

Supportive Housing 2.0 Update

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Office of Supportive Housing
Maxwell Ruppensburg, Director, MPA
January 2020



Our Agenda

- Welcome
- Office of Recovery Transformation
- Reminder: SH 2.0 Contributors, System, and Team
- Summary of Feedback Gathered from FY21Q1 Presentation
- Review of Recent Progress and Ongoing Work
- Feedback Gathering

Thank you to our interpreter today!

- Persis Bristol, DBHDD Deaf Services

Office of Recovery Transformation

Dana McCrary, Assistant Director

Supportive Housing 2.0 Contributors, System, and Team

SH 2.0 Strategic Plan Contributing DBHDD Teams

- Division of Behavioral Health (BH)
 - Office of Supportive Housing (OSH)
 - Office of Adult Mental Health
 - Office of Recovery Transformation
- Regional Field Offices
- Division of Performance Management and Quality Improvement
 - Office of Quality Improvement
 - Office of Performance Analysis
 - Office of Medicaid Coordination and Health Systems Innovation
- Division of Accountability and Compliance
- Office of Information Technology
- Office of Budget and Finance
- Office of Procurement and Contracting
- Office of Legal Services

DBHDD Regional Field Office Team Members

- **Region 1**

- Dr. Hetal Patel, Regional Service Administrator
- Scarlett Freelin, Housing Transition Coordinator

- **Region 2**

- Dawn Peel, Regional Service Administrator
- April Edwards, Housing Transition Coordinator

- **Region 3**

- Gwen Craddieth, Regional Service Administrator
- Venessa Bullard-Carr, Housing Transition Coordinator
- Troy McQueen, Program Analyst Coordinator
- Cherealla Santamaria, GHVP Housing Specialist

- **Region 4**

- Jennifer Dunn, Regional Service Administrator
- Aiyanna Hagger, Housing Transition Coordinator

- **Region 5**

- José Lopez, Regional Service Administrator
- Jeannette Bacon, Housing Transition Coordinator

- **Region 6**

- Ann Riley, Regional Service Administrator
- Sam Page, Housing Transition Coordinator

DBHDD Statewide BH Provider Network

REGION 1

- Lookout Mountain Community Services
- Highland Rivers Community Service Board
- Avita Community Partners
- Cobb Community Service Board
- Douglas Community Service Board

REGION 2

- Advantage Behavioral Health Systems
- Serenity Behavioral Health (CSB of East Central Ga)
- River Edge Behavioral Health Center
- Oconee Community Service Board
- Community Service Board of Middle Georgia (Ogeechee Division)

REGION 3

- Fulton County
- Clayton Community Service Board
- DeKalb Community Service Board
- View Point Health

REGION 4

- Aspire BH & DD Services (formerly Albany CSB)
- Georgia Pines Community MHMRSA Services
- Behavioral Health Services of South Georgia

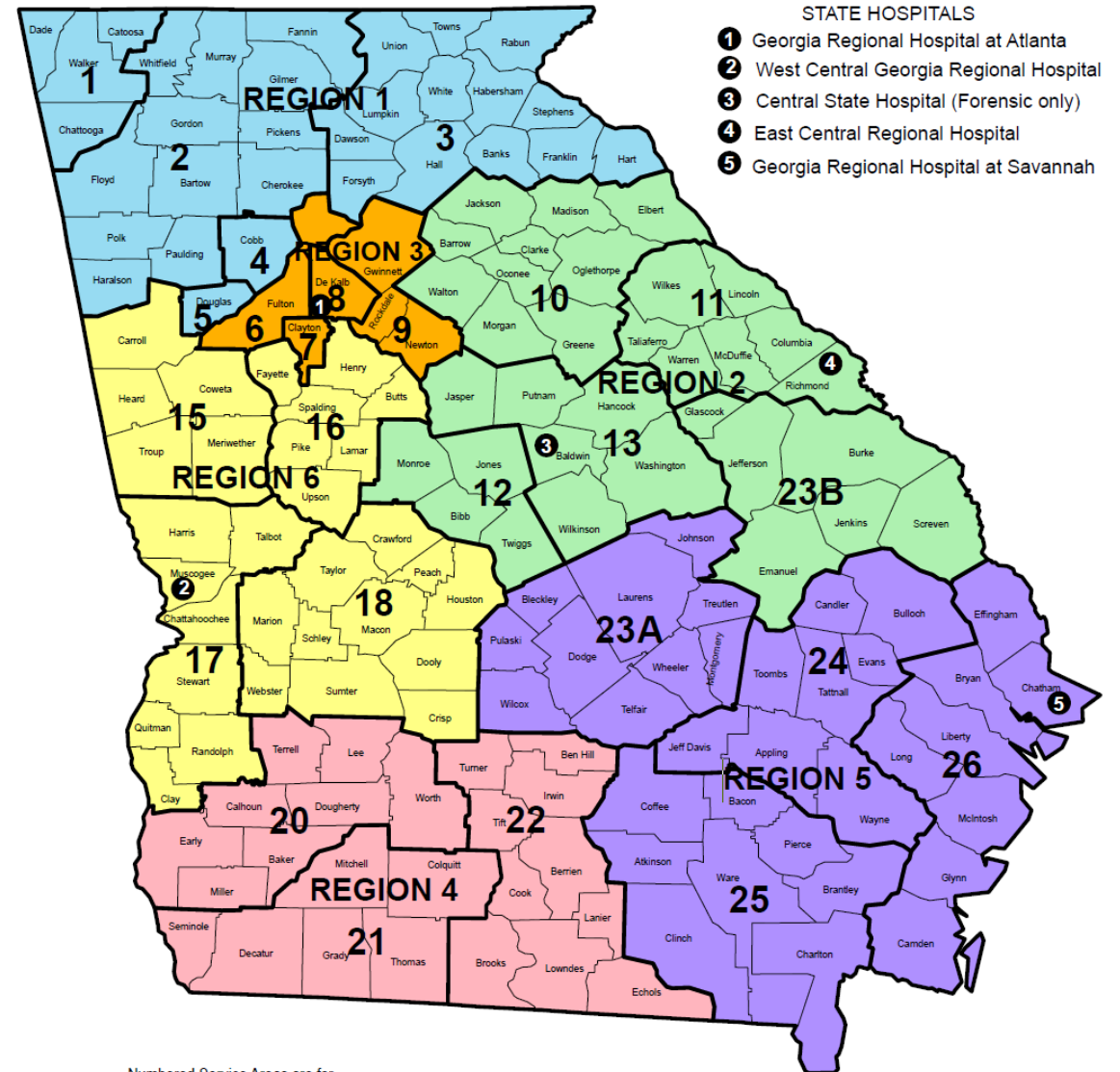
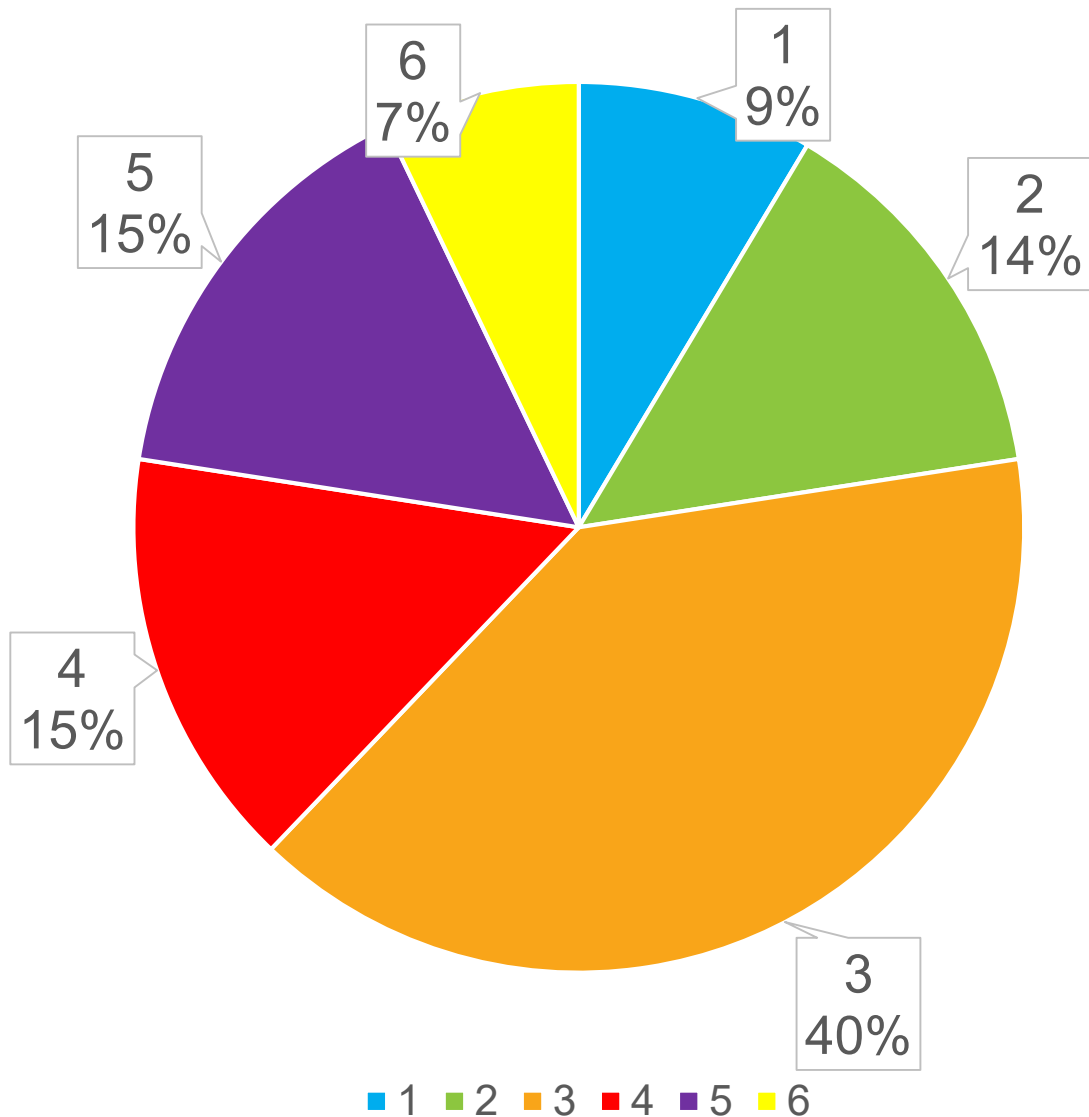
REGION 5

- Community Service Board of Middle Georgia
- Pineland Area Community Service Board
- Unison Behavioral Health (formerly Satilla CSB)
- Gateway Community Service Board

REGION 6

- Pathways Center for BH & Developmental Growth
- McIntosh Trail Community Service Board
- New Horizons Community Service Board
- Middle Flint Behavioral Healthcare

GHVP Participant Distribution Across Regions



Projects for Assistance in Transition from Homelessness (PATH)

- **Region 1**

- HOPE Atlanta

- **Region 2**

- Serenity Behavioral Health System

- **Region 3**

- Community Friendship, Inc. (CFI)
- Community Advanced Practice Nurses (CAPN)
- Grady Memorial Hospital
- HOPE Atlanta
- St. Joseph Mercy Care

- **Region 4**

- Legacy Behavioral Health Services

- **Region 5**

- Chatham Savannah Authority for the Homeless

- **Region 6**

- New Horizons Behavioral Health

DBHDD Office of Supportive Housing Team

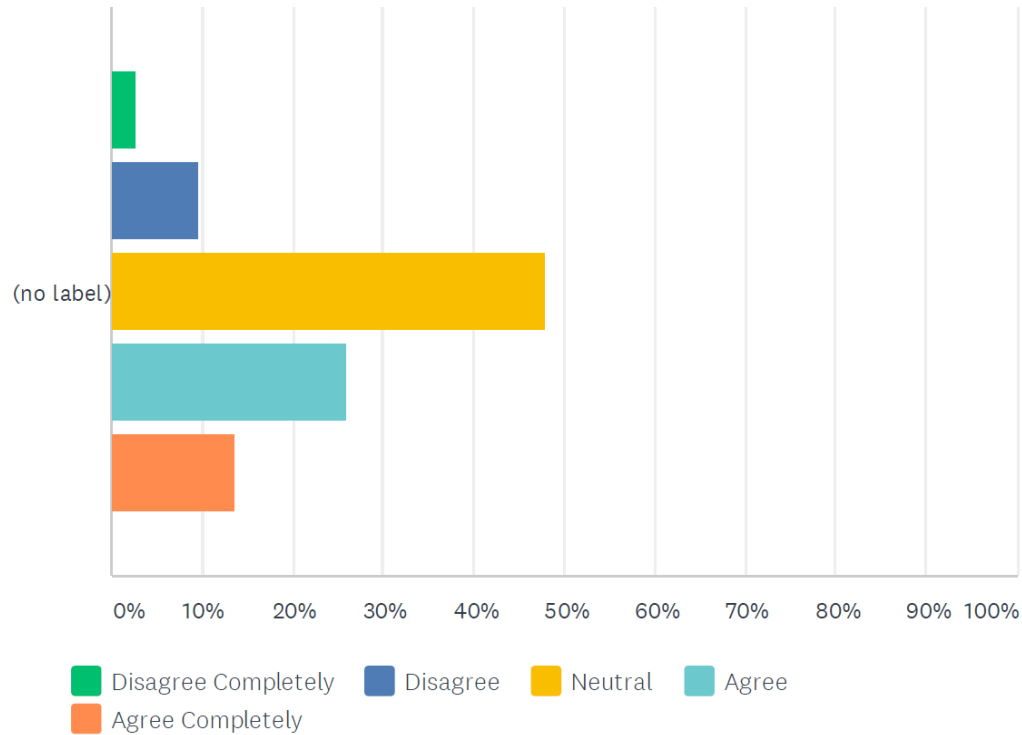
- Camille Rowe, GHVP Program Coordinator
- Jennifer McIntosh, GHVP Program Associate
- Brett Seay, GHVP Monitor Specialist
- Ramesh Puttamareddy, Operations and Data Analyst
- Letitia Robinson, Assistant Director
- Maxwell Ruppensburg, Director

Provider Feedback from Q1 Statewide Presentation

Pre-Session Survey Questions

Q4 I feel that current change efforts are taking the opinions and feedback of Service Provider leadership and staff into consideration.

Answered: 73 Skipped: 1



	DISAGREE COMPLETELY	DISAGREE	NEUTRAL	AGREE	AGREE COMPLETELY	TOTAL	WEIGHTED AVERAGE
(no label)	2.74%	9.59%	47.95%	26.03%	13.70%	73	3.38
	2	7	35	19	10		



Survey Feedback Results

1. What are your reactions to the SH 2.0 Strategic Plan?

“Think its good to expand discussion to include providers”

“I think it is a good start in order to make needed improvements to the process for supported housing”

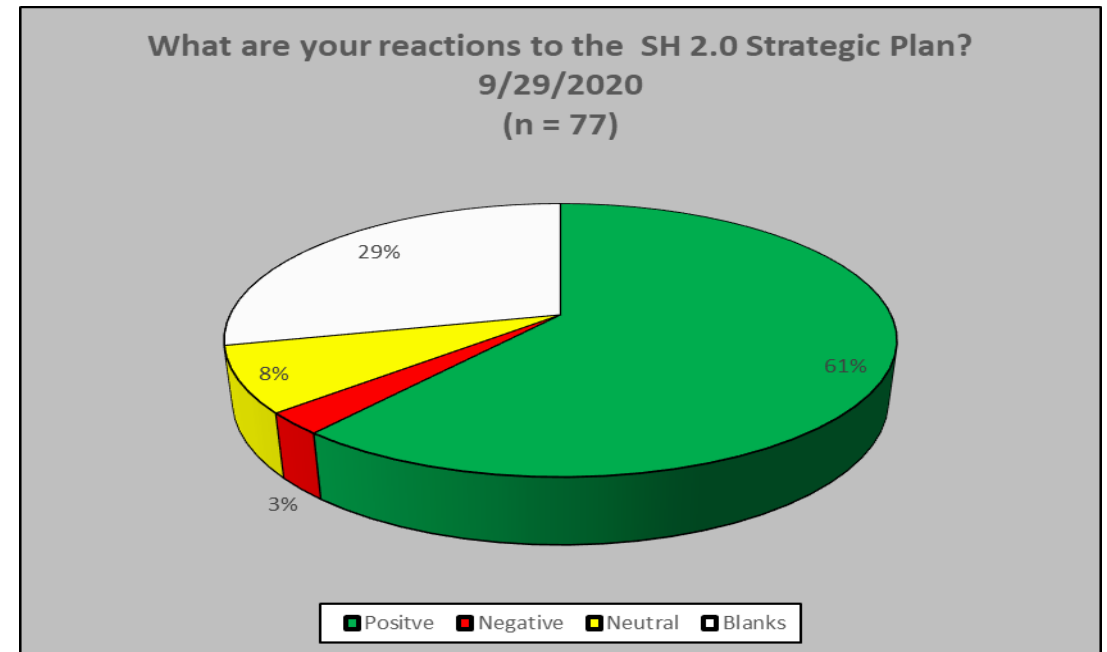
“...I like how much the providers and partners are being engaged in helping create solutions and that our feedback is being taken into consideration and incorporated”

“Seems well thought out and structured, which, from the provider perspective, is much needed”

“It seems like it will be much easier to measure and will save our staff some time”

“It is obvious that much time, effort, and energy went into the plan. Look forward to more streamlined processes”

Positive	Negative	Neutral	Blanks	Total
47	2	6	22	77
61%	3%	8%	29%	100%



2. What parts of this plan and approach do you like the most?

Suggested Category	Frequency	%
Technology: Electronic Data Collection / Form Digitization	17	22%
Process/System Improvement	16	21%
Zendesk	10	13%
Communication/Training	9	12%
Other	3	4%
Blanks	22	29%
Total	77	100%

- “Electronic data collection; electronic monitoring; data sharing”*
- “Better quality inspection service and landlord updates”*
- “Having a help desk for the landlords. Also the direct deposit for rental payment.”*
- “Sharing info so we (Providers) know what's going on”*
- “All of it”, “Neutral” and “Was late”*
- No Answers Provided*

3. What issues are not being addressed through this strategic approach that you would like to see DBHDD work on?

“Addressing individuals who are hard to place due to lack of income or criminal background.”

“Assigning wellness case manager to assist the individual once they are permanent housed”

“Additional training on the unified referral process.”

“Not sure yet. Still taking it all in at this time.”

No Answers Provided

Suggested Category	Frequency	%
Barriers	13	17%
Process/System Improvement	9	12%
Communication/Training	5	6%
Not Sure	18	23%
Blanks	32	42%
Total	77	100%

4. How can DBHDD improve its communication efforts around GHVP?

Suggested Category	Frequency	%
Trainings/Webinars	24	31%
Technology	6	8%
Not Sure	6	8%
Other	9	12%
Blanks	32	42%
Total	77	100%

“Having more of these types of communications at least bi-monthly”

“Sending emails and putting a section in the provider manual for people to review and any given time.”

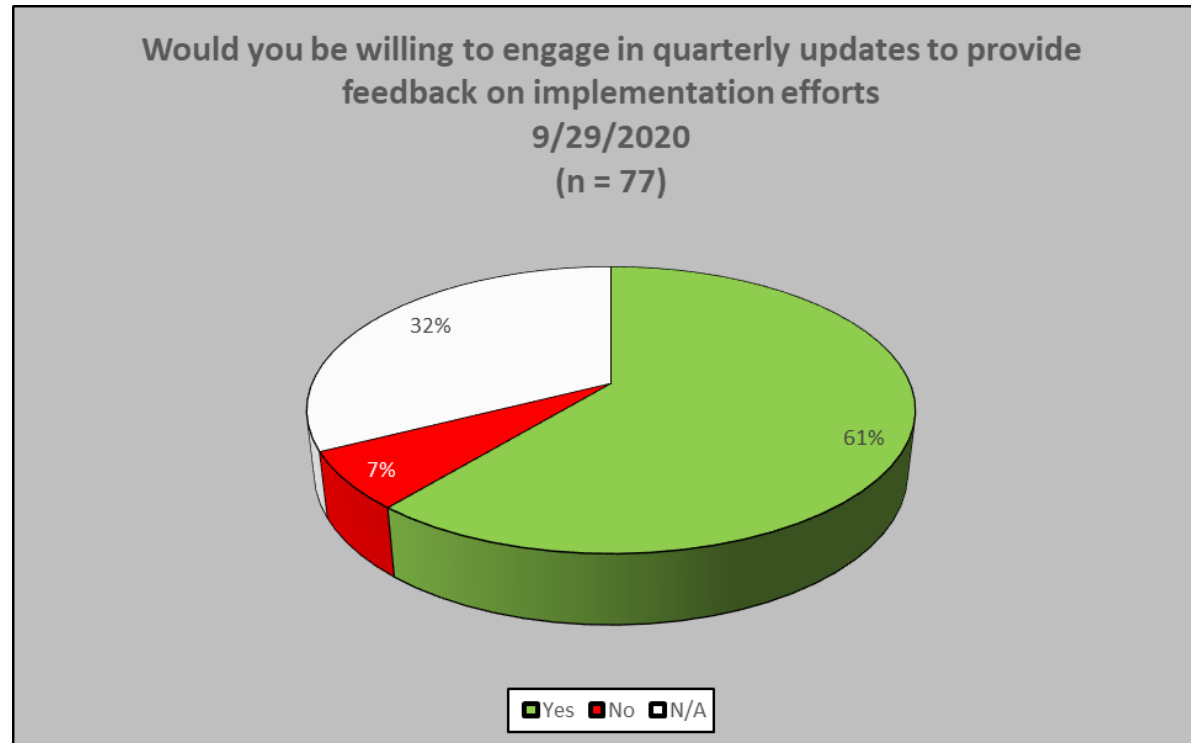
“Not sure”, “Unsure”, “No suggestions” and “N/A”

“Improve follow-up communication when providers reach out for help and support.”

No Answers Provided

5. Would you be willing to engage in quarterly updates to provide feedback on implementation efforts?

Yes	No	No Answer	Total
47	5	25	77
61%	6%	32%	100%



6. What kind of support does your agency need?

“Initial setup training to ensure that the process is being correctly followed.”

“Making the Dashboard available would be very helpful.”

“Funding the staffing required to support the GHVP”

“I am sure it’s needed but do not have the answer at the moment.”

No Answers Provided

Suggested Category	Frequency	%
Communication/Training	13	17%
Process/System Improvement	8	10%
Funding/Staffing	4	5%
Neutral	14	18%
Blanks	38	49%
Total	77	100%

7. Are there any concerns you'd like to share?

Suggested Category	Frequency	%
Process/System Improvement	11	14%
Communication/Training	4	5%
Inspections	3	4%
Neutral	19	25%
Blanks	40	52%
Total	77	100%

- “The U.R. process needs to be streamlined due to time constraints.”*
- “Developing more partnerships with landlords to provide more options for residents.”*
- “My main concerns are inspections and the current definition of homelessness.”*
- “I believe most concerns we have are being looked at and/or addressed.”*
- No Answers Provided*

8. What other comments would you like to provide?

<i>"Thanks I feel like I learned a lot about the program that I did not previously know"</i>
<i>"If Inspection is required at leasing, sometimes at lease signing the exact apartment may not be available..."</i>
<i>"...There are several questions about supportive housing that are extremely confusing with the manner the question is composed..."</i>
<i>"No further comments at this time"</i>
<i>"May I get a copy of the PowerPoint slides?"</i>
<i>No Answers Provided</i>

Suggested Category	Frequency	%
Satisfaction with Webinar	13	17%
Inspections	1	1%
NSH Survey	1	1%
Neutral	15	19%
Other	3	4%
Blanks	44	57%
Total	77	100%

Supportive Housing 2.0: Mission, Vision, Goals

GHVP/OSH Mission Statement

“House, support, and sustain eligible individuals in need who have severe and persistent mental illness, in order to prevent homelessness and promote independence and long-term recovery, in collaboration with our network of partners, efficiently and effectively.”

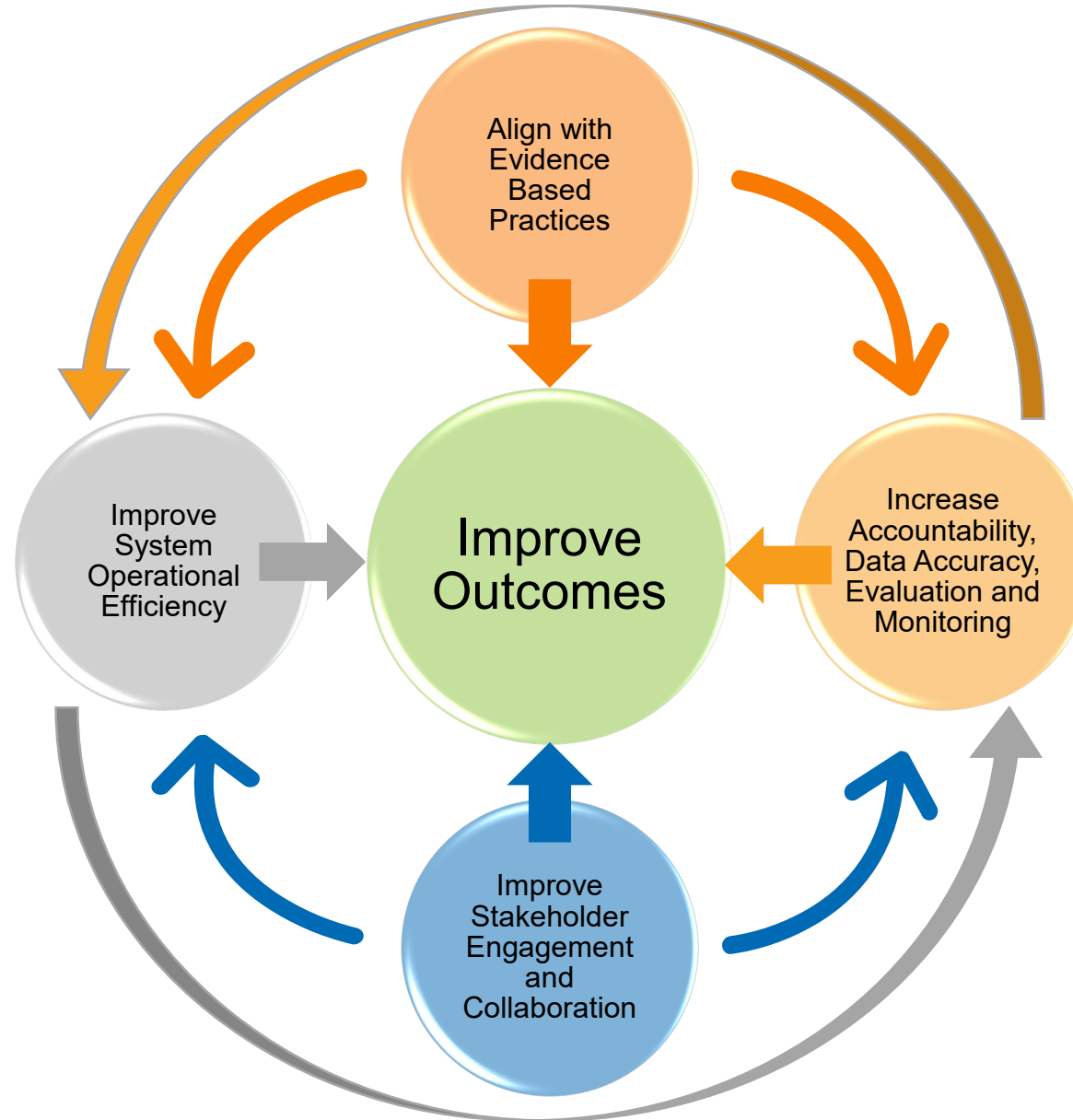
Supportive Housing Vision Statement

TRANSFORM the Georgia Housing Voucher Program into a leading model of Permanent Supportive Housing.

DELIVER collaborative, sustainable, and long-term outcomes at the individual and system level.

LEAD toward the reduction and ultimate end of chronic homelessness among DBHDD's target population in Georgia, as well as contribute to the end of homelessness throughout the state.

Supportive Housing 2.0 Goals



Supportive Housing 2.0: System Phases

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.

Updates on Strategic Plan Implementation and Progress

Goal Area 1: Align Programs with Evidence Based Practices

Housing Support Program

- **Purpose:**

- Ensures all GHVP enrollees will have basic housing supports to promote housing stability and success of program and participants.

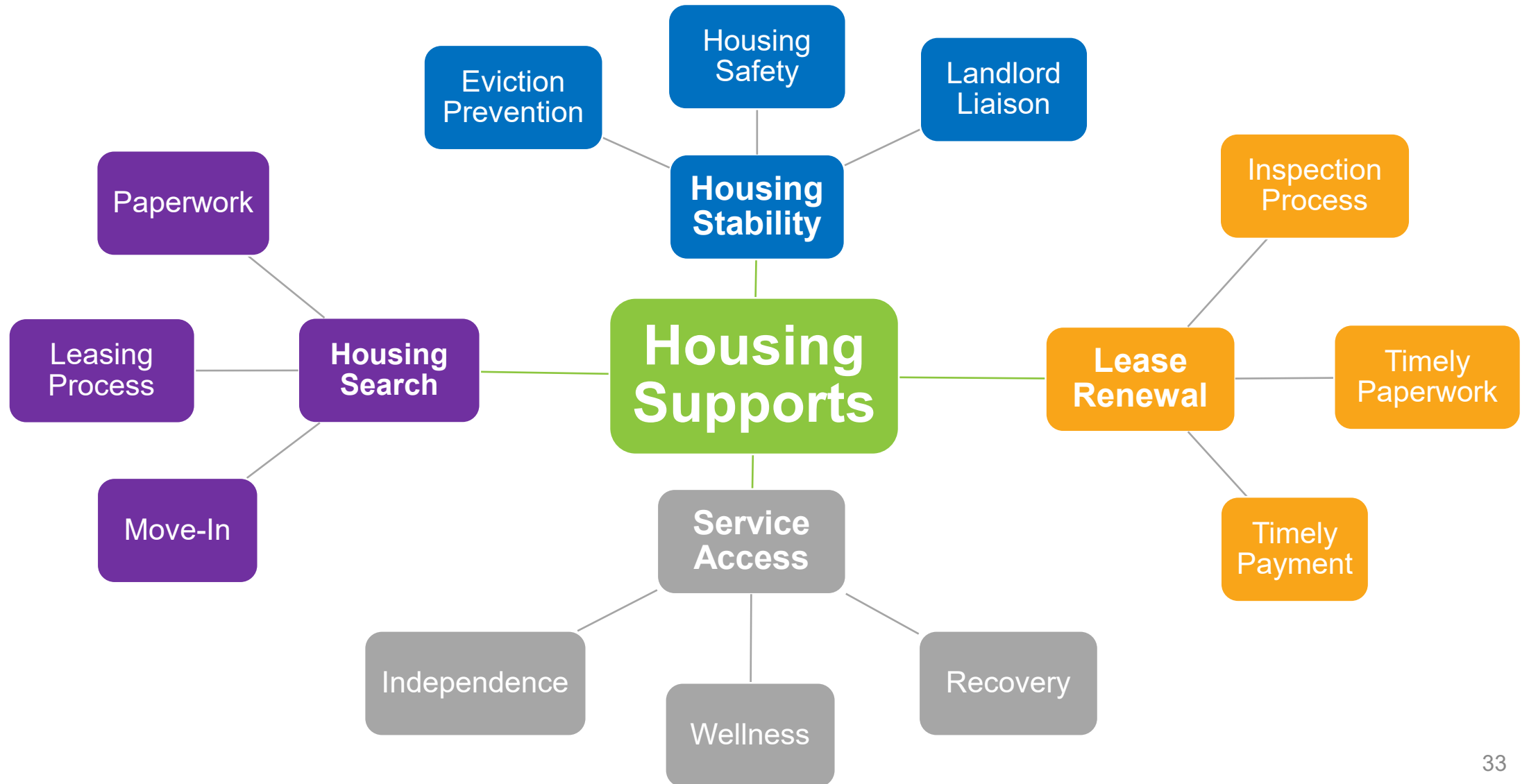
- **Progress:**

- eRFP to soon be published.
- Pre-Bidder's Conference to be held in February

- **Planned:**

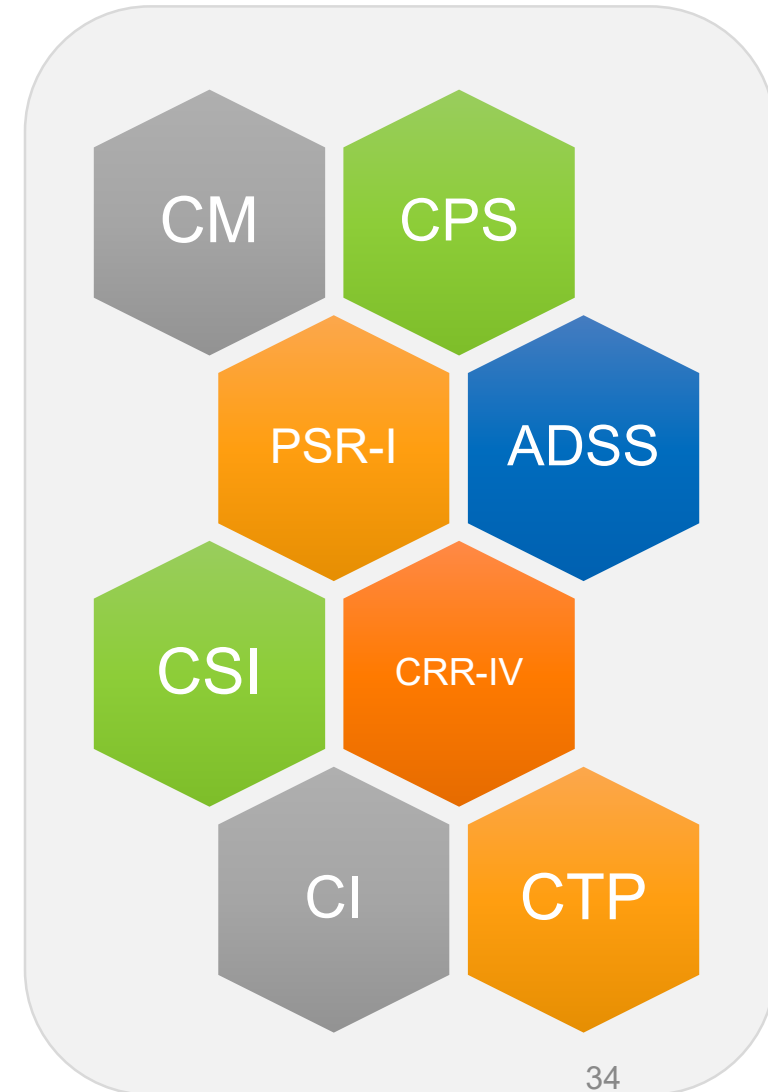
- Program Target Launch Date: July 2021
- Procurement will be followed by provider enrollment.
- All enrollees will be phased into program.

Need for Housing Support Program



Medicaid-Billable Activities

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



Housing Support Program by Phases

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Fidelity Monitoring

- **Purpose:**

- Operating in alignment with program design to achieve consistent outcomes and inform adaptations.
- Communication, collaboration, and providing support for providers to achieve shared system goals.

- **Progress**

- Tool design complete. Based on SAMHSA model.
- GHVP Monitor Specialist position created and hired.

- **Planned**

- First review to occur in February as part of pilot rollout.

Fidelity Monitoring Program by Phases

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- Program fidelity monitoring and evaluation.

Training

- **Progress**

- DBHDD developing training plan and materials for Housing Support Program rollout and broader system changes for system providers
- PATH Providers currently receiving technical assistance.
- DBHDD staff trained on ZenDesk, continuing Beacon training
- Working on virtual training modules for NSH system

- **Planned**

- Supporting providers utilization of SAMHSA TA Center to secure SOAR training for providers.

Training by Phases

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Policy Changes

- **Challenge:** Unified Referral Process presents long timeline to get to housing resources
 - **Response:** GHVP changed to “resource of *first* resort” with requirement for future transition to an alternate housing resource, if/when available/appropriate.
-
- **Challenge:** Hard to house individuals cannot secure housing
 - **Response:** Master Leasing allows provider to sublet to individuals
-
- **Challenge:** Landlords perceive damage risks; evictions do occur
 - **Response:** Creation of “Landlord Risk Mitigation” to cover damages or cost of moving
-
- **Challenge:** Limited payment standard nuance in high population density areas
 - **Response:** Updated Payment Standards, adopting Small Area Fair Market Rents
-
- **Challenge:** Hospital pre-screening expends time, difficult to track
 - **Response:** Streamlined screening process, now completely paperless, automated

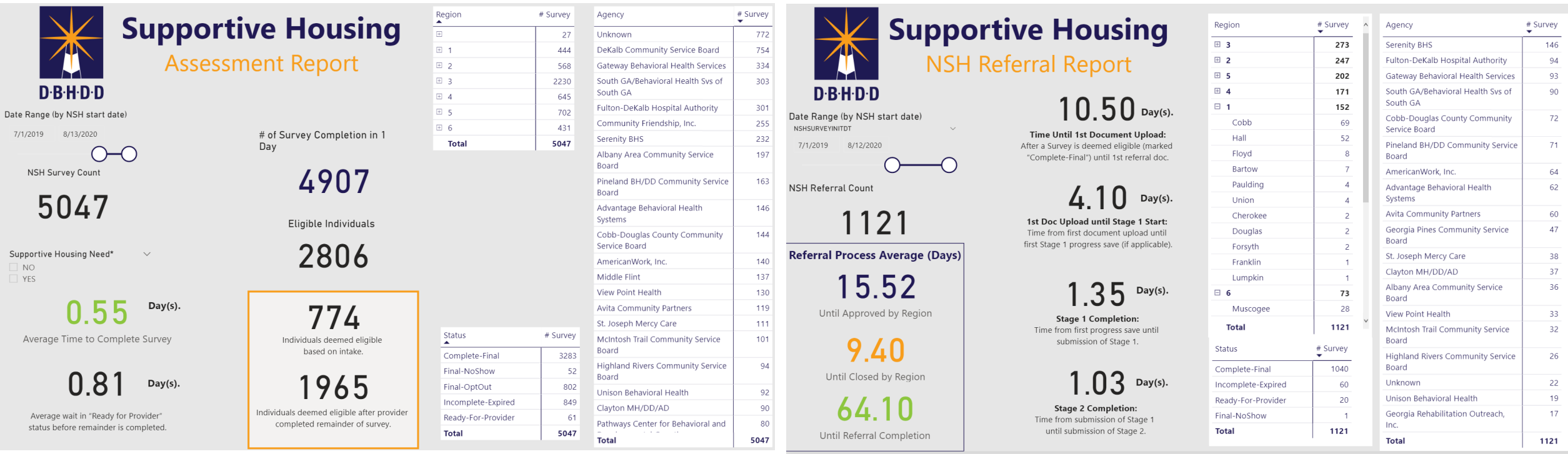
Goal Area 2: Increase System Accountability and Transparency, Data Accuracy, and Evaluation and Monitoring

Program Evaluation and Data Management

- **Purpose:**
 - Establish trends, baselines, and benchmarks
 - Phase out manual data management processes to minimize data errors.
- **Progress:**
 - Development of 60+ internal Key Performance Indicators (KPIs)
 - Process
 - Operational
 - Outcome
 - DBHDD Results-Oriented Program Evaluation (ROPE) Stage 3
- **Planned:**
 - Development of Performance Assessment and Reporting System (PARS)
 - Regular regional review of NSH Dashboard data.

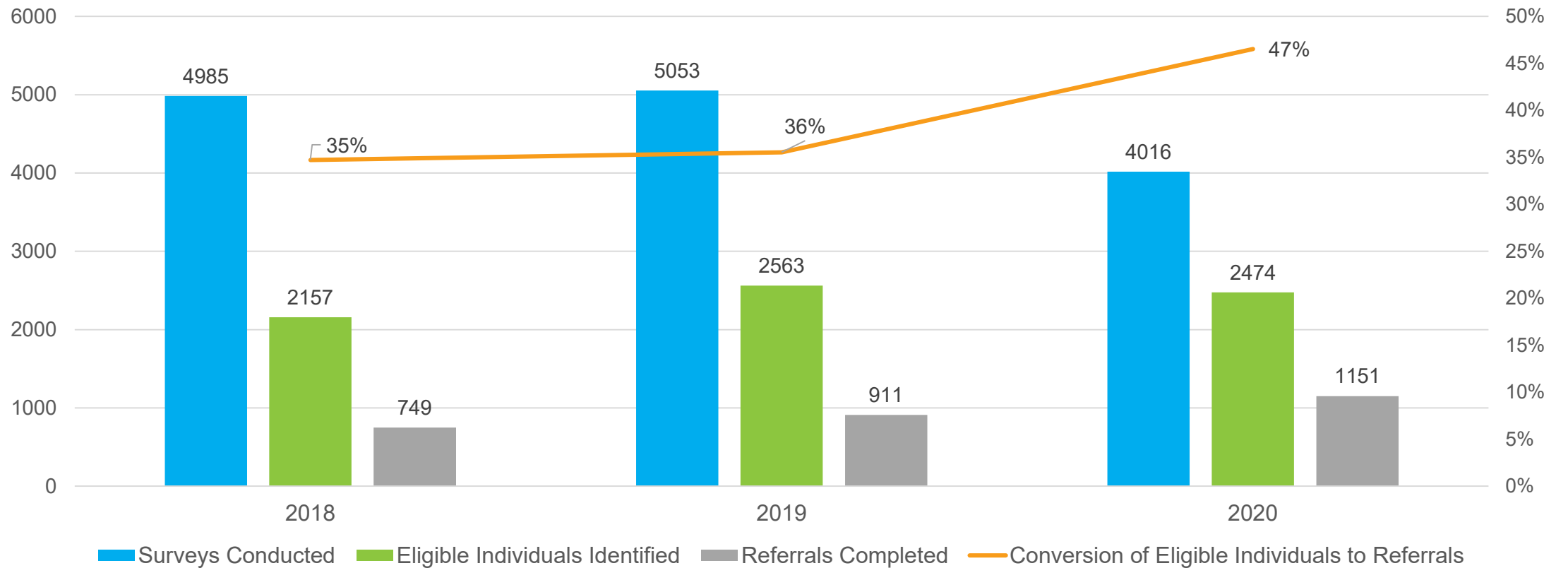
NSH Survey System Data Dashboards

- Creation of PowerBi dashboards connected to live data



Surveys and Referrals

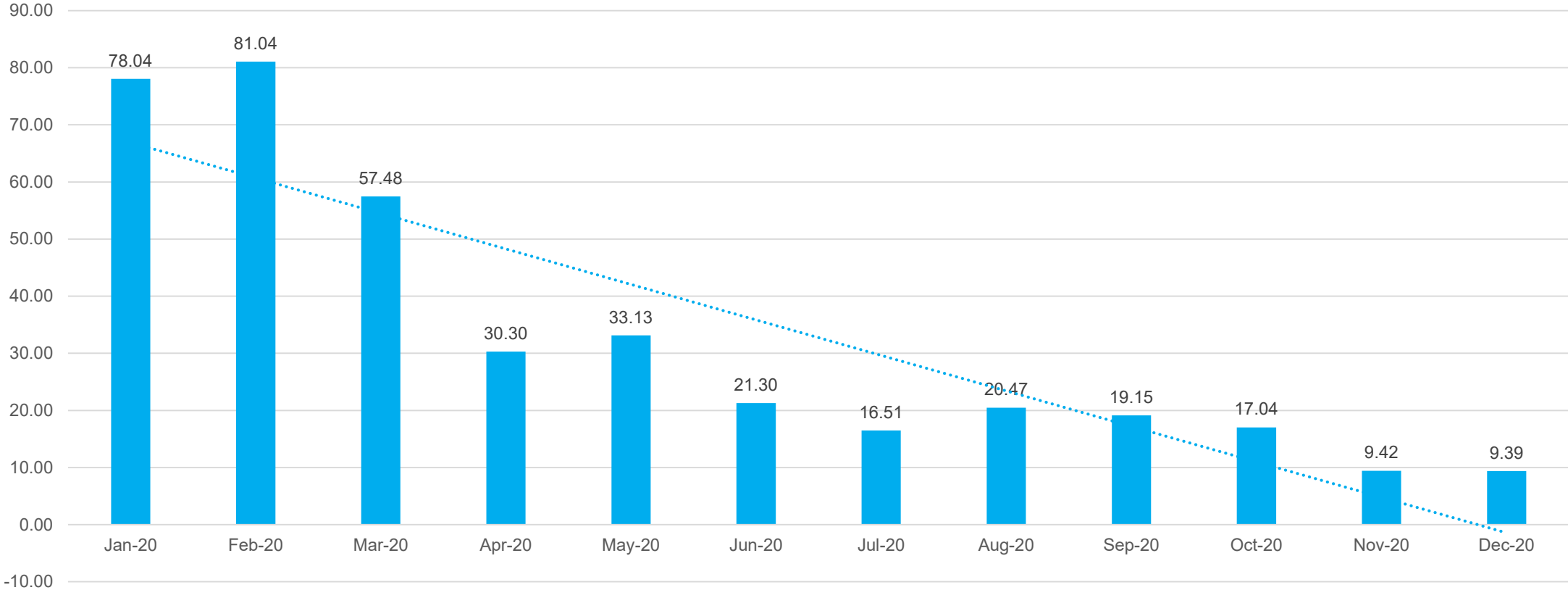
CY2018-CY2020 Comparison



Average Time for Referral Completion

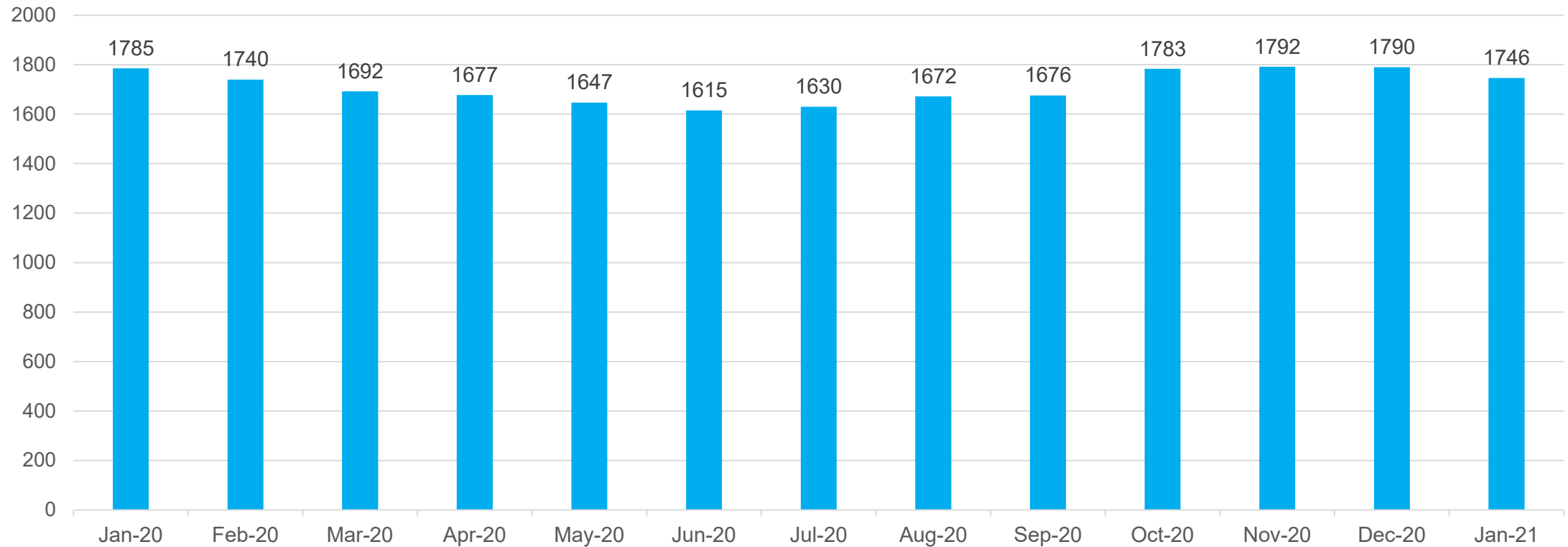
From more than 11 weeks to less than 3 weeks (almost 75% faster)

Average Time for Referral Completion (days)



Individuals in the Georgia Housing Voucher Program

GHVP Participants
January 2020-January 2021



Housing Quality Standard (HQS) Inspections

Implementing statewide 3rd-party HQS inspections

- **Purpose:**
 - Ensuring housing safety and compliance.
 - Continuity with federal program standards.
- **Progress**
 - Executed agreement with DCA.
- **Planned:**
 - Implementation alongside digital forms.



PATH Program

- PATH Providers getting back on DBHDD internal audit schedule, process has already begun.
- PATH receiving technical assistance from third-party vendor Advancing Human Potential
- Georgia expected to receive visit by SAMHSA in 2021

Goal Area 3: Improve System Operational Efficiency

Enhancing Customer Service

- **Purpose:**
 - Centralize communications to improve response time and increase customer satisfaction, manage performance, and track system trends.
- **Progress:**
 - Implemented Customer Relationship Management platform, ZenDesk
 - Dedicated support channels for Providers, Landlords, Clients.
 - Launched **Supportive Housing Help Center:**
 - <https://GHVP.Zendesk.com>
- **Planned:**
 - Continued staff training, provider education, and development of support center.

Supportive Housing Help Center



[Submit a request](#) [Sign in](#)

COVID-19

COVID-related policy changes and guidance.

GHVP Providers

FAQs and guidance for GHVP provider agencies.

Landlord/Property Owner

FAQs for GHVP landlords.

General Information

About the Georgia Housing Voucher Program

PATH Teams

Information and resources for the 10 PATH Teams around the state.

GHVP Providers

FAQs and guidance for GHVP provider agencies.

GHVP Application Forms, Requirements, and Guidance

[GHVP-0: Submission Checklist \(and links to all listed forms\)](#)

[GHVP-2: Lease Addendum](#)

[GHVP-3: Bridge Funding Request Form](#)

[GHVP-3-b: Bridge Funding Request Form \(HUD Only\)](#)

[GHVP-4: Tenant Information Form](#)

[GHVP-5: Payment Standards and Rent Determinations](#)

[See all 21 articles](#)

NSH User FAQs

[Need for Supportive Housing \(NSH\) Survey Application Link](#)

[Providers Guide to Completing the Unified Referral](#)

[Guide to Completing Unified Referral for Hospital Intake](#)

[No More 45-Day Wait Period to Start New Survey/Referral](#)

[Requesting or regaining access to NSH Portal](#)

Form and Process Digitization and Automation

- **Purpose**

- Digitize application process, eliminate duplicative work
- Improve system tracking and visibility
- Prevent missing information and validate accuracy
- Facilitate application to alternate resources

- **Progress**

- Procured solution, implementation to begin ASAP
- Mapped 35 forms and 670 fields

Systems Enhancement by Phases

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Goal Area 4: Improve Stakeholder Engagement and Collaboration

Landlord Recruitment and Retention

- **Purpose:**
 - Maintain and expand supply of GHVP housing options.
- **Progress**
 - Creation of “Landlord Risk Mitigation” program.
 - Improving communication and marketing materials
- **Planned**
 - Support of providers to use new sub-leasing option
 - Pursue opportunities for Housing Support Program to assist with recruitment
 - Partnership with private sector

Interagency Collaboration

- Engaged in intersystem assessment crosswalk analysis between homeless and behavioral health systems
 - What could a singular assessment tool look like?
 - How can improved alignment improve resource utilization and service delivery?
- Established referral pathway with Atlanta Continuum of Care for individuals in Coordinated Entry System to access GHVP
- Pursuing data sharing with Homelessness Management Information System (HMIS) managed by DCA

Feedback Questions

1. What progress have you recognized and been happy to see or hear about?
2. Have you interacted with the new ZenDesk system? If yes, what has been your experience/opinion?
3. What feedback would you like to provide to OSH and DBHDD about this process thus far?
4. Is there anything we're missing that we should consider? Anything you're disappointed about?
5. Do you feel provider input is being valued and taken into consideration? Please rate on a scale from 1-10, 1 being "not at all" and 10 being "highly valued and taken seriously."



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