

Housing Support Program Regional Launch

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Georgia Housing Voucher Program



Agenda

- Provider introductions
- Program Overview
- Implementation Plan
- Provider Responsibilities and Care Coordination
- Housing First and Recovery Oriented Principles
- Q & A

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**

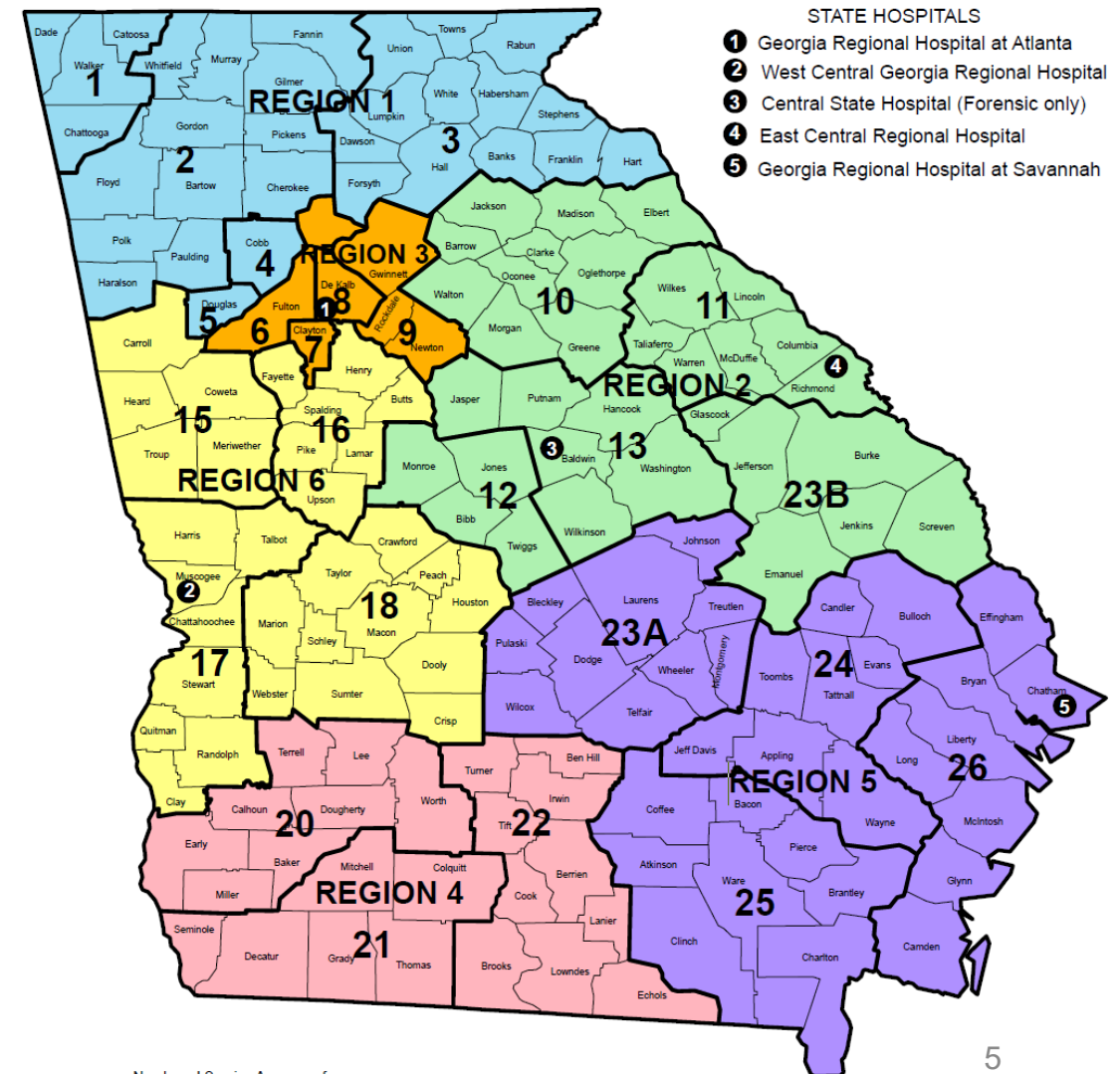
- Ann Riley, Regional Service Administrator
- Sam Page, Housing Transition Coordinator

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 Ruppensburg, Director

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



Numbered Service Areas are for identification purposes only.

Supportive Housing 2.0 Strategic Transformation Mission, Vision, and Goals

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.

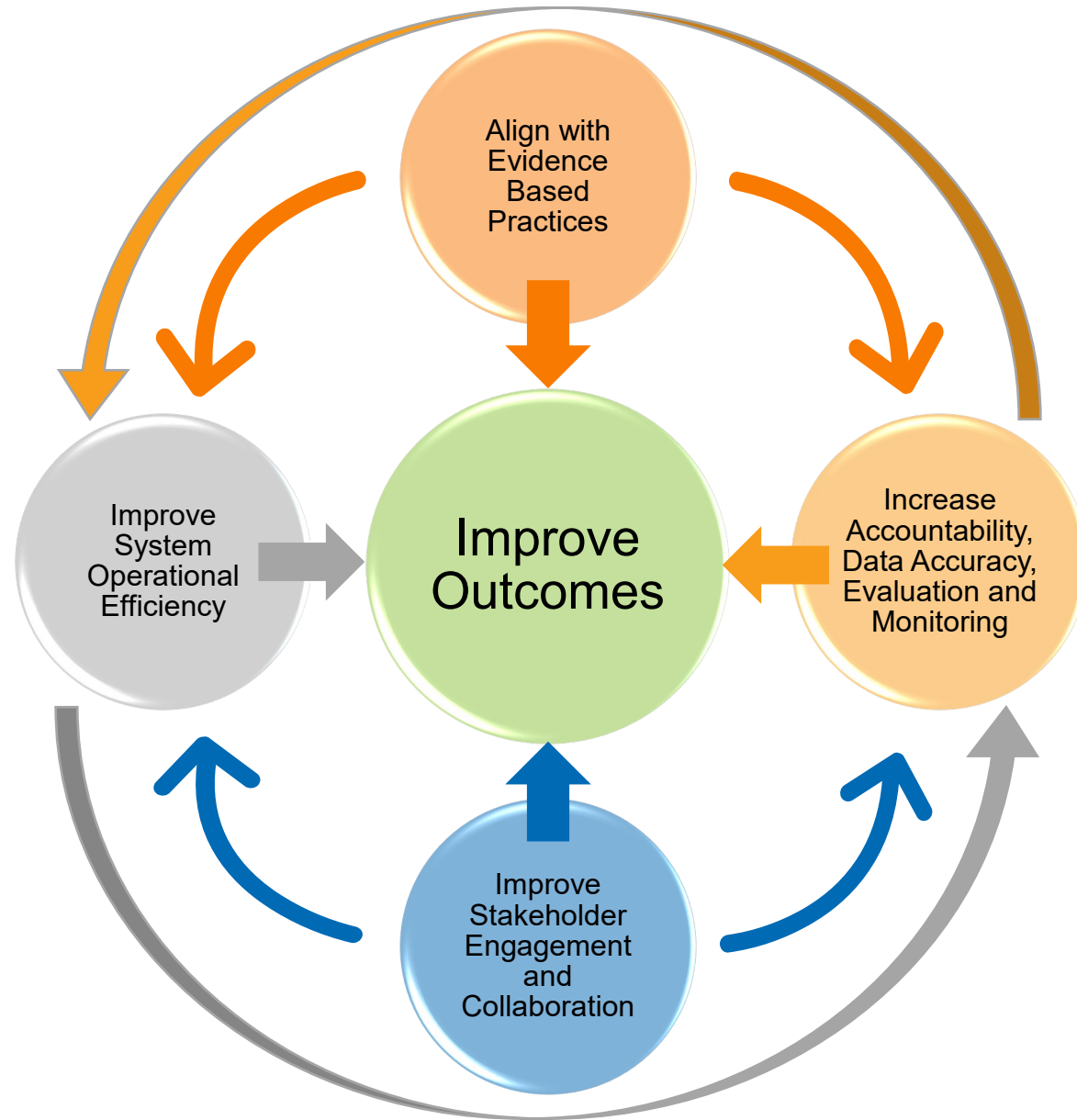
DELIVER collaborative, sustainable, and long-term outcomes at the individual and system level.

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

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.

Housing Support Program Overview

What is Permanent Supportive Housing (PSH)?

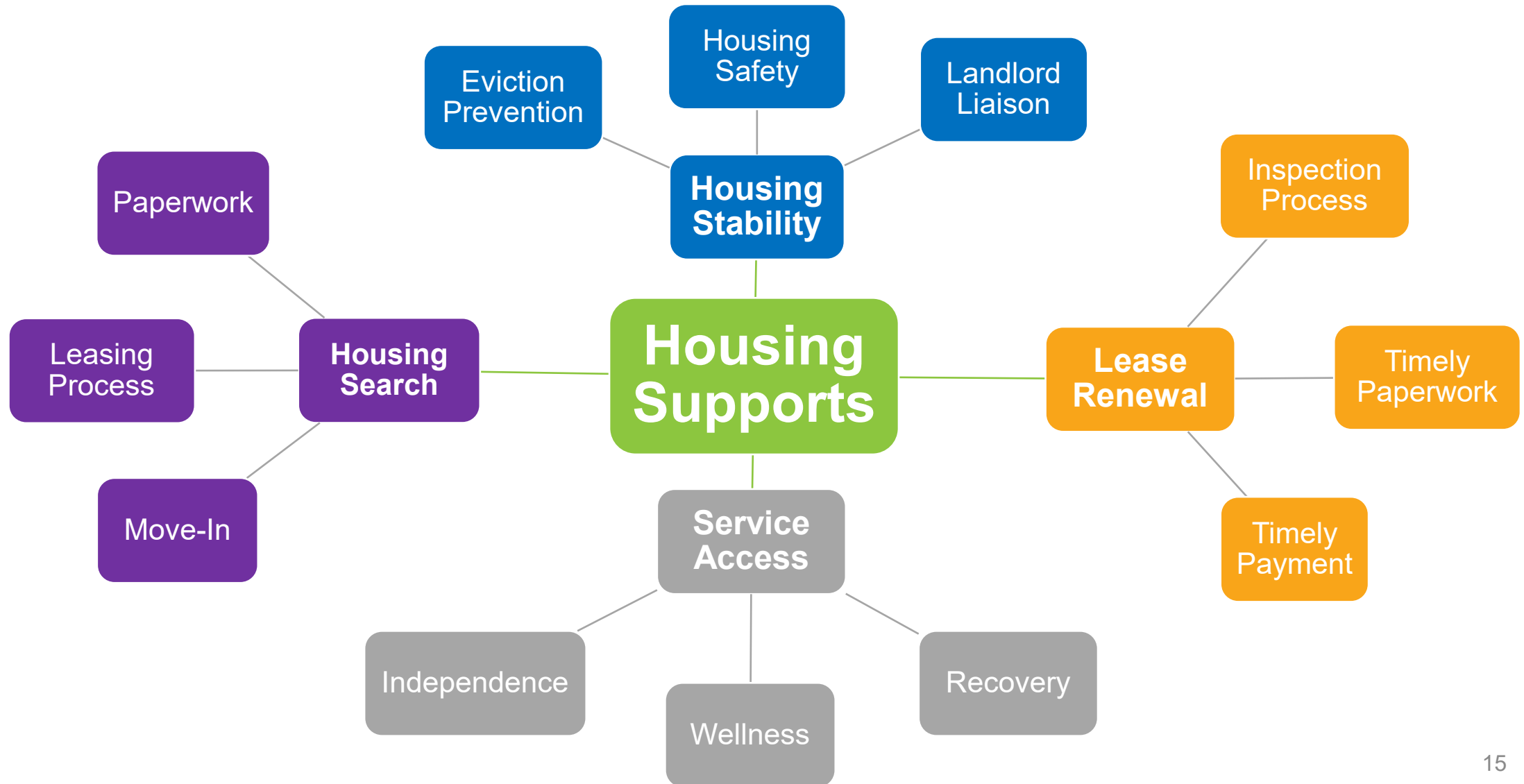


What does DBHDD PSH look like?

Georgia Housing Voucher Program (GHVP)



Need for Housing Support Program



DBHDD Permanent Supportive Housing



Housing Support Program SH System Phases

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Housing Support Program Priorities

Supporting individuals in:

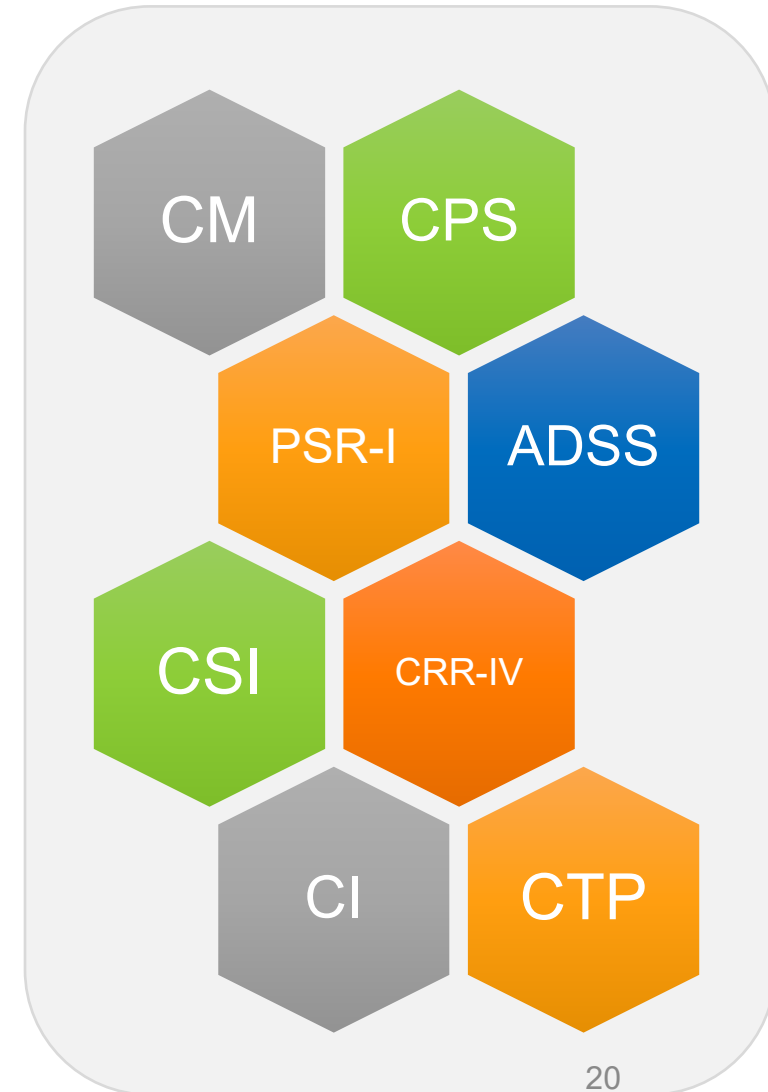
1. Recovery, wellness, and independence.
2. Obtaining safe housing.
3. Remaining stably housed.
4. Transitioning to other permanent housing programs.

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
- Serve as liaison with property management
- 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)



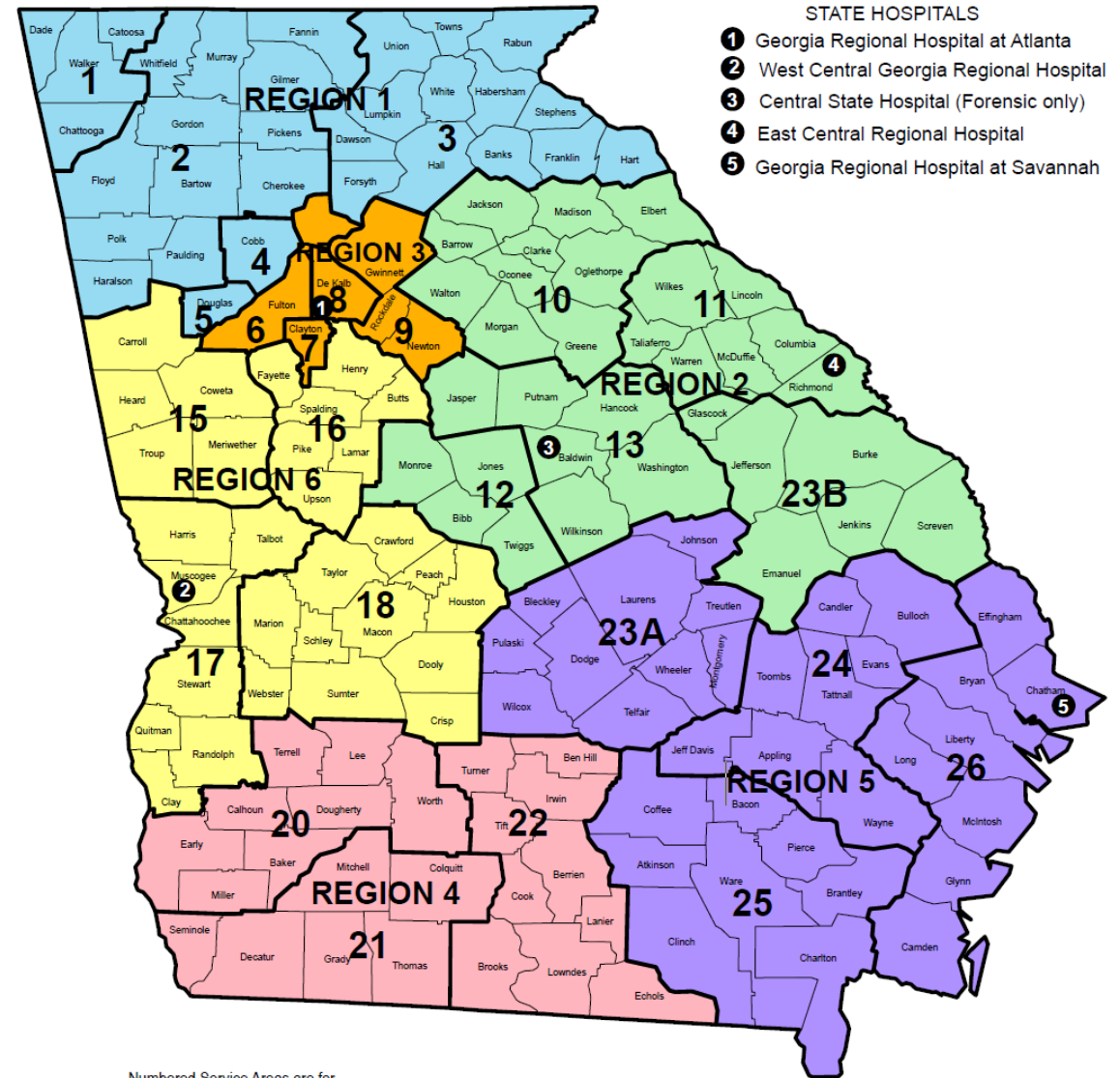
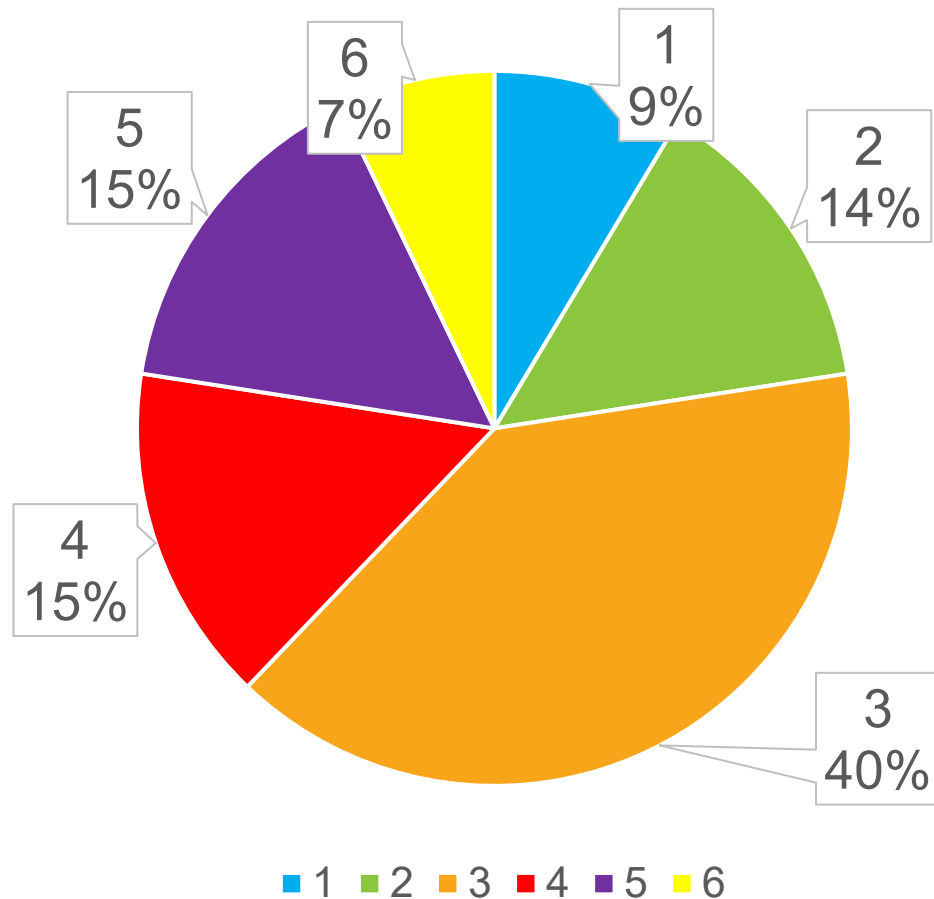
Housing Support Program Status

- **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:**
 - Beginning HSP referrals in all 5 applicable regions
 - Statewide network ongoing trainings in Housing First and Recovery Oriented Systems of Care principles and strategies.
 - Re-engagement of GHVP participants and enrollment of all housed individuals

Housing Support Program Implementation Plan

How do we achieve statewide coverage?

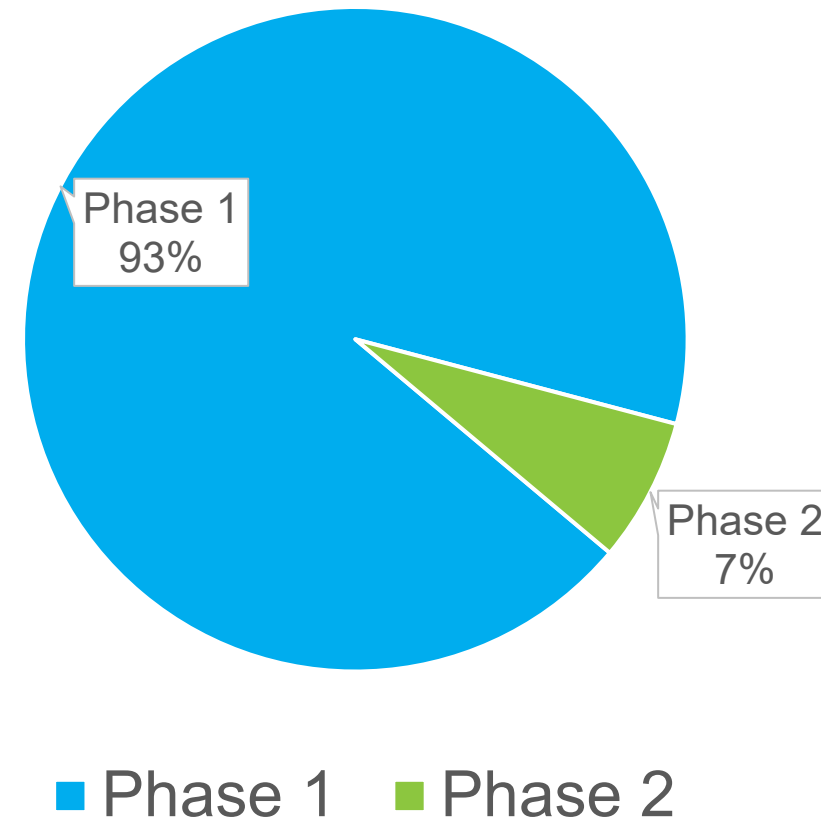
Current GHVP participants: **1814**
(as of September '21)



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 Rollout



Implementation Sequence

1. HSP Providers transitioning current agency clients over to HSP caseload
2. HSP Providers getting ready to begin accepting all approved referrals from regional community providers, enroll in HSP
3. HSP Providers to connect with all currently housed individuals, first prioritizing those most/longest disconnected
4. HSP Providers to re-connect disconnected with local service providers as applicable and necessary

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%

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.

Bridge Funding “Provider Fee” Changes

- With onset of Housing Support Program in each region, the Bridge Provider Fee for leasing and renewal will be phased out.
- Housing Support Program providers are contracted to ensure this work happens.
- Exploring using this fee as incentive for landlords to accept participants’ applications for housing.

Provider Responsibilities and Care Coordination

Functional GHVP Responsibilities

Housing Support Program Providers

- Engagement
- Bridge Funding
- Leasing + Move-in
- Inspections and Lease Renewal
- Coordination
- Monthly wellness visits

Core Service Providers

- BH and Housing Assessments
- Referral to GHVP
- Ongoing Services
- Collaborate w/ HSP
- Annual re-assessments

PATH Service Providers

- BH and Housing Assessments
- Referral to GHVP
- Connection to long-term provider

Supportive Housing System Phases (GHVP Only)

PATH Provider

Community Core Service Provider

Housing Support Program Provider

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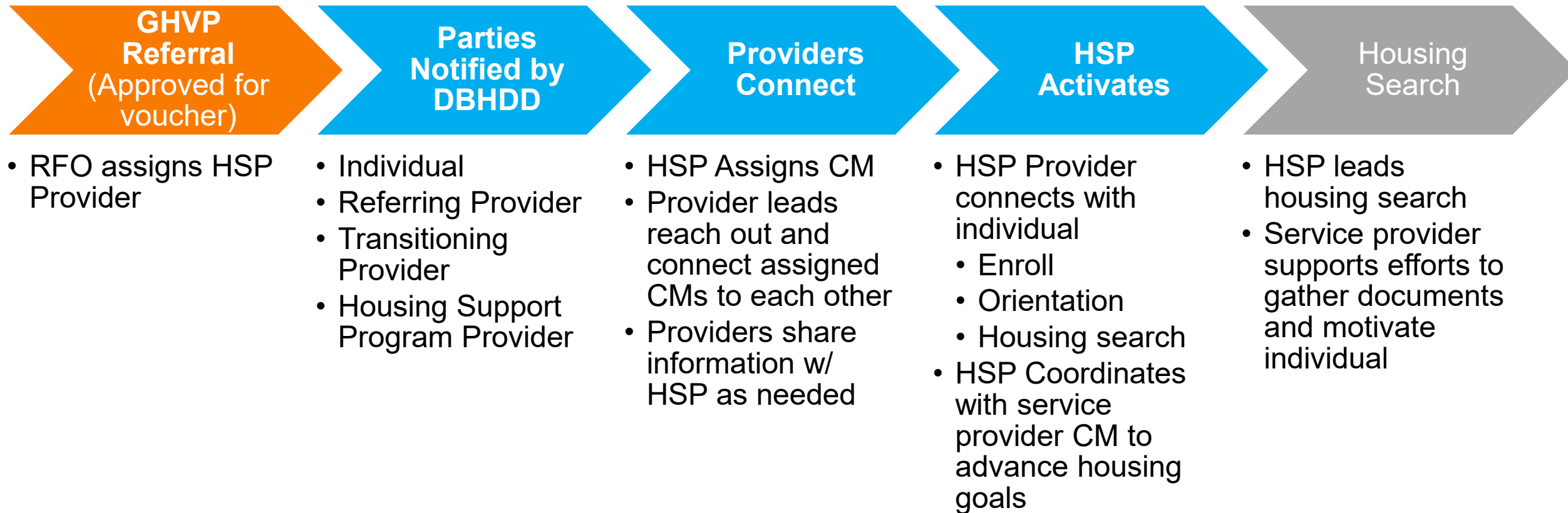
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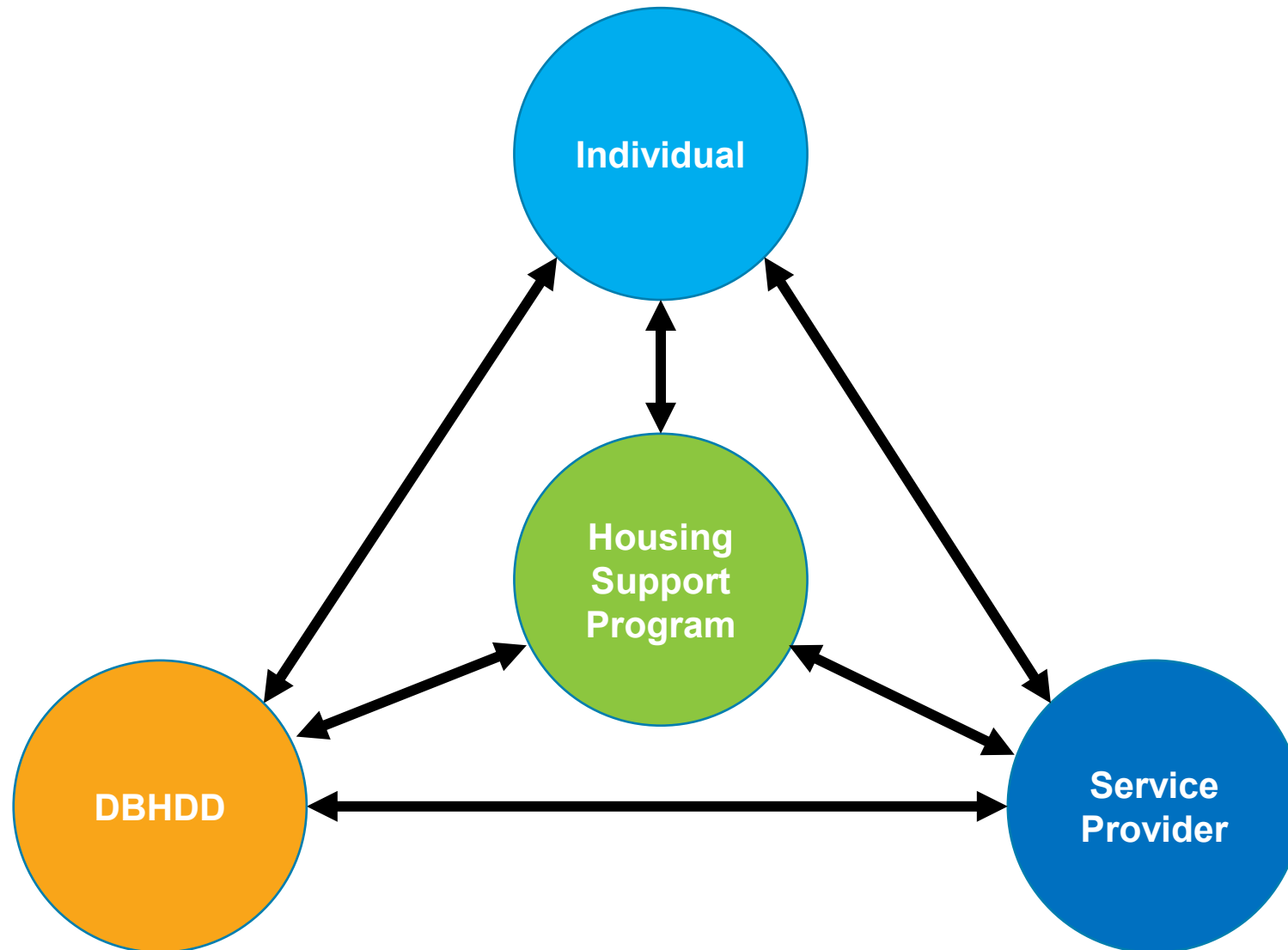
Steps between Application and Housing Phases



Team Approach

- Everyone is accountable
- Shared sense of responsibility – in program, in community, in region
- Shared sense of mutual support for each other
- Communication, communication, communication
- Team meetings

Communication is Critical



Sharing Information and Responsiveness

- Providers should readily share information, relevant individual history, and past context regarding GHVP clients to support re-engagement efforts of Housing Support Program
- GHVP ROI is sufficient to cover appropriate information sharing
 - Only if agency has record that indicates date limitation on ROI should there be an effort to execute an updated ROI for purposes of sharing
- Referral from an HSP Provider is for a GHVP individual that needs clinical services or supports the HSP cannot provide

Housing First and Recovery Oriented Principles

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: 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.

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
- HSP staff are responsible for engagement of referrals for both housed and unhoused individuals



Active not always mutual engagement

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

Questions and Answers



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