
FY2025

ANNUAL REPORT

CREATING HOUSING OPTIONS IN COMMUNITIES FOR EVERYONE



Prepared by
Mississippi Home Corporation
9/15/2025

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Creating Housing Options in Communities for Everyone

Executive Summary

The Creating Housing Options in Communities for Everyone (CHOICE) program is a housing support initiative aimed at assisting individuals with Serious Mental Illness (SMI) in living independently. Administered by the Mississippi Home Corporation (MHC) in collaboration with the Department of Mental Health (DMH), the program's fiscal year 2025 term spans from July 1, 2024, to June 30, 2025.

During this period, MHC continued its partnership with contracted agencies that include Open Doors Homeless Coalition (ODHC), Grace House Inc. (GHI), Shelter and Assistance in Family Emergencies, Inc. (S.A.F.E), and the Region VII Mental Health Intellectual Disabilities Commission DBA Community Counseling Service (Recovery House CCS). These partnerships resulted in housing 157 new individuals and continued housing assistance to 288 individuals for a total of 445 housing assisted individuals during the fiscal year.

The program received 484 referrals, with 33% falling under CHOICE priorities categories 1 and 2, and 20% of all referrals originating from State Psychiatric Hospitals. The new CHOICE housing process implemented in FY2024 contributed to an overall increase in referrals. Additionally, the Mississippi Affirmative Olmstead Initiative (MAOI) properties under the Low Income Housing Tax Credit (LIHTC) Program reported housing 193 unique households for FY 2025.

Introduction

This report in response to the requirement in Section 22, SB 2969 (2020 Session) that a financial report based on the state's fiscal year be submitted annually to the Attorney General, the Chairman of Senate Appropriations, the Chairman of House Appropriations, and the Legislative Budget Office.

In 2015, the State of Mississippi approved HB 1563 which provided funding to help individuals diagnosed with Serious Mental Illness (SMI) find and pay for rental housing. Assistance is limited to individuals who are determined to have no other housing option. The program, called CHOICE, is administered by the Mississippi Home Corporation (MHC), the state's housing finance agency. MHC contracts with nonprofit agencies that provide housing services. In addition, MHC works closely with the Mississippi Department of Mental Health, Community Services Division to identify eligible individuals.

Since the program's inception, the state has appropriated a cumulative total of \$15,402,866.00 to the CHOICE Program, which includes a reduction of \$1,230,542. As of June 30, 2025, \$14,511,135.13 has been expended and \$891,730.87 remains unexpended. Over 60% (\$558,762.61) of the unexpended funds have been allocated to CHOICE program providers and committed to CHOICE housing activities, leaving a remaining available balance of \$332,968.26. These remaining funds will be used to continue to provide funding to housing agencies during the gap period from the end of the fiscal year until new funds become available.



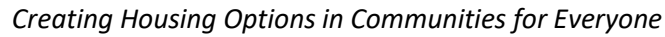
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Mississippi Olmstead Priority Categories

The CHOICE program was created to meet in part Mississippi's responsibilities under the Supreme Court's Olmstead decision (*Olmstead v. L.C.*, 1999). The CHOICE program serves three priority populations. (See *Figure 1*.) Priorities 1 and 2 address individuals who have been in state psychiatric facilities long-term or have been recently discharged from these facilities. Priority 3 addresses individuals in intermediate or long-term care facilities and individuals who are homeless. Individuals are assessed by a licensed medical professional and qualify if they are diagnosed with Serious Mental Illness.

Figure 1

CHOICE HOUSING PRIORITIES	
Priority 1:	Individuals being discharged from a State psychiatric hospital after a stay of more than ninety (90) days; or, nursing facility, or intermediate care facility for individuals with intellectual disabilities after a stay of more than ninety (90) days; or
Priority 2:	Individuals who have been discharged from a State psychiatric hospital within the last two (2) years, and: <ul style="list-style-type: none">• Had multiple hospital visits in the last year due to mental illness; or• Are known to the mental health or state housing agency to have been arrested or incarcerated in the last year due to conduct related to mental illness; or• Are known to the mental health or state housing agency to have been homeless for one (1) full year or have had four (4) or more episodes of homelessness in the last three (3) years; or
Priority 3:	Individual who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for ninety (90) days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that situation.



MHC contracts with four nonprofit agencies (“housing partners”) to provide housing services throughout the state. The housing partners works with MHC and DMH to accept referrals, locate housing units, provide housing and case management support and insure connection to additional wraparound services. The CHOICE Region Service Map (Figure 2) reflects DMH’s community service areas. Each housing partner has been assigned to a region of the state that serves as their coverage area. Figure 3 breaks down the regions served by each housing partner.

A map of Georgia divided into 15 numbered regions, each with a unique color. The regions are: 1 (dark purple, top right), 2 (teal, top center), 3 (purple, top right), 4 (dark purple, top right), 5 (dark teal, top left), 6 (dark teal, top left), 7 (light blue, middle right), 8 (green, middle center), 9 (black, middle center), 10 (gray, middle right), 11 (pink, middle left), 12 (gray, bottom center), 13 (blue, bottom right), 14 (blue, bottom right), and 15 (pink, middle left).

Housing Partner	Assigned Region
Community Counseling Services	7, 10
Grace House, Inc.	8, 9, 15
Open Doors Homeless Coalition	12, 14
S.A.F.E.	2, 3, 4, 6



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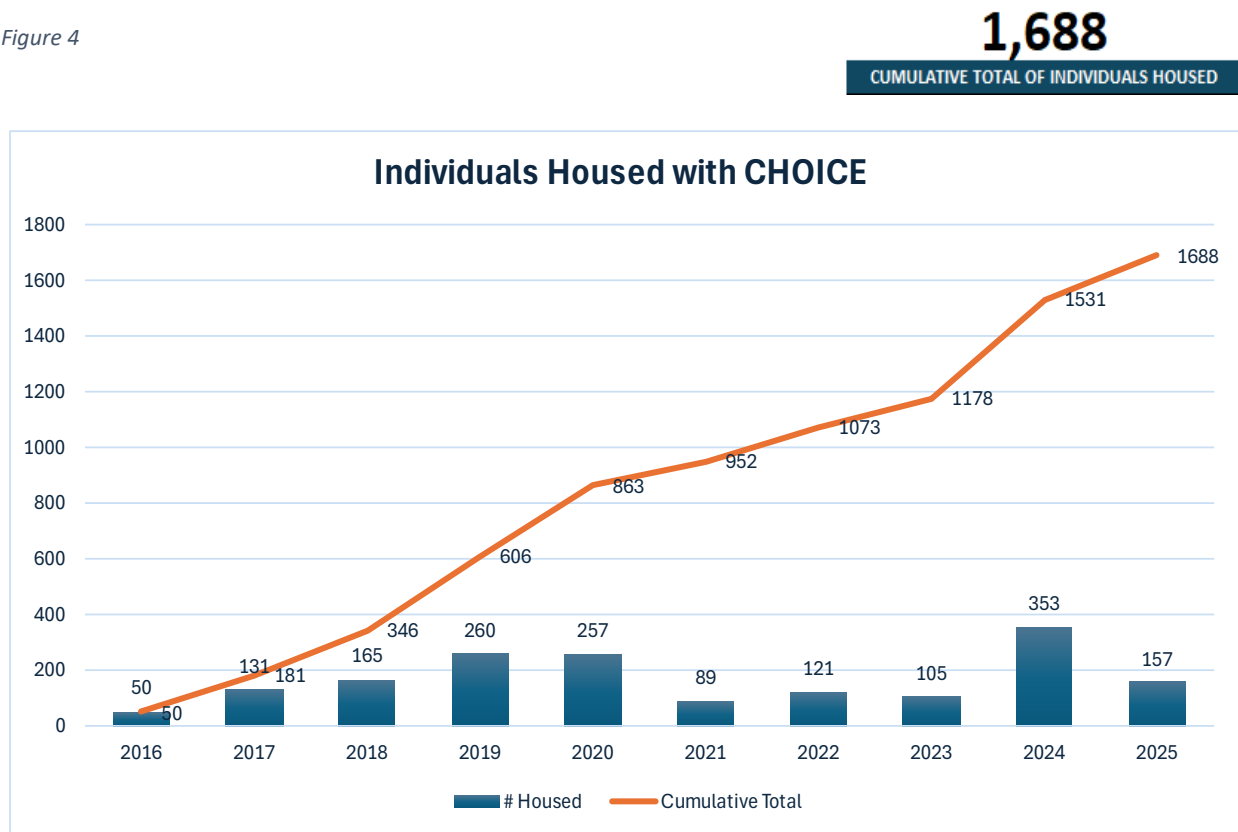
Production

The program began accepting applications in February 2016 and successfully housed 50 individuals in its first five months. In subsequent years, the number of individuals housed continued to increase except for years 2021 through 2023, which shows a decline. The impact of COVID during these years affected the number of referrals from institutionalized settings as well as the inability to secure stable housing.

In 2024, the state experienced a major boost in housing productivity, due to MHC's restructuring of the CHOICE program. Expanding the number of housing partners from two to four and simplifying the referral process greatly increased the program's capacity to deliver housing services statewide. Because the CHOICE program provides an average of 12 months of rental assistance, the sharp rise in households served during FY 2024 resulted in fewer new individuals being housed in FY 2025, with 63.5% of households carried over from the prior year.

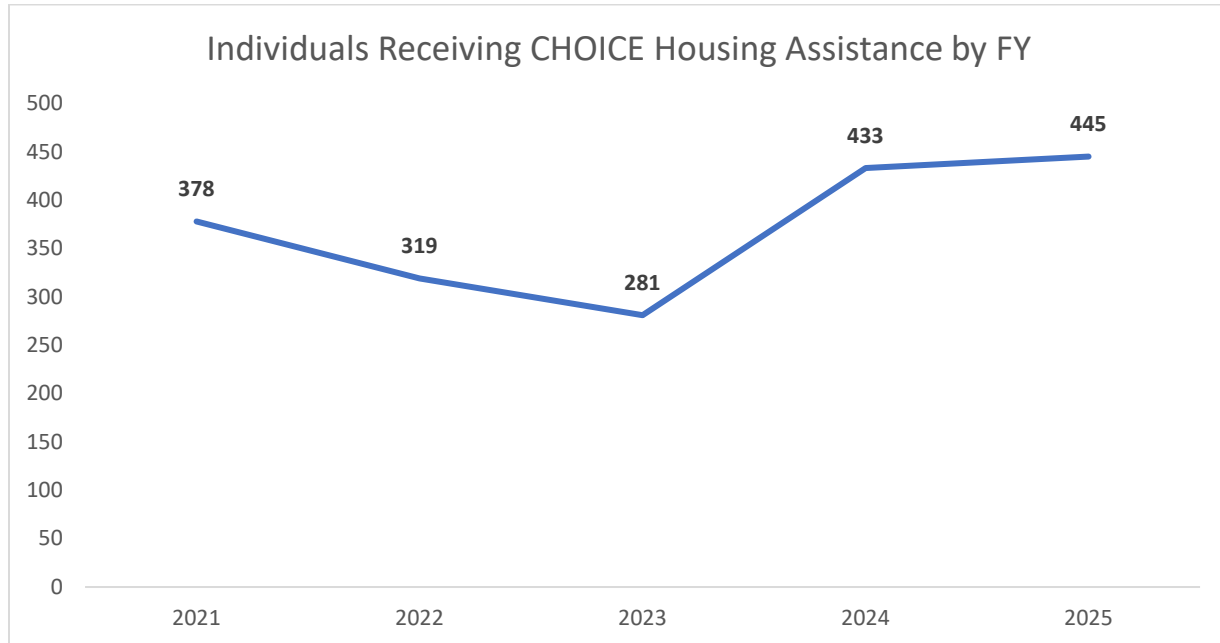
In FY 2025, 157 new individuals were housed, bringing the cumulative total to 1,688 (see Figure 4). In total, 445 individuals received housing assistance during FY 2025.

Figure 4





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During FY 2025, there was a decrease in total referrals to the CHOICE program; however, there was a significant increase in Olmstead Priority 1 (Figure 5). The uptick in Priority 1 referrals reflects the stronger outreach and education efforts carried out by CHOICE Housing Agencies with State Psychiatric Hospitals. The rise in individuals discharged after hospital stays of more than 90 days indicates a shift in Mississippi's approach—moving away from long-term institutionalization and toward community-based living. This increase in Priority 1 referrals also highlights the growing participation of State Hospitals in the CHOICE housing program.

Priority 2 serves a crucial Olmstead population: individuals who have been discharged from a state psychiatric hospital within the past two years and who have likely experienced multiple previous hospitalizations. The decline in this category is a positive indicator that, since the CHOICE program's inception in 2016, fewer individuals are being institutionalized. Moreover, CHOICE is successfully reaching more eligible individuals in the community who require housing support.

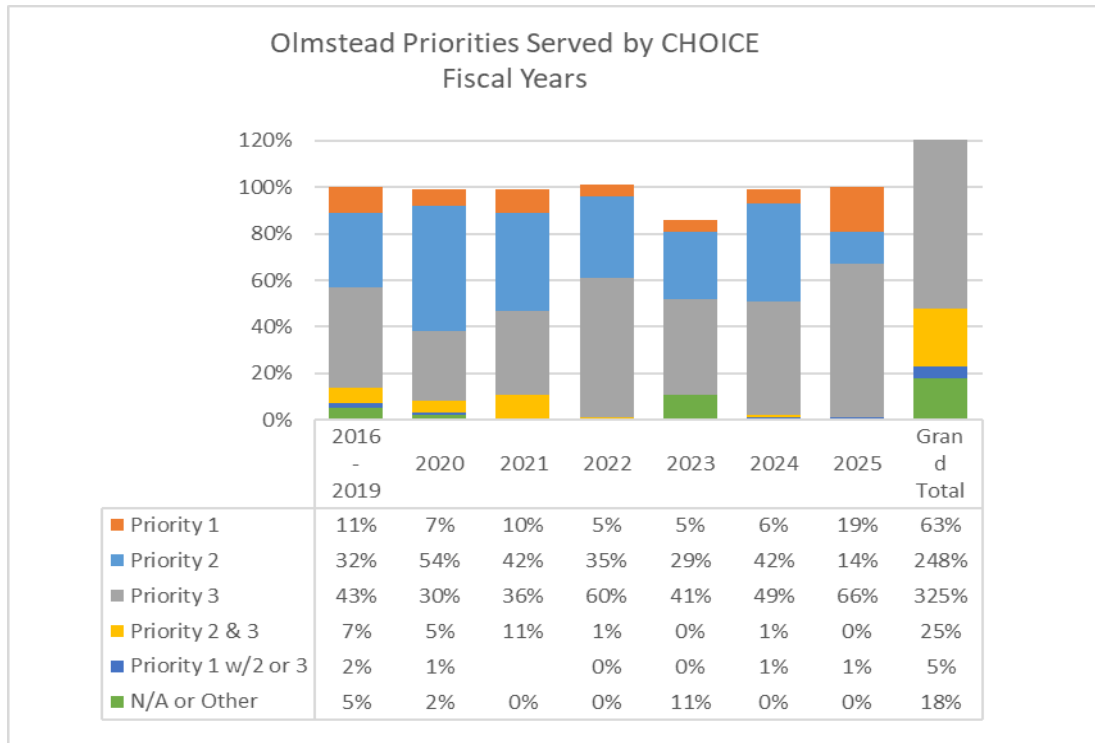
Priority 3 addresses an Olmstead population comprising clients referred to CHOICE who lack a fixed, regular, and adequate nighttime residence. This group includes individuals exiting an institution after a stay of 90 days or less. Priority 3 represents a significant portion of the population served, reflecting the overall decrease in the length of psychiatric hospital stays. For example, this category includes individuals leaving a crisis stabilization unit, those with a history of recurrent psychiatric hospitalizations, or those receiving community services that meet their needs.

During PY 2025, the increased share of individuals discharged from psychiatric hospitals or nursing facilities who are receiving CHOICE assistance underscores the ongoing shift towards community-based care services. These individuals receive supportive services and may only experience very short-term psychiatric hospitalizations when necessary.



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Figure 5



MAOI LIHTC Properties

The success of the CHOICE program relies on the availability and willingness of private landlords and the partnership with Low Income Housing Tax Credit (LIHTC) properties. Due to the low housing stock in Mississippi, MHC incentivized LIHTC developers to set aside up to 10% of their LIHTC units for the Olmstead population through the Mississippi Affirmative Olmstead Initiative (MAOI). As a result, the state now has a total of 514 MAOI units throughout the state.

To date, approximately 37.5% of all MAOI units are currently being leased by the Olmstead population. Other individuals that receive CHOICE housing assistance are renting from private landlords. Individuals receiving CHOICE assistance have a choice where they would prefer to live. The CHOICE housing partners work with the client to secure housing in areas near the client's support network. (Figure 6)



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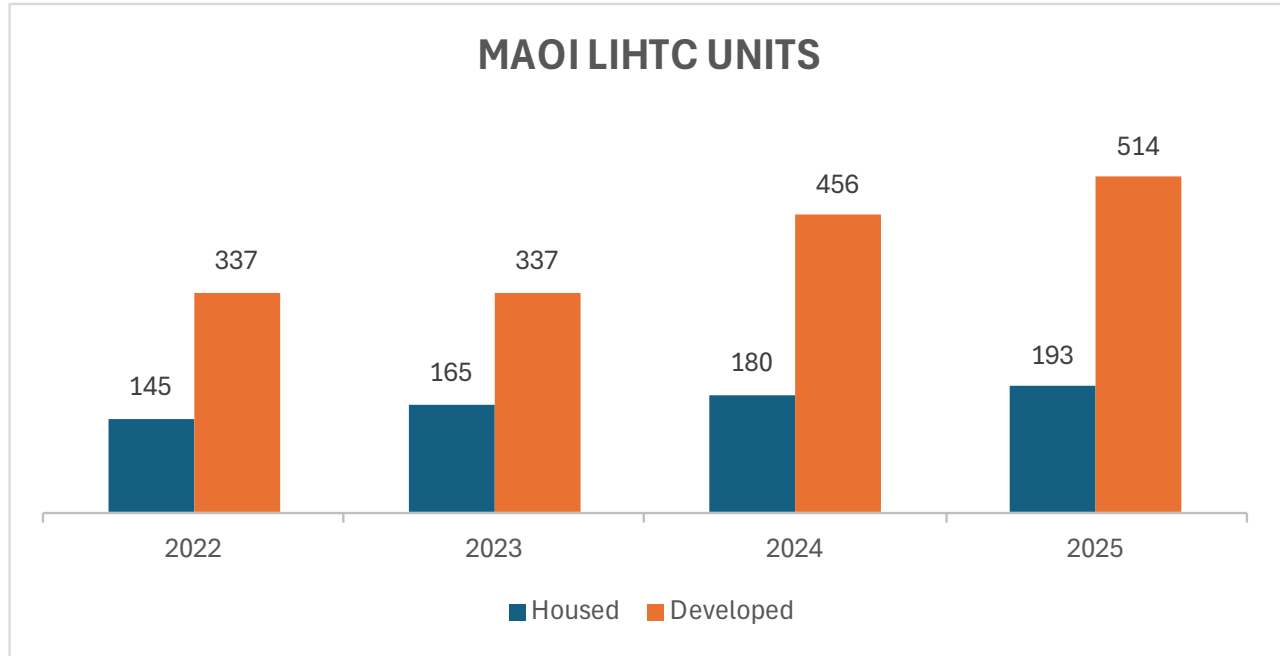
514

193

CUMULATIVE TOTAL OF MAOI UNITS
DEVELOPED

CUMULATIVE TOTAL OF INDIVIDUALS
HOUSED IN MAOI UNITS

Figure 6



Number of Referrals

Individuals with SMI seeking housing support in the community may access CHOICE through referrals. During FY 2025, there were 484 referrals made to the program. The greatest percentage of referrals came from the Community Mental Health Centers at 69% followed by the State Hospitals at 20%.

The increase in program referrals from the state hospitals of individuals not actively institutionalized is evident of shift in care from institutional settings to community setting. State hospitals are actively participating in the shift of care to community setting. (See Figure 7).



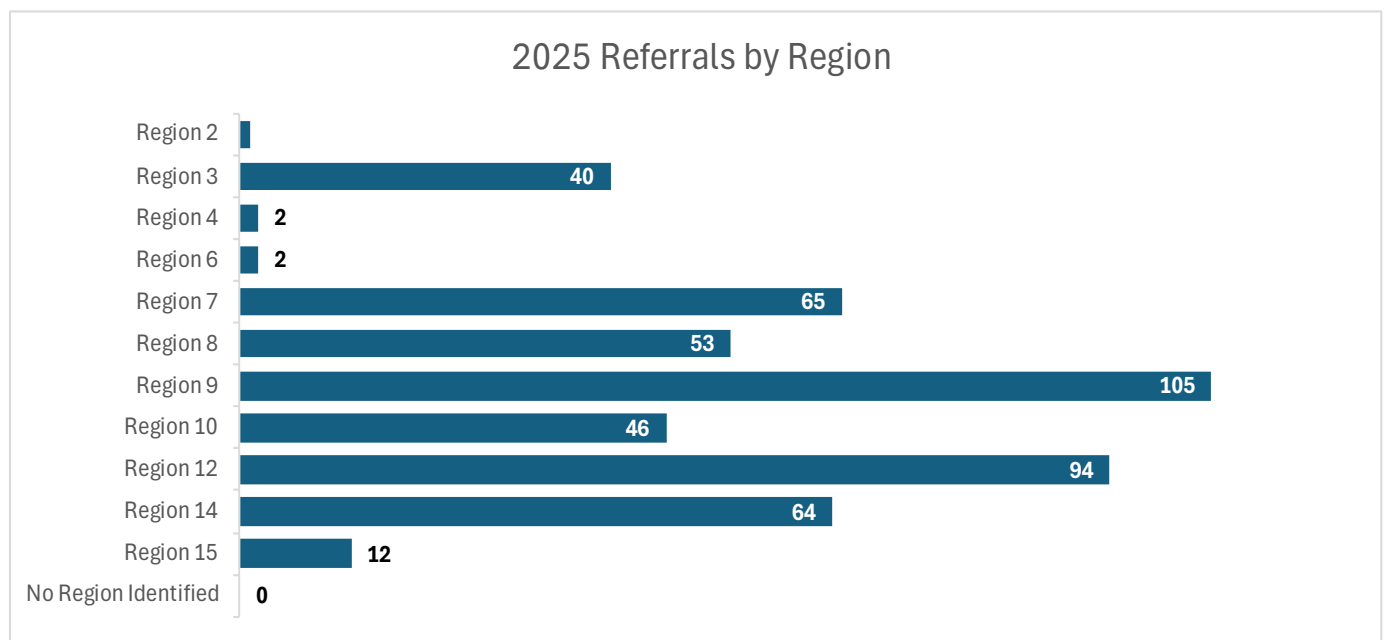
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Figure 7

REFERRALS BY AGENCY								
AGENCY	2016-2019	2020	2021	2022	2023	2024	2025	TOTAL
Community Agency/Self	71	28	5	24	2	15	0	145
Community Mental Health Center	453	67	23	88	111	493	335	1570
Crisis Center	39	9	3	9	5	36	1	102
Family Health Centers	22	13	0	5	4	35	3	82
Jail	0	0	0	2	0	1	0	3
Nursing facility	7	1	0	0	4	0	9	21
PACT	6	1	1	7	2	1	0	18
Recovery Center	6	8	0	9	6	62	16	107
State Hospital	202	22	14	49	52	107	95	541
Other	7	0	0	0	17	0	25	49
Total	813	149	46	193	203	750	484	2638

According to the latest data, Region 9 accounted for the largest percentage of referrals, making up 21.6% of the total. This region includes Hinds County, a significant area within our service coverage. The second highest percentage of referrals came from Region 7, which represents 13.4% of the total. See Figure 8.

Figure 8





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Characteristics at Admission

Income and health are reviewed to determine a person’s eligibility for the CHOICE Program. All individuals had a mental health problem at the time of admission to the CHOICE Program. (Figure 9) In addition to having a mental health problem, some individuals had other qualifying medical diagnosis. In 2025 less qualified individuals came into the CHOICE program with income. However, about half of the CHOICE applicants came with health insurance. The Department of Mental Health and the CHOICE intake teams work with clients to start benefits before they exit care, if possible. Income at admission often consists of SSI or SSDI and insurance is covered by Medicaid.

About a quarter of individuals live with complicated conditions including physical or developmental disability, chronic health conditions, or substance abuse. A Housing Stabilization Plan is prepared with CHOICE recipients and takes into account the individual’s personal goals, strengths, and challenges as identified during the needs assessment. CHOICE does not deny services to an applicant due to substance abuse or other conditions; instead, CHOICE housing case managers work with each individual to obtain goals identified on their Housing Stabilization Plan and obtain self-sustainability.

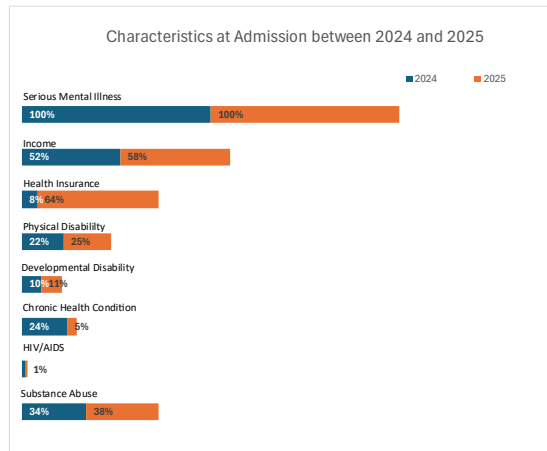
Figure 9

Persons Housed by CHOICE Characteristics at Admission Cumulative Totals

Characteristic	2016-2018	2019	2020	2021	2022	2023	2024	2025
Serious Mental Illness	100%	100%	100%	100%	100%	100%	100%	100%
Income	50%	46%	44%	51%	51%	39%	52%	47%
Health Insurance	46%	48%	46%	48%	50%	50%	8%	46%
Physical Disability	25%	26%	20%	18%	60%	26%	22%	23%
Developmental Disability	13%	18%	16%	16%	14%	16%	10%	15%
Chronic Health Condition	32%	37%	24%	25%	24%	30%	24%	27%
HIV/AIDS	1%	0%	1%	2%	2%	0%	2%	1%
Substance Abuse	34%	37%	35%	56%	33%	43%	34%	27%



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Housing Status of Individuals at Exit

CHOICE assistance is limited to twelve (12) months but may be extended, if necessary, based on additional justification. When requesting extended assistance for a tenant, case workers provide an updated narrative identifying how the individual will transition from the program. Through FY 2025, 1,224 individuals have exited CHOICE. Of exiting individuals, 48% are living independently. Twenty-three percent returned to family in 2025. Other outcomes in FY 2025, totaling approximately 29% of exits, include jail, psychiatric hospital, long term care facilities, and other unknown reasons. (Figure 10)

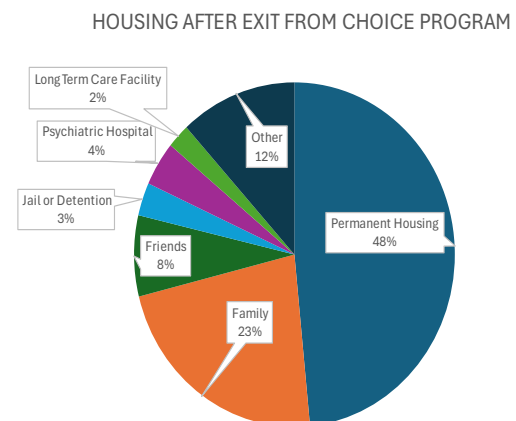
Figure 10

Persons Exiting CHOICE

Destination	Count	Share (%)
Permanent Housing	593	46%
Family	277	24%
Friends	93	8%
Jail or Detention	38	3%
Psychiatric Hospital	51	5%
Long Term Care Facility	28	2%
Other	144	12%
Total	1224	100%

1,224

CUMULATIVE EXITS FROM CHOICE





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Characteristics of Individuals Served by CHOICE

Income

The number of Participants with Income increased from 52% in FY 2024 to 58% in FY 2025. There was also an increase in the average income amount from \$948 to \$970 (Figure 11). Mental health centers and CHOICE housing agencies are working to establish or reestablish benefits, including SSI, during the intake and approval process. In addition, the Department of Mental Health and CHOICE housing agencies continue to work with disabled participants to find employment under the Ability Works Program. The CHOICE program uses the same method for calculating household income as the HUD Section 8 Program regulations at 24 CFR Part 5.23.

Figure 11

Monthly Income of Participants with Income at Admission by Fiscal Year

With Income at Admission	FY2016 - FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	All Years
Yes								
Average of Income	\$818	\$802	\$871	\$782	\$923	\$948	\$970	\$873
Share	49%	39%	55%	39%	34%	52%	58%	48%
Count No	295	101	49	47	36	183	91	802
No								
Share	51%	61%	45%	61%	66%	48%	42%	52%
Count	311	156	40	74	69	170	66	886
Total								
Share	100%	100%	100%	100%	100%	100%	100%	100%
Count	606	257	89	121	105	353	157	1,688

Participants with income are required to pay 15% of their income towards rent. If participants have zero income, CHOICE will pay 100% of rent during the period of assistance. Participants must have a means to pay for all utilities, phone services, and other cost of independent living. This often means that for individuals who have not found work, CHOICE assistance is combined with other types of federal or private funding, including Emergency Solutions Grant which can assist with cost of utilities.



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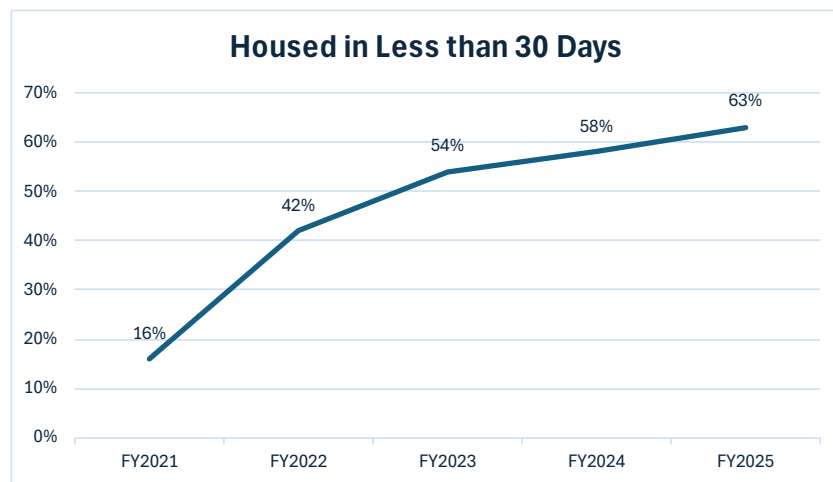
Days to House CHOICE Tenants

In FY 2025, 63 % of individuals were housed in less than 30 days. This is an increase from FY 2024 when 58% were placed in under 30 days and FY 2023 when 54% of individuals were housed in less than 30 days. (Figure 12)

Figure 12

Days to House

	FY2016 - FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	Total
Count								
<= 15	319	36	5	44	46	156	78	684
16-30	34	26	9	19	11	51	21	171
31-60	49	37	10	20	22	58	13	209
>60	204	158	65	38	26	88	45	624
Share								
<=15	53%	14%	6%	26%	44%	44%	50%	41%
15-30	6%	10%	10%	16%	10%	14%	13%	10%
30-60	8%	14%	11%	19%	21%	16%	8%	12%
>60	34%	62%	73%	40%	25%	25%	29%	37%
Total Count	606	257	89	121	105	353	157	1688





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The most significant reductions in the time to secure housing were observed in the coastal communities and the Jackson Metro counties. Several factors contributed to this improvement:

1. The introduction of the CHOICE housing process, which expanded the number of housing service providers, gave program applicants access to a broader range of landlords through the housing agency's connections with private landlords.
2. MHC's collaboration with Tax Credit MAOI units increased the availability of units for individuals with serious mental illness (SMI).

Despite these advancements in reducing housing wait times, MHC recognizes that the availability of affordable housing remains limited in some areas. MHC is actively collaborating with LIHTC MAOI developers to create more affordable housing options for communities in need.



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Location

By the end of FY 2025, CHOICE participants have been housed in 34 different cities, with fewer than four households being housed in 12 cities. These communities have successfully housed between 5 and 317 participants over the years. (Figure 13)

Figure 13

CHOICE Rental Payments by City

City	2016-2020	2021	2022	2023	2024	2025	Total
Biloxi	66	4	8	5	14	8	105
Brandon	22	6	5	6	0	0	39
Canton	8	2	0	1	1	3	15
Cities with 4 uni	142	19	35	14	38	17	265
Columbus	0	0	0	0	40	16	56
Corinth	33	4	0	0	1	0	38
Gautier	7	1	0	4	6	3	21
Greenville	4	2	2	2	2	0	12
Gulfport	127	9	30	36	89	26	317
Hattiesburg	90	10	12	7	18	4	141
Jackson	111	7	5	8	72	44	247
McComb	4	1	2	1	2	1	11
Meridian	66	5	0	3	0	0	74
Moss Point	8	0	2	6	3	3	22
New Albany	4	1	4	1	1	0	11
Ocean Springs	7	1	0	0	3	1	12
Pascagoula	57	1	8	4	21	7	98
Pearl	14	1	0	0	2	0	17
Saltillo	18	2	1	5	4	5	35
Starkville	10	1	1	1	19	9	41
Tupelo	55	12	6	1	13	10	97
Waveland	10	0	0	0	4	0	14
Total	863	89	121	105	353	157	1688



Creating Housing Options in Communities for Everyone

In Fiscal Year (FY) 2025, the average rent for CHOICE participants was \$870. CHOICE contributes to the rent based on the participant's income, covering the full rent when the applicant has no income. During FY 2025, CHOICE paid an average of \$782 per month, while participants contributed an average of \$89.

The rise in rent costs throughout the year was primarily driven by an increase in rents observed statewide in Mississippi. (Figure 14)

Figure 14

CHOICE Rental Payments by Amount

Payment Type	2016-2019	2020	2021	2022	2023	2024	2025	Avg
Rent	\$ 545.00	\$ 585.00	\$ 550.00	\$ 580.00	\$ 586.00	\$ 776.00	\$ 870.00	\$ 642.00
Tenant Portion	\$ 167.00	\$ 157.00	\$ 176.00	\$ 110.00	\$ 96.00	\$ 95.00	\$ 89.00	\$ 127.00
CHOICE Portion	\$ 377.00	\$ 427.00	\$ 373.00	\$ 470.00	\$ 490.00	\$ 681.00	\$ 782.00	\$ 514.00

Identified Gaps in Service

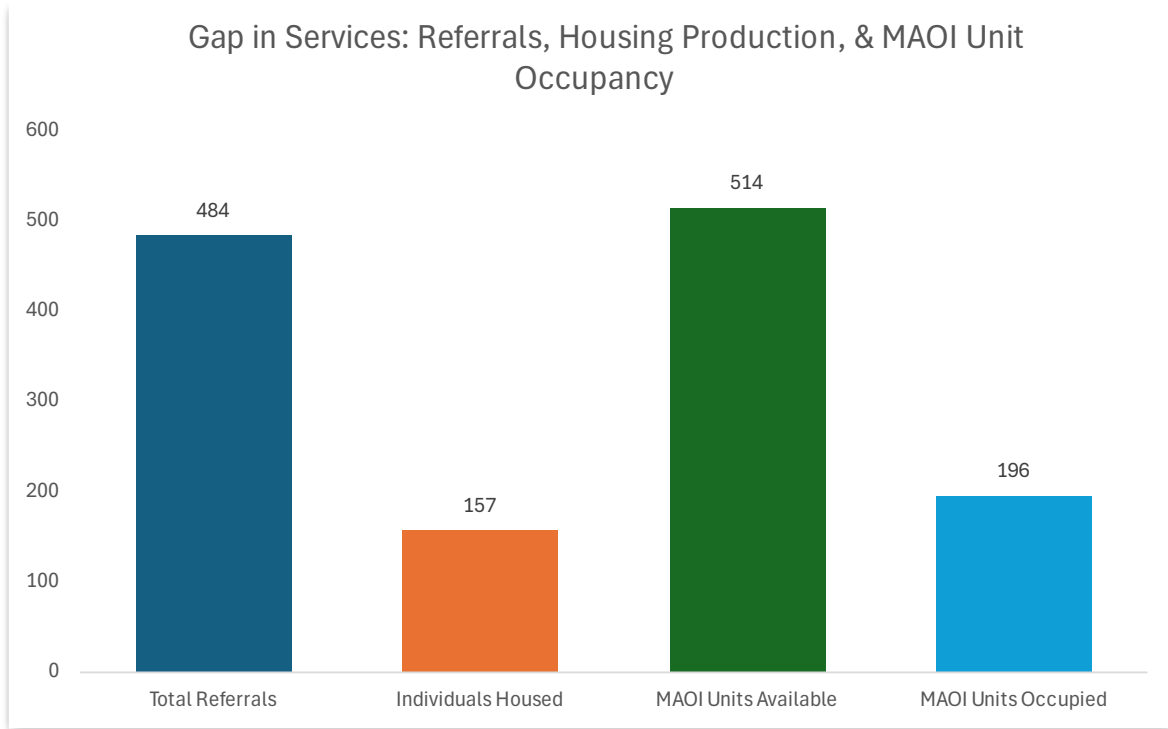
While the CHOICE program has demonstrated meaningful progress (expanding housing partners, reducing the number of days to house tenants, and strengthening coordination with state hospitals), important service gaps remain. The program has successfully increased referrals and transitioned more individuals into community-based housing, yet geographic inequities persist in high-demand areas such as the Pine Belt, Gulf Coast, and Hinds County. Rising rental costs and limited affordable housing stock continue to strain participants, 42% of whom entered the program with no income. Many participants also face complex needs, with 25%+ presenting additional conditions such as physical or developmental disabilities, substance use, or chronic illness, often requiring more intensive supportive services than are currently available. Finally, although referrals from state hospitals are growing, earlier coordination with access to more affordable housing in high demand areas is needed to ensure smoother transitions for individuals leaving institutional settings. Addressing these gaps will be critical to sustaining the program's success and strengthening housing stability across Mississippi.

The Mississippi Affirmative Olmstead Initiative (MAOI) achieved notable progress in reducing the gap in access to affordable rental housing during the 2025 Fiscal Year. Unit production grew by 58 units, and there was a measurable increase in the number of MAOI units occupied by individuals with serious mental illness. Despite this progress, a significant need for affordable housing remains, particularly in communities where CHOICE assistance is in the highest demand. (Figure 15)



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Figure 15



Gap 327

Cost Savings

The CHOICE program offers significant cost savings by providing community-based housing and support for individuals with serious mental illness at a fraction of the cost of institutional care. By shifting from Mississippi State Hospitals, which cost approximately \$15,000 per individual per month, to the CHOICE program at just \$681 per month, the state can save over \$14,000 per person each month, making it a financially efficient alternative. (Figure 16).



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Figure 16

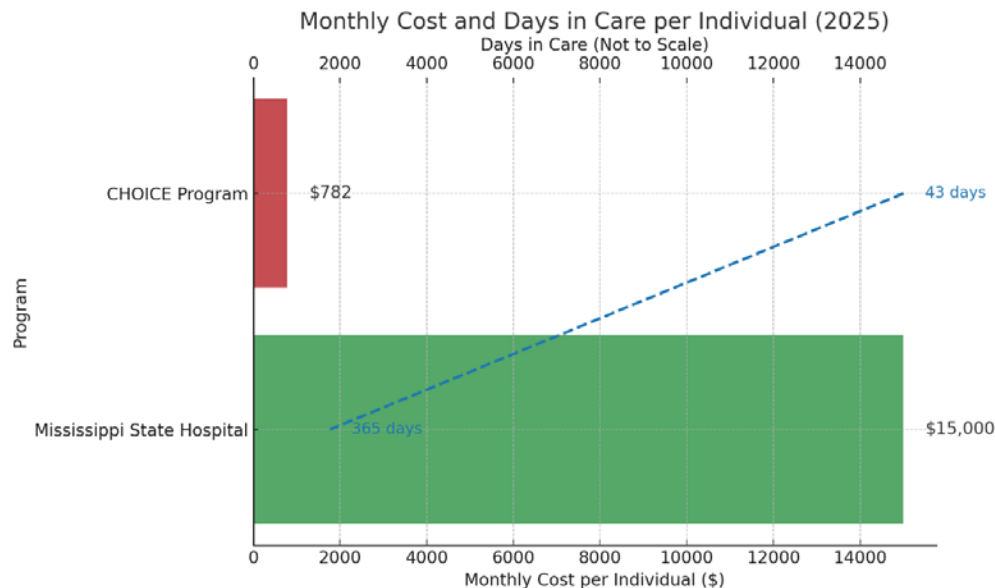


Figure 16 illustrates the cost and care duration for individuals in the CHOICE program versus Mississippi State Hospitals during CHOICE FY25. The CHOICE program, with a monthly cost of \$782 and an average care duration of 365 days (12 months), provides long-term support at a significantly lower cost. In contrast, Mississippi State Hospitals, while providing care for an average of 43 days, incur a much higher monthly cost of \$15,000 per individual. This stark difference underscores the financial efficiency and extended support offered by the CHOICE program, making it a more sustainable option for long-term care.

Conclusion

The CHOICE program remains a vital part of Mississippi's work to move individuals with Serious Mental Illness from institutions into safe, stable homes in their own communities. In FY 2025, the program showed real progress: referrals from state hospitals grew, the average time to place individuals into housing decreased, and the expanded partner network strengthened capacity statewide. Working closely with LIHTC developers through the Mississippi Affirmative Olmstead Initiative also improved access to units and reinforced our community-based approach.

CHOICE continues to deliver long-term stability at a fraction of the cost of institutional care while improving quality of life for participants. Challenges remain, like rising rents, gaps in high demand areas, and the need for more supportive services, but FY 2025 shows that CHOICE is working. The program is helping people achieve housing stability and moving Mississippi further away from long-term institutionalization toward community living. Going forward, CHOICE is positioned to build on these successes and strengthen our commitment to housing stability and the Olmstead mandate.



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Program Testimonial



September 4, 2025

[REDACTED]

[REDACTED] has been diagnosed with paranoid schizophrenia after being involuntarily committed to the Mississippi State Hospital by his local chancery court. Mr. [REDACTED] had been homeless a year prior to his institutionalization for four months. He was referred to Region 9 in which CHOICE partnered up with Hinds Behavioral Health Services to provide housing stability, mental health, and employment services. [REDACTED] had zero income prior to the CHOICE. He was referred for a HUD voucher for long term housing in which he received during his time on the choice program. Mr. [REDACTED] was successfully discharged with employment, ongoing mental health services, and rental subsidy.

*Names redacted for privacy.



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In April 2024, Ms. [REDACTED], a 63-year-old White woman, was encountered by Open Doors Homeless Coalition's Multidisciplinary Homeless Outreach Team (MHOT) in a wooded area of Biloxi, MS. The ODHC MHOT team is composed of law enforcement, homelessness service providers, Mobile Crisis Emergency Response Team (MCERT) staff from Pine Belt Mental Healthcare Resources, and Projects for Assistance in Transition from Homelessness (PATH) staff. Ms. [REDACTED] was known to law enforcement and MCERT due to multiple Crisis Intervention Team (CIT) engagements caused by decompensation of her mental illnesses of Schizoaffective Disorder and Post-Traumatic Stress Disorder (documented by the Social Security Administration with SSI benefits, quickly ascertained through assistance by Senator Cindy Hyde-Smith's office). MCERT had lost track of Ms. [REDACTED], as is often the case when individuals are experiencing literal homelessness and move around for safety. Her homelessness had prevented meaningful treatment from occurring and she had therefore been living with untreated serious mental illness for some time. However, on this date in April, the MCERT Team was able to assess her situation in the field, produce a referral to the CHOICE program, and with transportation assistance by law enforcement, Ms. [REDACTED] was quickly housed with CHOICE financial assistance and her SSI benefits reinstated. Once in a secure home, MCERT was able to provide wraparound services including medication injections, and SNAP benefits and utility assistance through LIHEAP were made possible by her CHOICE housing case manager. Ms. [REDACTED] for the first time in many years, was able to experience stability and her housing, for which she paid a portion, greatly reduced the burden on law enforcement and community emergency systems. As her time neared the end in the CHOICE program, it was determined through case conferencing that Ms. [REDACTED] would benefit from additional subsidy and case management support and due to her documented disability and length of time homeless, she was eligible for and referred to an opening in a HUD Continuum of Care Permanent Supportive Housing program unit, where she can remain indefinitely with all the supportive services, including her critical mental health treatment, which keep her stable and thriving while closing the door on homelessness forever.

This is but one example of how successful and life-changing the CHOICE program is with its robust, built-in partnerships that not only enhance the lives of its participants, but the community as a whole.

*Names redacted for privacy.