Supportive Housing 2.0 Statewide Update

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Office of Supportive Housing
Maxwell Ruppersburg, Director, MPA
Letitia Robinson, Assistant Director

D·B·H·D·D

Agenda

- Welcome
- Supportive Housing 2.0 FY2021 Annual Report
  - Activities, Outcomes, and Data
- Housing Support Program Overview
- Housing First Principles Overview
  - Dr. Sam Tsemberis, Pathways Housing First Institute
- Next Steps

DBHDD Regional Field Office SH 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

Office of Supportive Housing Team

- Camille Rowe, GHVP Program Manager
- Jennifer McIntosh, GHVP Support Specialist
- Bridgette Hamilton, GHVP Support Specialist
- Brett Seay, GHVP Fidelity Monitor Specialist
- Ramesh Puttamareddy, Data Analyst
- Letitia Robinson, Assistant Director
- Maxwell Ruppersburg, Director

Hiring for GHVP Program Manager

- Manages the day-to-day operations of the GHVP Program
- Organized, customer-service oriented, self-initiating individual
- Oversees two program support positions
- Fully remote position
- Flexible scheduling

- Position currently available for application on Georgia Careers:
  - Search “GHVP” on www.Careers.Georgia.gov

DBHDD Office of Supportive Housing

- **Georgia Housing Voucher Program** (GHVP)
  - Fully state funded
  - Permanent supportive housing, tenant-based rental voucher
  - Serving individuals experiencing homelessness who have severe and persistent mental illness (SPMI) and meet one of the following criteria:
    - Chronically homeless or in a DBHDD residential program
    - Currently in a DBHDD State Hospital,
    - Frequent ER visits or psychiatric hospitalizations, or
    - Recent release from jail/prison

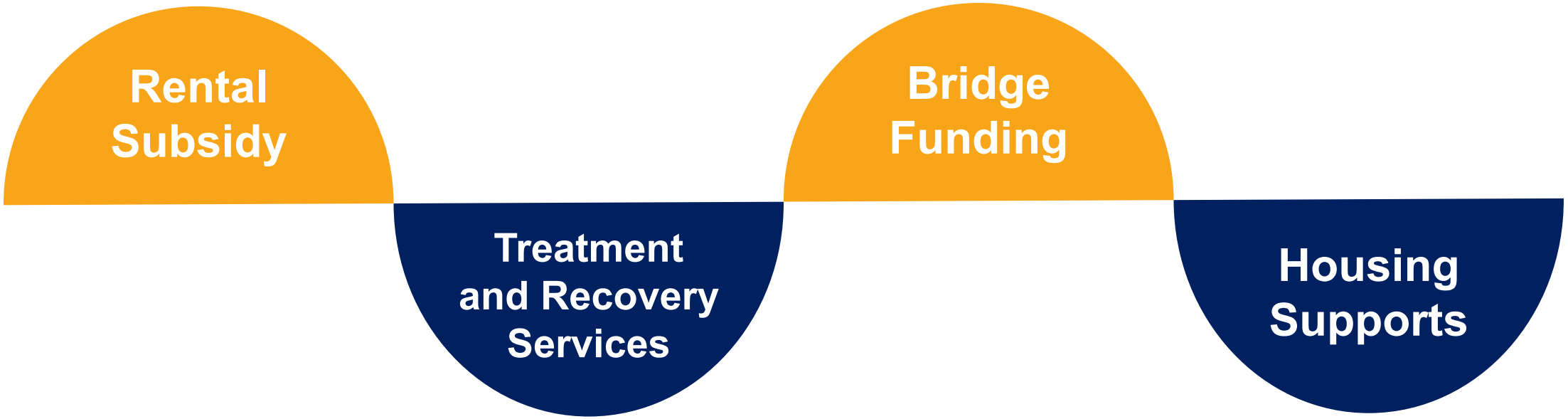
- **Projects for Assistance in Transition from Homelessness** (PATH)
  - Ten homeless outreach PATH Team grantees around the state
  - Serving individuals experiencing homelessness with behavioral health needs
  - SAMHSA program

Supportive Housing 2.0 Strategic Transformation Mission, Vision, and Goals

What is Permanent Supportive Housing (PSH)?

What does DBHDD PSH look like?

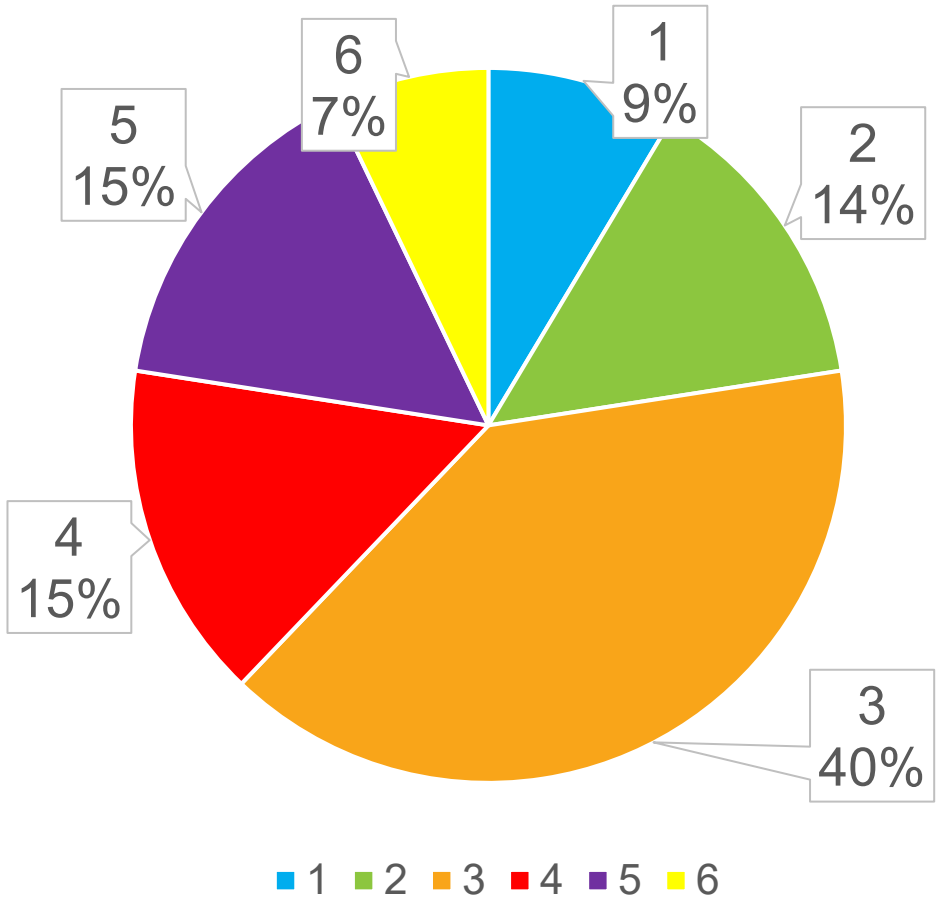
Georgia Housing Voucher Program (GHVP)

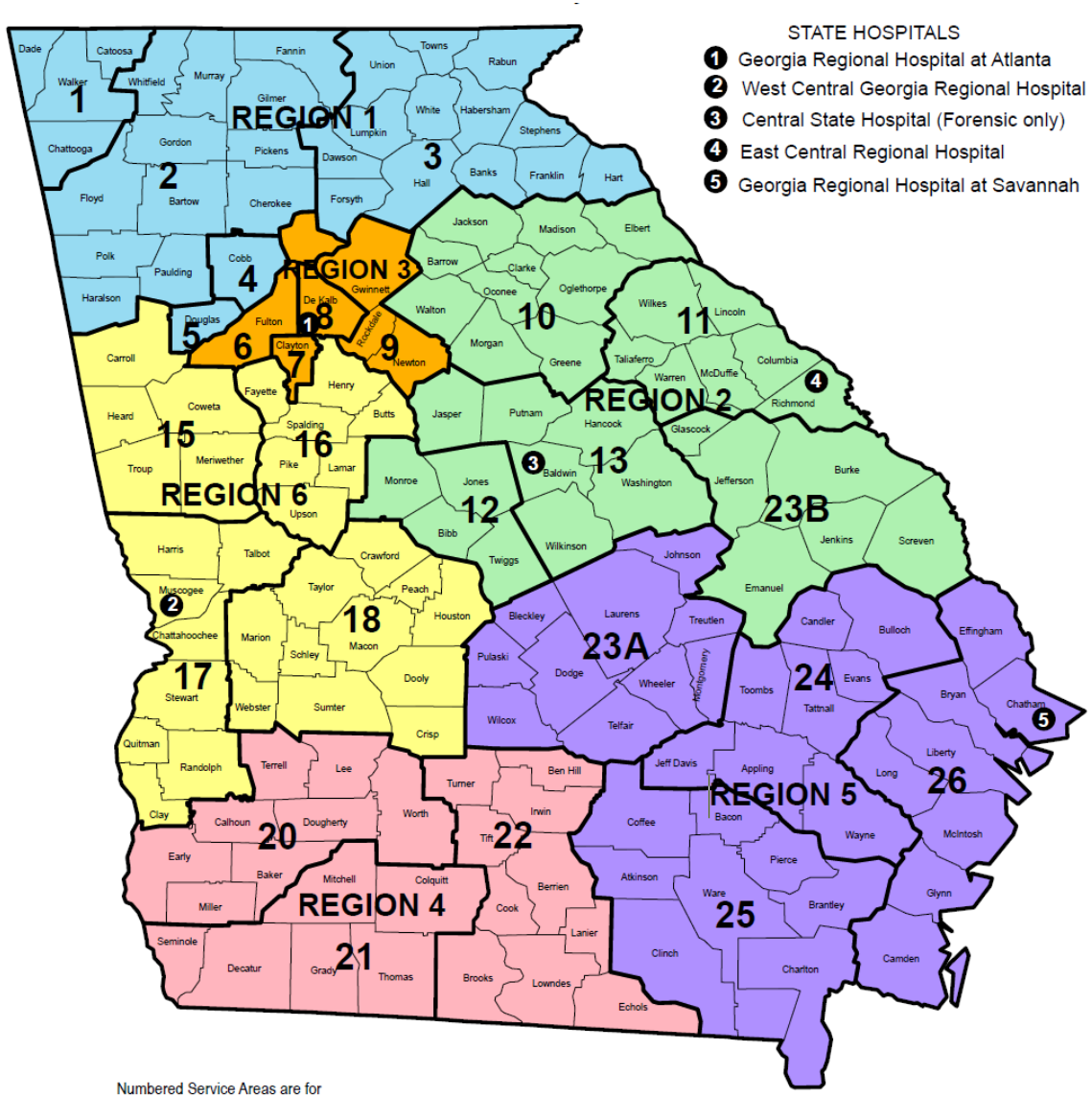


How many participants and where?

Current GHVP participants: **1814**

(as of September '21)





GHVP/OSH Mission Statement

"**House**, **support**, and **sustain** individuals in order to prevent and end 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.

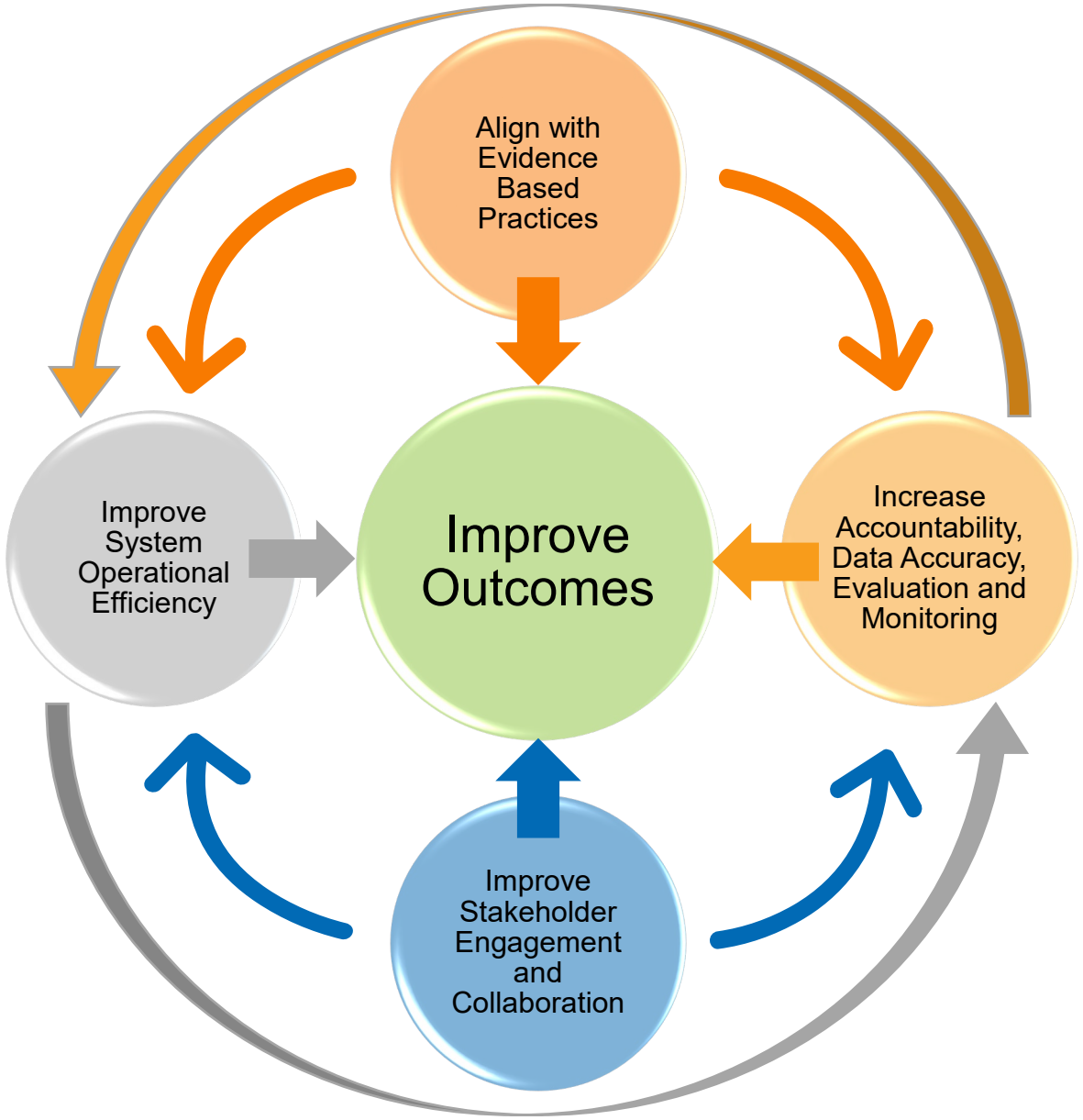
DELIVER collaborative, sustainable, and long-term outcomes at the individual and system level.

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.

SH 2.0 Values

- Outcome Oriented
- Person Centered
- Data Informed
- Silo-Breaking and Collaboration
- Continuous Quality Improvement
- Communication and Transparency
- Accountability and Reliability
- Compassion and Respect
- Harm Reduction
- Inclusion and Representation
- Flexibility
- Customer Service
- Efficiency
- Trauma-Informed

Supportive Housing 2.0 Goals



Supportive Housing System Phases

SH 2.0 Goal Area Updates

Goal 1: Adopt Evidence-Based Practices

Goal Area 1: Evidence Based Practices

- Housing Support Program
- Fidelity Monitoring Program
- Training and Support
  - Housing First Training Program w/ Pathways Institute
  - Recovery Oriented Systems of Care (ROSC) training
  - PATH training and TA
- Made significant policy changes
  - Adopting City of Atlanta's PHA payment standards (R3)
  - Bridge funding temporary shelter
  - Eviction Prevention / Landlord Risk Mitigation

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.

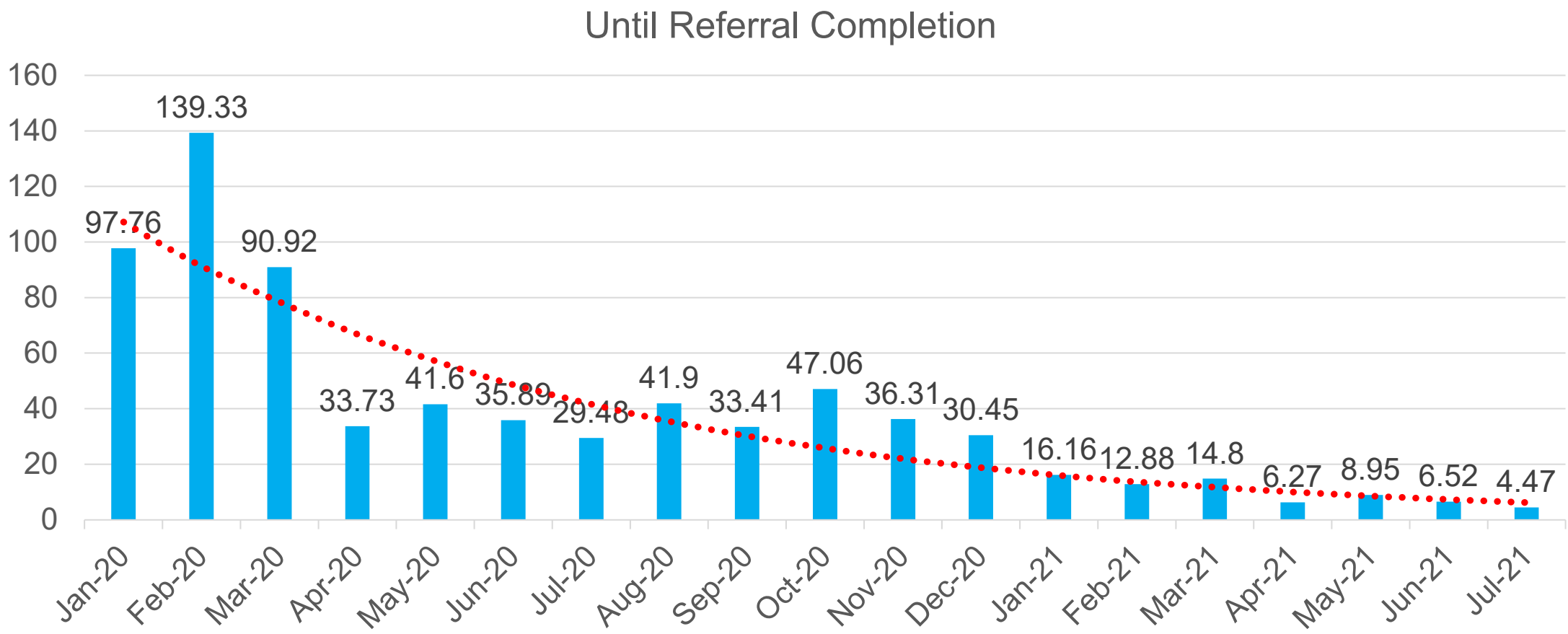
- **Challenge**: Hard to house individuals cannot secure housing
- **Response**: Master Leasing allows a provider agency to sublet to individuals

- **Challenge**: Landlords perceive damage risks; evictions do occur
- **Response**: Creation of "Landlord Risk Mitigation Program," aka Bridge Funding Eviction Prevention, to cover damages or cost of moving

- **Challenge**: Limited payment standard nuance in high population density areas
- **Response**: Adopted Small Area Fair Market Rents, Atlanta HA rates, updating payment standards

Average Time for Referral Completion

The time between when a referral is submitted by a provider and when they are connected to a program.
From more than 12 weeks to almost 1 week – that's more than 90% faster and over 12x as fast

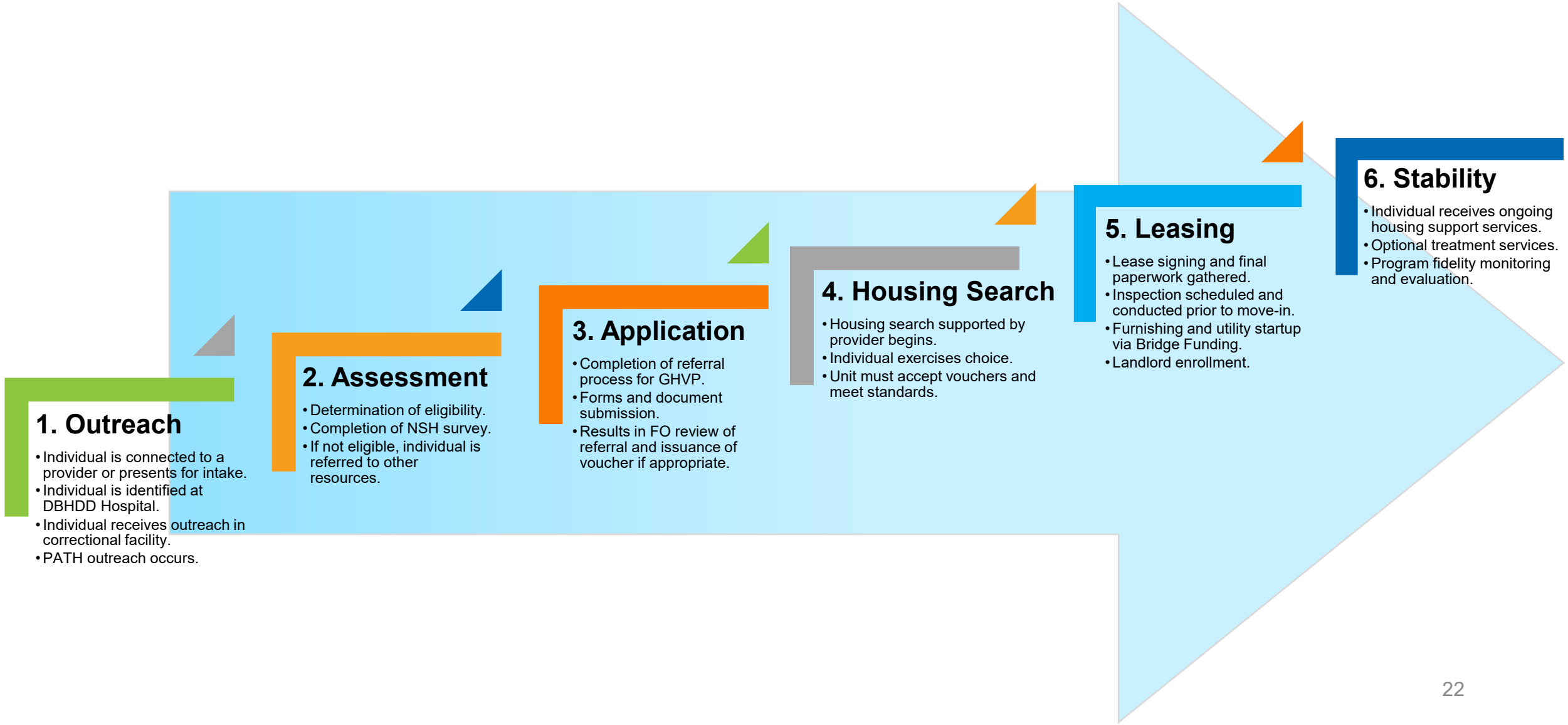


Goal Area 2: Data, Accountability, Evaluation and Monitoring

GHVP Fidelity Monitoring Program Update

- **Purpose**:
  - Implement a fidelity monitoring program to ensure alignment with evidence-based practices across state among all GHVP providers.
- **Progress**:
  - Tool finalized following provider feedback sessions.
  - GHVP Monitor Specialist role created and filled (Brett Seay).
  - Completed Fidelity Monitoring pilot with 6 providers.
- **Planned**:
  - Developing training modules for provider network.
  - Statewide rollout to all providers in 2022, to include training.

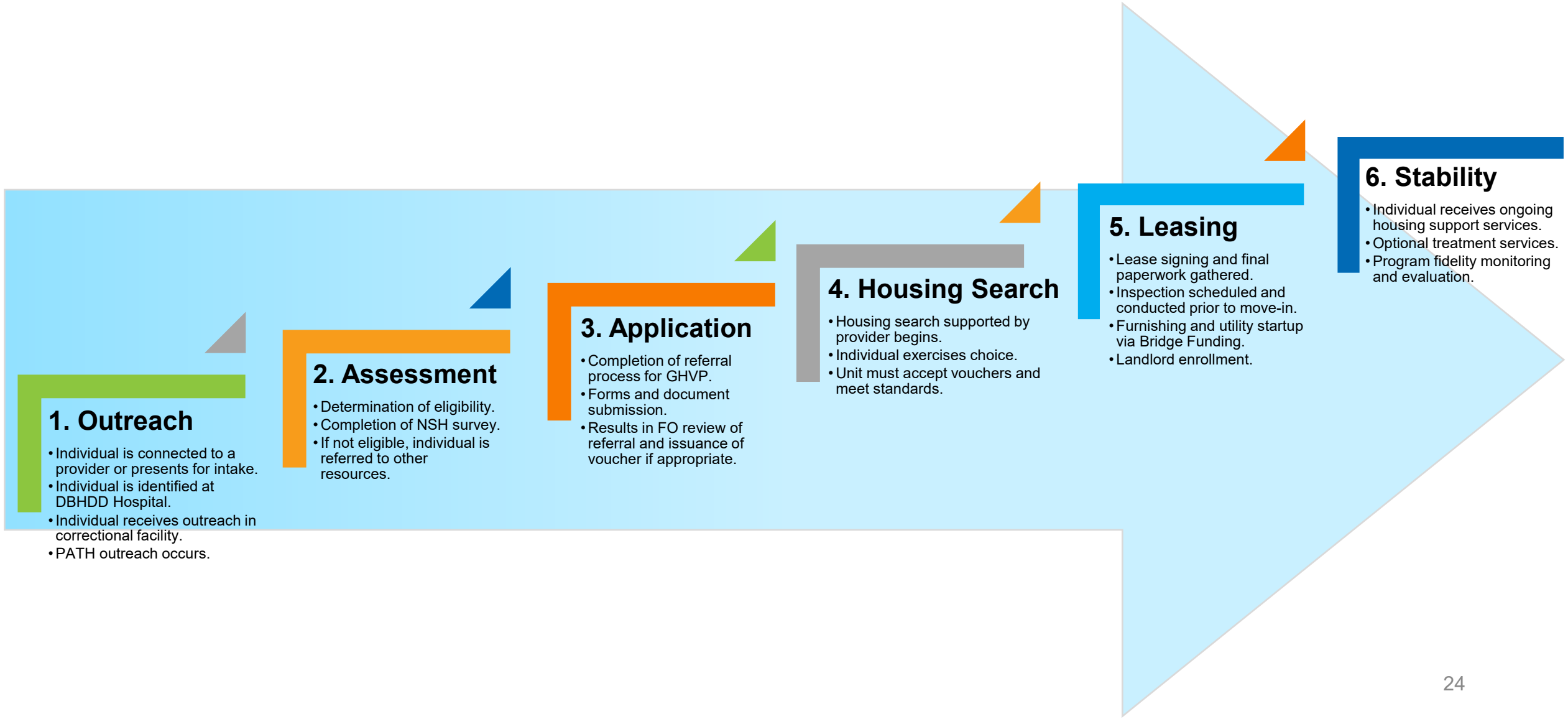
Fidelity Monitoring Phases



Goal Area 2: Evaluation and Monitoring

- Ensure certified housing inspections for all GHVP housing.
- Results Oriented Performance Evaluation (ROPE) process.
- Performance Analysis Reporting System (PARS) tracking KPIs.
- Developed new pre-screening protocol for DBHDD hospitals.
- Tracking responsiveness data within customer service platform.

ROPE and PARS Data Tracking/Reporting Phases

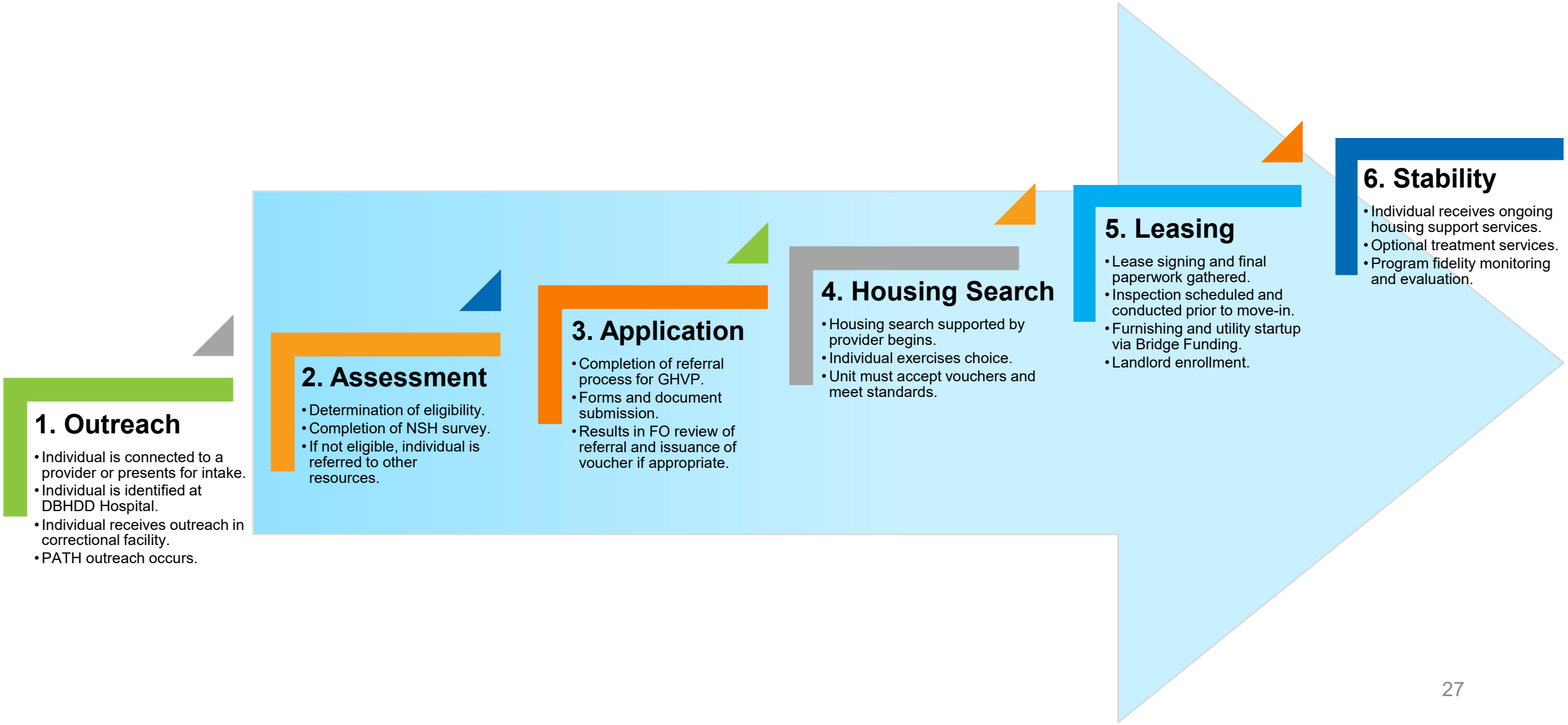


Goal Area 3: System Operational Efficiency

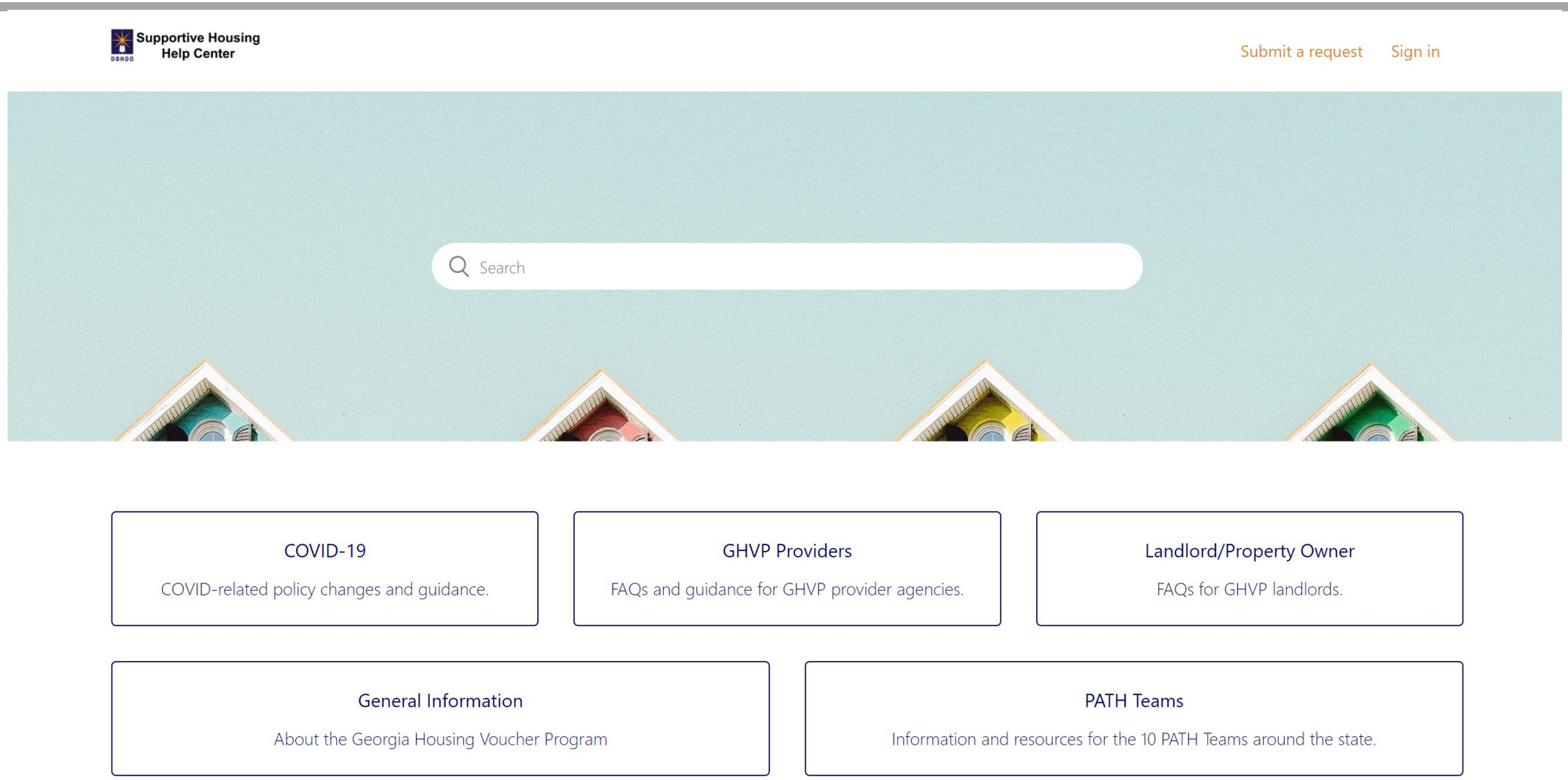
Goal Area 3: System Operational Efficiency

- GHVP has more permanent support than ever before.
- Two additional Medicaid Eligibility Specialists positions created to work only with GHVP participants.
- Development of online portal for entire GHVP experience
  - Digitization of ~30 forms, 400+ fields to streamline process
- Centralization of communication channels to online platform and creation of online help center with program resources:
  - http://GHVP.Zendesk.com
  - So far in 2021, 2600+ tickets have been submitted to ZenDesk
  - Median first resolution time in 2021 is under 36 hours

Digital Portal System Phases



Supportive Housing Help Center: GHVP.Zendesk.com



Goal Area 4: Stakeholder Engagement + Collaboration

Goal Area 4: Engagement and Collaboration

- Established referral pathway to GHVP for individuals in Atlanta Continuum of Care
- Partnering with jail re-entry collaboratives in three largest counties, others around the state
  - Fulton, Gwinnett, DeKalb, Chatham, Clayton, Muscogee
- OSH serving on a DOC/DCS workgroup for “hard to house” individuals
- Partnership with ARCHI and Atlanta regional hospital systems to improve BH connections for individuals cycling through hospitals
- Co-leading effort to develop housing triage tool to align DBHDD behavioral health system and CoC homeless service systems
- Landlord Risk Mitigation Program / Eviction Prevention program
- OSH serving on Atlanta and Balance of State CoC boards
- ASO engaged in landlord ACH signup campaign, we’ve reached 80% enrollment

MHBG Supplemental Fund Initiatives (a snapshot)

- $572K: Pre-Trial Diversion and Jail In-Reach Case Managers w/ 12 providers (AMH)
- $1.4M: County Jail Re-entry collaboratives targeting SMI individuals
  - Chatham County (R5) with a CSB using team approach
  - Muscogee County (R6)
  - Gwinnett County Re-Entry Intervention Project (GRIP) (R3)
  - Douglas County (R1)
  - Community TBD (team approach model)
- $3.9M: Atlanta Continuum of Care and Policing Alternatives and Diversion Initiative
  - Leverages over $7.5M in local government and local federal relief funds
    - 143 Atlanta Housing vouchers ($5.4M) and services ($2+M) dollars
  - Street Engagement Teams using high-touch approach on local “familiar faces”
  - Hotel Teams supporting temporary stability while transitioning to permanent housing
  - Housing Support Teams to provide ongoing supports for 3 years
- $157K: Partnership with Georgia Justice Project (R3)
- $122K: Partnership with Trans Housing Coalition (R3)

PATH Program-Specific Initiatives

- Agencies to participate in Housing First and ROSC training.
- PATH contracts transitioned to reimbursement in FY 2021.
- PATH agencies have undergone DBHDD internal auditing.
- Successful SAMHSA virtual site visit in FY 2021.
- Pursuing competitive application process for PATH in FY23.
- Funded hardship pay and staff retention incentives.
- All agencies receiving ongoing technical assistance and training.
- Increasing efforts to advertise PATH program and its role.

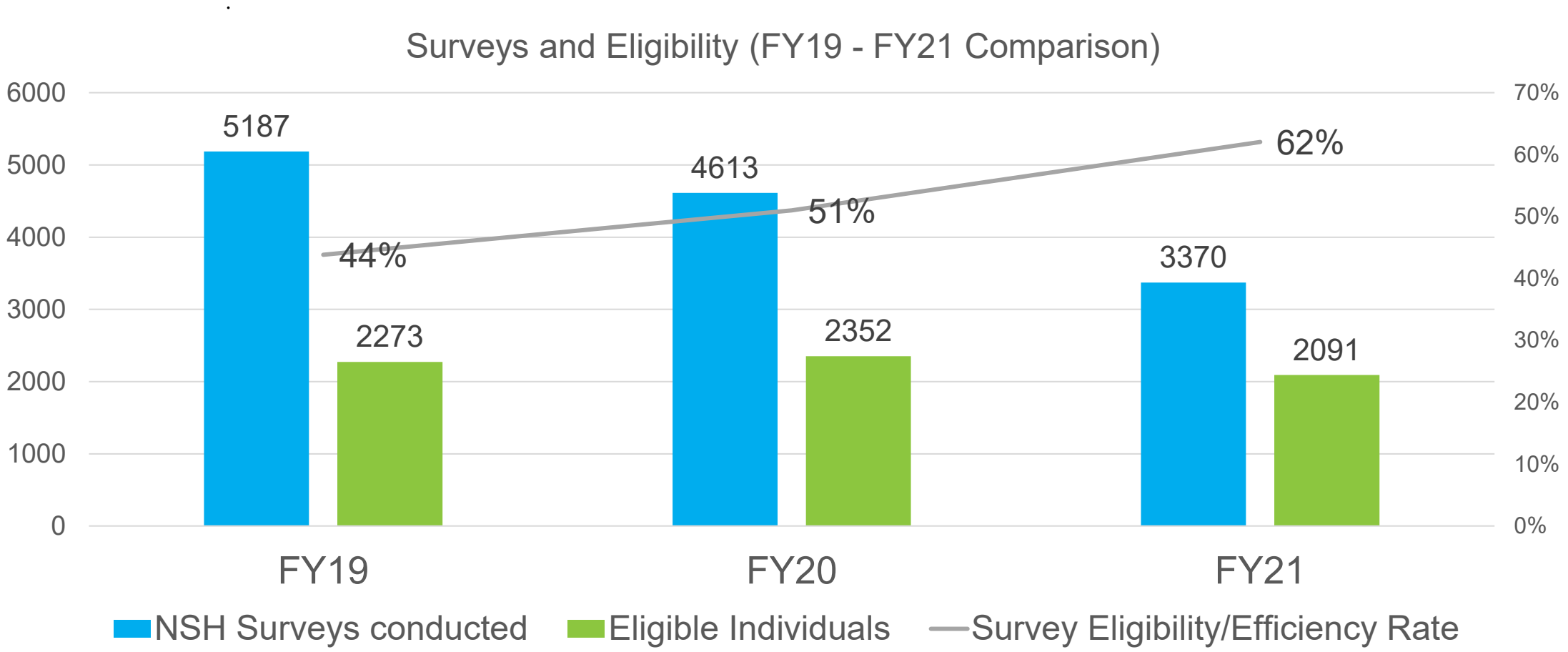
Supportive Housing FY21 Data and FY19-FY21 Comparison

PATH Program Outreach and Enrollment Data

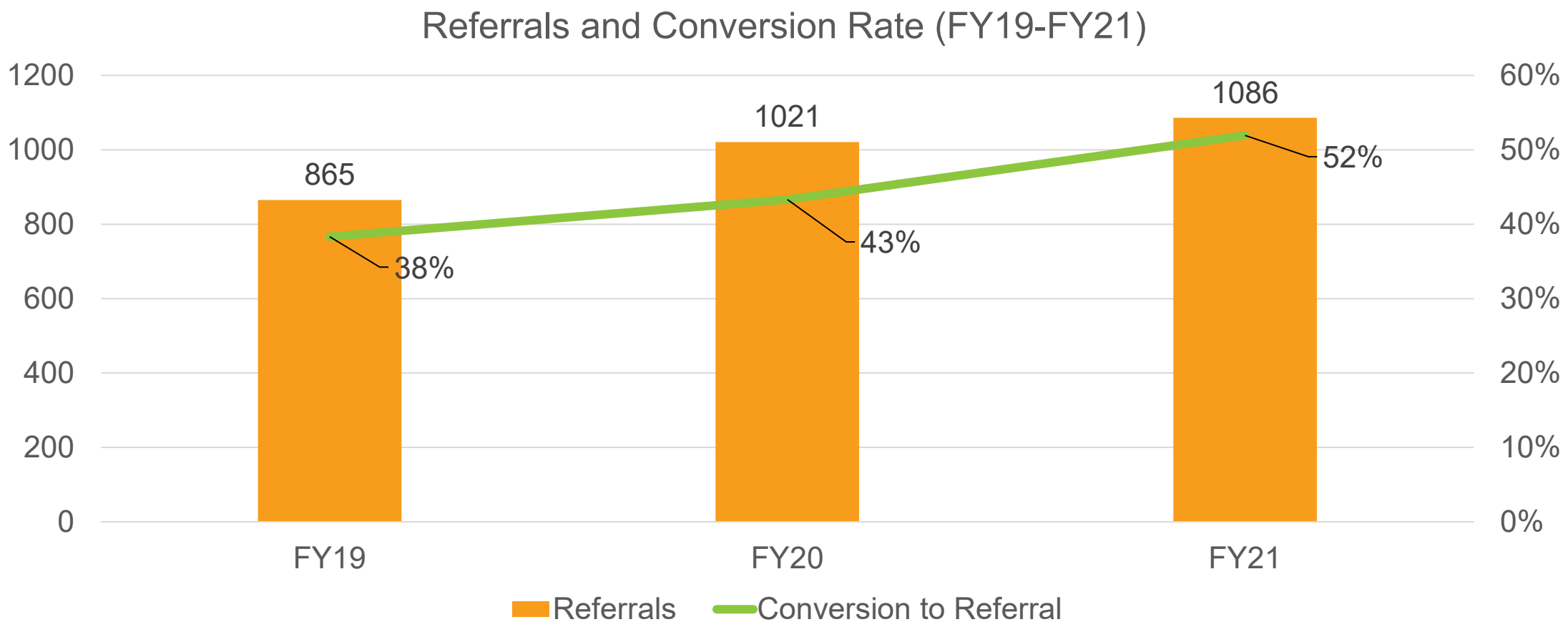
Metrics from HMIS	FY2020	FY2021
Persons contacted:	4,005	3,230
Total new persons contacted:	3,381	2,686
Number of active, enrolled PATH status during time-period:	2,187	1,986
Number of new persons who became enrolled in PATH:	1,746	1,620
Individuals receiving PATH Case Management:	1,747	1,547
Number of Referrals to Community MH services	1,092	996

Path enrollees must be currently homeless and living with severe mental illness

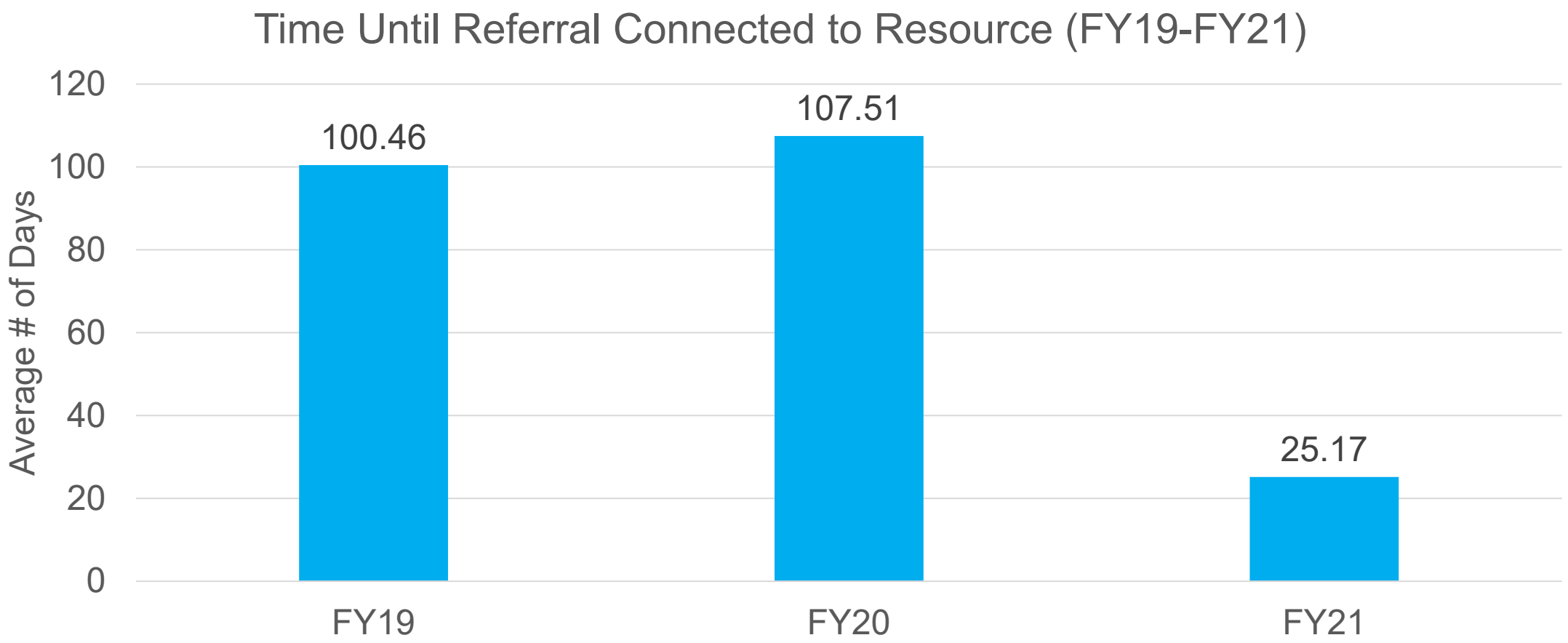
3Y Comparison: Surveys and Eligibility Rate



3Y Comparison: Referrals and Conversion Rate

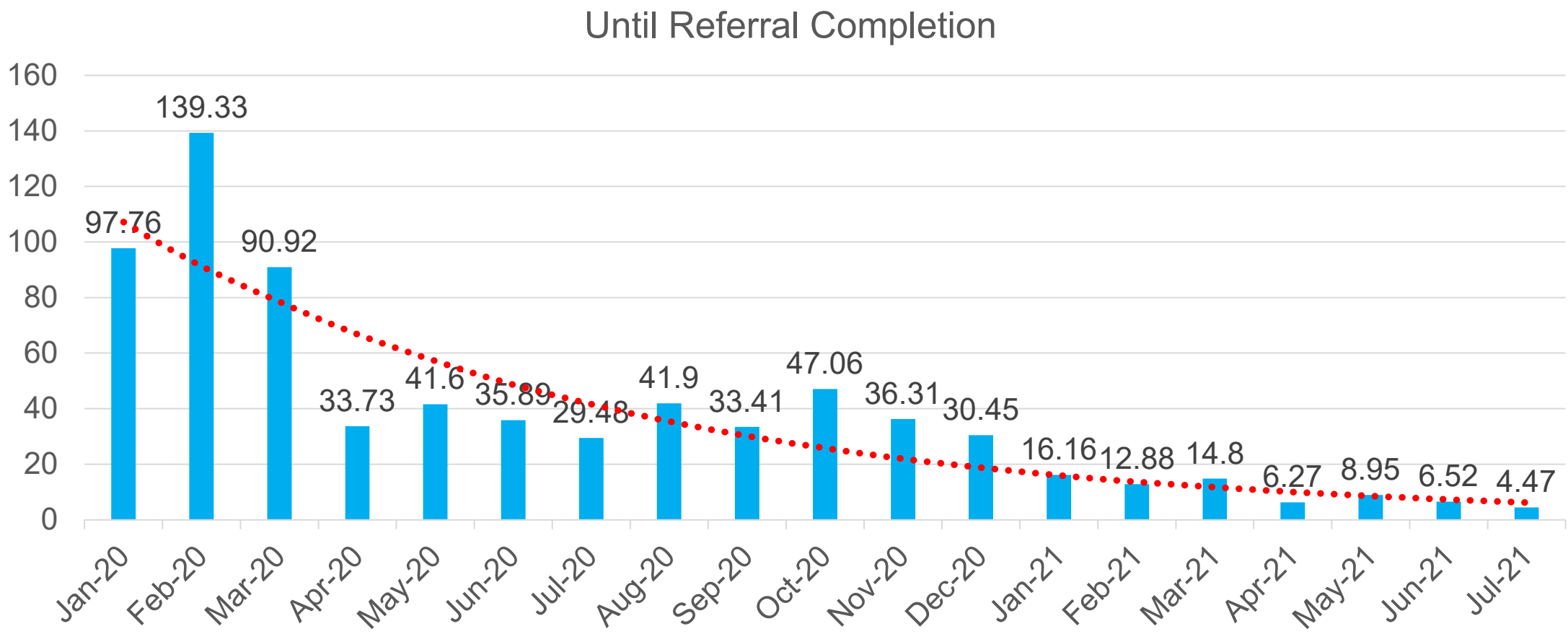


3Y Comparison: Referral Completion Timeframe



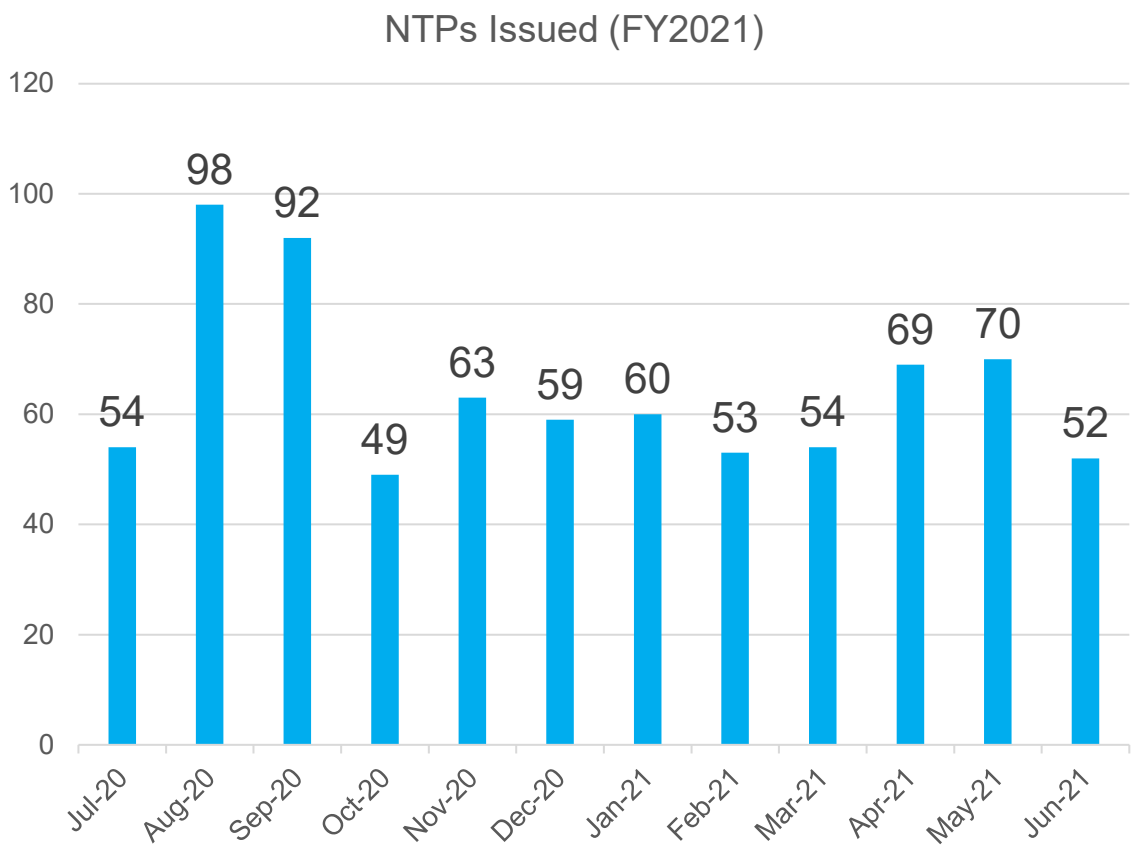
Average Time for Referral Completion

The time between when a referral is submitted by a provider and when they are connected to a program.
From more than 12 weeks to almost 1 week – that's more than 90% faster and over 12x as fast



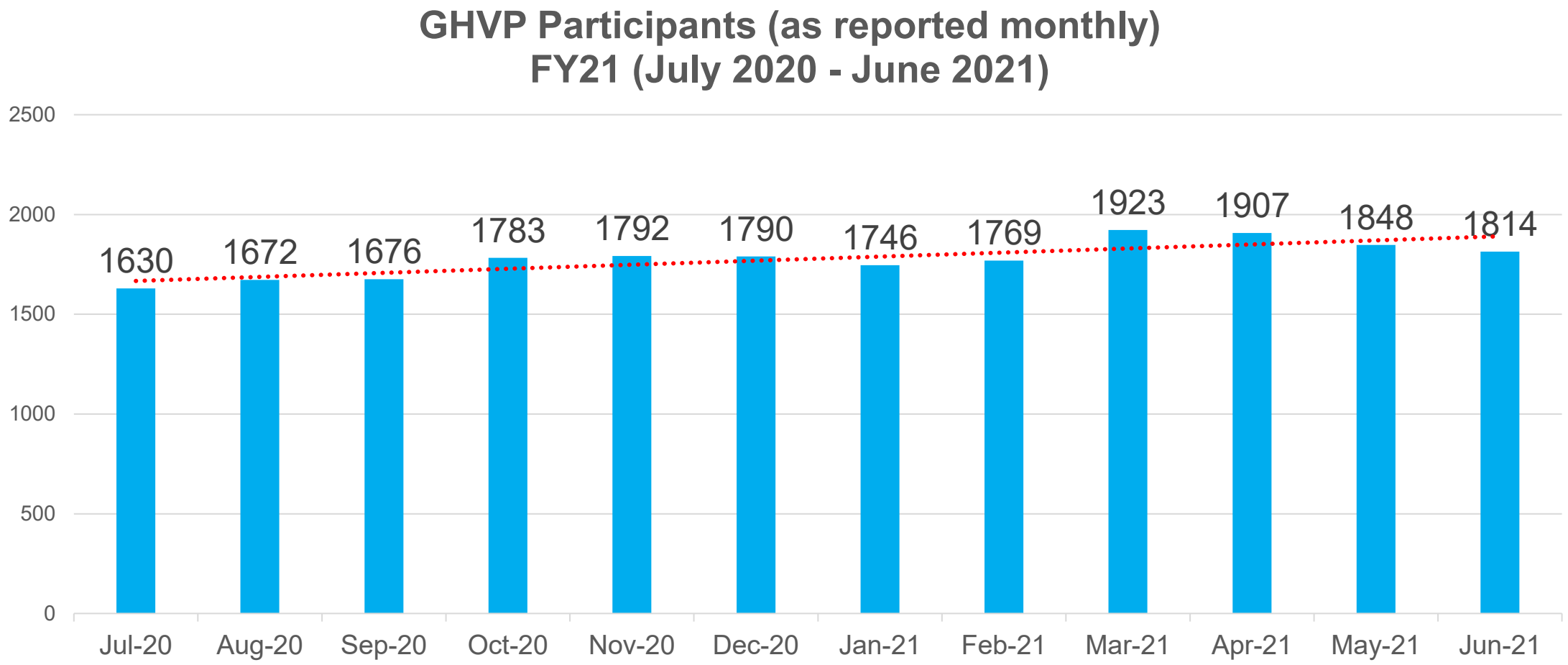
Conversion from Housing Referral to Voucher

Vouchers Issued in FY21: 765

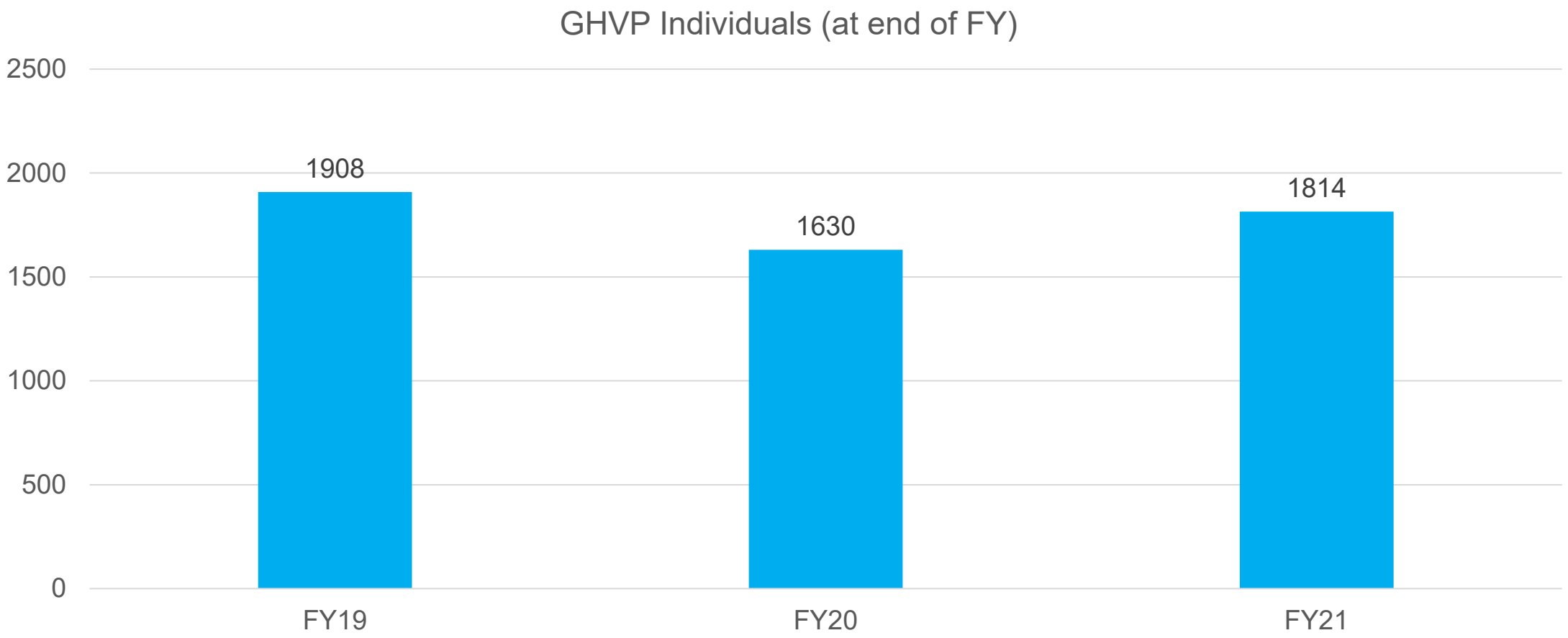


3 out of **4** referrals to GHVP approved for a voucher

Individuals in the Georgia Housing Voucher Program



3Y Comparison: Active Participants



Conversion from Voucher to Housing

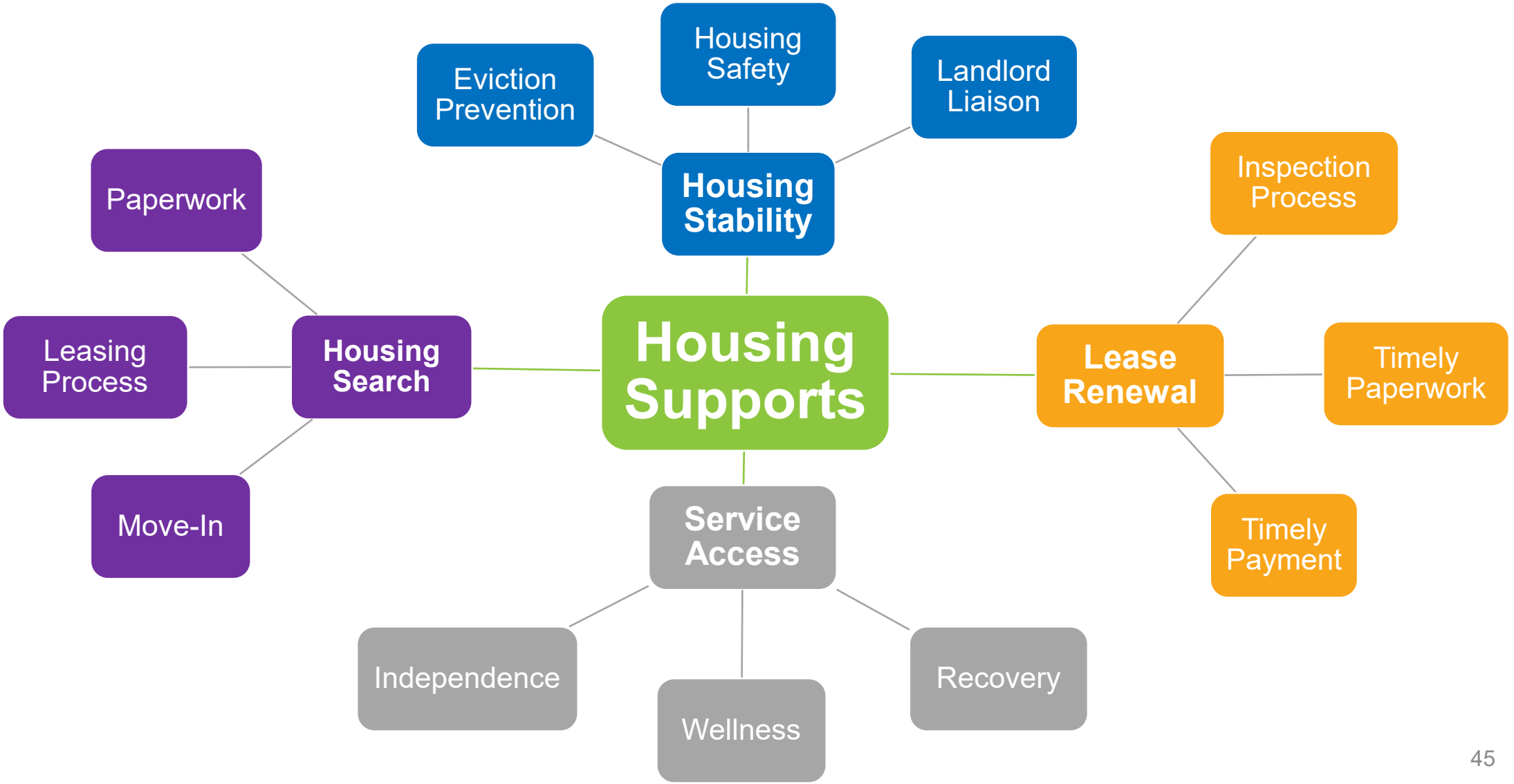
Only 1 out of 4 GHVP vouchers are converted to housing

FY19-21 Comparison Data Table

Fiscal Year Comparison	FY19	FY20	FY21
NSH Surveys conducted	5,187	4,613	3,370
Eligible Individuals	2,273	2,352	2,091
Survey Eligibility/Efficiency Rate	44%	51%	62%
Referrals	865	1,021	1,086
Conversion to Referral	38%	43%	52%
Length of Time to Submit Referral	17.07	18.05	15.2
Until Referral is Connected to Resource (GHVP, DCA, other)	100.46	107.51	25.17
GHVP Housed Individuals (end of FY)	1,908	1,630	1,814

Housing Support Program Overview and Implementation Plan

Need for Housing Support Program



DBHDD Permanent Supportive Housing

Housing Support Program SH System Phases

Housing Support Program Update

- **Purpose**:
  - Seeks to ensure **all** GHVP enrollees will have basic housing supports to promote housing stability and success of program and participants.
- **Progress**:
  - Pilot conducted, program designed, and new specialty service created.
  - Providers secured in 5 out of 6 regions for Phase 1 of rollout.
  - Providers trained on GHVP, preparing for referral readiness.
- **Planned**:
  - Statewide network ongoing trainings in Housing First and Recovery Oriented Systems of Care principles and strategies.

Housing Support Program Priorities

Supporting individuals in:

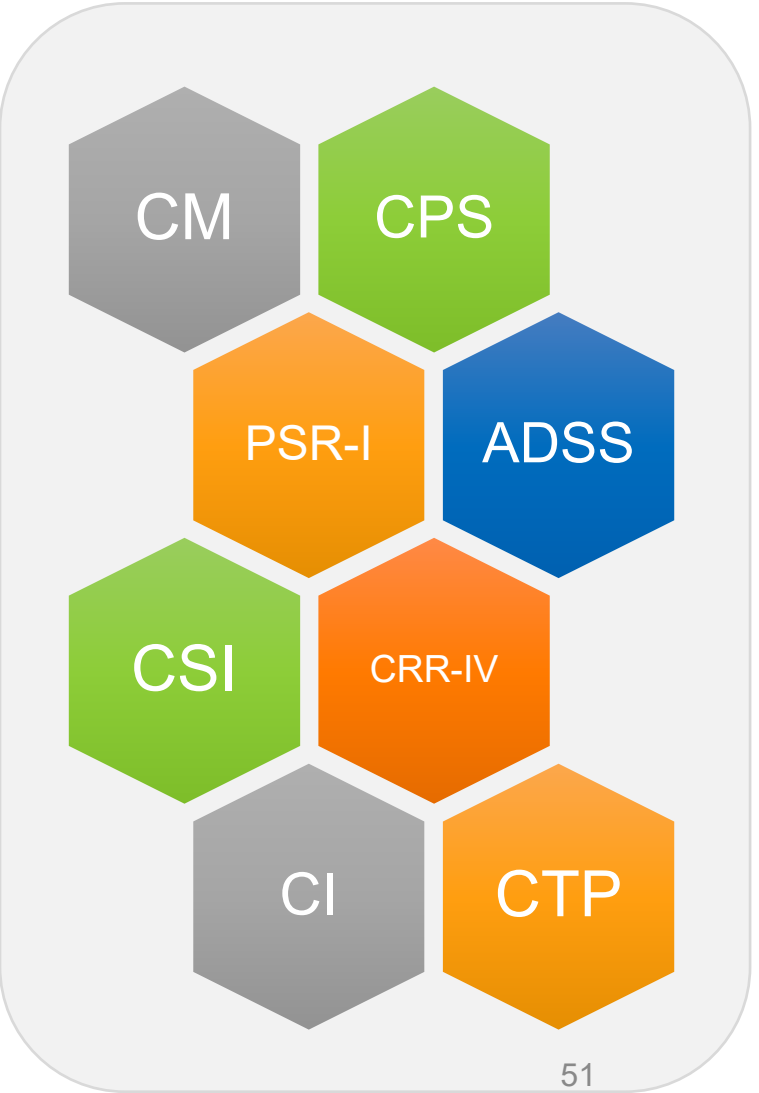
1. Recovery, wellness, and independence.
2. Obtaining safe housing.
3. Remaining stably housed.
4. Transitioning to other permanent housing programs.

Housing Support Program Activities (a snapshot)

- Enroll new program entries upon their referral approval
- Support individuals in their search for GHVP housing.
- Effectively engage and enroll existing housed program participants
- Conduct wellness visits for all housed Individuals.
- Serve as Individual's Bridge Funding provider.
- Coordinate/collaborate/cooperate with other system providers
- Developing/maintaining relationships with properties.
- Support application for SSI/SSDI benefits, Medicaid, etc.

Housing Support Medicaid-Billable Activities

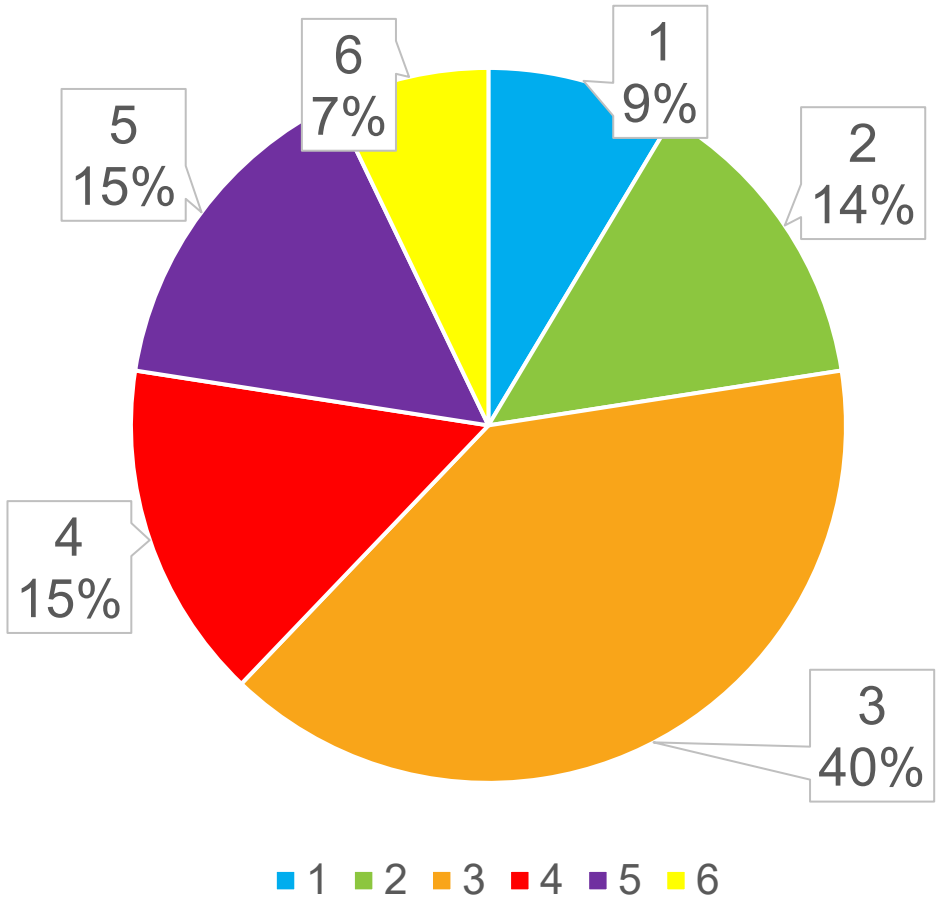
- Combination of unbundled Medicaid-billable services will make up the program.
- Providers can bill for the following:
  - Case Management (CM)
  - MH and/or SUD Peer Supports (PS)
  - Psychosocial Rehabilitation – Individual (PSR-I)
  - Addictive Disease Support Services (ADSS)
  - Crisis Intervention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

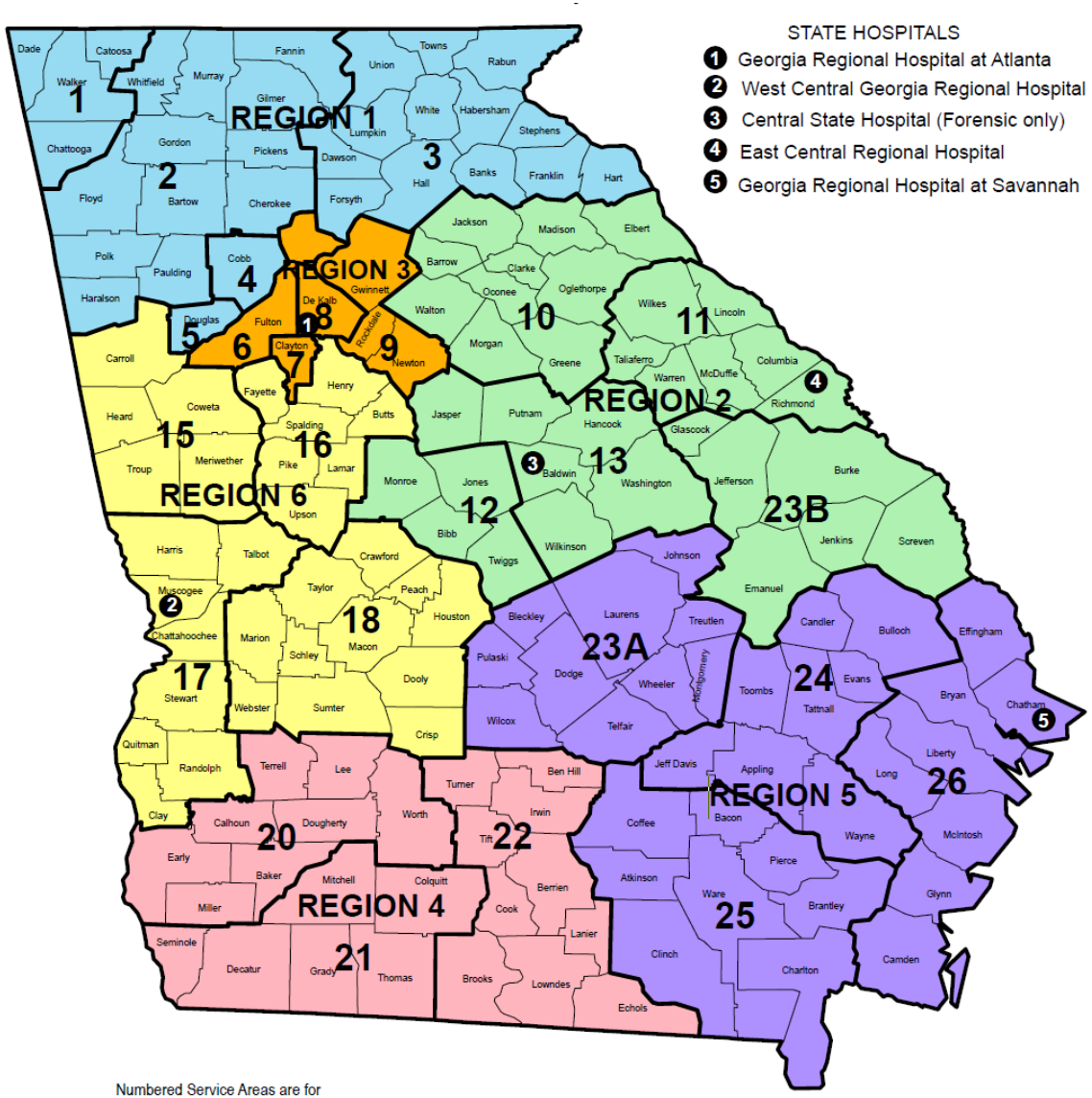


How do we achieve statewide coverage?

Current GHVP participants: **1814**

(as of September '21)



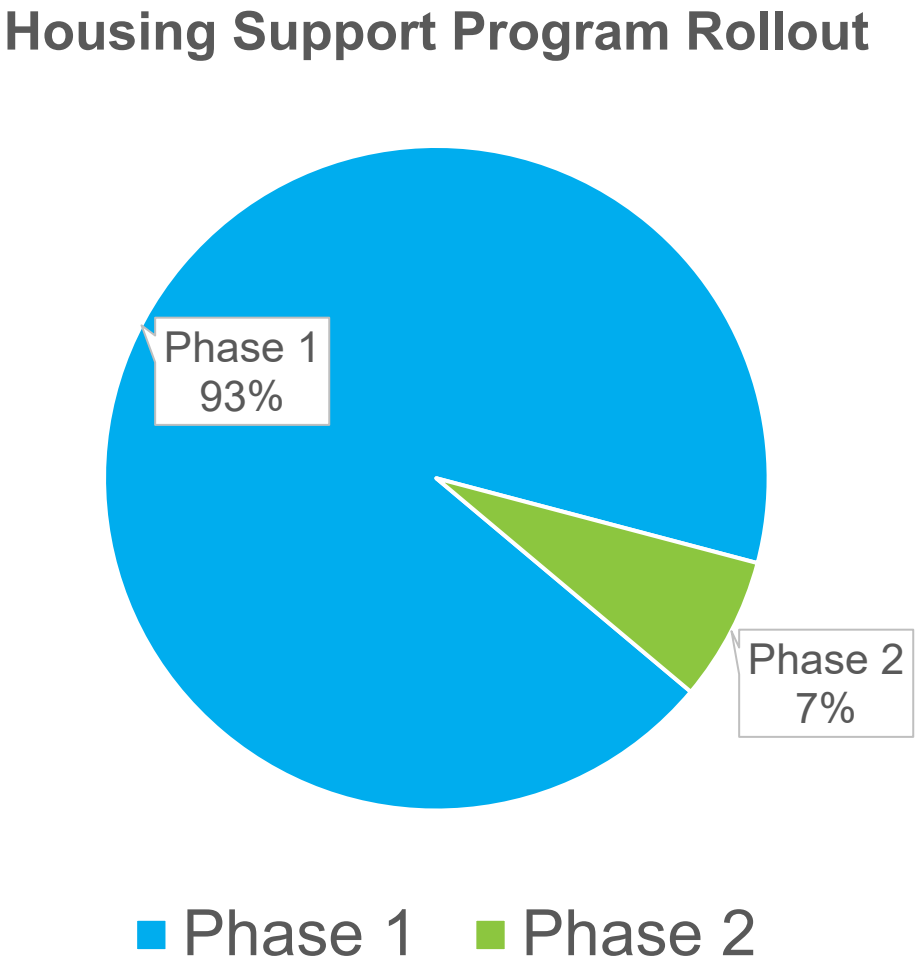


Statewide Landscape for Implementation

Region	Region Total	Expired Docs	% w/ expired documents	# not in services	% not in services
1	147	41	28%	52	35%
2	241	57	24%	43	18%
3	749	367	49%	367	49%
4	286	130	45%	77	27%
5	290	134	46%	78	27%
6	128	17	13%	25	20%
Total	**1841**	**746**	**41%**	**642**	**35%**

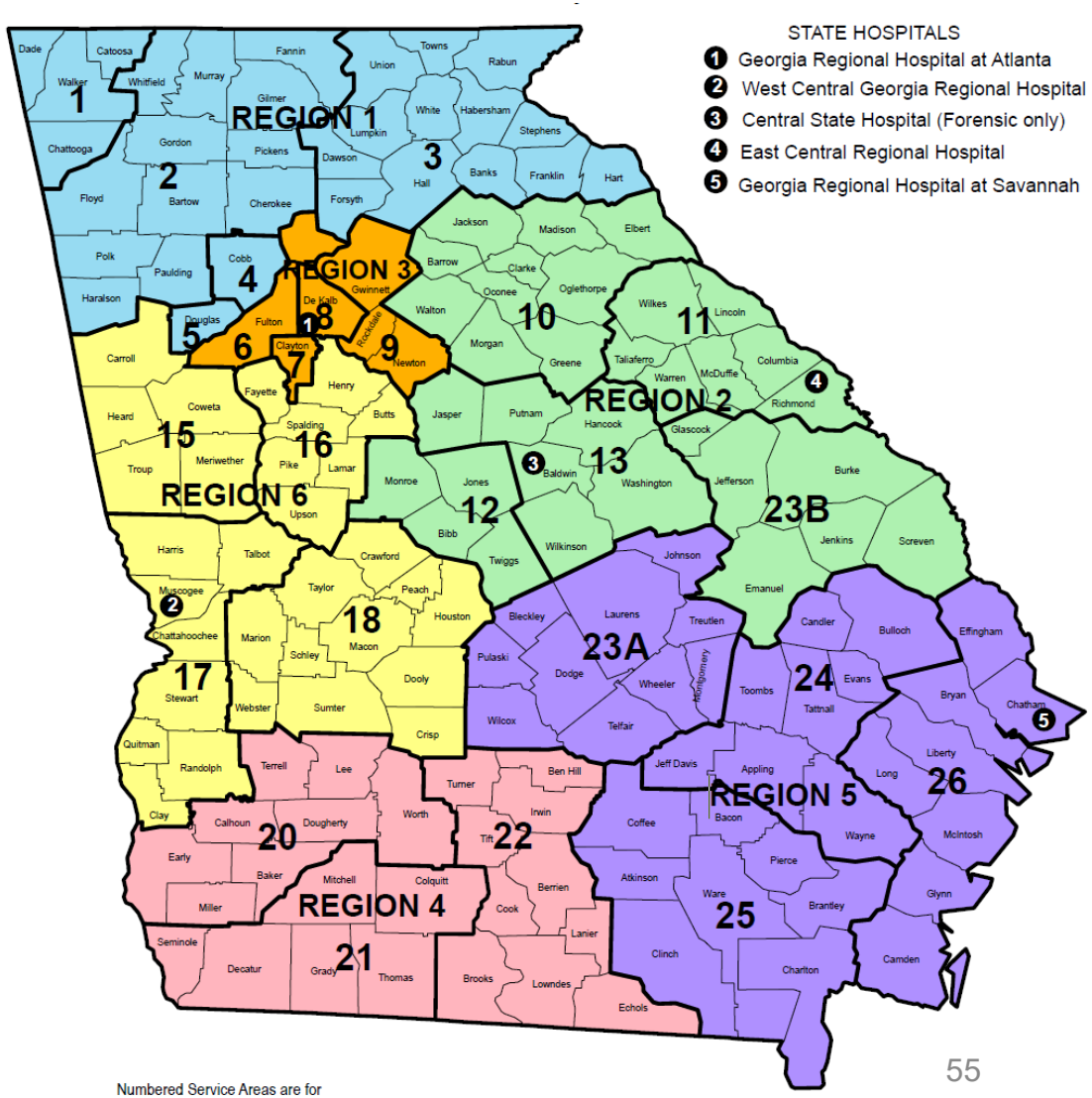
Housing Support Program Implementation

- **Phase 1 – 93%**
  - Regions:
    - 1, 2, 3, 4, and 5
- **Phase 2 – 7%**
  - Region 6
  - Target Launch:
    - July 2022



Housing Support Program Providers

- Region 1 – 9% - North Georgia
  - Highland Rivers
- Region 2 – 14% - East Georgia
  - Advantage Behavioral Health
- Region 3 – 40% - Metro Atlanta
  - Assertive Community Recovery (ACR)
  - View Point Health (VPH)
  - Step Up on Second
- Region 4 – 15% - South Georgia
  - Legacy - Behavioral Health Services of South GA
- Region 5 – 15% - Coastal Georgia
  - Step Up on Second



DBHDD Housing First + ROSC Training Program

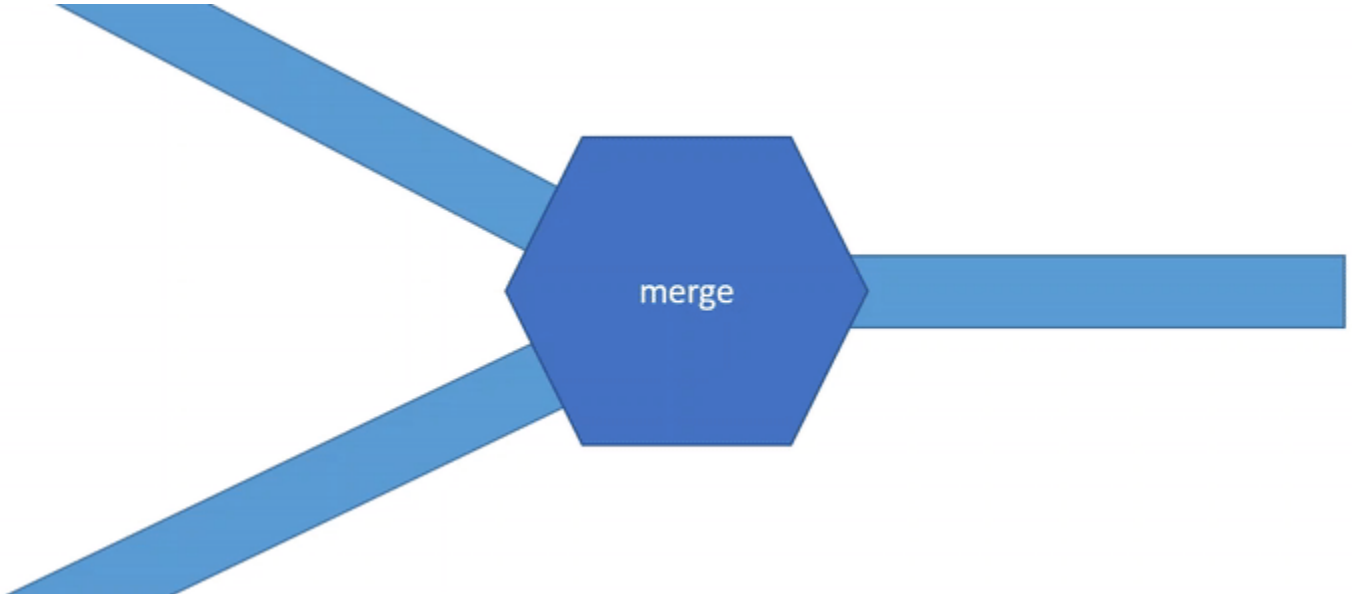
- **DBHDD Housing First Training Program** to be conducted by Pathways Housing First Institute and Dr. Sam Tsemberis
- Contractual partnership includes:
  - Training program for all GHVP Providers
  - Technical Assistance for Housing Support Program implementation
  - Consultation for DBHDD
  - Development of a GHVP program manual
  - Fidelity Monitoring Visits to Housing Support Program providers
- **Recovery Oriented Systems of Care** Training Program (ROSC)
  - Phase 1: Internal team seminars completed.
  - Phase 2: Provider network seminars in planning stage.

Housing First,
Person-Centered Approach

Sam Tsemberis, Ph.D.
Juliana Kitten, LCSW
Pathways Housing First Institute

DBHDD Housing Support Program

2 TYPES OF REFERRALS → 1 MISSION



Program Principles

1. Consumer choice

2. Separation of housing and services

3. Services array to match client needs

4. Recovery focused practice

5. Community Integration/Social Inclusion

Service Choice?

Staff: “The client said no”

Whose perspective do we see things from?

Low choice (but best intentions)

"…what we're really saying is, 'How do I see something from [the client's] perspective to get their buy-in and then reframe it?' That's all it is - **reframing it in a way that's digestible and palatable for [the client]. And so, yeah it's manipulation**, but we believe that we're doing it with the best intentions."

High choice

"I spend a lot of time **helping [staff] look at the perspective of the [client], and then helping [staff] move that way instead of what we think is the best thing for them**..."

Choice and Active Engagement

- Engagement requires **active participation** of staff
- "Refusing to see staff" is not a choice
- Intensity of engagement depends on client's tolerance and staff ability to join with client
- Staff is responsibility for engagement for housed and homeless referrals

Active not always mutual engagement

Choice and Assertive Engagement

- Clear description of program services
- Suggest sequence, offer options
- Person Centered - not treatment as usual
- When the client says no
- Balance assertive engagement with honoring client choice

Chronicle / Mike Kepka

Why separate housing and support?

FOR THE GROUP THAT IS HOMELESS

- Immediate access without requiring treatment or sobriety
- HSP allows for program engagement before completing Individual Service/Treatment Plan
- Harm reduction approach
- Continuity of support: relocation, hospitalization, or incarceration
- Distinguish between services, support, & treatment

Harm Reduction

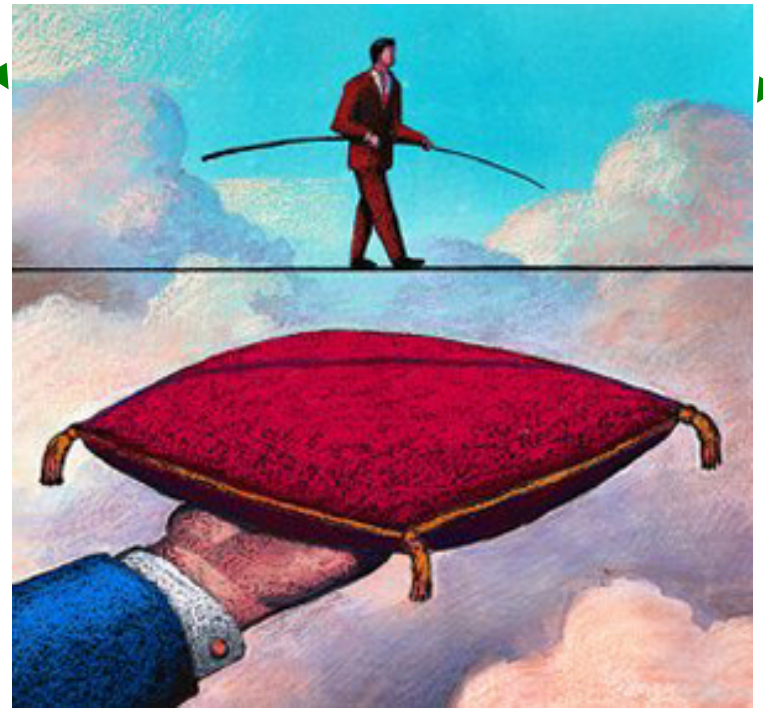
A perspective on treatment that includes a set of **practical** strategies to **reduce the negative consequences** of drug use (food, relationships, finances), that incorporates a spectrum of strategies from safer use to abstinence.

-The Harm Reduction Coalition

[reduce magnitude, impact, frequency, quantity, any small step is a step in the right direction]

Also includes substitution of positive behaviors or practices for negative ones

Balancing client initiative and provider responsibility



Restrictive / Overprotective

Laissez-Faire

Harm Reduction: Passive Acceptance vs. Active Support

PASSIVE:

- We keep trying, not giving up on people, and I show 'em that, you know, **when they're ready that, you know, we're here to help you as much as we can.**
- Waiting for readiness for abstinence; reliance on referrals to mainstream substance use treatment if client willing to accept

ACTIVE:

- when I do a little digging, the [clients often] don't actually have any kind of harm reduction tools or strategies. **So, it's really implementing what it means to have strategies to reduce the harm.** And that's where the rubber meets the road….for one person, he's a poly-substance user--so he drinks and does [other illicit substances]. And **it was really looking at what's the most problematic for him. And the most problematic was the drinking. The drinking leads to a lot of frenzied encounters and a lot of hospitalizations.** We're going to talk about the other drugs, but that's actually what we're going to focus on rn is the drinking. **What are the ways we can minimize the problems with the drinking?**
- Supporting clients to identify problematic use and develop strategies to reduce harm

Support includes assistance to choose, get, keep housing

- Assist with housing search
- Transport clients to see properties
- Representation to landlord
- Landlord liaison

Teams Match Services to Needs

Use Client Acuity & Adjust Quickly and Flexibly

Frequency of visits & contacts

Provide on-call services

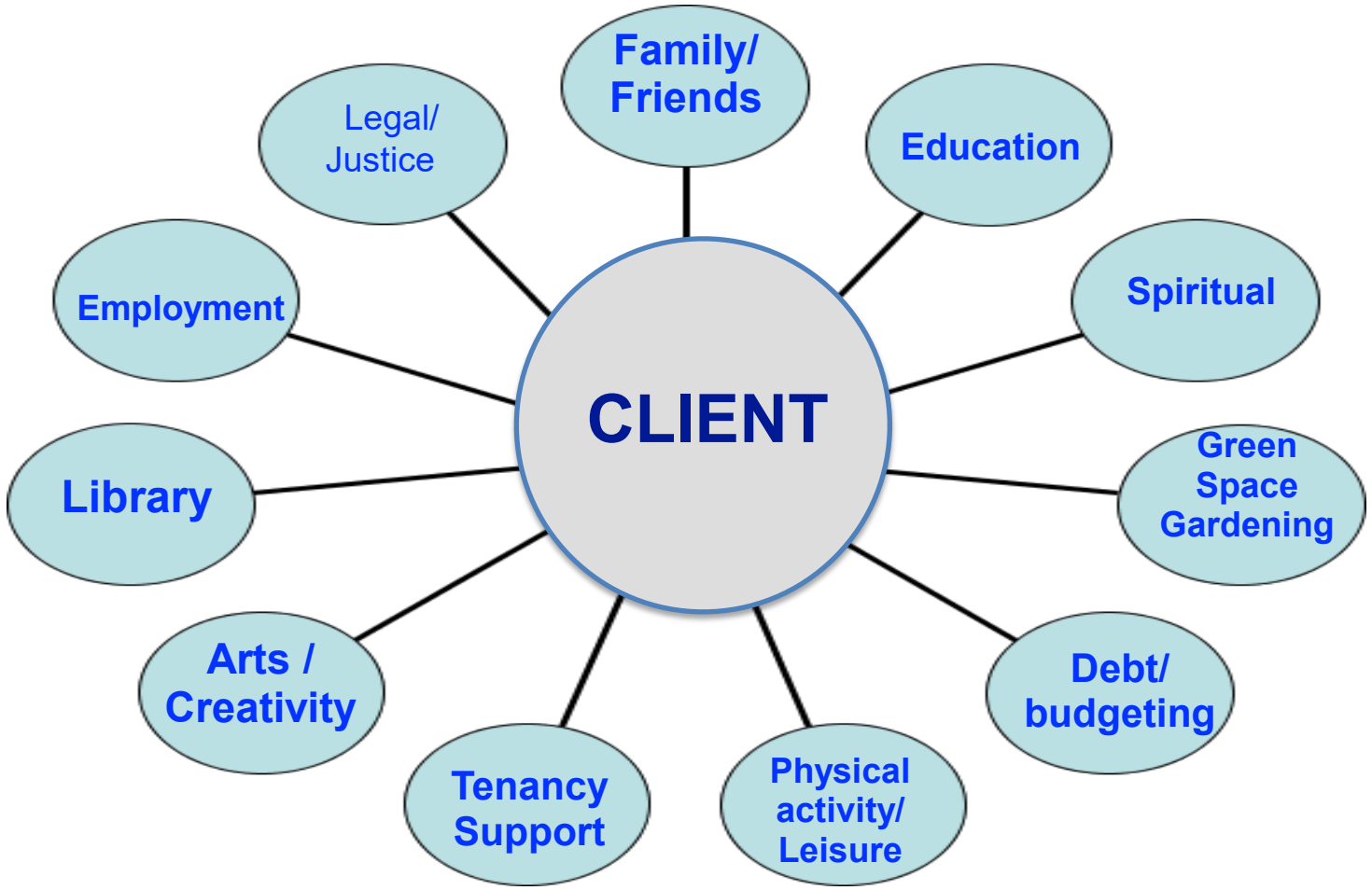
Develop crisis or WRAP plan – contact in case of emergency

Additional services through brokerage or community connections

e.g., of holistic approach is social prescribing

Matching Services to Client Needs

"Whatever it takes"

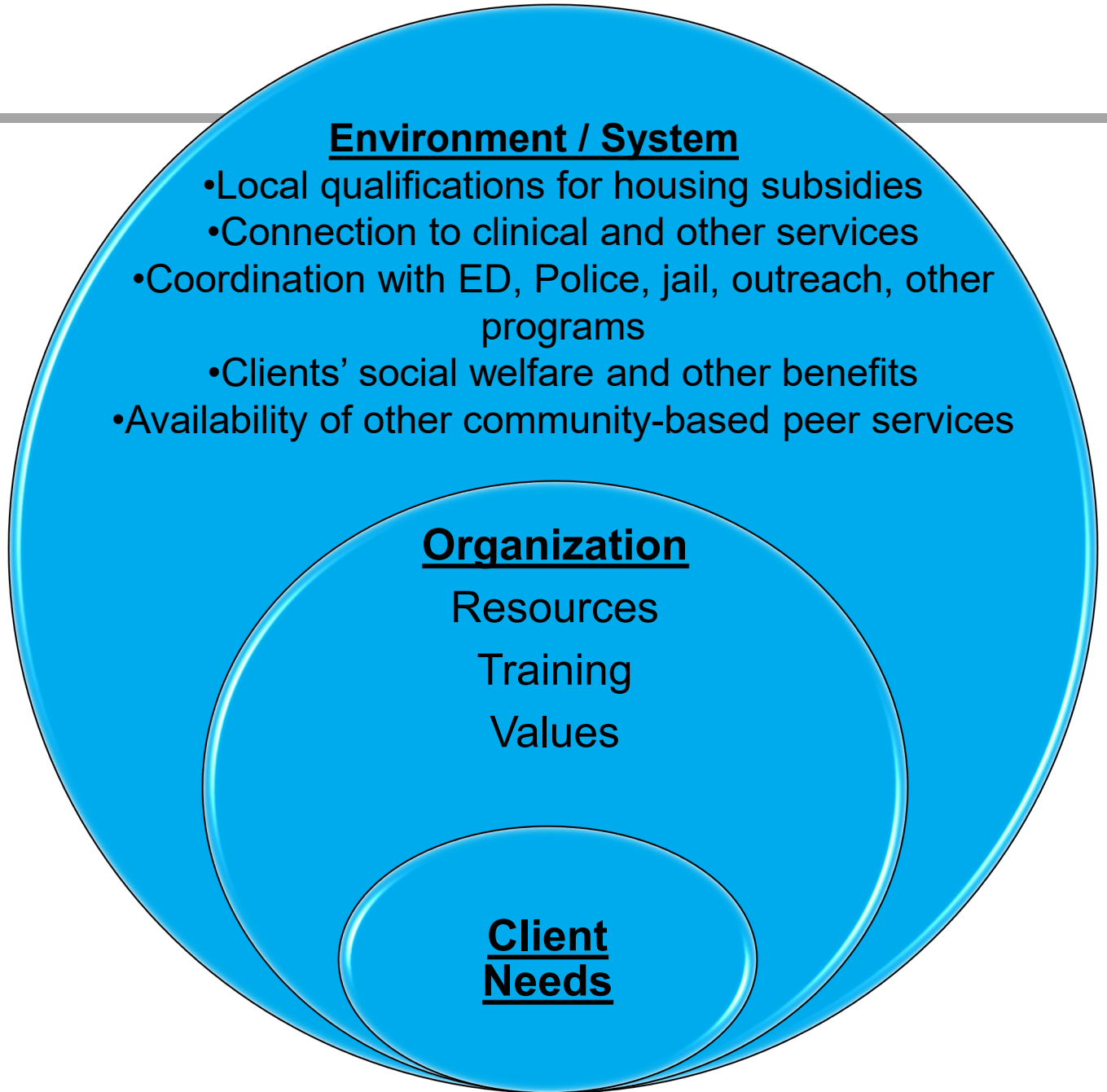


Most valuable service may not be defined by the Medical service codes

Important *TO GO Beyond Services*

What is important to a person includes those things in life which help us all to be satisfied, comforted, and content.

- It includes:
  - Being in a relationship
  - Status and control (money and job)
  - Things to do
  - Rituals or routines/places of worship
  - Comfortable and healthy pace of life
  - Things to have
  - People to see and places to go that give us joy



Multi-Level Connections And Communications

Housing Support Program

Principles of Recovery Practice

People are more apt to change positively when they:

- Are in a positive relationship
- Set their own goals
- Learn skills
- Receive support
- Hold positive expectations & hope for the future
- Believe in their self-efficacy

Recovery Focused Services

Just as important as what you do is how you do it

Convey messages of hope in every interaction:

- “I care about your well-being”
- “I believe in you”
- “Life will get better”

Client determines pace and sequence of recovery

Recovery Focused Services: Framing Program Goal

Low recovery orientation

"Our main goal is really to keep them from going to jail or getting back in the hospital."

High recovery orientation

"…people are people. We're here to help them in their quality of life and to be what they want to be."

- Even if the system is focused on lowering costly utilization of services, recovery-oriented programs manage to keep the focus on the individual client, their goals, and quality of life.

Staff Owns Engagement and Outcomes Using Core Competencies

- Person centered care
- Harm reduction
- Trauma informed care
- Motivational Interviewing

Team Approach

- “Everybody’s responsible for everybody”
- Shared sense of responsibility – in program, in community, in region…
- Shared sense of mutual support for each other
- Communication, communication, communication
- Team meetings

Community of Practice

- Understand current practice & make improvements
  - How are services being delivered?
  - How are staff roles understood and enacted?
- Goal is to maximize outcomes
- Learn about effective ways to apply values & principles

Next Steps

Next Steps for Housing Support Program

1. Get Excited
2. Get Ready
   - Regional Introduction Meetings
3. Get Growing
   - Housing First Training Program
   - Recovery Oriented Systems of Care Training Program

HSP Introduction Regional Meetings

- Region 1
  - 10/21 at 10 AM
- Region 2
  - 10/18 at 10 AM
- Region 3
  - 10/21 at 12 PM
- Region 4
  - 10/18 at 12:30 AM
- Region 5
  - 10/21 at 1:30 PM

- Meet the HSP Provider(s)
- Understand Expectations
- Opportunity for Q&A


BE D·B·H·D·D
Georgia Department of Behavioral Health & Developmental Disabilities
D·B·H·D·D