935	136
Jackson HA	Jackson	Both	739	186
Attala County HA	Kosciusko	PH		61
Laurel HA	Laurel	PH		624
South Delta Regional HA	Leland	HCV	1,688	
Long Beach HA	Long Beach	Both		No data available
Louisville HA	Louisville	PH		154

1 Data from HUD PHA Contact Information http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/pha/contacts and HUD Housing Authority Profile database <https://pic.hud.gov/pic/haprofiles/haprofilelist.asp>

PHA Name	City	PH/HCV/Both	Housing Choice Vouchers	Public Housing Units
Mississippi Regional HA VII	McComb	Both	1,565	120
Summit HA	McComb	PH		30
McComb HA	McComb	PH		435
Meridian HA	Meridian	Both	211	1,280
Mound Bayou HA	Mound Bayou	PH		100
Natchez HA	Natchez	PH		296
Mississippi Regional HA V	Newton	Both	1,747	578
Okolona HA	Okolona	PH		67
Mississippi Regional HA II	Oxford	HCV	189	
Oxford HA	Oxford	PH		212
Picayune HA	Picayune	PH		276
Pontotoc HA	Pontotoc	PH		80
Richton HA	Richton	PH		No data available
Sardis HA	Sardis	PH		82
Senatobia HA	Senatobia	PH		120
Shelby HA	Shelby	PH		No data available
Starkville HA	Starkville	PH		244
Tupelo HA	Tupelo	PH		388
Vicksburg HA	Vicksburg	PH		430
Water Valley HA	Water Valley	PH		201
Waynesboro HA	Waynesboro	PH		50
West Point HA	West Point	PH		190
Winona HA	Winona	PH		154
Yazoo City HA	Yazoo City	PH		290
Total			24,039	13,735

Special Purpose Vouchers

In addition to regular Housing Choice Vouchers, there are special purpose vouchers that have been appropriated by Congress exclusively for people with disabilities. Because of various requirements imposed on these vouchers by law and by Congressional appropriations language, these vouchers are an invaluable resource for meeting the housing needs of people with disabilities since they must continue to be set aside for people with disabilities even when they turnover and are re-issued. As documented in Table 4, of the 24,039 vouchers administered by PHAs in Mississippi, less than 1% (150 vouchers) are targeted exclusively to people with disabilities through the following program:

- Rental Assistance for Non-Elderly Persons with Disabilities (“NED” Vouchers): Over the past decade, HUD has also awarded over 55,000 other vouchers targeted to non-elderly people with disabilities, now referred to as NED vouchers.¹

¹ NED vouchers include those vouchers previously known as Designated Housing vouchers, Certain Developments vouchers, Project Access vouchers, and 1-year Mainstream vouchers.

TABLE 4¹: PHAs in Mississippi with Special Purpose Vouchers

PHA	NED
MS Regional Housing Authority No. V	75
MS Regional Housing Authority No. VI	75
TOTAL	150

On June 14, 2011 HUD published *PIH Notice 2011-32*, a critical document for ensuring the effective utilization of all the NED vouchers described above. All PHAs will now be clear that, upon turnover, those vouchers must continue to be provided ONLY to non-elderly disabled households.

HCV Utilization Rates

Data related to the utilization of Housing Choice Vouchers by PHAs in Mississippi is located in Table 5. As illustrated below, the rate of utilization of vouchers by non-elderly disabled individuals was lower than the national rate of 20% at 86% of the PHAs in the State. For elderly disabled households the utilization rate was less than the national rate of 14% at all of the PHAs and the utilization rate by elderly non-disabled individuals at 93% of the PHAs was less than the national rate of 7%.

TABLE 5²: Housing Choice Voucher Utilization Rates By Non-Elderly Disabled, Elderly Disabled, and Elderly Non-Disabled Households

PHA	Non-elderly individuals with disabilities	Elderly individuals with disabilities	Elderly individuals without an identified disability
Bay Waveland HA	20%	12%	6%
Biloxi HA	12%	12%	8%
North Delta Regional HA	10%	9%	1%
Mississippi Regional HA IV	14%	7%	1%
Tennessee Valley RHA	20%	9%	4%
Greenwood HA	9%	6%	3%
Mississippi Regional HA VIII	15%	7%	4%
Mississippi Regional HA VI	16%	8%	2%
Jackson HA	18%	4%	3%
South Delta Regional HA	8%	5%	1%
Long Beach HA	No data available		
Mississippi Regional HA VII	12%	5%	2%
Meridian HA	9%	5%	3%
Mississippi Regional HA V	11%	6%	1%
Mississippi Regional HA II	3%	2%	3%
State Average	14%	7%	3%
National Average	20%	14%	7%

1 Data from <http://www.tacinc.org/knowledge-resources/vouchers-database/>

2 Data from HUD Resident Characteristics Report as of April 30, 2014: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/systems/pic/50058/rcr

Public Housing Units

As of May 2014, 3 PHAs within Mississippi had designated a total of 484 public housing units as elderly only- none of these PHAs received approved allocation plans in the past year. None of these PHAs had implemented a waiting list preference in the public housing program as a means to address the loss of units available to people with disabilities.

TABLE 6¹: PHAs in Mississippi with Approved Designated Housing Allocation Plans

PHA	Units Designated for Elderly	Units Designated for People with Disabilities
Biloxi HA	296	0
Mississippi Regional HA VIII	148	0
Tupelo HA	40	0
TOTAL	484	0

According to data from HUD, as of April 30, 2014, the rate of utilization of public housing units by non-elderly disabled individuals was lower than the national rate of 17% at 27 PHAs in the State. For elderly disabled households the utilization rate was less than the national rate of 14% at 35 of the PHAs and the utilization rate by elderly non-disabled individuals at 32 of the PHAs was less than the national rate of 16%.² Mississippi has lower public housing utilization rates for elderly disabled households and elderly households without an identified disability than the national averages. The State is equal to the national average of utilization rates for non-elderly individuals with disabilities.

RESOURCES ADMINISTERED BY STATE AND LOCAL COMMUNITY

DEVELOPMENT OFFICIALS

Each year, Congress appropriates billions of dollars (slightly over \$6.4 billion for federal Fiscal Year 2014) that go directly to all states, most urban counties, and communities “entitled” to receive federal funds directly from HUD. Before states and communities can receive these funds they must have a HUD-approved Consolidated Plan (ConPlan). A list of the HUD-approved Consolidated Plans from Mississippi, along with contact persons can be found online at http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/about/conplan/local/ms. Table 7 documents the FY14 ConPlan formula allocations for the entire state.

The ConPlan must outline a plan for the use of federal housing funds including:

- Community Development Block Grant (CDBG)
- HOME Investment Partnerships Program (HOME)
- Housing Opportunities for Persons with AIDS (HOPWA)
- Emergency Shelter Grant (ESG)

¹ Data from http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/dhp/designated

² Data from HUD Resident Characteristics Report on April 30, 2014: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/systems/pic/50058/rcr

TABLE 7¹: FY2014 Consolidated Plan Allocations for Mississippi

Name	CDBG	HOME	HOPWA	ESG	TOTAL
Biloxi	\$415,068	\$0	\$0	\$0	\$415,068
Gulfport	\$520,651	\$436,915	\$0	\$0	\$957,566
Hattiesburg	\$508,306	\$235,869	\$0	\$0	\$744,175
Jackson	\$1,754,122	\$676,317	\$1,084,711	\$148,050	\$3,663,200
Moss Point	\$98,436	\$0	\$0	\$0	\$98,436
Pascagoula	\$184,944	\$0	\$0	\$0	\$184,944
Mississippi Non entitlement	\$23,486,071	\$7,462,375	\$963,495	\$2,131,038	\$34,042,979
Total	\$26,967,598	\$8,811,476	\$2,048,206	\$2,279,088	\$40,106,368

HOME Investment Partnerships Program

The federal government created the HOME Investment Partnerships Program (HOME) in 1990. The HOME program is a formula grant of federal housing funds given to states and localities (referred to as “participating jurisdictions” or PJs). Mississippi received over \$8.8 million in HOME funds in FY 2014. This formula funding was allocated to 3 PJs and the State of Mississippi.

HOME funds can be used to:

- Build, buy, and renovate rental housing;
- Finance home-ownership opportunities;
- Repair homes, including making buildings physically accessible; or
- Provide rental subsidies to eligible households.

Specifically, HOME resources can be used to cover the cost of acquiring land and buildings, renovating properties, as well as constructing new rental housing. However, HOME funds cannot be used to fund on-going housing operating costs. Funds can be provided for projects developed by both for-profit and non-profit developers and can be made available in the form of grants or loans, which are designed to ensure affordability. Sometimes HOME funds are used to cover costs incurred to determine if a project is feasible, such as architect and engineering fees.

The rental housing developed using HOME funds can take on many forms. The units can range in size from Single Room Occupancy (SRO) units or efficiencies (studios) to multi-bedroom apartments. HOME-funded rental housing can be as small as a single family home or as large as an apartment complex with hundreds of units.

All housing developed with HOME funds must serve low- and very low-income individuals and families. For rental housing, at least 90% of HOME funds must benefit families whose incomes are at or below 60% of AMI; the remaining 10% must benefit families with incomes at or below 80% of AMI. However, the fact that HOME funds cannot be used to subsidize the operating costs of rental housing can be a barrier to using the program for people with extremely low-incomes (i.e., below 30 % of the AMI) including extremely low-income people with disabilities and elders.

Table 8 below demonstrates how HOME funds were used in Mississippi to create rental housing to assist people with very low- and extremely-low incomes. Given their limited incomes, people with disabilities and elders in Mississippi could benefit from rental housing targeted to people with incomes below 30% (or even 50%) of the area median. Without a link to on-going subsidy funding through programs like HCV assistance or a state funded subsidy, it is difficult to use HOME funds to develop permanent and affordable rental housing for people with incomes below

1 Data from http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/about/budget/budget14

30% of AMI. Despite this fact, two PJs in Mississippi have developed some deeply subsidized housing for extremely low-income people and Gulfport is above the national rate of 47% of tenants of HOME-funded rental housing with incomes between 0%-30% of AMI.

TABLE 8¹: Incomes of Renters in HOME-Funded Rental Housing in Mississippi as of 03/31/14

Participating Jurisdiction	FY12 HOME Funding	% of tenants of HOME-funded rental housing whose income is 0-30% of AMI (as compared to other renters)	% of tenants of HOME-funded rental housing whose income is 0-50% of AMI (as compared to other renters)
Gulfport	\$250,987,693	100%	100%
Hattiesburg	\$8,624,541	0%	67%
Jackson	\$21,156,588	0%	86%
State of Mississippi	\$6,850,578	26%	88%
State Average		14%	86%
National Average		47%	82%

Housing Opportunities for Persons with AIDS Program (HOPWA)

HOPWA funding provides housing assistance and related supportive services by grantees who are encouraged to develop community-wide strategies and form partnerships with area nonprofit organizations. HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. These include, but are not limited to, the acquisition, rehabilitation, or new construction of housing units; costs for facility operations; rental assistance; and short-term payments to prevent homelessness. HOPWA funds also may be used for health care and mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living, and other supportive services.²

HOPWA funds are awarded through the Consolidated Plan as a block grant to states and larger metropolitan areas based on the incidences of AIDS in these areas and competitively through an annual Notice of Funding Availability (NOFA). In Mississippi, the City of Jackson and the State of Mississippi receive formula allocation funds (see Table 7 above). Table 9 below includes data regarding how these funds are used in Mississippi.

TABLE 9³ Utilization of HOPWA Formula Funding in 2012-2013

	% of Expenditures			
	Supportive Services	Housing Assistance	Housing Information Services	Admin
City of Jackson	-	92.0	-	8.0
State of Mississippi	-	90.0	-	10.0
Grace House*	18.0	82.0	-	-

* Indicates a competitive grant

Emergency Solutions Grant (ESG)

On May 20, 2009 President Obama enacted the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009. The HEARTH Act provides communities with new resources and better tools to prevent and end homelessness, including revamping the ESG program. The key changes that reflect this new emphasis are the expansion of the homelessness prevention component of the program and the addition of a new rapid re-housing assistance component.

1 Data Source: HUD HOME Performance SNAPSHOTS <https://onecpd.info/resource-library/home-performance-snapshot-and-pj-rankings-reports>

2 <https://www.onecpd.info/hopwa/>

3 Data from HOPWA Performance Profiles on February 28, 2014: <https://www.onecpd.info/resource-library/hopwa-performance-profiles>

The current ESG program provides federal grants to states and localities based on a formula. To receive ESG funds, each state/entitlement community must submit a Consolidated Plan to HUD describing how the ESG resources will be used to meet local needs. Under HEARTH, ESG eligible components include:

- Street Outreach
- Emergency Shelter
- Homelessness Prevention
- Rapid Re-Housing
- Homeless Management Information Systems (HMIS)
- Administration (up to 7.5% of ESG allocation)

Some of these activities, specifically Rapid Re-Housing and HMIS, are new allowable activities under ESG.

In Fiscal Year 2014, Mississippi received over \$2.2 million in ESG resources.

SECTION 811 SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES PROGRAM

The Section 811 program funds the development of supportive housing for people with disabilities between the ages of 16 and 62. Historically, the program has been referred to as the “one-stop shopping” program because it provided both capital funding and a project-based rental assistance contract for non-profit organizations to develop new integrated supportive housing for persons with disabilities. In January, 2011, President Obama signed into law the Frank Melville Supportive Housing Investment Act of 2010, legislation to revitalize and reform the Section 811 program. The “one-stop” option remains authorized within the reformed Section 811 program. However, the program includes two new approaches to creating integrated supportive housing: the Modernized Capital Advance/Project Rental Assistance Contract (PRAC) multi-family option, and the Project Rental Assistance (PRA) option. Both options require that properties receiving Section 811 assistance limit the total number of units with integrated supportive housing use restrictions to 25% or less. Although all three of these options are authorized in the legislation, the FY 2012, 2013 and 2014 appropriations, direct that all funding for new Section 811 units be provided solely through the PRA option. Currently, there are no regulations for this program, but program guidelines are anticipated.

Annually, HUD publishes a Notice of Funding Availability (NOFA) each year for the Section 811 program. The NOFA specifies the number of Section 811 units allocated to each HUD jurisdiction according to needs factors that include the number of people age 16 years or older with disabilities. Only non-profit organizations are eligible to apply. As seen in Table 10, Mississippi has been successful in obtaining 45 new Section 811 housing units since 2005.

TABLE 10¹: Section 811 Supportive Housing for Persons with Disabilities Program Awards for Mississippi FY2005-2011

Year	Sponsor	City	Rental Subsidy	Capital Advance	# Units Awarded
2005	Warren-Yazoo Mental Health Services, Inc.	Vicksburg	\$245,500	\$1,230,000	17
2006	No awards				
2007	No awards				
2008	NAMI Mississippi	Lexington	\$125,700	\$1,372,900	14
2009	No awards				

1 Data from <https://www.federalregister.gov/>

Year	Sponsor	City	Rental Subsidy	Capital Advance	# Units Awarded
2010 and 2011	Focus Outreach Community Development Corp	Louisville	\$154,500	\$1,483,000	14
TOTAL			\$525,700	\$4,085,900	45

In the FY12 budget, Congress provided funds for renewals of existing projects but funds for new units only through the PRA Demonstration component of the Section 811 Program. Late in FY12, HUD issued the first NOFA for PRA Demonstration funds and in February 2013 announced awards of \$98 million to 13 states for the development of 3,530 units. Mississippi did not apply for Section 811 PRA Demonstration funding during this last competition.

Section 202 Supportive Housing for the Elderly Program

The Supportive Housing for the Elderly program (Section 202) helps expand the supply of affordable housing with supportive services for elderly people (age 62 and older). This program provides capital advances to finance the construction and rehabilitation of structures that will serve as supportive housing for very low-income elderly people and provides rent subsidies for the projects to help make them affordable. Section 202 capital advances finance property acquisition, site improvement, conversion, demolition, relocation, and other expenses associated with supportive housing for the elderly. The capital advance does not have to be repaid as long as the project serves very low-income elderly persons for 40 years. Section 202 project rental assistance covers the difference between the HUD-approved operating cost per unit and the tenant's rent. Project rental assistance contract payments can be approved up to five years. However, contracts are renewable based on the availability of funds.

As with the 811 program, each year HUD publishes a NOFA for the Section 202 funding appropriated by Congress. The NOFA specifies the number of Section 202 units allocated to each HUD jurisdiction and only non-profit organizations are eligible to apply. Mississippi has had success in obtaining new Section 202 resources. As documented in Table 11, from FY2005-2011, Mississippi received funding for 72 new units of supportive housing through the Section 202 program.

In January 2011, the Section 202 Supportive Housing for the Elderly Act of 2010 (referred to as S.118) was enacted. Similar to the Melville Act, this act amends and implements reforms to the Section 202 program. S.118 streamlines and simplifies the program to allow for increased participation by non-profit developers, private lenders, investors and state and local funding agencies.

TABLE 11¹: Section 202 Supportive Housing for the Elderly Program Awards for Mississippi FY2005-2011

Year	Sponsor	City	Rental Subsidy	Capital Advance	# Units Awarded
2005	No awards				
2006	No awards				
2007	People with Vision, Inc.	Jackson	\$177,000	\$1,770,500	20
2008	VOA Southeast, Inc.	Wiggins	\$183,600	\$1,925,300	20
2009	VOA Southeast, Inc.	Gautier	\$271,800	\$2,012,800	20
	VOA Southeast, Inc.	Picayune	\$108,300	\$1,195,400	12
2010 and 2011	No awards				
TOTAL			\$740,700	\$6,904,000	72

1 Data from <https://www.federalregister.gov/>

Continuum of Care (CoC)

In 1987, Congress passed the first federal law specifically addressing homelessness. The Stewart B. McKinney Homeless Assistance Act of 1987, later renamed the McKinney-Vento Homeless Assistance Act, provides federal financial support for a variety of programs to meet the many needs of individuals and families who are homeless. The housing programs it authorizes are administered by HUD's Office of Special Needs Assistance Programs.

The Continuum of Care planning process was designed to promote the development of comprehensive systems to address homelessness by providing communities with a framework for organizing and delivering housing and services. The overall approach is predicated on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs – physical, economic, and social.

As an entity, a Continuum of Care serves two main purposes:

- To develop a **long-term strategic plan and manage a year-round planning effort** that addresses the identified needs of homeless individuals and households; the availability and accessibility of existing housing and services; and the opportunities for linkages with mainstream housing and services resources.
- To prepare an **application** for McKinney-Vento Homeless Assistance Act (McKinney-Vento) competitive grants.

These resources are invaluable in providing housing and supportive services for people who are homeless. These funds are made available through a national competition announced each year in HUD's Notice of Funding Availability (known as the HUD SuperNOFA). Applications should demonstrate broad community participation and identify resources and gaps in the community's approach to providing outreach, emergency shelter, and transitional and permanent housing, as well as related services for addressing homelessness. An application also includes action steps to end homelessness, prevent a return to homelessness, and establishes local funding priorities.

There are 3 Continuum of Care planning groups in Mississippi - 2 local CoCs and a Balance of State CoC that captures those communities not contained within the jurisdictions of the local CoCs.¹ Table 12 below includes information about the number of emergency shelter, transitional housing (TH) and integrated supportive housing beds across the state. Most of these housing programs are funded by HUD and have different program qualification requirements and restrictions on length of stay. HUD-funded Transitional Housing allows people who are homeless to remain up to 24 months and the length of the program can vary depending on program design. TH beds may or may not be dedicated to people with disabilities. HUD-funded Integrated supportive housing (ISH) has no fixed time limit and is dedicated to people who are homeless with disabilities. ISH units may have services on-site or provided through community service providers. According to HUD's 2013 Annual Homeless Assessment Report, Mississippi is one of six states in the country where more than half of the homeless population was living in unsheltered locations.²

This Housing Inventory count is self-reported by the Continuum of Care each year. As Table 12 below documents, the number of ISH units for homeless persons has more than doubled in recent years.

TABLE 12³: Beds for Homeless Persons Excerpt from Continuum of Care Housing Inventory Charts 2008 through 2010

Type	2011		2012		2013		Change 2011-2013	
	Families	Individs.	Families	Individs.	Families	Individs.	Families	Individs.
ES	388	301	484	341	467	348	20%	16%
TH	306	375	293	341	433	392	42%	5%
ISH	54	256	40	318	112	399	107%	56%

1 Data from www.onecpd.info/grantees

2 Data from <https://www.onecpd.info/resources/documents/ahar-2013-part1.pdf>

3 Data from www.onecpd.info/grantees

LOW INCOME HOUSING TAX CREDIT PROGRAM (LIHTC)

The federal government created the LIHTC program to encourage the development of new mixed-income rental housing that would benefit low-income households. At the federal level, the program is not administered by HUD, but rather by the Internal Revenue Service (IRS) within the Department of Treasury. Housing developed under the LIHTC program must be maintained as affordable rental housing for at least 15 years. Many types of rental housing are eligible including:

- Multifamily rental housing;
- Mixed-use projects that include both rental housing and commercial space;
- SRO housing; and
- Scattered-sites that can be “bundled together” as one project.

According to the LIHTC program guidelines, the minimum number of affordable units required in each LIHTC property is determined by the following federal formula:

- For a LIHTC project targeted to assist households at 50% of AMI and below, at least 20% of the units in the project must be affordable; **OR**
- For a LIHTC project targeted to households between 50-60% of AMI, at least 40% of the units in the project must be affordable.

States can choose to require deeper affordability standards, such as a requirement that a certain number of units be affordable to people with incomes at 30% of AMI.

In addition, newly constructed or substantially rehabilitated properties financed with LIHTC are required to have 5% of the units accessible to people with mobility impairments and an additional 2% of the units accessible to people with sensory impairments. Because of the accessibility standards and the opportunity to create more deeply subsidized housing, the LIHTC program is a valuable resource for creating housing for people with disabilities. In Mississippi, Mississippi Home Corporation is the agency responsible for administering the Low Income Housing Tax Credit program (<http://www.mshc.com/>).

The LIHTC program includes a requirement that states develop a strategic planning document describing how the LIHTC program will be utilized to meet the housing needs and housing priorities of the state. This plan – known as the Qualified Allocation Plan (QAP) – must be submitted to the Department of Treasury/IRS each year in order for the state to receive its LIHTC allocation from the federal government. Mississippi receives an allocation of approximately \$8.7 million in Low Income Housing Tax Credits per year. The final 2013 QAP for Mississippi is available online at <http://www.mshc.com/htc/pdf/2013/qap/2013%20Qualified%20Allocation%20Plan.PDF>.

Many states use the Low Income Housing Tax Credit program as a mechanism for creating new units of affordable housing for people with disabilities, elders, and other very-low income people with special needs. A review of LIHTC policies that encourage or incentivize integrated supportive housing can be found in *Housing Credit Policies in 2012 that Promote Supportive Housing*¹. The FY13 QAP for Mississippi provides a scoring advantage for those projects applying for LIHTC funds that commit to target the units in the property for special needs populations, veterans, and households whose incomes are 30% or less of the area median income. Additionally, Mississippi has created “Health Care Zones” in order to locate developments in a county that has less than 375 acute care hospital beds. These zones are designed to be economic development tools for communities to follow in order to facilitate health care job creation and wealth.²

1 Published by the Corporation for Supportive Housing and available at <http://www.csh.org/wp-content/uploads/2012/09/QAP-Report-FINAL2012.pdf>

2 Data from <http://www.mshc.com/htc/pdf/2013/2013%20Memo%20re%20Health%20Care%20Zone%20Master%20Plan.pdf>

VETERAN HOUSING OPTIONS

According to HUD's 2013 Annual Homeless Assessment Report, there were an estimated 210 homeless veterans in Mississippi on any given night in time. These veterans represented 9% of all homeless people in the state.¹

VA Supported Housing Program (VASH)

VASH is a joint project between the Department of Veteran Affairs (VA) and the Department of Housing and Urban Development (HUD). The goal of the program is to transition veterans from homelessness to having permanent, secure, safe housing so that they may rebuild their lives. The clientele in VASH vary from families to single veterans and from Vietnam era to returning Operation Iraqi Freedom/Operation Enduring Freedom veterans. This program is administered in terms of a housing voucher from HUD for veterans to rent a home or an apartment, and intensive case management services provided by the VA for five years. After the five years, the veteran may turn his or her VASH voucher into a housing choice voucher to maintain their apartment, freeing up the VASH voucher and case management for another veteran. The Case Management services are administered for five years and are highly individualized to support the vet and /or family to reach self sufficiency and success.

As of February 2014, there were a total of 470 VASH vouchers in Mississippi administered by 4 different PHAs.

TABLE 13²: VASH Vouchers

PHA	City	VASH Vouchers
Mississippi Regional HA VI	Jackson	10
Mississippi Regional HA VIII	Gulfport	25
Housing Authority of the City of Biloxi	Biloxi	185
Housing Authority of the City of Jackson	Jackson	250
TOTAL		470

Grant and Per Diem Program (GPD)

Veteran Affairs' Homeless Providers Grant and Per Diem Program is offered annually (as funding permits) by the Department of Veterans Affairs Health Care for Homeless Veterans (HCHV) Programs to fund community agencies providing services to homeless Veterans. The purpose of the program is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.¹ The program provides transitional supportive housing for up to 24 months for veterans. Table 14 below includes a list of some GPD programs in Mississippi.

TABLE 14³: GPD Programs in Mississippi

Jackson	ISIAH House	40 beds
Jackson	Oak Arbor	20 beds
Jackson	Clearview Recovery	20 beds

Homeless liaisons at the VA medical Centers are the main point of contact for all other VA services and housing programs. Table 15 below provides the VA contact information for Mississippi.

¹ Data from <https://www.onecpd.info/resources/documents/ahar-2013-part1.pdf>

² Data from <http://www.tacinc.org/knowledge-resources/vouchers-database/>

³ Data from http://www.va.gov/HOMELESS/docs/Homeless_Resource_Guide.pdf

TABLE 15: VA Homeless Coordinators¹

Location	VA Point of Contact	Telephone Number	Email Address
Gulf Coast/Biloxi	Brian Squyres, LCSW	(228) 523-4245	Brian.squyres@va.gov
Jackson	Jaudon Presson, LCSW	(601) 362-4471 x5504	Jaudon.presson@va.gov

Support Services for Low-Income Veterans Families (SSVF)

On July 26, U.S. Department of Veterans Affairs (VA) Secretary Eric Shinseki announced the award of 85 new grants under the VA's new Supportive Services for Veteran Families (SSVF) Program. The SSVF Program is a new VA program that awards grants to private non-profit organizations and consumer cooperatives that will provide supportive services to very low-income Veterans and their families residing in or transitioning to permanent housing. The grantees will provide a range of supportive services designed to promote housing stability.

As seen in Table 15, in Mississippi, two grantees received over \$600,000 in SSVF funding in 2012, and in 2013, six more grantees received an additional \$3.8 million dollars.

TABLE 15²: SSVF Grant Awards

Award Year	Sponsor or Project Name	City	Grant Award
2012	Region XII Commission on Mental Health and Retardation	Hattiesburg	\$448,379
2012	Back Bay Mission, Inc.	Biloxi	\$187,584
2013	Region XII Commission on Mental Health and Retardation (Pine Belt Mental Health)	Hattiesburg	\$875,301
2013	Back Bay Mission, Inc.	Biloxi	\$199,584
2013	Mississippi United to End Homelessness, Inc.	Jackson	\$157,000
2013	Hancock Resource Center (HRC)	Waveland	\$173,783
2013	Soldier On of Delaware, Inc	Mississippi Balance of State	\$2,000,000
2013	Catholic Charities, Inc.	Jackson	\$457,000
TOTAL			\$4,498,631

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) HOUSING AND COMMUNITY ASSISTANCE

The USDA administers a variety of housing programs designed to serve people living in rural areas who have low or very low incomes. The USDA website for Mississippi is <http://www.rurdev.usda.gov/MHome.html>

The following programs target resources for people who are elderly and/or disabled to gain access to rental housing or remain in their own modified housing.

- Rental Assistance Program (RA) – Provides rental assistance for Rural Rental Housing projects for persons with very low and low incomes, the elderly, and people with disabilities if they are unable to pay the basic monthly rent within 30 percent of adjusted monthly income.
- Rural Rental Housing (Section 515) – Provides mortgage loans to provide affordable multifamily rental housing for very low-, low-, and moderate-income families, the elderly, and people with disabilities.
- Rural Repair and Rehabilitation Program – Provides loan and grants to very low-income owners who are 62 years or older to make repairs or improvements to remove health and safety hazards or to complete repairs

1 Data from http://www.va.gov/HOMELESS/docs/Homeless_Resource_Guide.pdf

2 Data from http://www.va.gov/HOMELESS/docs/SSVF/FY2012_SSVF_Awards_7172012_2.pdf and http://www.va.gov/homeless/docs/ssvf/2013_ssvf_awards_final_71113.pdf

to make the dwelling accessible for household members with disabilities.

Between 2009 and 2012 Mississippi has received between \$35.6 and \$38.8 million of USDA Rental Assistance Program funding each year and between \$233,000 and \$2.4 million in Rural Rental Housing funding.¹

The Mississippi USDA Rural Development Office contact information is included in Table 16. They can be contacted for more information about the programs available in Mississippi.

TABLE 16²: USDA Rural Development Office Contact

Office	Service Area
Brookhaven Area Office 1395-D Johnny Johnson Drive Brookhaven, MS 39601 Phone: (601) 833-9321	Marion, Jeff Davis, Lawrence, Copiah, Claiborne, Simpson, Warren, Pike, Lincoln, Amite, Walthall, Adams, Franklin, Jefferson, Wilkerson Counties
Decatur Area Office 76 Little Rock-Decatur Road Decatur, MS 39327 Phone: (601) 635-2556	Rankin, Hinds, Madison, Scott, Attala, Holmes, Leake, Lauderdale, Clark, Newton, Jasper, Jones, Smith, Neshoba Kemper, Wayne Counties
Grenada Area Office 2330-D Sunset Drive Grenada, MS 38901 Phone: (662) 226-4441	Grenada, Carroll, Montgomery, Sunflower, Leflore, Yazoo, Washington, Humphreys, Sharkey, Issaquena Counties
Hattiesburg Area Office 113 Fairfield Drive, Suite 220 Hattiesburg, MS 39402 Phone: (601) 261-3293	Harrison, Hancock, Pearl River, Stone, George, Forest, Jackson, Perry, Lamar, Covington, Greene Counties
Batesville Area Office 175 Broom Ridge Road, Suite C Batesville, MS 38606 Phone: (662) 578-7008	Bolivar, Coahoma, Quitman, Tallahatchie, Panola, Lafayette, Marshall, Tunica, Tate, DeSoto, Yalobusha Counties
Starkville Area Office 510 Highway 25 N., Suite 3 Starkville, MS 39759 Phone: (662) 323-8031	Lowndes, Clay, Noxubee, Alcorn, Benton, Prentiss, Tishomingo, Tippah, Union, Lee, Itawamba, Calhoun, Monroe, Chickasaw, Pontotoc, Oktibbeha, Choctaw, Webster, Winston Counties

1 Data from <http://www.rurdev.usda.gov/Reports/RDProgressReport2012Feb2013.pdf>

2 Data from <http://www.rurdev.usda.gov/MSRDOOfficeMap.html>

Appendix D: Planning Committee Members

Table 1: Mississippi Integrated Supportive Housing Strategy Planning Committee Members

Agency/Office	Representative(s)	Title
Attorney General's Office	Mike Lanford	Deputy Attorney General
MS Home Corporation	Diane Bolen	Executive Director
	Ben Mokry	Executive VP of Research & Development
MS Department of Corrections	Jerry Williams	Deputy Commissioner
MS Development Authority	Steve Hardin	Director, Community Services Division
MS Department of Health	Dr. Mary Currier	State Health Officer
	James Stewart	Director, Bureau of Care and Services
MS Department of Human Services	Rickey Berry	Executive Director
	Mark Smith	Deputy Executive Director
MS Department of Mental Health	Ed LeGrand	Retired Executive Director
	Diana Mikula	Current Executive Director
	Jake Hutchins	Bureau of Mental Health Director
	Jerri Avery	Bureau of Alcohol and Drug Services Director
	Trisha Hinson	Division of Community Living Director
	Penny Stokes	Director of Transition Services
	Matt Armstrong	Bureau of I/DD Director
	Cyndi Eubank	Special Assistant Attorney General for DMH
	Gene Rowzee	MDMH Attorney
	Ashley Lacoste	Director, I/DD Waiver HCBS
Jordan McMichael	Intern	
MS Division of Medicaid	Kristi Plotner	Director, Office of Policy, Planning and Development
	Will Crump	Deputy Director
	Jennifer Fulcher	Assistant Project Director-B2i
	John Randazzo	Consultant-B2i
	Paige Biglane	Special Assistant Attorney General for DOM