

**The Real Choice Systems Change
Grant: Building Sustainable
Partnerships for Housing**

Final Report

March 24, 2014

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MATHEMATICA
Policy Research

Contract Number:
HHSM-500-2010-0026I

Mathematica Reference Number:
40137.B5D

Submitted to:
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Division of Community Services
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EXECUTIVE SUMMARY

For low-income people with disabilities, independent living in the community depends on ongoing home and community-based services (HCBS) as well as the availability of affordable, accessible housing. Although states have made significant progress in expanding access to HCBS, the lack of housing options and assistance remains a persistent barrier to allowing more individuals to live in the community. Recognizing that partnerships between state Medicaid and housing agencies can help ensure that community-based services are linked with housing supports, in fiscal year 2011, Congress appropriated \$1.98 million to create a Real Choice Systems Change (RCSC) grant program. Its goal was to help states develop sustainable partnerships between Medicaid and state housing agencies and leverage those partnerships to create permanent and affordable rental housing for people with disabilities receiving Medicaid long-term services and supports. In September 2011, the Centers for Medicare & Medicaid Services (CMS) awarded RCSC grants to Medicaid agencies in Indiana, Maryland, Mississippi, Oregon, Texas, and Wisconsin.

RCSC Grant Results. The grantees used these funds to help plan and prepare applications for Department of Housing and Urban Development (HUD) Section 811 Project Rental Assistance (PRA) funding to develop integrated supportive housing units, which required a formal partnership between the state Medicaid and housing agencies. In 2013, HUD selected two grantees (Maryland and Texas) to receive PRA funding. The partnerships that developed through this RCSC grant spurred other accomplishments, such as setting a preference category that gives people with disabilities greater priority for housing assistance in state housing agency Consolidated Plans and in Qualified Allocation Plans, which guide public housing investment decisions. State grantees also improved local capacity to develop integrated supportive housing through education and training for developers and service providers and by promoting the development of local coalitions. States also used grant funds to develop online housing locator tools and other resources that link community health and social service providers with housing supports. Finally, states invested in the development of housing registries and inventory databases to improve their ability to track statewide supportive housing needs and options.

Lessons. Several lessons emerged from the RCSC grant initiative. Federal and state policymakers may want to consider these when developing similar or expanded initiatives.

- **State Partnerships.** State Medicaid and housing agencies in all six grantee states strengthened their partnerships, but grant periods lasting more than one year may be necessary to ensure partnerships are sustainable beyond the grant, particularly in states where the two agencies did not work together previously.
- **Local Capacity.** Educating and engaging local stakeholders, such as property developers, Public Housing Authority staff, service providers, and case managers, builds local capacity to take advantage of federal or state funding opportunities. Federal programs should support state efforts to build local coalitions of housing, health, and long term services & supports agencies.
- **Online Housing Resources.** States invested RCSC grant funds in developing and improving online housing and service locator services, as well as in improving referral and tracking systems. However, states will incur ongoing maintenance costs for these systems. CMS or its technical assistance (TA) contractors should help

grantees identify dedicated funding sources to continue the operation and enhancement of these valuable resources.

- **TA.** All Medicaid agencies that used grant funds to obtain or purchase housing-related TA benefited from this support; CMS should continue to encourage grantees of obtain housing-related TA through future grant programs. Medicaid agencies would also benefit from having a designated liaison at HUD regional offices to address policy issues with state and local housing agencies as they arise.

I. INTRODUCTION AND OVERVIEW

A. Origins of the RCSC Sustainable Partnerships for Housing Grant Program

For low-income people with disabilities, the quest for suitable housing includes a range of challenges, including a widespread shortage in housing that is both affordable and accessible, too few housing subsidies to meet the demand, reluctance among some landlords to rent to people with disabilities, and a general lack of knowledge among health agency staff about available housing assistance and resources. The search for housing is even more challenging for those individuals who are admitted to a nursing facility or other institution and want to return to community-based living. For these individuals, the home they once lived in may no longer be available or affordable, or it may not meet the accessibility needs of their disabling condition. Having to navigate the housing search from within the institution adds an additional level of complexity, and as a result, individuals often rely on nursing facility discharge planners and state or local transition coordinators to assist with their search for community housing. These individuals, however, typically lack a background in housing, and are thus often stymied by the same challenges. As a result, individuals with disabilities may transition to community housing that does not fully meet their needs, or they may remain in the institution longer than is medically necessary.

A successful transition to community-based living requires access to home and community-based services (HCBS) as well as affordable, accessible housing. Yet a decade after the 1999 Supreme Court's decision in *Olmstead v. L.C.* (527 U.S. 581), which ruled that people with disabilities are entitled to receive services in "the most integrated setting appropriate to the needs of qualified individuals with disabilities," the ability to make a transition from institutional care to the community continues to be hindered by inadequate housing options. Although states have made significant progress in ensuring an adequate supply of HCBS, nearly every state Money Follows the Person (MFP) program¹ continues to cite an insufficient supply of affordable, accessible housing and housing vouchers as a persistent barrier to allowing more individuals to transition (Lipson et al. 2011; Orshan et al. 2013).

To address this issue, federal legislation has encouraged collaboration between the Centers for Medicare & Medicaid Services (CMS) and the Department of Housing and Urban Development (HUD) to help low-income individuals with disabilities live independently in housing linked to community-based services and supports. The 2009 Community Living Initiative (CLI), launched on the 10th anniversary of the *Olmstead* decision, played a prominent role in promoting the CMS-HUD partnership.² The CMS-HUD partnership has resulted in

¹ To boost state efforts to transition greater numbers of people out of institutions, Congress enacted an MFP demonstration, administered by CMS, to support state Medicaid program efforts to (1) transition people living in long-term care institutions to the community and (2) change state policies so that Medicaid funds for long-term services and supports can "follow the person" to the setting of his or her choice. By mid-2013, state MFP programs had transitioned over 35,000 individuals to the community (Orshan et al. 2013).

² The CLI was created to promote federal partnerships that advance the directive of the *Olmstead* decision. The goal of the CLI is to ensure that long-term services and supports are person-driven, inclusive, sustainable, efficient, coordinated, and transparent.

several new programs, including the Non-Elderly Disabled (NED) Housing Choice Voucher (HCV) program and the revised Section 811 Project Rental Assistance (PRA) program.³ In addition, CMS and their technical assistance (TA) contractors have strongly encouraged MFP grantees to develop state-level coalitions with housing-related stakeholders, including state housing finance agencies, local public housing authorities (PHAs), property developers and landlords, and community-based advocacy organizations. Furthermore, nearly every MFP program has staffed their team with a housing specialist who can help to bridge the gap between the state Medicaid and housing agencies and the services they provide (Irvin et al. 2013).

To further strengthen partnerships between state Medicaid and housing agencies, Congress appropriated \$1.98 million for fiscal year 2011 to create a RCSC grant program to achieve two key goals: (1) develop sustainable partnerships between state Medicaid agencies and state housing agencies and (2) create permanent and affordable rental housing for people with disabilities receiving Medicaid services and supports in the community. In September 2011, CMS awarded RCSC grants to state Medicaid agencies in Indiana, Maryland, Mississippi, Oregon, Texas, and Wisconsin.

B. Purpose and Overview of This Report

CMS contracted with Mathematica to assess the extent to which the six grantees accomplished the goals of the RCSC grant program. This report describes how each grantee used RCSC funds to achieve program goals and identifies the major outcomes. It also describes grantee efforts to sustain these activities beyond the life of the grant and identifies the main challenges hindering state efforts to maintain and expand permanent and affordable rental housing to low-income people with disabilities receiving Medicaid long-term services and supports in the community. The information for this report was derived from progress reports submitted by the grantees, as well as from phone discussions between Mathematica staff and the grant project directors following the end of the grant period.⁴

Following this introduction, Section II describes the overarching goals of the RCSC grant and its requirements, the six state grantees' objectives, and their initial strategies. In Section III, we review the accomplishments and key outcomes across the six state grantees. Section IV draws lessons and offers recommendations to CMS in the design of similar programs. Appendix A contains case studies for each grantee, providing detailed information about each state's policy, political, and infrastructure context for the Medicaid-housing partnership; specific activities carried out; accomplishments; and any notable challenges.

³ The HUD 2011 NED HCV program provided grantee Public Housing Authorities with 4,321 category one vouchers dedicated to low-income individuals with disabilities at risk of being institutionalized and 948 category two vouchers dedicated to low-income individuals with disabilities who lived in an institution but, with the right supports, could transition to community living. A final report on the evaluation of the category two voucher program is available (Lipson 2013).

⁴ All six grantees submitted a progress report in April 2012 and April 2013. After both submissions, Mathematica produced a memo to CMS summarizing the reported progress. Five of the six grantees submitted final reports in October 2013 following the end of the two year grant period. One state, Mississippi, was granted a no-cost extension through September 2014 and was thus exempt from submitting the final report. This report includes information collected in Mississippi's mid-year progress reports.

II. RCSC GRANT OVERVIEW AND ADMINISTRATION

On July 15, 2011, CMS's Division of Community Systems Transformation posted the solicitation for funding opportunity CMS-1L0-12-001, which offered state Medicaid agencies \$330,000 to help develop and implement strategies to provide permanent and affordable rental housing for low-income people with disabilities receiving Medicaid long-term services and supports in the community. Specifically, the grant funds were aimed at developing a sustainable partnership between the state Medicaid and housing finance agencies to help increase the supply of affordable, accessible housing. In the solicitation, CMS encouraged applicants to target high-priority Medicaid populations, such as MFP participants, homeless individuals, those receiving HCBS waiver services, and those with behavioral health conditions. The solicitation also required applicants to select at least one of the following three funding strategies:

- **Strategy 1:** Apply for newly authorized HUD Section 811 PRA funding to create new high quality, integrated, supportive housing units. In 2010, Congress passed the Frank Melville Supportive Housing Investment Act, which reformed and revitalized the Section 811 program to promote the permanent supportive housing model. At the time this solicitation was posted, there was an expectation that HUD would release a Notice of Funding Availability (NOFA) for 811 PRA early in the grant period. Thus, the purpose of this strategy was to solidify and formalize the partnership between the state Medicaid agency and housing finance agency, which would be a requirement of the 811 PRA program.
- **Strategy 2:** Develop a state housing agency HOME-funded tenant-based rental assistance program (HOME TBRA) for people with disabilities who have income at the Supplemental Security Income (SSI) level and are receiving Medicaid services. The HUD HOME program is a block grant provided to state and local governments to create affordable housing for low-income families. Under this strategy, HOME funds would be used to support a TBRA program, which provides individual families with a direct rental subsidy.
- **Strategy 3:** Create a new HCV waiting list that prioritizes people with disabilities with SSI-level incomes receiving Medicaid services and supports. In most states, wait lists for housing vouchers are extremely long, if not closed. Individuals may have to wait years to receive a needed voucher. Establishing a target population as a priority would result in shorter wait times for qualifying individuals.

In September 2011, CMS awarded the RCSC grant to the Medicaid agencies in six states: Indiana, Maryland, Mississippi, Oregon, Texas, and Wisconsin. All six awardees selected strategy 1, pursuit of Section 811 PRA funding. In addition, Oregon applied part of its grant towards funding strategy 2, the development or expansion of a HOME TBRA program. Originally, the one-year grants were to expire on September 30, 2012. However, because HUD did not release the NOFA for the 811 PRA program as early as was expected, all six grantees were approved for a one-year no-cost extension through September 30, 2013. Mississippi was granted a second no-cost extension through September 30, 2014.

Grantees were required to identify the target population for potential Section 811 PRA funding. These populations, detailed in Table II.1, were also the target of all RCSC-funded activities described in this report.

Table II.1. RCSC Grantee Target Populations, by State

| State | Target Population |
|-------------|---|
| Indiana | <ul style="list-style-type: none"> • Homeless individuals • Individuals with a serious mental illness |
| Maryland | <ul style="list-style-type: none"> • MFP participants • Individuals at risk of institutionalization • Individuals with behavioral health conditions • Homeless individuals eligible for HCBS |
| Mississippi | <ul style="list-style-type: none"> • MFP participants • Individuals at risk of institutionalization |
| Oregon | <ul style="list-style-type: none"> • Individuals transitioning out of an institution • Individuals living in group situations and transitioning to a more independent setting • Homeless individuals at risk of institutionalization • Individuals utilizing trauma centers • Individuals being treated for behavioral health issues • Youth in transition over 18 years of age • Individuals receiving HCBS waiver services |
| Texas | <ul style="list-style-type: none"> • MFP participants • Individuals with serious mental illness • Youth with disabilities transitioning out of foster care |
| Wisconsin | <ul style="list-style-type: none"> • MFP participants • Individuals at risk of institutionalization |

Source: The target populations in this table were those specified in each state’s Section 811 funding applications and were largely the same as those for RCSC grant activities.

III. RCSC GRANT RESULTS

Although RCSC grantees pursued their own strategies to achieve their goals, several common themes emerged. This section summarizes the results across the six grantees in (1) reported accomplishments; (2) efforts to sustain partnerships and initiatives; (3) administrative challenges; and (4) challenges facing states to further expand affordable, accessible housing options for people with disabilities. Table III.1 depicts each grantee's accomplishments.

A. Grantee Accomplishments

1. All Six Grantees Benefited from the HUD NOFA Section 811 PRA Application Process

HUD's Section 811 PRA funding required a formal partnership between the state Medicaid and housing finance agencies. In all six states, high and mid-level Medicaid and housing staff met regularly to determine roles and responsibilities and to solidify and formalize the partnership. In addition to the state housing agency, some grantees also included community stakeholders in the application development process. For example, representatives from the Indiana chapter of the National Alliance on Mental Illness attended grant planning sessions, and in Texas, the 811 Advisory Team included consumers as well as developers. The Texas team also held several community roundtables throughout the state to obtain consumer input on the design of the state's Section 811 application.

In February 2013, HUD announced the 811 awardees, which included two of the six RCSC grantees (Maryland and Texas). These two states spent the remainder of the RCSC grant period preparing to implement the 811 program. The other four states (Indiana, Mississippi, Oregon, and Wisconsin) redirected grant funds to other activities that similarly support CMS's overarching goal of promoting supportive housing for the priority population (discussed below).

Because Mathematica was not granted access to HUD's review comments, we were unable to assess the quality of the 811 PRA applications submitted by the grantees. However, the grantees were asked to identify lessons learned from the 811 application process. All four grantees that were not selected for 811 funding held a debriefing with HUD officials to understand how they might strengthen any future applications. Although most of HUD's feedback was unique to each grantee, described further in each state's profile in Appendix A, HUD encouraged all states to either reconsider the partnership composition or to provide further support of its cohesiveness. For example, Indiana was encouraged to include the state Family Social Service Administration in their partnership, and although Wisconsin included the entity that serves as the state's housing finance agency, the partnership did not include the Department of Mental Health and Substance Abuse Services or the Division of Housing, both providers of homeless-related services. Oregon's application lacked sufficient evidence of the partnership's previous collaboration and lacked a clear delineation between state and local agency roles.

Table III.1. State RCSC Accomplishments

| State | Funding and Priority for Vouchers or Supportive Housing | State and Community Training and Capacity Building | Housing Locator and Service Resources |
|-------------|---|--|---|
| Indiana | <ul style="list-style-type: none"> - Awarded a HUD Shelter Plus Care grant - Revised the CP and the LIHTC program's QAP to further promote the development of integrated supportive housing | <ul style="list-style-type: none"> - Established the Integrated Supportive Housing Institute - Made enhancements to IHOPE, a homelessness prevention tool - Produced an instrument for evaluating integrated supportive housing | |
| Maryland | <ul style="list-style-type: none"> - Selected to receive \$10.9 million in HUD 811 PRA funding - Revised the LIHTC program's QAP to further promote the development of integrated supportive housing - Increased HCVs dedicated to target population | <ul style="list-style-type: none"> - Developed a PRA users guide for case managers and provided related training on the 811 program and referral process - Created a 811 tenants training manual for residents - Created a web-based 811 program outreach tracking system | <ul style="list-style-type: none"> - Established a statewide web-based housing registry |
| Mississippi | <ul style="list-style-type: none"> - Granted priority status on HCV waitlists for MFP participants | <ul style="list-style-type: none"> - Established the Learning Collaborative for Supportive Housing - Hired a housing consultant | <ul style="list-style-type: none"> - Planned and designed an online housing locator |
| Oregon | <ul style="list-style-type: none"> - Established a bridge subsidy within the HOME TBRA program | <ul style="list-style-type: none"> - Engaged local stakeholders through 20 community forums - Funded projects recommended by select community forums that focused on improving local resources and referral processes | <ul style="list-style-type: none"> - Continued development of a statewide housing inventory database (ongoing) |
| Texas | <ul style="list-style-type: none"> - Selected to receive \$12 million in HUD 811 PRA funds - Increased number of HCVs dedicated to target population | <ul style="list-style-type: none"> - Established the Housing and Services Partnership Academy | <ul style="list-style-type: none"> - Established the Housing and Services for People with Disabilities Online Clearinghouse on Texas 2-1-1 site - Updated the TDHCA Vacancy Clearinghouse website |
| Wisconsin | <ul style="list-style-type: none"> - Revised the LIHTC program's QAP to further promote the development of integrated supportive housing | <ul style="list-style-type: none"> - Conducted outreach campaign to potential property developers - Developed housing curriculum and trained various stakeholders | <ul style="list-style-type: none"> - Developed an online housing locator - Produced a housing resource manual |

Source: Based on information provided by grantee states to Mathematica through progress reports.

2. RCSC Grant Funding Strengthened and Leveraged State Medicaid Agencies' Partnerships

All six states reported that the 811 application development and planning process improved inter-agency relations and resulted in broader housing coalitions that did not previously exist. For Maryland and Texas, which were selected for 811 funding, these partnerships will help ensure smooth program implementation. The remaining four states all intend to leverage the strengthened partnership in pursuit of future funding opportunities, including additional rounds of 811 funding. Indiana, for example, recently received a HUD Shelter Plus Care grant, which provides rental assistance for hard-to-serve homeless individuals with disabilities and helps them find and connect to community services and supports.

Influencing Housing Resources through the Planning Process. Although completing the 811 PRA partnership agreement was the ultimate goal of the funding strategy, the RCSC grant expected Medicaid-housing partnerships to promote the development of integrated supportive housing by modifying state housing agencies' Consolidated Plans (CP) and Qualified Allocation Plans (QAP), which govern the Low-Income Housing Tax Credit (LIHTC) program.⁵ Several of the Medicaid grantees, including Indiana, Maryland, and Wisconsin, were involved in revising their state's QAP to align with Section 811 principles. Indiana and Maryland specifically noted the involvement of developers in the revision process, and Wisconsin touted its success at increasing the percent of LIHTC supportive housing set-asides, despite strong competition from advocates of congregate housing development.

Increase in Vouchers and Other Housing Subsidies. Several grantees noted that the improved partnerships resulted in an increase in vouchers or other housing subsidies for low-income people with disabilities. The Maryland 811 application included letters of commitment from PHAs across the state pledging a total of 102 HCVs for low-income non-elderly individuals with disabilities. By the end of the grant period in September 2013, the partnership in Texas resulted in 240 vouchers or subsidized housing units dedicated to MFP participants, up from just 35 in 2007. The Mississippi team was able to persuade two state PHAs to apply priority population status to MFP participants on voucher waitlists, a significant feat after only three years of MFP program operation. Oregon took steps to expand access to housing subsidies for the target population by using part of the RCSC grant to fund a pilot bridge subsidy for the state's HOME TBRA program.⁶ Although the program is not new to Oregon, because of the high demand, the state has sought to establish a statewide bridge subsidy to support individuals as they wait for a permanent subsidy to become available. The grant funded the analysis that was used to identify the appropriate site for the pilot project, which has since been implemented.

⁵ All HUD grantees must develop a CP, which assesses the need for affordable housing and community development and sets priorities. The QAP is a federally mandated planning requirement that states update annually to explain the basis for their distribution of their LIHTC allocations. The LIHTC Program is managed by the Department of Treasury's Internal Revenue Service and is the largest source of federal subsidy for adding new or rehabilitated rental housing units to the nation's affordable housing inventory.

⁶ A bridge subsidy is a temporary housing subsidy used while an individual waits for permanent rental housing assistance.

Broadening Stakeholder Base. Every grantee reported new or strengthened partnerships with community advocates and stakeholders as a result of grant activities. In addition to involving stakeholders on advisory bodies, several states contracted with community organizations to provide services or training. Maryland, for example, has established a memorandum of understanding with Centers for Independent Living across the state to provide case management services using 811 funds to individuals who do not otherwise have access to such services. In an effort to promote awareness of the need for supportive housing, the Wisconsin Medicaid team has begun collaboration with Movin' Out, a non-profit community organization that focuses on providing housing solutions for people with disabilities. Movin' Out conducts training to developers and property managers about providing housing to the target population.

3. States Improved Local Capacity to Develop Integrated Supportive Housing Options Through a Variety of Methods

Stakeholder Trainings. Grantees used RCSC funds to partner with various community stakeholders in providing trainings, workshops, and seminars on supportive housing issues. Trainings targeted a broad range of stakeholders, including case managers, property developers, and consumers, which fostered networking and new local coalitions.

- Texas established the Housing and Services Partnership Academy, which sought to promote the development of affordable housing for people with disabilities by providing the necessary tools and resources to stimulate action. The academy held events in 16 communities and established local community teams or coalitions that can be leveraged with the rollout of the 811 program.
- Wisconsin collaborated with three non-profit entities to conduct outreach and stakeholder training to potential developers of affordable, accessible housing. The trainings produced significant interest, and although the state was not ultimately awarded 811 funding, the effort resulted in an increase in applications for the state's LIHTC program.
- Indiana's Integrated Supportive Housing Institute and Mississippi's Learning Collaborative for Supportive Housing targeted a broader range of stakeholders, including various state government entities, developers, direct care providers, and consumers and guardians, with the goal of broadly increasing knowledge about the need for supportive housing.
- After being notified of the 811 award, the Maryland partnership launched a statewide training for case managers on the 811 program and how to connect clients with available units. In addition to the trainings, the Maryland team created a PRA users guide for case managers and a tenant training manual to provide 811 residents with information.

Community Engagement. To inform policy and program development, some awardees engaged consumers and local communities through forums and focus groups.

- The Indiana partnership used five consumer focus groups across the state to inform the housing authority's Analysis of Impediments to Fair Housing, an effort to better understand the specific barriers people face towards accessing housing.

- In Oregon, community forums were at the heart of the state’s RCSC program. The program conducted 20 forums across the state, bringing together local stakeholders and consumers to collaboratively develop a list of recommendations for addressing the local housing needs of low-income individuals with disabilities. After learning that the state would not be awarded Section 811 funding, Oregon invited forum participants to convert their recommendations into action items to be funded through the RCSC grant. The four projects that were funded, which all sought to improve consumer access to services, included the development of a local resource directory and the integration of a community mental health consortium with a local housing and supportive services network. Perhaps of equal importance, these community forums produced local coalitions that did not previously exist.

Advisory Committees. Grantees included stakeholders in a range of advisory groups and councils that guided RCSC activities and informed future policy and program development.

- Both Indiana and Maryland highlighted the inclusion of consumers and supportive housing tenants in advisory groups that provided feedback on the development of permanent supportive housing.
- In addition to the Texas 811 advisory team mentioned earlier, the state worked with stakeholders through existing workgroups, including the Disability Advisory Workgroup, the Promoting Independence Advisory Committee, and the Housing and Health Services Coordination Council. Texas plans to solicit feedback from these groups on the implementation of the 811 program.

System Enhancements. Finally, some grantees developed instruments or enhanced state systems to improve agency and staff capacity. For example,

- Indiana refined a homelessness prevention tool that links individuals at risk of homelessness with available housing units. The tool, known as IHOPE, was revised to include a vulnerability index, which identifies those at greatest risk, and has been integrated into the state’s Coordinated Assessment Action system, used by discharge staff, case managers, and other service professionals. In addition, the state agency partnered with the Indiana University School of Public Health to develop an instrument for evaluating integrated supportive housing.
- Maryland developed a web-based 811 program information and outreach tracking system that allows case managers to record outreach efforts and allows the state to identify gaps in program outreach.

4. Grantees Developed Web-Based Tools and Other Resources

Five states used grant funds to develop online resources and tools to establish stronger links to existing community health and social services and to foster stronger system integration.

- Mississippi, Texas, and Wisconsin developed or improved online resources for consumers, case managers, and other service providers.
- Texas established the Housing and Services for People with Disabilities Online Clearinghouse, which provides a searchable online resource for housing and services

for people with disabilities throughout the state. This clearinghouse is sponsored by the Texas 2-1-1 program, which provides Texans with information on a wide range of existing services, and is updated regularly by Area Information Centers. In addition, the Texas 2-1-1 site now includes a link to the Texas Department of Housing and Community Affairs (TDHCA) Vacancy Clearinghouse website, which will list all TDHCA-funded properties, including 811 units, allowing consumers access to information on local supportive housing options.

- The Wisconsin team also developed an online housing locator site, as well as a housing resource manual. Both these resources will be promoted by state Aging and Disability Resource Centers (ADRC).

Grantees also developed registries, inventories, and system improvements to help Medicaid staff, case managers, and other service providers track supportive housing needs and options.

- Maryland developed a web-based registry, maintained by the Medicaid division, to track available supportive housing units, as well as applicants.
- Oregon has taken significant steps towards developing a statewide housing database that will be used by a variety of agencies and entities, including the recently established Coordinated Care Organizations (CCO), local provider networks serving Medicaid recipients.

B. Efforts to Sustain Partnerships and Grant-Supported Activities

Grantees have taken significant steps to sustain grant-funded activities and to build upon their achievements. Medicaid-housing partnerships will be maintained through ongoing collaboration for other supportive housing-related opportunities, such as, Project Access, and the TBRA program. In addition, every grantee has indicated an intention to leverage the strengthened partnership to pursue future funding opportunities, including future rounds of 811 funding.

- After the success of the Integrated Supportive Housing Institute, the Indiana partnership plans to release an RFP that will establish a new supportive housing development team that includes a local Federally Qualified Health Center (FQHC) or other primary healthcare partnership.
- Both Texas and Oregon expect new opportunities to emerge from the local coalitions established through grant-supported community outreach and engagement activities.

Grantees also took steps to continue certain RCSC-supported activities by integrating them into ongoing programs. For example:

- The tool developed in Indiana to evaluate integrated housing for its 811 proposal will instead be used in the state's Continuum of Care (CoC) program, a comprehensive approach to addressing homelessness that includes the Shelter Plus Care grant, which provides supportive housing to homeless individuals with disabilities. Similarly, the Supportive Housing Tenants Council, established by the RCSC grant to help guide the development of permanent supportive housing, will also be absorbed into the CoC program.

- The statewide housing registry established in Maryland will be supported by the state's MFP program.
- Mississippi will use MFP administrative funds to support the housing consultant that was hired under the RCSC grant.

Despite these accomplishments, some grantees have struggled to maintain RCSC-supported activities. For example:

- Maryland's housing registry will only be partially supported by the MFP program; additional funding still needs to be secured.
- The housing locator site established in Wisconsin does not yet have a dedicated source of funding. The state assigned maintenance of the site to the Wisconsin Housing and Economic Development Authority (WHEDA), which, due to its quasi-government status, may have an easier time identifying private funding streams compared with one of the state agencies.
- In Oregon, there is significant uncertainty regarding sustainability; at the time the grant ended, the state was considering a major restructuring of the state's Department of Housing and Community Development, putting at risk the completion of the statewide housing database. Although Oregon's community forums produced many recommendations, it is unclear which entity would pursue them, as the state's MFP program has been suspended⁷ and it did not receive an 811 award.

C. Administrative Challenges

Grantees reported administrative challenges that thwarted or slowed progress towards their goals. Most of the activities in the initial stage assumed that the HUD Section 811 NOFA would be released towards the end of 2011 and that there would not be a specific deadline for applications. The NOFA was not officially released, however, until May 15, 2012, and included an application due date of July 31, 2012 (this was later extended to August 7, 2012). Furthermore, regulations governing the new program were not released until after the application due date, causing some confusion among grantees about how to design the program. These delays required the grantees to adjust their work plans and schedules several times. The four grantees not awarded 811 funding also had to make considerable changes to their strategies upon learning that they were not selected for funding. CMS responded to these setbacks by approving a one-year no-cost extension for all six grantees.

D. Challenges Facing the States

Health Provider Engagement. Despite the strengthened partnerships and grantees' progress towards developing integrated supportive housing, Medicaid agencies continue to face several challenges. Although the partnerships and coalitions developed by the RCSC grantees reflect the broader shift by state Medicaid agencies to embrace a more holistic and

⁷ Oregon is working to relaunch its MFP program in early 2014.

comprehensive approach to care coordination across the health, social service, and housing sectors, it remains difficult to engage health care providers directly.

- All grantees noted the difficulty in engaging health care providers in addressing the social and environmental factors that affect health outcomes. In general, provider organizations have neither the time nor the training to address the housing needs of their patients, so they are unable or unwilling to devote resources and time to partnering on housing-related efforts.
- There are some early signals, however, that Medicaid agencies are beginning to engage providers. Indiana, for example, is specifically targeting FQHCs in their upcoming RFP to establish another development institute, and Oregon is considering how to broaden the scope of the newly developed CCOs to address supported housing.

Local PHA Commitment. Although state Medicaid agencies have made significant progress in developing meaningful partnerships with state housing finance agencies, they have had less success in collaborating with local PHAs. Staff at these entities, who play a critical role in providing housing subsidies to the target population, are often consumed with the needs of clients from the broader population, as well as those from competing vulnerable subgroups, such as the homeless.

- PHA staff may have little time to devote to learning about the complex medical and accessibility needs of a small segment of the population and may be wary of relying on unfamiliar Medicaid staff to coordinate the necessary community services and supports.
- However, signs of progress can be seen. Medicaid agencies have hired MFP housing specialists who are dedicated to building relationships with local PHA field staff, and some federal and state programs require local partnerships, such as the NED HCV and 811 PRA programs.

IV. LESSONS AND RECOMMENDATIONS

Partnerships

Lesson: RCSC grants helped all grantees to improve partnerships between state Medicaid and housing agencies. Working together on the 811 application process had positive spillover effects, such as ensuring Medicaid agency input in revisions to state Consolidation Plans and Qualified Allocation Plans, increasing the number of HCVs dedicated to low-income individuals with disabilities, and establishing priority status for MFP participants on housing waiting lists. These partnerships, however, can take time to develop, particularly in states where Medicaid and housing agencies do not have a history of collaboration.

Recommendation: In these states, a longer grant period would have been beneficial. If this program will be renewed or expanded, CMS might consider adjusting the grant period to take into account the length and strength of previous partnerships between Medicaid and state housing agencies.

Local Capacity

Lesson: RCSC grants built capacity at the state and local level to make integrated supported housing a reality by supporting training, outreach, and education to local health, long term services and supports, social service, and housing stakeholders. The grantees emphasized how important these activities are in creating awareness about the availability and benefits of integrated supportive housing. Educating and engaging local stakeholders like property developers, PHA staff, service providers, and case managers helps to lay the groundwork for local capacity and faster take-up when federal or state funding, such as Section 811, can be secured. Grassroots support in turn can provide support for new or expanded funding streams at the federal and state level.

Recommendation: The availability of federally funded programs, such as the NED2 HCV and 811 PRA program, help promote and create these local synergies.

Housing and Service Locator Resources

Lesson: RCSC grant funds represented critical investments in the development and enhancement of online housing and service locator resources and referral and tracking systems. These resources and systems produced tangible results—more consumers and case managers can easily access information about available units that provide supportive housing.

Recommendation: To ensure these resources remain current, states need to allocate funds to update and enhance housing locator websites. CMS or its TA contractors could help by identifying funding sources that can be tapped to maintain these valuable resources.

Technical Assistance (TA)

Lesson: CMS and HUD both provided TA to state agencies to support health-housing partnerships. Several RCSC grantees used grant funds to obtain TA from the Technical Assistance Collaborative (TAC), a non-profit organization that specializes in the policy design and program development of housing and human services systems, and grantees reported that the TA was invaluable. For example, TAC participated in Indiana's Integrated Supportive Housing

Institute, through which they provided TA to developers about how to incorporate 811 guidelines into new projects. Maryland received similar assistance. However, not all grantees were aware of available TA resources, or did not wish to use limited grant funds to purchase TA from external organizations. In situations where state agencies struggled to develop partnerships with local PHAs, TA may have helped overcome these challenges.

Recommendation: In future programs, CMS might consider making housing-related TA more directly available to all program grantees through a designated contractor. Medicaid agencies would also benefit from having a designated liaison at HUD regional offices to help address policy issues that arise with state and local housing agencies.

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APPENDIX A
STATE CASE STUDIES

INDIANA

Background and Context. In the years preceding the grant, the Division of Mental Health and Addiction (DMHA) implemented a plan to transform the state’s behavioral health system to improve delivery of recovery-oriented care. This effort resulted in the beginning of an inter-agency collaboration with the Indiana Housing and Community Development Authority (IHCDA) and the establishment of the Indiana Permanent Supportive Housing Initiative, a private-public partnership through which the state funds supportive housing for individuals experiencing long-term and chronic homelessness. The challenge the state faced was determining how to finance the support services. The transformation process created an opportunity for DMHA and IHCDA to partner with the Office of Medicaid Policy and Planning and the Corporation for Supportive Housing (CSH) to collectively identify the necessary services and reimbursement for those services through the state’s Medicaid rehabilitation option (MRO). With the assistance of the Technical Assistance Collaborative (TAC), the group commissioned a study that demonstrated that the MRO could potentially support up to 80 percent of the services needed by an eligible individual living in a supportive housing unit. The study produced a set of related recommendations, and it is these recommendations that the state sought to implement through this RCSC grant.

Initial Grant Strategy. The state planned to pursue funding strategy 1: capitalizing on HUD’s new Section 811 PRA funding opportunity. The state targeted homeless individuals receiving Medicaid state plan services for the treatment and rehabilitation of behavioral health conditions, giving priority to those with chronic illnesses and those living in institutional settings. More specifically, the state sought to:

1. Develop and implement a supportive housing institute that focuses on integrated supportive housing that meets Section 811 PRA guidelines. The institute would be based on CSH’s Supportive Housing Institute model, which includes an intensive five-month training series that provides individuals with the tools, knowledge, and advisement needed to plan and develop high quality supportive housing.
2. Expand the state’s existing crosswalk, which identifies supportive housing services that are billable to Medicaid under MRO, to include primary health care services needed by tenants in supportive housing.
3. Expand use of the state’s IHOPE tool—a web-based housing options tool that assists with homelessness prevention by linking individuals with available housing and support services—to include community mental health and primary health care partners. In addition, the grant would be used to update the tool with a vulnerability index to identify those most in need.
4. Establish the necessary partnership required by the Section 811 PRA program and submit an application for funding.

Notable Achievements and Grant Outcomes. Despite not being awarded Section 811 PRA funding in 2013, Indiana had several key accomplishments, including the following:

1. The Integrated Supportive Housing Institute was successfully established with assistance from the Indiana chapter of the National Alliance on Mental Illness. Several FQHCs and community mental health centers participated in institute sessions, enhancing the state’s capacity to develop integrated supportive housing.

2. The IHOPE tool was updated to accommodate the target population, and supportive housing has been mapped in the system, strengthening the state's ability to prevent homelessness.
3. The state was awarded a Shelter Plus Care grant to support development of supportive housing for homeless individuals with disabilities. Upon learning it would not be awarded 811 funding, the state diverted resources towards developing the necessary infrastructure for implementing the Shelter Plus Care grant. For example, the IHOPE tool will be enhanced to reflect the Shelter Plus Care program instead of Section 811 units. CSH will work to promote use of the expanded crosswalk by involved FQHCs and other health care providers.
4. The 2013–2014 CP and the 2014 QAP were finalized, and both prioritized the development of integrated supportive housing. The plans allocate HOME funds for the promotion of supportive housing development and for TBRA for people with disabilities leaving state-operated facilities.

Sustainability. The established partnership, along with many of the achievements, will be sustained through integration with other projects, particularly the state's Continuum of Care (CoC) plan, which now includes the Shelter Plus Care grant program. The CoC will support the Supportive Housing Tenants Council, which provides feedback on supportive housing development, as well as the Housing Task Force, which is made up of supportive housing residents. The enhanced IHOPE tool, the supportive services crosswalk, and an evaluation instrument developed with the Indiana University's School of Public Health for the 811 program will all be utilized by the CoC and the Shelter Plus Care grant program. The strengthened relationship between Medicaid and housing staff will be sustained through ongoing collaboration. For example, Medicaid staff are assisting IHCDA in producing an RFP that seeks FQHCs interested in establishing a new integrated housing development institute. Finally, the partnership has indicated an intention to apply lessons learned in pursuit of future rounds of 811 funding.

Challenges. Upon learning it would not receive 811 funding, Indiana redirected grant activities towards other programs with a similar focus, notably the CoC's Shelter Plus Care grant. However, a debriefing with HUD staff following the 811 loss revealed several weaknesses that the state needs to address to be successful at receiving future 811 funds. For example, HUD did not believe the state included some essential agencies in the partnership, notably the Family Social Service Administration. HUD also thought the state needed to demonstrate stronger partnerships between property managers and service providers, develop a tracking system that allows for stronger coordination between housing and service delivery, and identify program evaluation metrics.

MARYLAND

Background and Context. As in many states, the lack of affordable housing, a shortage in rental units dedicated to people with disabilities, and extremely lengthy waitlists for HCVs are major barriers to community living in Maryland. As a result, individuals who receive Medicaid-funded supports and services in an institution, group home, or psychiatric rehabilitation program often wait years to transition to independent supportive housing. Over the years, Maryland has established various private-public partnerships aimed at developing creative approaches to address the housing needs of low-income people with disabilities. Despite progress, the state had challenges to address at the start of the RCSC grant period, including needed revisions to the LIHTC program, which was targeting households with incomes far above the area's median income for people on SSI; a lack of a coordinated system for identifying and tracking eligible tenants and available units; and a lack of a process for determining eligibility list priorities. The RCSC grant provided an opportunity to address these barriers, and the state believed a strengthened partnership between the Maryland Department of Health and Mental Hygiene (DHMH) and the Maryland Department of Housing and Community Development could be leveraged for a successful bid for Section 811 PRA funding.

Initial Grant Strategy. The Maryland Partnership for Affordable Housing (MPAH), a broad coalition of agency, industry, and consumer stakeholders, collaborated to pursue funding strategy 1: capitalizing on HUD's Section 811 PRA funding opportunity. The state targeted MFP participants receiving SSI, individuals receiving services from the state Medicaid plan for treatment and rehabilitation of behavioral health conditions, those receiving home and community-based waiver services through the Developmental Disabilities Administration's Community Pathways waiver, and those who were homeless. The partnership identified the following specific activities in its grant protocol:

1. Complete the necessary partnership MOU outlining requirements and processes necessary to ensure successful implementation of the Section 811 PRA program, incorporate input from the 811 Advisory Group, and submit a successful 811 PRA application.
2. Revise the LIHTC QAP to reflect Section 811 requirements and further promote development of integrated supportive housing.
3. Develop and disseminate an 811 PRA users guide for case managers and provide the related training on the 811 program, eligibility criteria, outreach strategies, and processes for referring eligible participants.
4. Develop an internet-based eligibility list and a system for PRA unit identification to facilitate immediate use of units by individuals in need, and provide the related training to case managers.
5. Develop a tracking system for 811 program outreach.
6. Create a tenant resource guide and develop training for 811 PRA tenants on rights and responsibilities.

Notable Achievements and Grant Outcomes. Maryland was selected to receive \$10.9 million in Section 811 PRA funding, the most significant achievement linked to the RCSC grant. The state had several other notable successes as well, including the following:

1. The state successfully used the MPAH to guide the development of the 811 program by breaking the MPAH down into various topical subcommittees, each focused on a different program element, such as training, outreach, or development. The MPAH will remain in place throughout 811 program implementation.
2. To strengthen the 811 application, PHAs from across the state provided letters of commitment, pledging a total of 102 HCVs for low-income NED individuals.
3. The state revised the QAP for the LIHTC program to include incentives for providing housing for people with disabilities, as well as for providing housing that meets the requirements of the Section 811 PRA program.
4. The state developed a web-based statewide housing registry that lists 811 and all other supportive housing units. This registry will be used by case managers statewide to identify potential housing for clients.
5. The state developed a web-based tracking system for case managers to note 811 PRA-related outreach efforts, thus allowing the state to identify gaps in outreach.
6. The state developed a Section 811 PRA users guide for case managers, as well as the related training curriculum and an 811 resident training manual.

Sustainability. The 811 PRA award will ensure that much of what Maryland accomplished is sustained going forward. The MPAH will continue to operate and play an essential role in providing feedback for program improvement. The web-based housing registry will be supported in part by the state's MFP program; however, additional funds will need to be identified. The establishment of the registry addresses one of the major barriers the state previously identified, and thus securing sufficient funding will be a priority of DHMH. The outreach tracking system and ongoing 811 program trainings will be supported by the 811 demonstration. Finally, the Medicaid and housing agency partnership will be maintained through other ongoing collaborations.

Challenges. Although broader challenges to improving access to affordable, accessible housing persist, the state successfully achieved the goals outlined in the grant application and protocol. No additional challenges were noted by the state.

MISSISSIPPI

Background and Context. At the start of the grant period, Mississippi had identified several systemic barriers towards providing housing to low-income individuals with disabilities, including a statewide lack of safe, affordable, accessible housing; aged public housing developments; limited state resources; a disconnect between housing and health care providers; and a lack of incentives to develop new properties. Furthermore, with the launch of the state's MFP program in 2011, the number of individuals with disabilities searching for community housing has increased significantly. Mississippi pursued this RCSC grant to help remove some of these barriers.

Initial Grant Strategy. Mississippi committed to pursuing funding strategy 1: capitalizing on HUD's Section 811 PRA funding opportunity. The target population is MFP participants and persons receiving other community-based waiver and/or Medicaid State Plan services for behavioral issues who are homeless or without adequate housing. More specifically, the state hoped to achieve the following outcomes:

1. Establish the necessary partnership with the Mississippi Home Corporation (MHC), which operates as the state's housing finance agency, and submit a successful application for HUD Section 811 PRA funding.
2. Work with the MHC to update the QAP with data to reflect populations being served by Medicaid through the state MFP program and to reflect incentives for incorporating 811 units into new or existing properties.
3. Hire a housing expert to assist MHC and Medicaid in developing a formal agreement in accordance with 811 regulations and building relationships with state PHAs.
4. Develop and implement a pilot project that allows the state to work through the mechanics of integrating Section 811 units in coordination with health delivery systems, allowing all parties to learn from the process and promote the model with other developers.
5. Develop a mechanism to provide training on integrated housing to a wide range of stakeholders, including developers, service providers, and consumers.

Notable Achievements and Grant Outcomes. Mississippi was not awarded Section 811 PRA funding in 2013, but was granted a second no-cost extension by CMS through September 2014. Because the state was still implementing RCSC-supported activities at the time this report was written, the following achievements are based only on previously submitted progress reports and should not be viewed as a complete assessment of grant use.

1. Medicaid improved its relations with at least two PHAs, both of which have granted priority status to MFP participants.
2. Mississippi hired a local housing consultant who was instrumental in helping Medicaid establish effective partnerships with housing agencies, particularly the PHAs, and other stakeholder organizations.
3. Mississippi established a Learning Collaborative for Supportive Housing to provide a wide range of stakeholders with information about developing integrated supportive housing.

4. An online housing locator and referral tracking system is in the process of being developed (ongoing).

Sustainability. The state received a second one-year no-cost extension through September 2014, and thus we are unable to determine how the state will sustain activities and progress beyond the grant period. However, the state previously indicated that it intended to use MFP administrative funds to support the housing consultant.

Challenges. After learning that the state would not be awarded Section 811 funding, much of the originally proposed plan needed to be revised. In particular, the state cancelled implementation of the pilot project, which represented about one-third of the state's grant budget. The state redirected these funds towards the purchase of an online housing locator and tracking system. Due to the lengthy procurement process, however, a second no-cost extension was requested and granted.

OREGON

Background and Context. The diversity of the state’s geography, populations, and economies has resulted in significant differences in the barriers and opportunities for establishing partnerships and delivery services. Oregon has a track record of developing creative solutions to providing community-based services, and several state agencies have been awarded grants to develop such initiatives, including the Oregon Housing and Community Services, which administers the LIHTC and the HOME program; Seniors and People with Disabilities, which operates the Community Living Waiver and MFP programs; and the Oregon Health Authority, which runs the Adult Mental Health Initiative. All of these initiatives, however, have become compartmentalized, resulting in multiple service access points and inefficiencies. Oregon began the grant period during a time of transformation in the state’s Medicaid health care delivery system; the state created Coordinated Care Organizations (CCOs). Oregon’s Addiction and Mental Health Division identified this RCSC grant as an additional mechanism to help integrate housing supports with the CCOs and create a “no wrong door” approach to housing.

Initial Grant Strategy. Oregon intended to use the RCSC grant to establish efficiency in the state’s delivery of supportive housing services. Pursuing Section 811 PRA funding (strategy 1) and enhancing the state’s HOME TBRA program (strategy 2) were both key elements of the proposed plan. More specifically, the state intended to:

1. Conduct a statewide housing assessment that creates a local inventory of housing and support services.
2. Establish local community forums that bring together representatives of housing, healthcare, and social support programs, along with consumers, to review the results of the assessment, discuss the current state of services in the community, identify a potential plan through which an individual would experience a “no wrong door” approach to housing, and develop recommendations that would convert that vision into reality.
3. Submit an application for Section 811 PRA funding that incorporates the forum recommendations and builds upon the strengthened Medicaid-housing partnership.
4. Expand the existing HOME TBRA program to include a bridge subsidy that will allow individuals to receive stable housing while they wait for an HCV to become available.

Notable Achievements and Grant Outcomes. Although Oregon was not selected for Section 811 PRA funding in 2013, the state was able to use the RCSC grant to support several accomplishments.

1. The Oregon team coordinated 20 community forums around the state, bringing together stakeholders and consumers to address the housing and service support needs of the local community. The forums revealed various housing and service needs, particularly the lack of a referral network to existing services. The forums were also notable for engaging consumers, many of which had never been involved in such activities, and for establishing local coalitions that did not previously exist.
2. Local forum groups were invited to convert their recommendations into a potential project to be funded by the grant. Four such projects were funded, resulting in the

development of local housing resources and enhancements to existing referral systems.

3. The state implemented a pilot bridge subsidy program for the HOME TBRA program. The grant supported the analysis used to determine the pilot site location.
4. Completion of a statewide housing assessment and continued development of a housing resource inventory database.

Sustainability. The most significant outcome of the RCSC grant activities were the recommendations put forward by the community forums. Although a few of the recommendations were converted into actions that were funded through this grant, the state intends to fold responsibility for addressing the broader set of recommendations into the mission of another existing or to-be-established agency. The transformation of the state's health care infrastructure has not yet been completed, and at the time the RCSC grant term expired, it was still unclear whether the housing authority would continue to exist in its current form. Similarly, the statewide housing registry database requires additional funds for completion; however, because of the ongoing reorganization, finding such support has not been a priority. The state does intend to expand the bridge program statewide following completion of the current pilot.

Challenges. The transformation of the health care system has been the greatest challenge to the RCSC work, causing significant uncertainty regarding roles and responsibilities. At the time of this report, it was still unclear whether the legislature would restructure or even dissolve the state's housing authority. These debates limited the progress of grant activities. Aside from potentially playing a role in the state not being selected for 811 funding, the uncertainty delayed the completion of the housing registry and prevented the state from being able to identify an obvious heir to the community forum recommendations: the MFP program was temporarily discontinued in 2011, and the recently established CCOs do not incorporate long-term services and supports. The state is hopeful, however, that the work accomplished under this grant will be consolidated into future projects. A debriefing with HUD officials revealed several ways the state could strengthen their application for future 811 PRA funding, including greater detail on the state's experience with asset management, more evidence of state agency collaboration, greater specificity on project selection process, and better delineation between state and local agency roles.

TEXAS

Background and Context. Over the previous two decades, the Department of Aging and Disability Services (DADS) and the Texas Department of Housing and Community Affairs (TDHCA), which acts as the state housing finance agency, have established a partnership. This partnership has implemented several initiatives aimed at individuals with disabilities with incomes at SSI levels. Despite the successful partnership between DADS and TDHCA, the state identified several barriers that could be addressed with this RCSC grant. The agency-level collaboration remained top heavy and rarely trickled down to local housing staff and service providers. The state viewed the Section 811 PRA program as a means for establishing greater collaboration between state agencies and local field staff. Also, despite the presence of ADRCs and the hiring of housing navigators in the MFP program, property managers of affordable housing complexes did not know how to find existing community-based services for tenants in need. Finally, Texas identified a lack of funds to support system improvements. In particular, the Mental Health Transformation State Incentive Grant, which was used to deliver evidence-based mental health and related services, had expired. Additionally, the 2009 Texas Legislature established a council to make recommendations for enhancing access to housing linked with coordinated services. Although the council recommended an information clearinghouse, they had yet to find funds to support it. The RCSC grant was viewed as an opportunity to address all of these barriers.

Initial Grant Strategy. Texas identified funding strategy 1, capitalizing on HUD's Section 811 PRA funding opportunity, as a key element of their plan. Specifically, the state sought to:

1. Establish the necessary partnership agreement between DADS and TDHCA and submit a successful application for Section 811 PRA funding.
2. Establish a Housing and Services Partnerships (HSP) Academy to educate developers of affordable housing about integrated supportive housing and to help create local linkages between housing and health services.
3. Establish the Housing and Services for Individuals with Disabilities Online Clearinghouse to provide an interactive resource for service and housing providers and consumers based on location and type of assistance.

Notable Achievements and Grant Outcomes. Texas was selected to receive \$12 million in Section 811 PRA funding, the most significant achievement linked to the RCSC grant. The state had several other notable successes, including the following:

1. The strengthened partnership between DADS and TDHCA has resulted in TDHCA increasing the number of HCVs dedicated to MFP participants.
2. The HSP Academy was established, which educated local community development teams on how to create affordable housing coordinated with services that meet 811 program regulations. The Academy sessions also fostered the development of new local stakeholder coalitions.
3. The Vacancy Clearinghouse section of the TDHCA website was updated to reflect TDHCA-funded properties, including 811 properties.
4. The Housing and Services for People with Disabilities Online Clearinghouse was established on the Texas 2-1-1 website, which provides consumers with information

on a range of issues, including affordable housing and access to community-based services. Local Area Information Centers update the website regularly, and the grant established a link on the 2-1-1 site and on the Vacancy Clearinghouse of the TDHCA site, thus providing consumers and service providers with a single resource to access supportive housing information.

Sustainability. The 811 PRA funding will ensure that much of what Texas achieved under the RCSC grant will be sustained. The partnership between DADS and TDHCA will continued to be strengthened through ongoing collaboration on projects other than 811, including Project Access and the TBRA program. The local coalitions and development teams strengthened through the Academy will be leveraged through the implementation of the 811 program. Finally, the Texas 2-1-1 site, which houses the newly established Housing and Services for People with Disabilities Online Clearinghouse, is maintained through existing Area Information Centers, and updates to the TDHCA site have now been automated.

Challenges. There were no notable challenges to report.

WISCONSIN

Background and Context. Wisconsin has struggled to promote development of integrated supportive housing. The previous Section 811 program has not been viewed as a success, having mostly funded segregated apartment buildings and group homes. The scarcity of affordable, accessible rental units has contributed to use of less efficient and less cost-effective alternatives, such as community-based residential facilities, adult family homes, and residential care apartment complexes, in which residents may purchase needed services. Although funders, services agencies, and providers accept the notion that supported living in the community is the most cost-effective option, service professionals have had difficulty navigating the housing network. Wisconsin identified this RCSC grant as an opportunity to address these barriers.

Initial Grant Strategy. The Division of Long Term Care (DLTC) administered the grant work on behalf of the state Medicaid agency. DLTC committed to work with the Department of Health Services (DHS) and the Wisconsin Housing and Economic Development Authority (WHEDA) to pursue funding strategy 1: capitalizing on HUD's Section 811 PRA funding opportunity. The state identified individuals with physical disabilities, individuals with developmental disabilities, and the frail elderly as the target population. More specifically, the state sought to:

1. Establish the necessary partnership agreement between DHS and WHEDA and submit an application for HUD Section 811 PRA funding.
2. Update the QAP for the LIHTC program to reflect the Section 811 requirements.
3. Work with industry representatives and housing professionals to make improvements to the current housing referral system.
4. Establish a new housing counseling curriculum, as well as related training and ongoing TA, to be used by provider agencies.
5. Launch an outreach campaign to educate developers about the benefits of the reformed Section 811 program.

Notable Achievements and Grant Outcomes. Although Wisconsin was not awarded Section 811 PRA funding, the RCSC grant was used to support several accomplishments.

1. The state collaborated with Movin' Out, a non-profit community organization that focuses on providing housing solutions for people with disabilities, to conduct outreach and training to developers on the value of producing integrated housing. These trainings resulted in a noticeable increase in applications for the existing LIHTC program.
2. The state collaborated with the Tenant Resource Center to provide tenant-landlord law trainings directed towards consumers and direct care staff.
3. The state successfully established and launched an online housing locator, www.WIhousingsearch.com.
4. The QAP for the LIHTC was revised to incorporate a higher percentage of integrated housing units on LIHTC supported properties.

5. Collaborated with Movin' Out to develop a housing resource manual that provides statewide housing-related resources and information.

Sustainability. Most of the accomplishments of the RCSC grant will not require ongoing support, with the exception of the housing locator. Although the partnership needs to secure funding to support the locator, responsibility for maintaining the site was placed within WHEDA, which as a quasi-government entity can secure private funding more easily than government agencies. The curriculum and trainings will be made available on the housing locator site and will be adopted by service providers statewide. Although the state was not awarded 811 funding, the partnership feels confident about their chances of securing future rounds of funding.

Challenges. The Medicaid-housing partnership was a relatively new endeavor for Wisconsin, and additional time may have been helpful for establishing more detailed inter-agency agreements. A debriefing with HUD officials revealed that the state may not have included the right mix of stakeholders. In particular, the partnership did not include the Department of Mental Health and Substance Abuse Services, nor did it include the Division of Housing (DoH), both of which provide homeless-related services. The partnership included WHEDA, which acts as the state housing finance agency, but it is DoH that is responsible for implementation and oversight of housing-focused initiatives. The state is working to address these challenges ahead of another 811 notice of funding availability.



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