

Supportive Housing Transformation in Georgia, Two Years into Implementation

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

DBHDD Office of Supportive Housing

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DBHDD Office of Supportive Housing



GAVP
PATH
SOAR

Georgia Housing Voucher Program (GHVP)



What is Permanent Supportive Housing (PSH)?



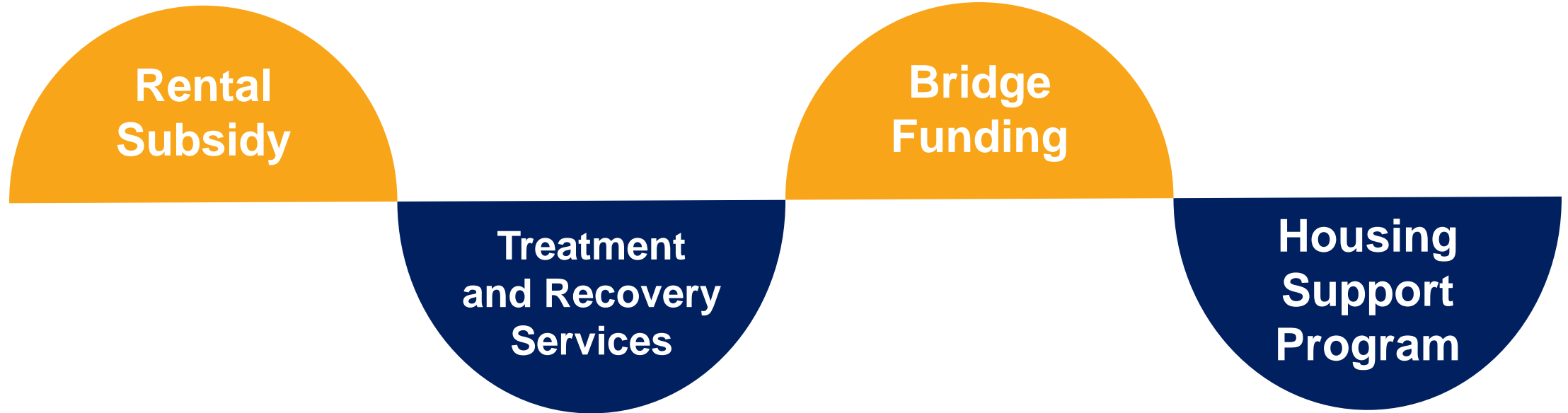
**Housing
Financial
Assistance**

**Community-
Based BH
Services**

**Permanent
Supportive
Housing**

What does DBHDD PSH look like?

Georgia Housing Voucher Program (GHVP)



Supportive Housing System Phases

1. Outreach

- Individual is connected to a provider or presents for intake.
- Individual is identified at DBHDD Hospital.
- Individual receives outreach in correctional facility.
- PATH outreach occurs.

2. Assessment

- Determination of eligibility.
- Completion of NSH survey.
- If not eligible, individual is referred to other resources.

3. Application

- Completion of referral process for GHVP.
- Forms and document submission.
- Results in FO review of referral and issuance of voucher if appropriate.

4. Housing Search

- Housing search supported by provider begins.
- Individual exercises choice.
- Unit must accept vouchers and meet standards.

5. Leasing

- Lease signing and final paperwork gathered.
- Inspection scheduled and conducted prior to move-in.
- Furnishing and utility startup via Bridge Funding.
- Landlord enrollment.

6. Stability

- Individual receives ongoing housing support services.
- Optional treatment services.
- Program fidelity monitoring and evaluation.

GHVP Program

- Tenant-based voucher program providing independent Permanent Supportive Housing to individuals living with a psychiatric disability who are experiencing homelessness or at imminent risk.
- Born out of 2010 Olmstead settlement agreement.
- GHVP is accessed by assessment and referral via DBHDD provider.
- Participant not intended to pay more than 30% of income.
 - GHVP pays rent directly to landlord.
 - Some participants have no income and GHVP pays 100% of the rent.
 - GHVP does not cover ongoing utility costs unless built into rent.
- Housing First model:
 - Lease in participant's name. Participants maintain tenancy rights.
 - No requirement for treatment nor sobriety. No housing "readiness".
 - Participants receive wellness visits from (new) Housing Support Program.

GHVP Eligibility

- Adults (18+)
- Diagnosis of Serious and Persistent Mental Illness (SPMI)
- Currently experiencing homelessness or in a residential program
- Meets one of below criteria
 - Chronically homeless (HUD definition)
 - Currently being served in DBHDD state hospital
 - 3 or more hospitalizations or residential program visits in last 12 mos.
 - 3 or more ER visits in last 12 mos.
 - Exiting correctional system in last 90 days
 - Has a forensic status w/ DBHDD (incarcerated, preparing to be released)

Bridge Funding



GHVP Bridge Funding

- Bridge Funding is available to GHVP participants once they are approved for a voucher and begin their housing search.
- Bridge payments are made via DBHDD providers on behalf of the individual and DBHDD reimburses the provider agencies within 1-2 weeks of claim submission.
- As a state-funded resource, our flexibility allows us to adjust to changing conditions (e.g. COVID) and market demands (i.e. increase in property security deposits) in order to support providers and participants be successful in their housing search.

GHVP Bridge Funding Categories

Bridge Funding Support Type	Budget per household
Startup Household Expenses	\$3,000
Security Deposit	\$2,500
Landlord Administrative Incentive	\$1,500 (\$750 can be used twice)
Inspection Repair Assistance	\$1,000
Landlord Risk Mitigation (Eviction Prevention)	\$1,000
Temporary Shelter (hotel/motel)	\$1,500
Short-Term Utility Assistance (HSP only)	\$2,500
Provider “Fee” (Initial, Renewal, Transfer)	\$500 per household

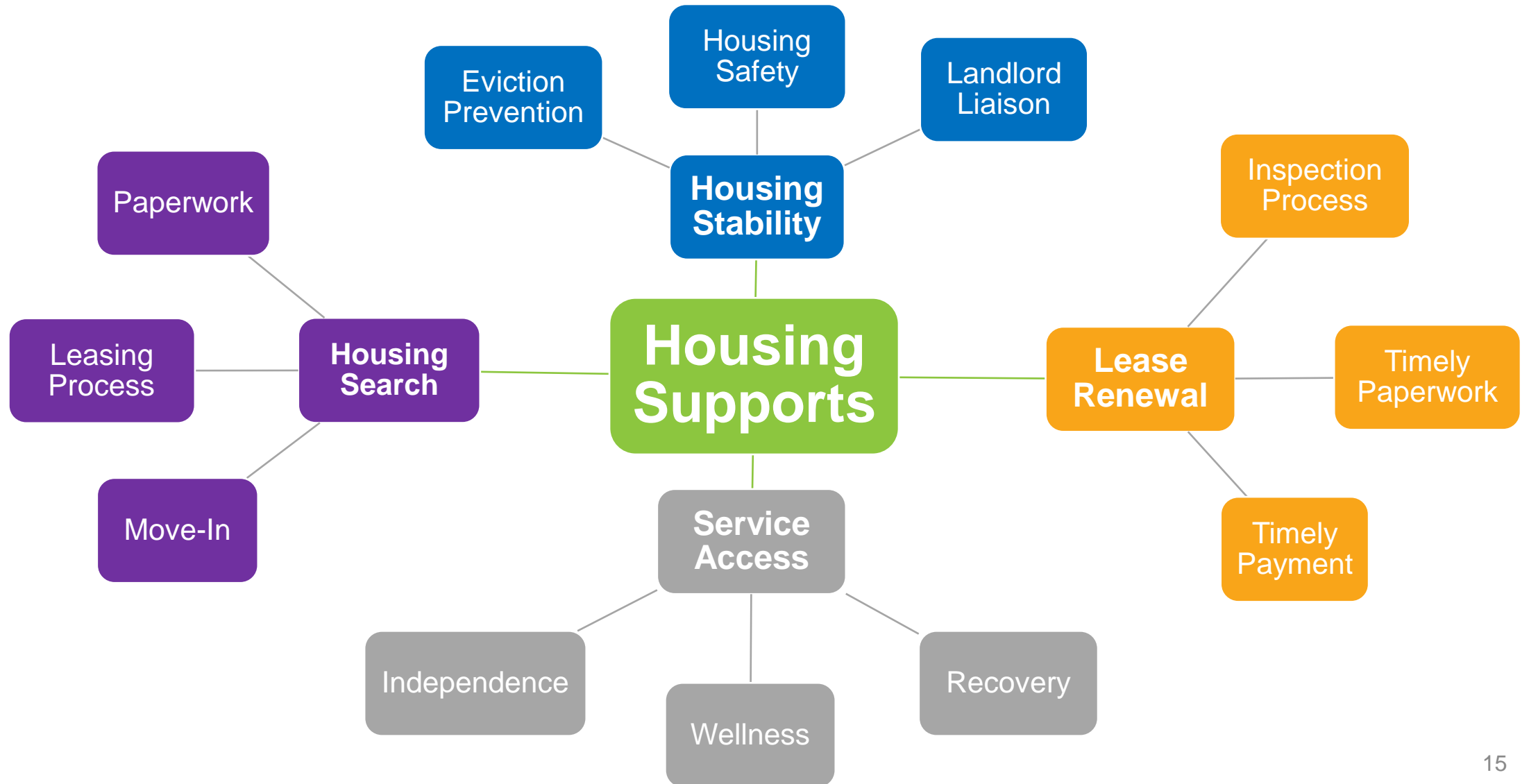
Housing Support Program (HSP) & Service



DBHDD Permanent Supportive Housing



Systemic Need and Impact of HSP



Housing Support Program Description

- Ensures **all** GHVP voucher recipients receive ongoing support to:
 - Locate voucher-eligible housing
 - Navigate program requirements and processes
 - Maintain housing stability, connection to service system, and benefits
 - Promote independence, wellness, and recovery
- Monthly in-person wellness visits once housed. Twice monthly during first 3 months after becoming housed.
- Comprised of multiple Medicaid-billable supports/services
- Required component of GHVP. Treatment still not required.

Coverage across system with Housing Supports

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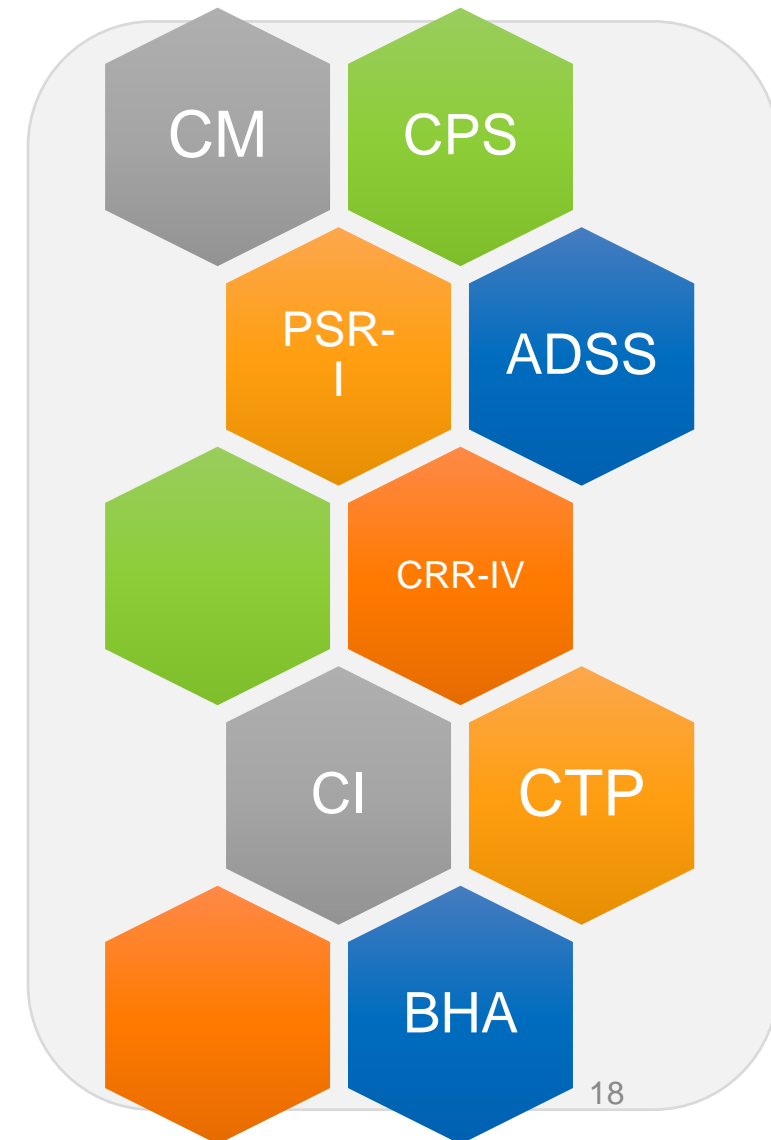
Clinical Provider (required)

Clinical Provider (optional and encouraged!)

Housing Support Provider (required)

Housing Support Program Medicaid-Billable Activities

- Combination of unbundled Medicaid-billable services will make up the program.
- Providers can bill for the following:
 - Behavioral Health Assessment
 - Case Management (CM)
 - MH and/or SUD Peer Supports (PS)
 - Psychosocial Rehabilitation – Individual (PSR-I)
 - Addictive Disease Support Services (ADSS)
 - Crisis Intervention
 - Community Residential Rehabilitation (CRR-IV)
 - Community Transition Planning (CTP)



GHVP Fidelity Monitoring Program



How is Fidelity Monitoring information being collected?

- Multiple virtual meetings with providers that address documentation requirements, permanent supportive housing standards, etc.
- General Organization Index (GOI) – a measure of process monitoring, e.g. internal operating procedures, that is measured on a scale of up to 60 points.
- Individuals Served Scoresheet (ISS) - a measure of outcomes monitoring, e.g. housing/service provision records from randomly picked housing voucher recipients, that are measured on a scale of up to 28 points.
- Combination of documentation gathering/discussion day interviews as the practical means to gather both quantitative and qualitative data.

Current State of GHVP Fidelity Monitoring

First round of fidelity monitoring was statewide across all Community Service Boards (25+ organizations).

- “High Fidelity” for the GOI is a score of 45 out of 60.
- “High Fidelity” for the ISS is a score of 21 out of 28.

		ISS	GOI
Statewide score		21.365	49.95454545
Passing providers		14	19
Provider Fidelity Pass Rate		0.636363636	0.863636364

While productive, operational priorities led us to focus our energy on the Housing Support providers working most closely with the program and its participants.

Housing Support Program Reviews (Mini-Fidelity)

- Quarterly cadence launched in 2024; first being hold harmless
- Looking at client records through provider's EMR/EHR for service deliverables and documentation to support billing
- Looking at following areas:
 - Visitation frequency, progress notes for last 3 months
 - Documentation of work in case notes; timeliness of upload
 - Assessment of household financial stability and connection to benefits
 - Programmatic paperwork on file and timely; up to date leases and record of residence passing HQS inspection

DBHDD Vital Records Partnership

DBHDD Vital Records Partnership

- Interagency partnership between DBHDD and Department of Public Health Vital Records Office launched late 2023.
- Georgia birth certificates for individuals experiencing homelessness can be requested from DBHDD directly for individuals that are enrolled with any DBHDD provider.
- Free for the individual AND free for the provider.
- No requirement to submit unexpired ID document.
- Certificates are mailed directly to agency.
- Turnaround time from current 8-10 weeks reduced to 1 week.
- 40+ provider agencies have signed up to utilize resource.

Housing First Implementation and Progress



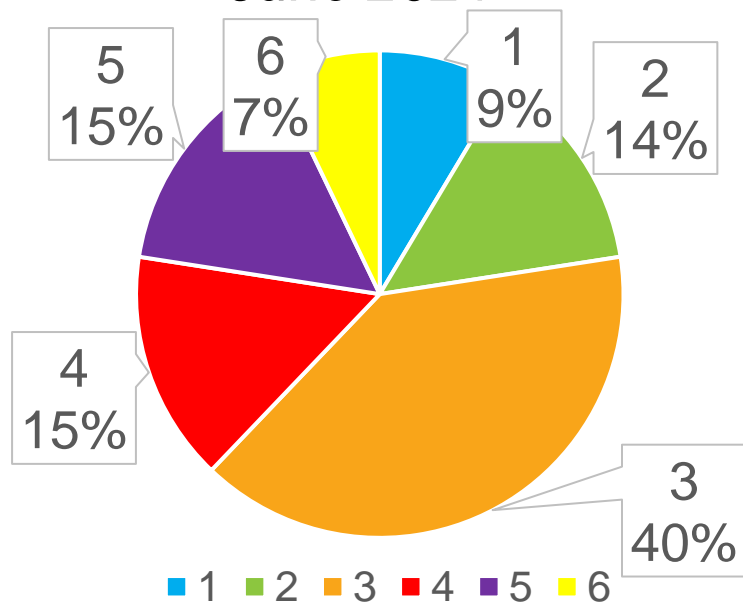
Implementation Timeline

- January 2020 – Launched a small scale pilot to test model
- March 2021 - State procurement process beings
- July 2021 – Development of new Medicaid service definition
- Fall 2021 - First contracts began – some providers recruited after RFP was short of respondents in all regions
- Winter 2022 - Final provider onboarded Winter 2022
- Year 2 of HSP program by December 2023
- Mini-Fidelity initiated January 2024

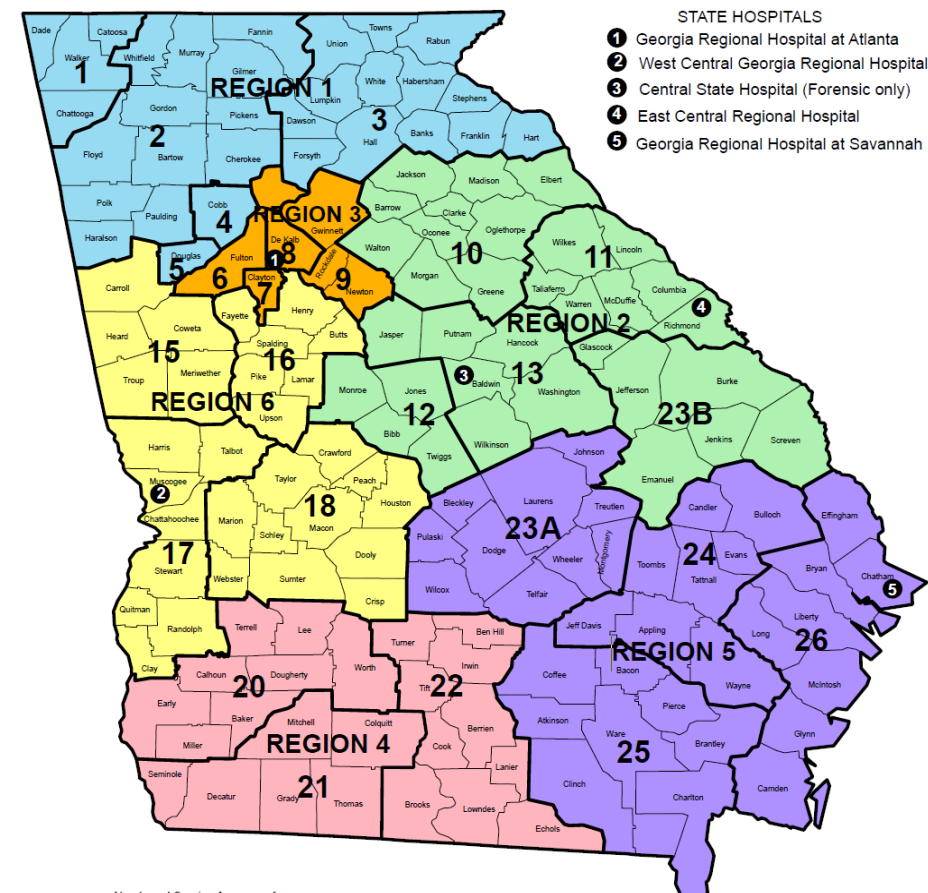
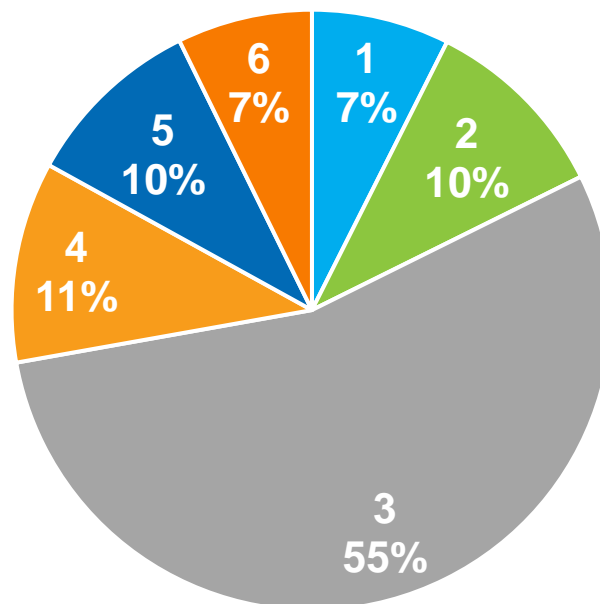
How many participants and where?

Current GHVP participants: **2,600+**

June 2021



March 2024



Numbered Service Areas are for identification purposes only.

Implementation Training and Technical Assistance

- **Bi-weekly implementation meetings** with DBHDD programmatic leadership, regional office staff, and provider team leadership from all Housing Support teams ongoing in Y3
- DBHDD Regional Field Offices meet with their local team(s) to case conference regularly.
- Housing First Pathways Institute Training Partnership
 - Providing two rounds of fidelity monitoring to Housing Support Program providers
 - Provided statewide training opportunities on Housing First philosophy for provider network
- 2022 - Year-long series of Recovery Oriented Systems of Care (ROSC) monthly seminars to educate, train, and promote culture change across provider network.
- 2023 - Series of monthly Community Learning sessions for Housing Support providers for peer-to-peer learning, sharing case examples and best practices, and learning from experts. CEU credits available to service staff.

Housing Value Statements

We asked GHVP Housing Support Program teams to reflect on housing and what it means in our work:

1. Housing is a right.
2. Housing provides the necessary foundation for recovery.
3. Housing allows people to live with freedom, purpose, and dignity.
4. Housing signals a new beginning.

Service Billing and Policy Progress

- One leading example provides proof of concept, on track to achieve billing that represents a **38% contract cost offset during FY24**.
- Policy requiring duplicative clinical assessments had to be revised to allow Housing Support providers to utilize clinical documents from another provider.
- Process changes were put into place to ensure clinical documents must be submitted by referring agency with the referral to facilitate authorization for supportive services once the Housing Support provider enters the picture.
- Qualified providers are important. Accreditation doesn't always mean good at billing. Even skilled providers will need technical assistance.

Challenges and Opportunities

- Launching the support program with 1500+ households in housing made for a challenging implementation.
- Ongoing and accelerating rapid program growth creates downstream strain on team capacity and need to grow staff.
- Budget constraints from growth and reliance on state funding.
- Providers adapting to new service model, new communities, new relationships with providers that they overlap for first time.
- Provider care coordination is **vital** but has come with hurdles.
 - Information sharing. Needing medical documentation.
 - Keeping clinical providers in the picture.
- Medicaid billing and impending changes to Medicaid system in GA.

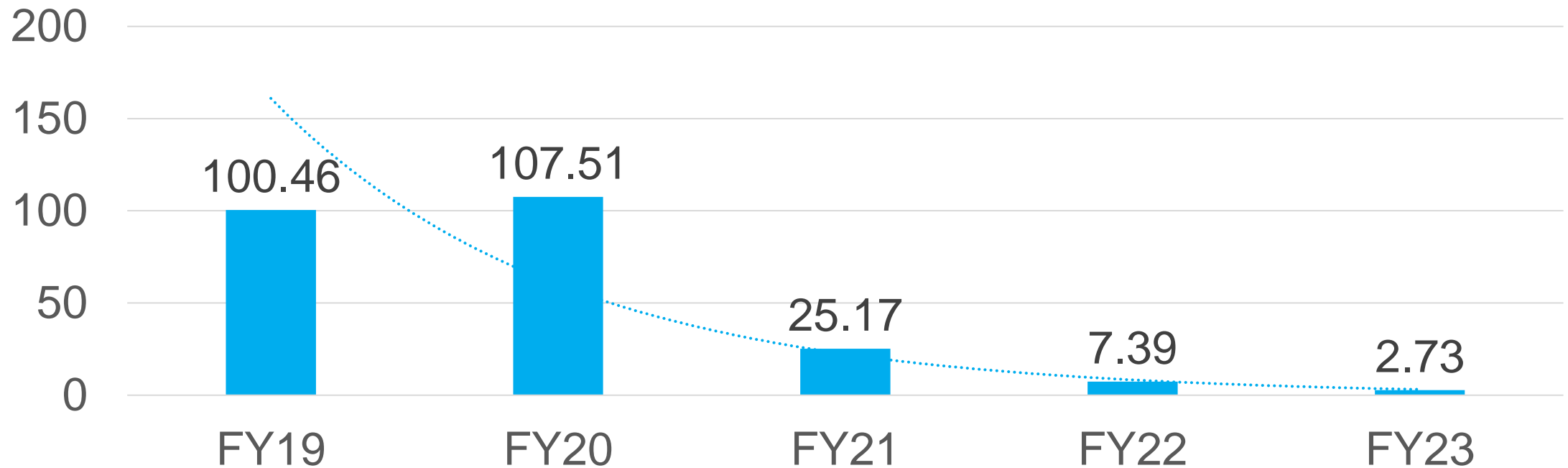
GHVP Program Data



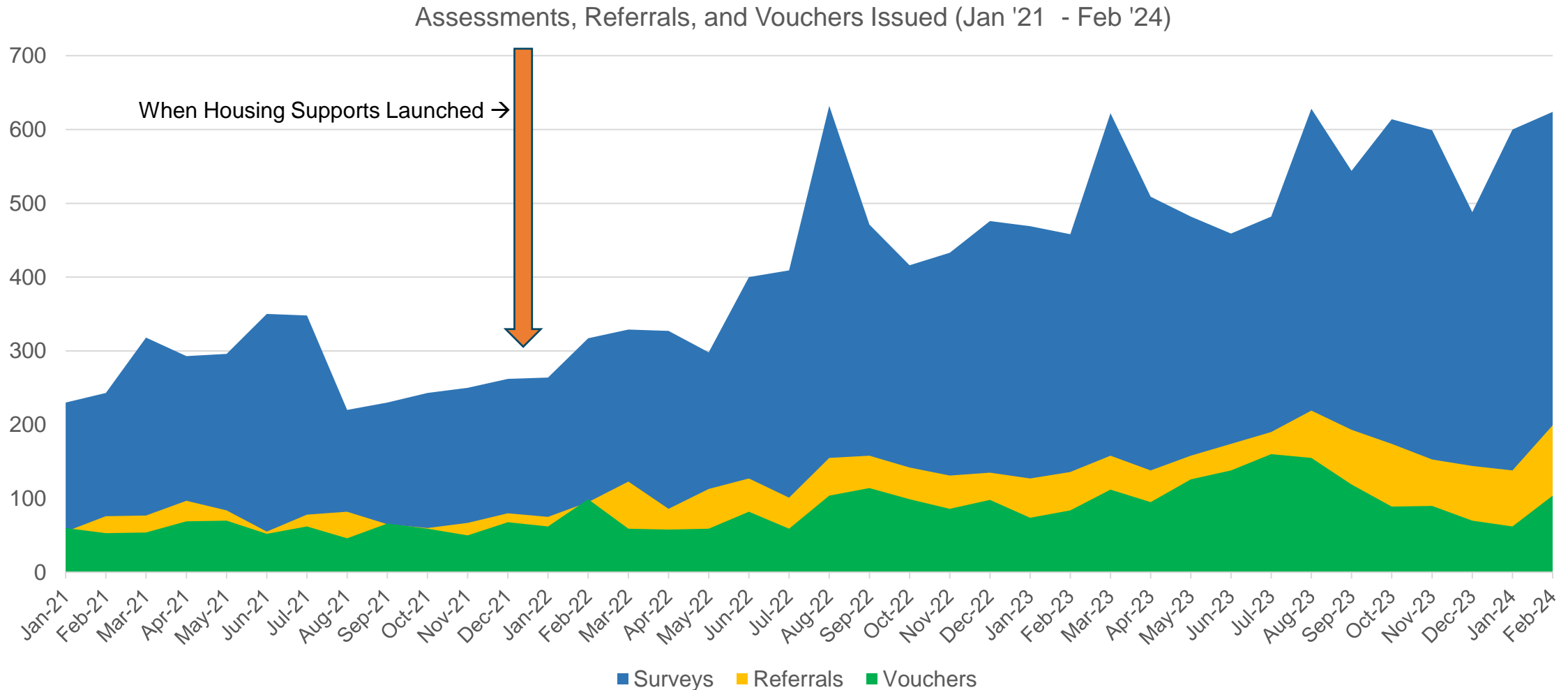
5Y Comparison: Voucher Decision Timeframe

- GHVP has never operated with a waiting list.
- The change seen here across FY21 and FY22 is a result of prioritizing access to GHVP instead of requiring households to first try to obtain and utilize a Housing Choice Voucher.

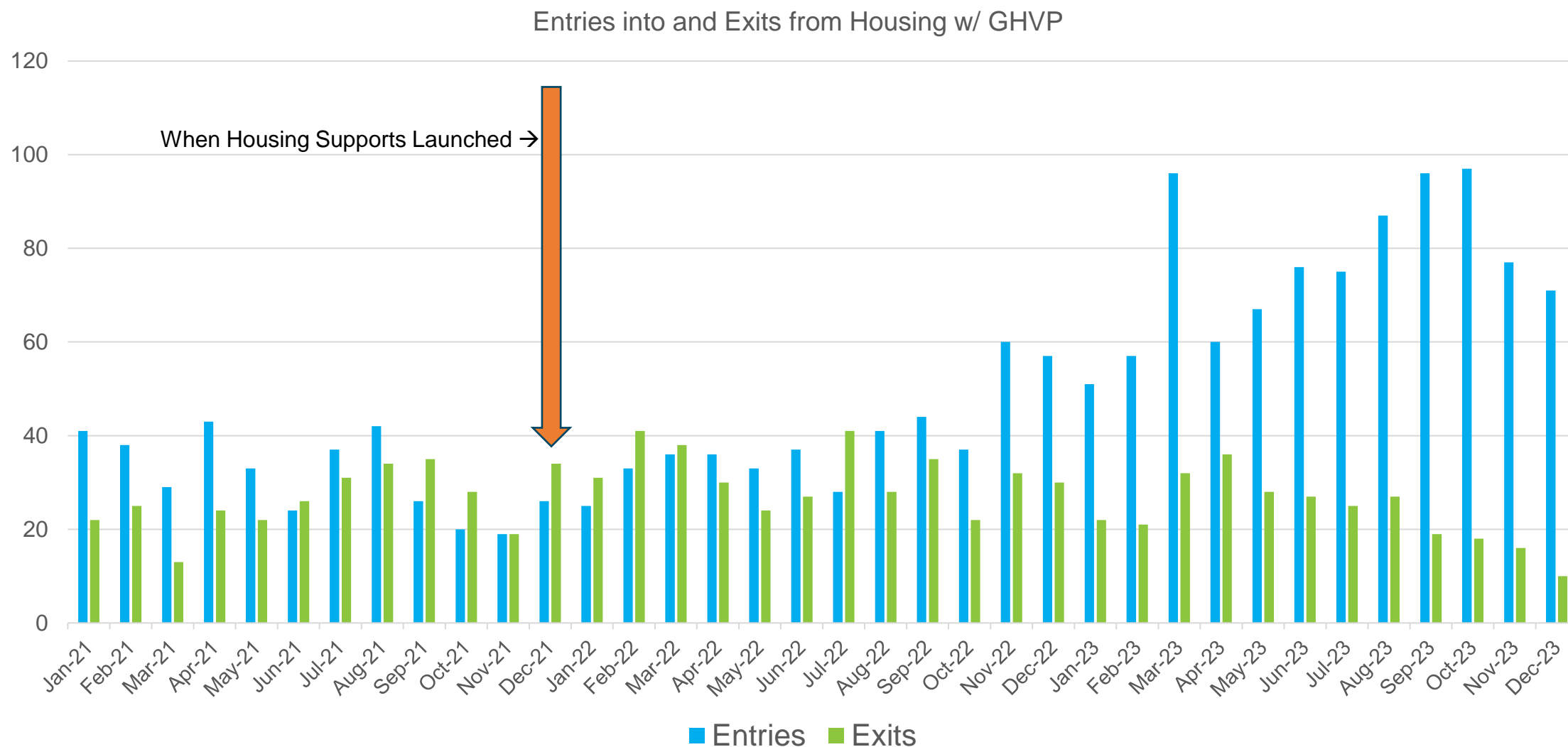
GHVP Voucher Decision Timeframe 5-Year Comparison



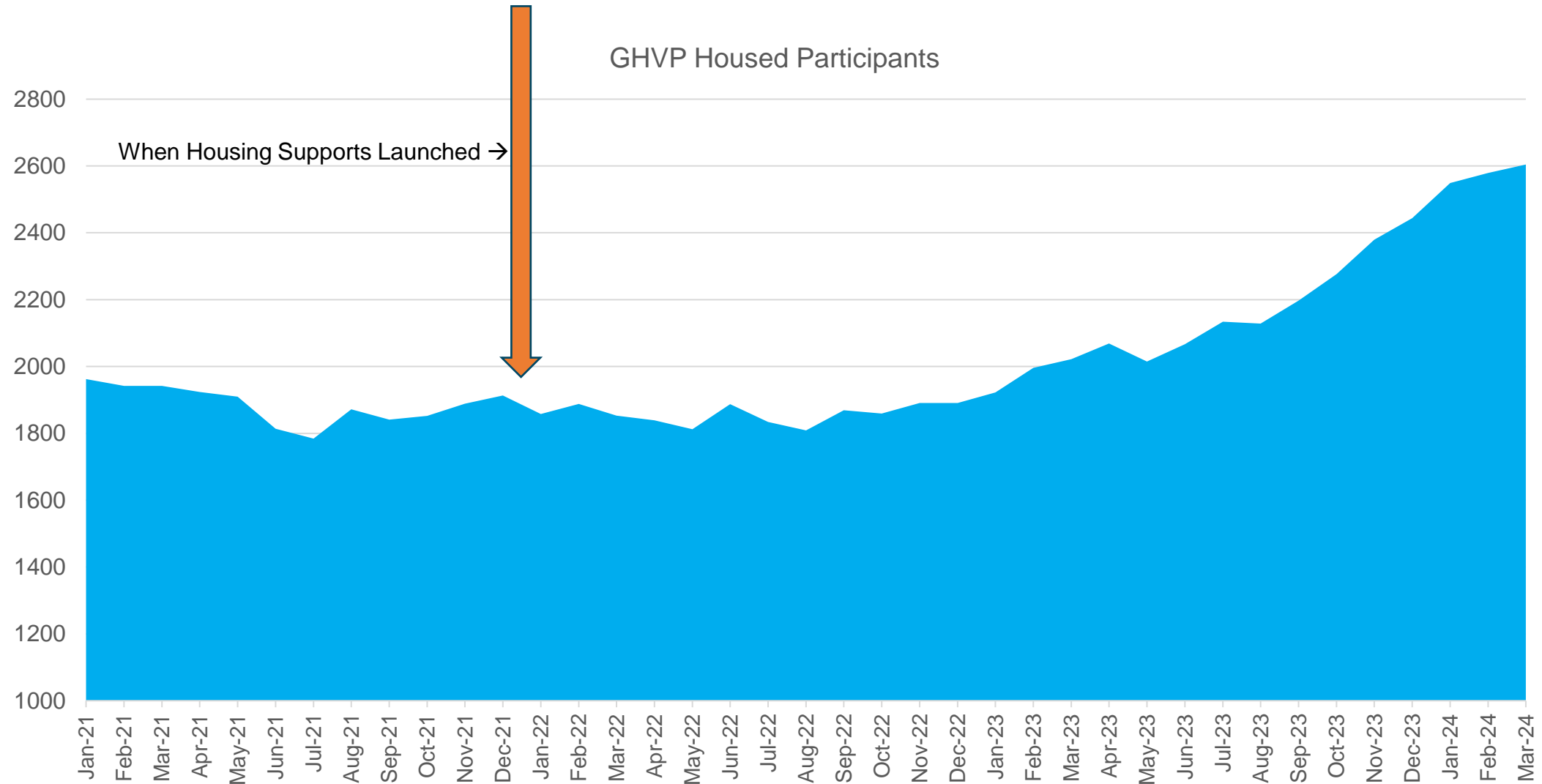
Growth in Access, Application, and Entry to GHVP



Program Entries and Exits since January 2021



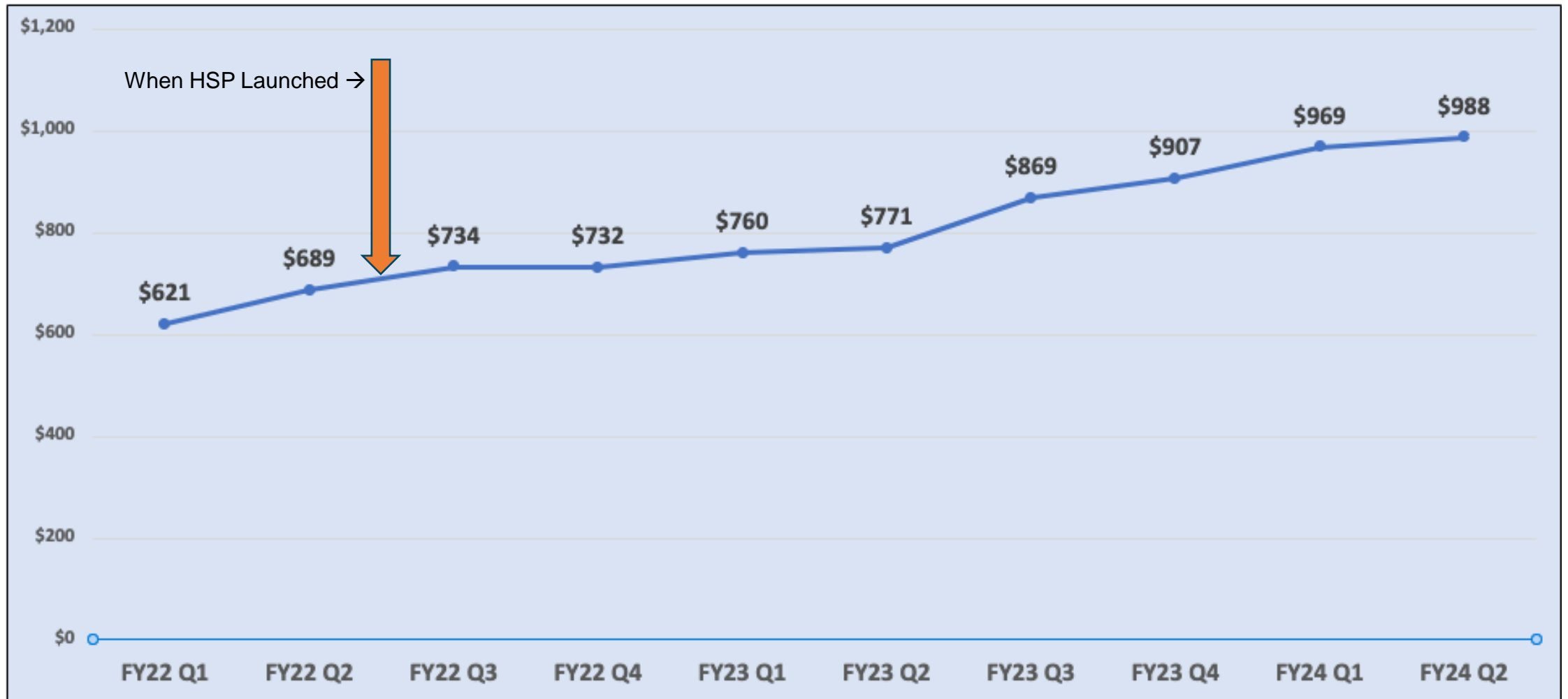
GHVP Program Housed Participant Total by Month



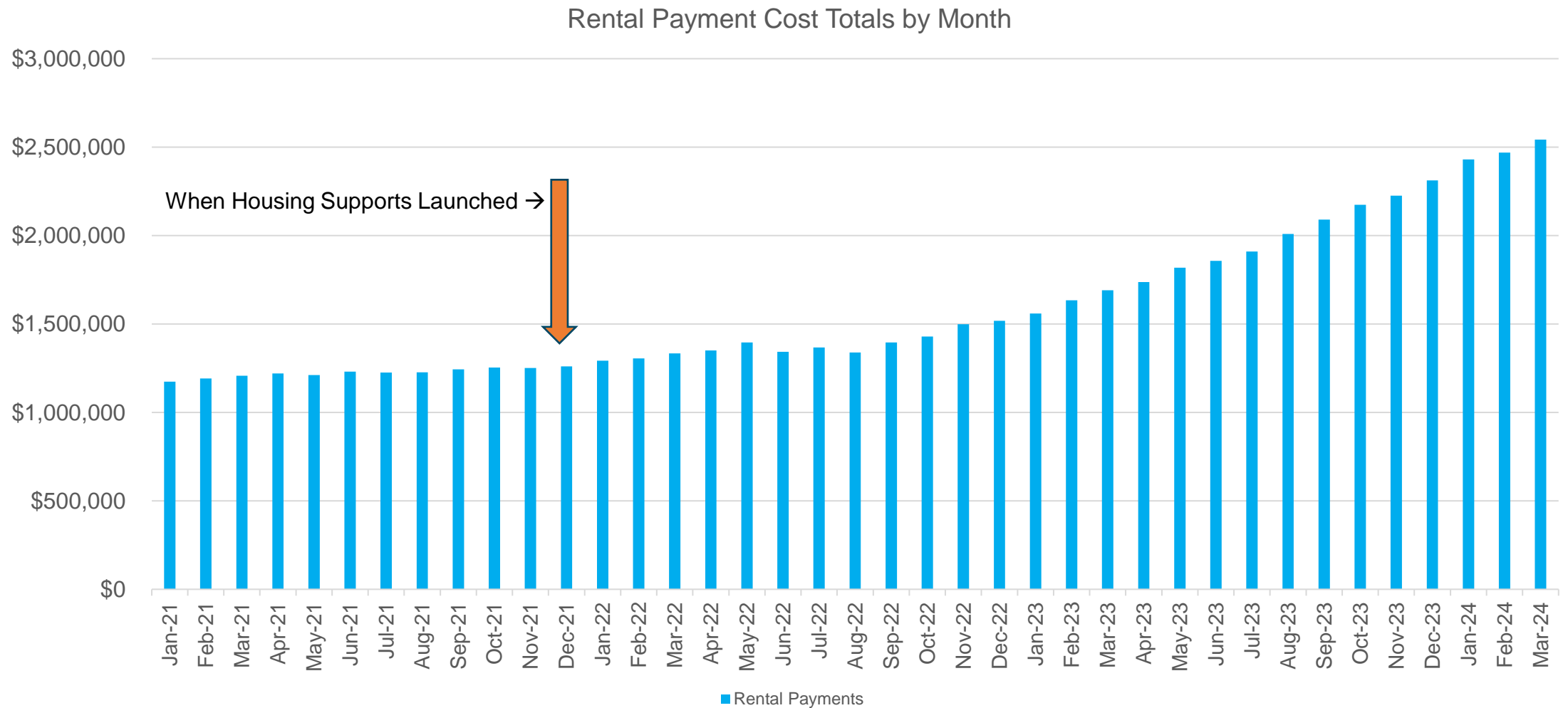
GHVP Financial Data



Rental costs rising rapidly in Georgia



Program cost growth as a product of rent and participant growth



GHVP Impact and Outcome Findings

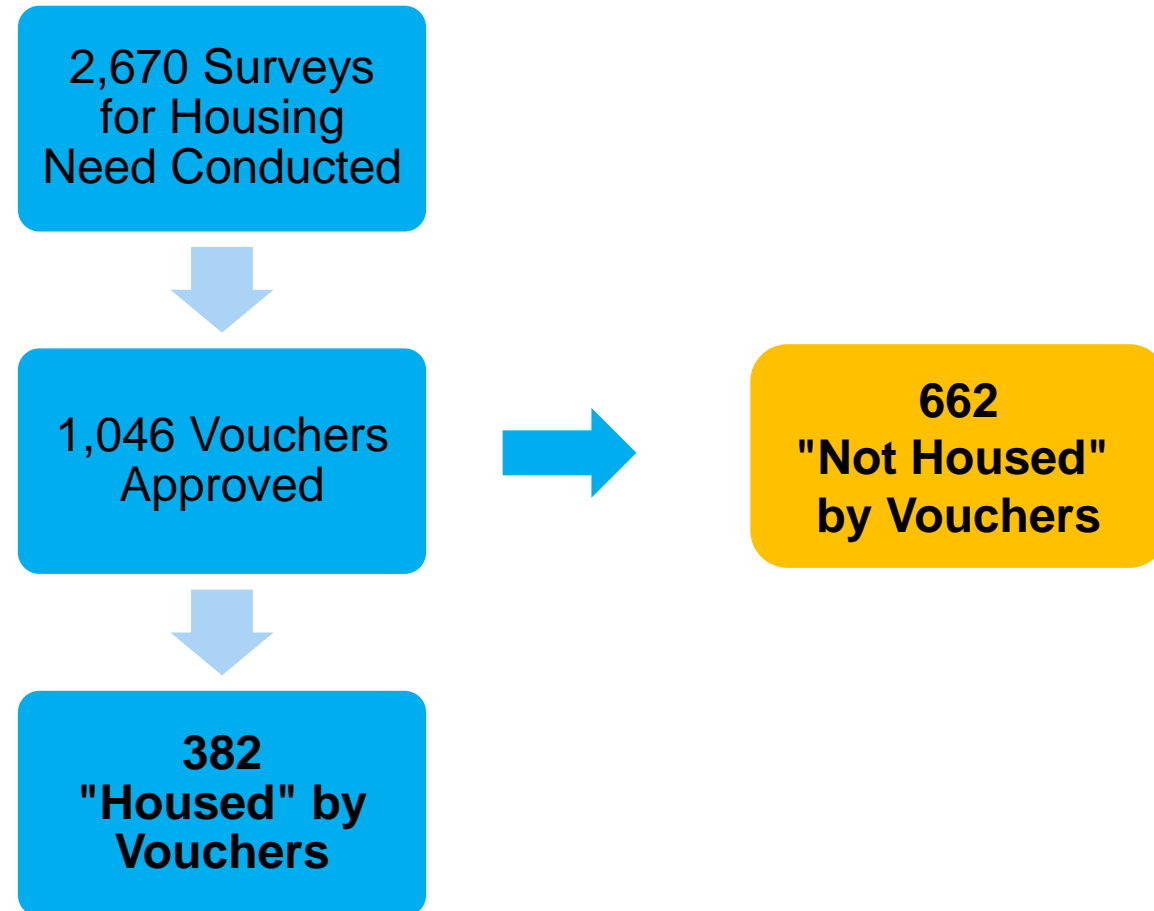


Comparing Voucher Recipient Outcomes: "Housed" vs. "Not housed"

What is the impact of housing on crisis service utilization and healthy supportive service utilization?

From a sample population of individuals that were approved for the voucher, we compared those who achieved housing with the voucher to those who were not able to realize housing for whatever reason, looking for any significant trends in outcomes.

For the housed, we compared 6 months before achieving housing to 6 months after becoming housed.



Crisis Service Types and Descriptions

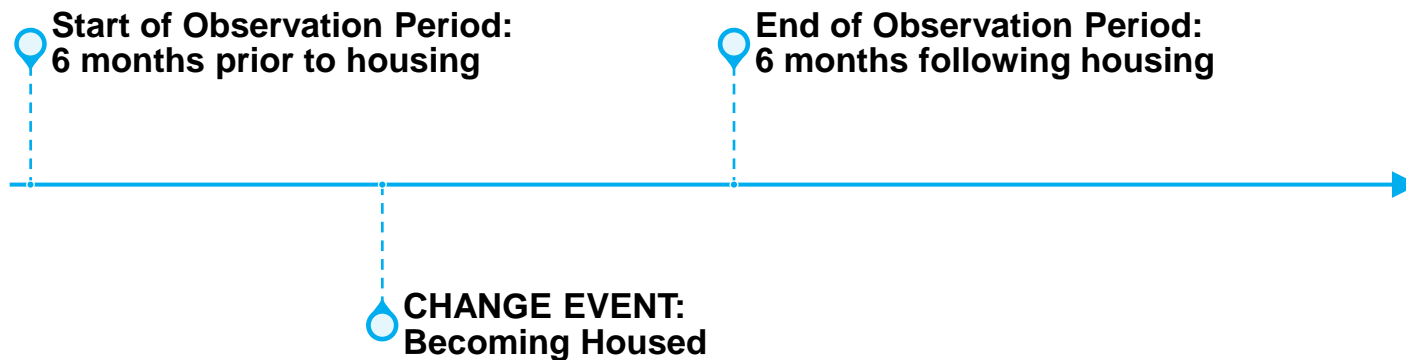
- Unit value = one (1) day
- **Community Inpatient:** A short-term stay in a licensed and accredited community-based hospital for the treatment or rehabilitation of a psychiatric and/or substance related disorder. Services are of short duration and provide treatment for an acute psychiatric or behavioral episode.
- **Crisis Stabilization Unit (CSU):** This is a residential alternative to or diversion from inpatient hospitalization, offering psychiatric stabilization and withdrawal management services. The program provides medically monitored residential services for the purpose of providing psychiatric stabilization and/or withdrawal management on a short-term basis.
- **Crisis Service Center:** A Crisis Service Center (CSC) provides short-term, 24/7, facility-based, walk-in psychiatric/substance related crisis evaluation and brief intervention services to support an individual who is experiencing an abrupt and substantial change in behavior noted by severe impairment of functioning typically associated with a precipitating situation or a marked increase in personal distress.
- **Residential Detoxification:** Residential Substance Detoxification is an organized and voluntary service that may be delivered by appropriately trained staff who provide 24-hour per day, 7 days per week supervision, observation and support for individuals during withdrawal management.
- Unit value = One (1) encounter (admission)
- **Crisis Intervention:** Crisis Intervention supports the individual who is experiencing an abrupt and substantial change in behavior which is usually associated with a precipitating situation and which is in the direction of severe impairment of functioning or a marked increase in distress. Interventions are designed to prevent out of community placement or hospitalization. Crisis services are time-limited and present-focused to address the immediate crisis and develop appropriate links to alternate services.
- **Temporary Observation:** Temporary observation is a facility-based program that provides a physically secure and medically safe environment during which an individual in crisis is further assessed, stabilized and referred to the next appropriate level of care (generally within 24 hours).

Community-Based Supportive Services (non-crisis)

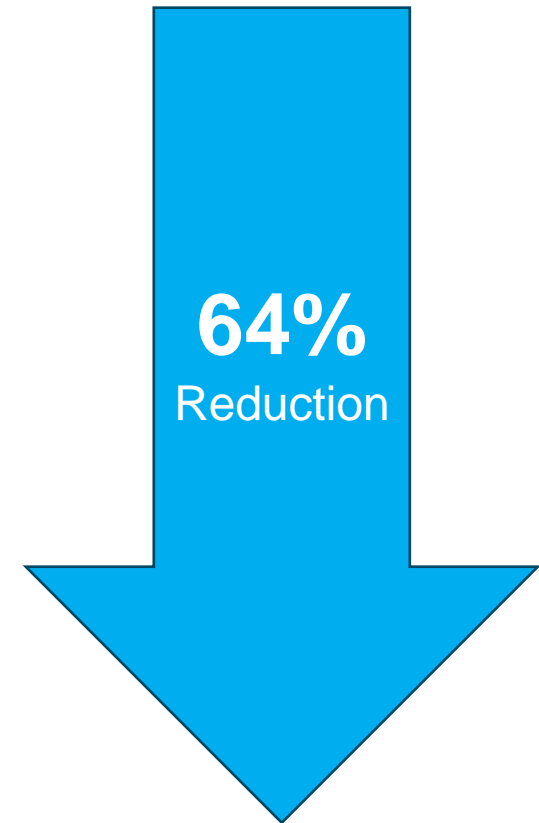
- Unit value = Fifteen (15) minutes
- **Addictive Disease Support:** Addictive Disease Support is a cluster of outpatient services to support individuals during addictive disease management.
- **Case Management Services:** Case Management services consist of providing environmental support and care coordination considered essential to assist the individual with improving his/her functioning, gaining access to necessary services, and creating an environment that promotes recovery as identified in his/her Individual Recovery Plan (IRP).
- **Family Outpatient Services:** A therapeutic intervention or counseling service shown to be successful with identified family populations, diagnoses and service needs, provided by a qualified clinician or practitioner. Includes Family Counseling and Family Training.
- **Group Outpatient Services:** A therapeutic intervention or counseling service shown to be successful with identified populations, diagnoses and service needs, provided in a group format by a qualified clinician or practitioner. Services are directed toward achievement of specific goals defined by the individual and specified in the Individualized Recovery Plan.
- **Peer Support:** This service provides structured activities (in an agency or community-based setting) which promote recovery, self-advocacy, relationship enhancement, self-awareness and values, and self-directed care. Includes peer support group, individual, and whole health.

Impact of Supportive Housing on Crisis Service Utilization

- For those who entered housing with a GHVP voucher during FY22, comparisons were made between the six-month period before households became housed and the six-month period after they became housed.



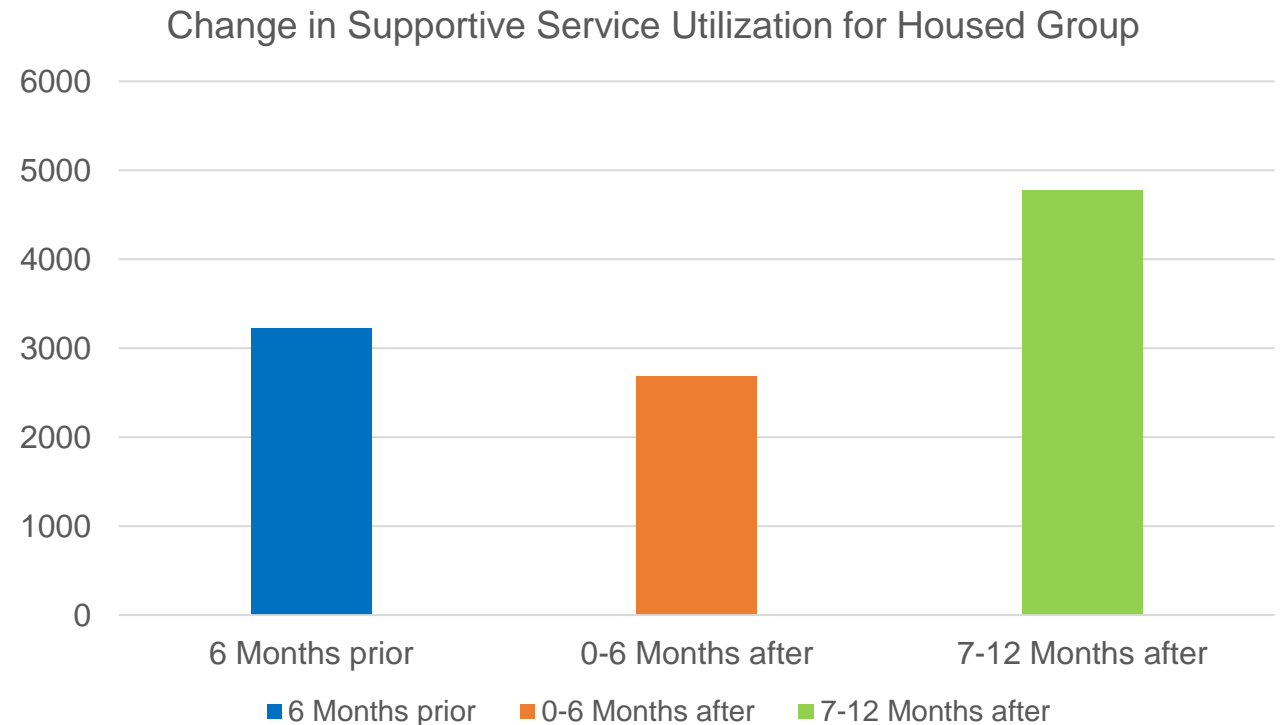
In the first six months of housing, there was an overall **64.3% decrease in the number of days of crisis services utilized** by the housed group compared to the six months before they entered supportive housing.



Use of Supportive Services following successful Housing Intervention

For the housed group, there was an initial **20.3% decrease** in the usage of supportive services during the first six months in housing.

The same group experienced a **78.2% increase in utilization** of supportive services in the 6-12 months of their first year in housing.



Unanswered Questions for Future Exploration

- What is the cost of not achieving housing with a voucher for the unhoused group? Can we identify needs gaps?
- Impact on non-DBHDD system services:
 - ERs, Hospitals, Correctional System (jails, prison, courts)
- Medicaid cost saving impacts of Housing Supports
- Impact on quality of life

Q & A

Time for Discussion



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