2015 Review

Georgia Supported Housing and Bridge Funding

United States of America v the State of Georgia
(Civil Action No. 1:10-CV-249-CAP)

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Introduction

This report to the Independent Reviewer summarizes the progress of the Supported Housing and Bridge Funding programs required by the Settlement Agreement in United States of America v the State of Georgia (Civil Action No. 1:10-CV-249-CAP), referred to hereafter as the Settlement Agreement, for the period of February 1, 2015 through June 30, 2015.

An earlier Supplemental Supported Housing and Bridge Funding Report was submitted to the Independent Reviewer on February 16, 2015 describing the state's potential compliance with the Settlement Agreement requirements. This current report covers actions taken and reports generated by the State from February 1, 2015 to June 30, 2015, to demonstrate progress towards compliance with the recommendations made in February and this report includes seven recommendations for additional actions for the State to take to come into compliance and make improvements for the future.

Information analyzed for this report was obtained from written documents provided by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Georgia Department of Community Affairs (DCA); key informant interviews with the Amici and DBHDD staff, including interviews with Judy Fitzgerald, Chief of Staff, Monica Parker, Director of the DBHDD Division of Community Mental Health, Dr. Terri Timberlake, Director, Office of Adult Mental Health, Letitia Robinson, Office of Adult Mental Health Program Coordinator for Residential Support Services, Pam Schuble, Director of Settlement Services and Doug Scott, Office of Adult Mental Health Director of Housing on two separate dates and observation of one of the regional sessions of the "Housing First Training for Intensive Community Services and State Hospitals" held in Tucker, Georgia on June 24, 2015. This training is part of the DBHDD Housing Need and Choice Evaluation training sessions.

A meeting was held with Department of Community Affairs (DCA) Deputy Commissioner Carmen Chubb and key DCA staff, Judy Fitzgerald and key DBHDD staff. This review also included site visits to Thomasville and Columbus on July 23 and 24 that included meetings with Jennifer Dunn, Regional Services Administrator for Region 4, Sharon Pyles, Region 4 Transitional (housing) Coordinator and Sam Page, Region 6 Transitional (housing) Coordinator plus a home visit and drive by visits in Region 4 (Thomasville) and a meeting with community housing leaders in Region 6 (Columbus).

This report focuses on the State's progress in three areas: 1.) meeting the Georgia Housing Voucher Program (GHVP sometimes referred to as GHVs or GHV) and Bridge Funding targets by type of housing, number of subsidies funded, target population, scattered site and bridge funding requirements for the year ending June 30, 2015 and projected GHVP allocations for FY 2016; 2.) program implementation and expansion; and 3.) the State's progress to meet the July 1, 2015 requirement to "have capacity to provide Supported Housing to any of the 9,000 individuals in the target population who need such support."

Observations and Findings

1. Housing (GHVP) and Bridge Funding

Georgia Housing Voucher Program
The DBHDD continues to exceed GHVP numerical targets. DBHDD was required to "provide 2,000 supported housing beds by July 1, 2015." There were 2,428 individuals housed by the end of FY 2015[1]. This is the fifth year DBHDD has surpassed 110% of its annual leasing target. There were 1,623 signed leases in the GHVP on June 30, 2015. On July 1, 2015, 236 were "active" meaning they were in housing search status; other slots are still available but individuals not yet in "active" housing search.

The number of slots approved for funding and total number of individuals who were housed during the year is used to measure compliance. The metric reported annually is the number of housing referrals given; referred to as the "notice to proceed." The DBHDD Supported Housing Director verifies an individual is eligible for the program and the individual can proceed with the housing search. In FY 2015, 66% of individuals with a "notice to proceed" had signed leases before the end of the fiscal year[2]. Data is not reported on time from referral to "notice to proceed" but the pace of "notice to proceed" to leases being signed seems reasonably timely.

The number of people with signed leases on the last day of the fiscal year may be lower than the total number of individuals who were housed during the year because individuals are constantly looking for housing, moving in and leaving their homes. This "churn" process is predictable for any rental program although there is one cautionary note with the State's GHVP leasing numbers; the program only had an 81% occupancy rate on June 30, 2015. This means that on any given day, 19% of the subsidies are not in use although, as referenced above, 236 individuals were actively looking for housing at the end of the year.

There were approximately 10% of the leases cancelled, which is slightly but not significantly higher than the 8% cancelled in the previous year. Not all referrals resulted in individuals getting housing and some individuals were terminated or chose to leave the program during the year. This is typical but it will be important to continue to assess the "churn" rate[3] to fully assess the number of individuals seeking or leaving housing at any given time, the costs associated with the churn rate over time and the program's capacity to manage and reduce the churn rate.

The number of properties under contract in the past two years increased from 661 to 986, a 42% increase. Participants are living in GHVP arrangements in 88 different counties which is a 16% increase over the past year. The number of providers actively serving participants

[1] Georgia Housing Voucher and Bridge Funding Program Summary (7/02/15); most data in this section comes from this summary
[2] The primary reason that only 66% had signed leases is that "notices to proceed" can be issued until the end of the fiscal year and the individual was then signing a lease the following month or in the new fiscal year
[3] number of units being leased (new and turnover) and vacated during the year

increased substantially from 45 to 77 providers (30%) over the past two years. These figures are significant for two reasons. One, the program must be considered successful by local property managers and landlords for there to be this level of growth. The affordable housing rental community is generally well organized locally and information about this program often travels by word of mouth. If the view of the program was negative, this level of growth could not be achieved or sustained. Secondly, the growth to properties in 88 counties means that access is increased for individuals who choose to live in rural areas. Individuals typically have difficulty finding decent, affordable, safe housing in rural communities. This also means there are 71 counties where vouchers are not being used; these are rural counties. One Regional Transitional Coordinator reported he did not have a wait list. This means housing is available and not having a list is indicative of the Regional staff keeping up with their workload and having reliable housing sources in their communities.

In FY 15, 42% of participants had zero income and the monthly average rental payment was $407.81, down from the previous year; this is a positive step because lower rental payments over time enables the program to increase the number of units that can be leased.

Bridge Funding

Bridge funding was provided to 871 participants in FY 2015, which is 39% above the goal for the year. The state also met its overall target for bridge funding required in the Settlement Agreement. The average "bridge" cost per participant is approximately $3,200.[4]. Furnishings and first and second month rent account for 48% of this cost and provider fees account for 20%. The remaining funds (32%) are allocated for household items, food, transportation, medications, moving expenses, utility and security deposits and other expenses.

FY2015 Allocation

The SFY 2015 allocation for the GHVP and the Bridge subsidy combined was approximately $11 million. For planning purposes, the State has combined the two line items to cover costs associated with additional individuals moving into rental units. This is important going forward especially as the program expands with more individuals getting HCVs, project based subsidies and 811 PRA. By combining line items, the State has the flexibility to allocate more funding for bridge resources for individuals moving into units with other subsidies.

Scattered Site

The Settlement Agreement requires Supported Housing to include scattered-site housing as well as apartments clustered in a single building. "By July 1, 2015, 50% of Supported Housing units shall be provided in scattered-site housing, which requires that no more than 30% of the units in one building, or no more than two units in one building (whichever is greater), may be used to provide Supported Housing under this Agreement. Personal care homes shall not qualify as scattered site housing."[5] A survey conducted by DBHDD in June, 2015 found that 87% of housing was scattered site (1,381/1,581), 37% above the minimum standard. This

[4] This number may go higher when all the requests are reported

[5] Georgia Settlement Agreement, Section III.B.2.c.i.(B)

reviewer and the Independent Reviewer drove through multiple properties listed in Cobb County to verify the DBHDD designations of scattered site in January 2015 and Regional Transition Coordinators used the same process for further verification. Further evidence for scattered site is in the DBHDD report on total numbers of locations and property owners involved in the program. The new 811 PRA, HCV (preference) program units are scattered site as well. Personal care homes have never been used for GHVP.

2. Program Implementation and Expansion

Program implementation refers to the State's ability to assist individuals in the target population to get the services and resources they qualify for to be referred to the available housing and to sustain their housing and become more fully integrated into the community. As referenced in previous reports, this task is very challenging. Historically, individuals in the target population haven't had opportunities to move into their own home which means staff may not be fully knowledgeable or familiar with supported housing. Likewise, individuals with a severe and persistent mental illness are often labeled "not ready," "needing structure" or incapable of living on their own. Or, if given the opportunity, may get housing but may not be successful in retaining their housing and/or remain very isolated in their community. Some referral sources such as PATH teams and some discharge planners have this type of planning included in their job requirements, are more adept and/or cognizant of assisting with transitions; for others such as correctional personnel this may be more difficult. Likewise, there are significant barriers to accessing affordable housing at this scale for this target population.

For this review, program implementation was measured quantitatively with program documents (DBHDD and DCA), referral information and housing stability outcomes, other information prepared by the DBHDD and DCA staff and qualitatively through key informant interviews and home visits.

Referrals

There have been 2,809 approved referrals to the GHVP over the past five years. Since 2012, the categories of where people were living at the time of referral as a percentage of approved referrals has been fairly consistent across the five categories (target population) even as the overall number of referrals has increased substantially. Individuals who were homeless at the time of referral comprise 52% of all approved referrals. In Region 3 in FY 2015, the percentage of referrals that were homeless at the time of referral is 73% (560/764) and the percentage in each of the other Regions is less than 50%. Effectively, this means in Region III, the GHVP is a subsidy program for individuals who have a disability and are chronically homeless. But based on previous site visits, a significant number of individuals referred to the GHVP may have qualified for the program from one category in the target population but their recent (2 year) history would indicate they could have qualified in multiple categories.

The number of referrals of persons hospitalized rose slightly, 332 to 370 over the previous year but accounted for a slightly lower percentage of referrals overall (16% in FY 2014 down to 13% in FY 2015). The percentage of referrals of individuals residing in intensive residential settings

at the time of referral increased from 8% in FY 2014 to 14% in FY 2015 (217/280) but this percentage is closer to the 16% recorded for FY 2013. Referrals of individuals living with families also increased from 8% in FY 13 to 13% in FY 14 (251/343). Regions 1, 4 and 5 have a much higher percentage of referrals of individuals living with family and friends; 78% of all referrals in this category. Referrals from individuals residing in CSUs (and CAs) and PCHs and GHs remain low, 1% and 5% respectively (total 132/172). DBHDD added a “rent burdened only” category to their list of "current residential status" but only 2% of referrals were from individuals in this category.

Referrals of individuals in jails and prisons increased from "5" over a three year period to 26 in FY 14 to 67 in FY 2015. But this number is only part of the story. It is difficult for individuals who are incarcerated to get referred, get an ID upon release, make a housing choice, go through an eligibility process(es) and move before release from a correctional facility or jail. For jail releases, the issue is often related to how quickly release decisions are made by the court and often with little or no notice. For prisons, the difficulty is more often related to the reality that individuals are not routinely sent to prisons near their home so it is more difficult to make discharge arrangements if a person will be moving across the state when released. DBHDD broadened the time frame for qualifying as a referral following release to get a clearer picture of the number of individuals exiting jails or prisons and coming into the GHVP or other supported housing programs.

As reported in February 2015, DBHDD has placed a high priority on getting correctional facility and jail referrals. Specifically, Regional Transition Coordinators are forming stronger relationships with Department of Corrections personnel at Valdosta and Zebulon and in the Fulton and DeKalb jails along with Atlanta Legal Aid. But these efforts notwithstanding, according to Regional Transition Coordinators, the process is still arduous and the numbers of referrals remain low.

DBHDD is employing a "housing first" approach for many individuals being referred, meaning referrals come directly from homeless outreach, from hospitals, CSUs or intensive residential programs to providers without first being "transitioned" through group living arrangements. As referenced last year, DBHDD has not made a policy decision that people need to live in "structured" settings first before moving into supported housing arrangements. As the State rolls out its Need and Choice Evaluation system, being clear on assuring individuals have the opportunity to move to the most integrated setting, including not using a “step down” where not necessary, will need clarity in policy and training. There will be individuals who can benefit from a "brief" transition “step down” option and this has shown to be beneficial for jail and prison referrals when there is inadequate time or access to make a supported housing referral. The key though is always making this time brief. Across the country, there are many examples of how this approach went awry when brief became long term.

This year the Independent Reviewer requested a review of Forensic Services and referrals. This review raised questions regarding the referral practices for individuals exiting hospitals who were on a forensic (legal) status at the time of admission and then treated as a forensic patient.

Typically, individuals with this type of status have more challenges getting into a subsidized housing arrangement and often staff (hospital and community) are reluctant to attempt those arrangements or they consider them inappropriate. The Community Integration Home (CIH) program, which was created for individuals who no longer require inpatient care, is often the first option considered even though DBHDD reports the majority of individuals move to other residential options.

The CIH program is expanding this coming year. However, two issues arise from the DBHDD placement approach. One, it is not clear individuals are given a choice based on their request, need and safety concerns (typically an issue raised by the court) to have options, including a GHVP slot, especially if their desire is to move to a county that does not have a CIH program. Secondly, individuals may not have been given the opportunity to move from the CIH to the GHVP as their safety and any remaining clinical issues are satisfied. According to 2014 data[6], 59% of CIH residents remained in the program more than a year and over the 68 individuals in the program on 5/22/14, four had been in CIH for over five years.

This is a broader issue than forensic sub-population access. DBHDD should affirmatively assure that any sub-population or "status" group that is being under-referred consistently, such as individuals with a forensic status at admission to a state psychiatric hospital, is being offered the same opportunity to move into a more integrated setting offered through the GHVP.

Another sub-population is individuals residing in group or personal care homes. Combined, these groups only represent 7% of the referrals to the program. The DBHDD "ADA" service criteria for access supportive housing would appear to exclude most individuals who in the past moved into group homes and personal care homes. While it is true these settings are more community-like than larger institutions, they have often been referred to as “transitional” when in reality people stay there because they or their providers do not believe they are capable of living in their own home. Likewise in an interview with a major provider in one Region in July, 2015, when asked what resources were needed, she replied "more personal care homes.” It was clear from the interview that this provider was of the belief that some individuals could not live in a more integrated setting but more importantly if an individual moves to one of these settings they may not qualify for supported housing later on.

DBHDD also reports that many people living in these settings are referred to more independent living options operated by residential providers. According to DBHDD, a significant number of provider-based options could also be considered supported housing because they meet the definitional requirements of supported housing. DBHDD has raised the potential for these options to be included in the State's overall supported housing capacity and DBHDD has agreed to identify these options using the Settlement Agreement definition of supported housing to propose a number that then can be verified before adding these options to the State's supported housing capacity numbers.

[6] Current Forensic CIH resident data (5/22/14).

The DBHDD Office of Adult Mental Health is responsible for the Housing Needs and Choice Evaluation and as part of that implementation is taking the opportunity to broaden the DBHDD referral strategies and combining current programs into one supported housing portfolio. This is a very important step and one that can certainly expand choices. However, this reviewer had not been apprised that these options exist until recently and will take additional steps to verify that these options meet the definitional requirements and to ensure the target population has access to these options. A recommendation on target population access is included in this report.

The February 2015 report included a reference to DBHDD entering into a working relationship with the VA Homeless Veterans programs to assist individuals in the Settlement target population who qualify for VASH vouchers to get a VASH voucher rather than having to use limited GHVP resources. Some homeless veterans may be able to also qualify for Support Services for Low-income Families (SSVF), gaining access to resources including security deposits and back rent. If this resource is available, it should be used first. So, overall, both the VA and DBHDD benefit from this arrangement. In FY 15, 26 individuals got $36,410 in Bridge funding for an average of $461 per individual funded. Likewise 37 individuals exiting hospitals got $41,962 for an average of $1,134 per individual in Bridge funding only. These options are an excellent use of a small amount of funds as long as they are considered last dollar spent and leverage other resources.

The DBHDD has consistently maintained good working relationships with CoCs. CoCs and local homeless programs have benefitted from the GHVP because otherwise they would have had to tap their scarce resources for rental assistance. In FY 15, 1,467 individuals who were homeless were referred for a GHV. But as with the Veterans program, Georgia's Shelter Plus Care program has funding capacity for 1,350 individuals and these resources should be used where available as well. Additionally, individuals are screened out if Shelter Plus Care Resources are available and CoCs are encouraged to apply for new funds when possible which helps the State increase capacity.

Section III.B.2.c.ii(B5) of the Settlement Agreement requires the State to "provide housing supports for approximately 2,000 individuals in the target population with Severe and Persistent Mental Illness (SPMI) (by July 2015) *that are deemed ineligible for any other benefits...*" This section has been repeatedly referenced in earlier reports, as many individuals in the program are eligible for other benefits. Individuals not having benefits when referred is not the same as their being ineligible for benefits. It is also the case that getting into the GHVP helps a person be in a better position to get benefits; in part, because if a person isn't stably housed, their getting through the eligibility and award process is often more difficult.

Each of the last three years, Regional housing staff and, more recently, DCA have referenced the difficulties getting individuals transitioned to HCVs because the GHVP was paying rent above the HCV payment standard and even paying above 110% of the standard. While it is important to engage property managers and landlords and give them incentives to lease to individuals in the target population, it also has a downside when new resources (with federal

payment rules) become available.

It is to DBHDD's benefit to build strong reciprocal working relationships across systems, even those with housing resources. The State has affirmed the GHVP is always the last not first option thus assuring GVHP resources are available to those who are going to be deemed ineligible for other benefits.

The DBHDD and DCA should be commended for these new approaches and partnerships as it allows the DBHDD to use GHVP funds selectively and in turn increase capacity.

Housing Access and Stability

Housing stability is measured by DBHDD at the six month mark, which is the same measure HUD uses to measure housing stability (# < 6 mos leaving/ # > 6 mos in housing). HUD's standard is 77% at that mark and the State was at 92% or 15% above that mark for new tenants in each of the first four years of implementation. DBHDD also set their own standard for re-engagement of "negative leavers" at 10% and has exceeded that standard by 10% with 20% of negative leavers being re-engaged in FY 15. HUD uses this standard to measure Public Housing Authority performance; however, this is not the only measure that should be used to measure stability of renters---six months is simply not sufficient for measuring stability. In addition to measuring tenure, it is also essential to monitor “negative leavers” for trends.

As previously referenced for purposes of this Settlement Agreement, it is more useful to measure stability over the long term and measure the performance of the program. In FY 15, DBHDD reported on longer term housing stability as follows:

FY 2011 Program Participants:	82 out of 117	70%
FY 2012 Program Participants:	350 out of 483	72%
FY 2013 Program Participants:	281 out of 363	77%
FY 2014 Program Participants:	533 out of 577	83%
FY 2015 Program Participants:	769 out of 816	94%
Total Placed:	1,993 out of 2412	82%

Even though it is difficult to make comparisons across states, these longer term percentages are within the acceptable range for a state funded "housing first" Supported Housing program. With transitions to the DCA HCV program, the GHVP percentage dips to 85%. Maintaining 85% is a desirable long term goal. It is recommended the DBHDD and DCA use this same stability measuring yardstick across all the rental programs in the future.

Taking supported housing programs to scale across a state is a very daunting task. It becomes an even greater challenge if the program experiences a great deal of turnover or if referrals are slow, which can happen if referring organizations are either not well organized or not convinced the program can work for the target population. Or this may happen because of the paucity of quality affordable housing in many communities, many individuals not meeting background requirements for leasing their own apartments or some owners not being willing to include

utilities in rent, which would enable more individuals with "zero income" to get into units under the Fair Market Rent (FMR) rent threshold.

Providers are often challenged with shifting their staff's skills to supporting individuals in their own home. This is a result of their not having experience providing this type of support before or because they are much more accustomed to operating group residences, which requires different skills sets, approaches and knowledge. Often, this is described as providers having a different philosophy, believing in a continuum approach, where people move from institutions or homelessness to group residences where they are "supervised" or need "structure" before moving on their own. Regardless of the reasons, skills and knowledge or philosophy, the need for a consistent presence (DBHDD Regional and State staff), training and coaching can close the gap between the desired outcomes of this program and current provider knowledge, skill and philosophical differences with this approach. Building provider capacity is always a challenge. The State though has many providers who are going the extra mile to assist consumers, who have made the shifts described above and are enthusiastic about how getting into housing is opening up new opportunities for individuals in the target populations.

Housing Need

The DBHDD will have the opportunity this fiscal year to complete their comprehensive "Housing Need and Choice Evaluation Process" and demonstrate their capacity to meet the supported housing need of individuals in the target population. The Settlement Agreement states "the State will have the capacity to provide Supported Housing to any of the 9,000 individuals in the target population who need such support". Need can be translated into "projected annual demand." This can be estimated once the needs assessment is completed and verified for completeness. Since demand is fluid and since the DBHDD is not reporting 9,000 individuals in service, the projected demand will likely be less than 9,000.

However DBHDD will also need to demonstrate that individuals in the target population can gain access to supported housing. This means that on ongoing basis individuals in the target population will be provided access to housing based on their expressed choice and need. The above referenced verification process will include verification for access.

The DBHDD began their "Housing Need and Choice Evaluation Process" over six months ago to assess the need of up to 9,000 individuals in the target population. DBHDD has divided this initiative into five action steps: (1) set policy for a Supported Housing Needs and Choice Evaluation tool to be administered to individuals meeting the ADA Settlement criteria who are currently served in ten (10) services or programs (established June 1, 2015); (2) conduct a baseline of the level of need for supported housing during a three month period from date of their Policy; (3) establish ongoing evaluations for individuals admitted to State Hospitals, newly enrolled in community-based adult mental health services, follow-up risk assessments and housing plan follow-up and documentation; (4) implementation of a Quality Assurance and Compliance Monitoring system; and (5) training for all applicable providers on the implementation this policy and its component activities. This will include training on "housing first" and community based service approaches that lead to individuals being able to sustain

their recovery and life in the most integrated setting possible. DBHDD has contracted with the Georgia Mental Health Consumer Network to provide the Housing Need Evaluators (HNEs) to complete the initial evaluation.

The reviewer has reviewed documents, discussed progress of the initiative with staff on multiple occasions and attended one of the provider trainings in June. The Supported Housing Needs and Choice Evaluation policy applies to individuals who qualify for services[7] and who reside in CSUs, CIH and CRR programs but not personal care homes. Housing Choice and Needs evaluations and Risk Assessments will need to be conducted for the entire Settlement target population who qualify for services, specifically referrals from the criminal justice system. DBHDD has indicated it will use a sampling process to add jail and prison populations in the baseline review. It may be more complicated to get referrals from personal care homes but DBHDD should consider how this could be accomplished.

This is a very ambitious proposal and it will be another six months before a valid assessment of the effectiveness of this initiative can be made.

Provider Capacity

Ongoing challenges exist with the behavioral health care system's capacity to provide recovery-oriented services and in-vivo supports that are focused, highly individualized and well organized as they do in any state's disabilities services programs. In the February 2015 report, a concern was raised about the supported housing program being separated organizationally, in operations, provider expectations and in provider performance and quality review approaches.

With the transition to the DBHDD Office of Adult Services having more responsibility for Supported housing implementation, with the Housing First and Residential Services Training and the Choice and Need Evaluation and Implementation underway, the DBHDD has a great opportunity to make progress on the provider capacity issue.

3. Program Expansion

Along with assessing need, the State's biggest challenge in meeting and sustaining Settlement Agreement supported housing targets is taking supported housing to scale so individuals with SPMI who need supported housing will have access to it. The Supported Housing required by this provision may be in the form of assistance from the Georgia Department of Community Affairs, the federal Department of Housing and Urban Development, and from any other governmental or private source.[8]" This section includes a summary of program expansion in FY 15 and a summary of Georgia's progress and plans to meet the above referenced obligation.

[7] The DBHDD has a very specific entrance criterion for ACT, ICM, CST or CM. It includes the individual being: Homeless (one year or 4 times within 3 years, in hospital (last 6 months), in jail or correctional facility (last 6 months) or using ERs (3 times in the last 12 months) in addition to other more detailed level of need and functioning requirements.

[8] Settlement Agreement, Section III.B.2.c.ii.(A)

Additionally, it is important to continue to reference that Georgia, like most states, is experiencing challenges in the availability of decent, affordable, accessible multi-family rental housing. Housing Choice Vouchers, especially in urban areas, are very limited. The monthly cost for a one bedroom market rate rental unit in Georgia is equal to 93% of an individual's SSI monthly check and, in the Atlanta and Savannah Metropolitan Statistical Areas, exceeds 100% of an individual's SSI check.[9] According to the National Low Income Housing Coalition[10], there are only 29 affordable and available housing units per 100 households with incomes 30% or below the Area Median Income (AMI). In many rural Georgia communities, Regional Transitional Coordinators report there is simply not available affordable, decent multi-family rental stock. These issues have to be carefully considered when measuring the state's ability to secure affordable housing for the target population.

4. Housing Resources

Joint DCA-DBHDD MOA and Resource Expansion

In April 2015, the DCA and DBHDD signed a seminal Memorandum of Agreement (MOA) that is remarkable in its breadth and level of commitment, with each agency committing to tangible steps and outcomes not often seen between state housing and human service agencies. Several of the commitments in the MOA codify already developed joint initiatives, including the HCV with the Tenant Selection Preference and 811 PRA applications to HUD. This MOA though goes beyond the existing partnership.

The MOA includes the following items: (1) Develop and implement a Unified Referral Strategy; (2) Develop and implement a Determination of Need for Permanent Supported Housing; (3) Maximize the Use of the GHVP (with the GHVP being considered only for individuals who are not eligible for other resources or not able to access other resources in a timely manner); (4) Maximize the HUD approved HCV Tenant Selection Preference for the Settlement Agreement Population; (5) Maximize Housing Resources; and (6) Provide the most efficient use of State resources and maximize the expertise of each individual state agency. Each of these items is both comprehensive and concrete with responsibilities well delineated and target dates for completion. If the agencies are successful in accomplishing these strategies, they will have made the best use of the "partnership" options available to them.

The 4th strategy, the DCA Housing Choice Voucher Program (DCA HCVP or HCV) expansion, began three years ago and provides needed housing resources in areas of the state where these resources are the primary HCVs available. In 2012, the Georgia Department of Community Affairs (DCA) received approval from the US Department of Housing and Urban Development (HUD) to provide preferences in the HCVP for individuals with "specific disabilities" identified in this Agreement. This approval was in force until July 1, 2015 and DCA agreed to allow this preference for up to 50% of their turnover units (DCA's total HCV capacity is 16,936) during this

[9] *Priced Out* , The Technical Assistance Collaborative, 2014

[10] *Affordable Housing Nowhere to be Found for Millions,* Housing Spotlight, Volume 5, Issue 1, The National Low Income Coalition (March 2015)

period of time. By the end of FY 2015, 168 individuals had been transitioned to this new program. This opportunity came with multiple challenges including the fact that the DCA HCV program operates mostly in rural counties where there are both fewer staff to assist and fewer individuals in the target population who could also qualify for a HCV. The HCV program is a federal program with more regulations that require more time for processing and validation, including a requirement that rental payments cannot exceed 110% of the HUD payment standard.

As reported in February 2015, the DCA and DBHDD requested an extension of the HUD approved Remedial Tenant Selection Preference Agreement to enable the State to meet their future *Olmstead* obligations. On April 23, 2015, HUD granted this extension for the time period necessary for the State to meet its housing obligation under this Agreement. While this time period is unknown, DCA has committed to moving forward to utilize as many HCVs as possible during this extension including taking direct referrals to the HCV.

According to the 2015 GHVP-HCVP Status Update, 168 vouchers have been converted. In the February 2015 report, the challenges with staffing to assist individuals with making an application for Section 8 and also with assisting individuals with GHVP renewals were raised as an impediment to conversions and renewals being completed in a timely manner. The same issue will arise once the 811 PRA program gets underway. The DBHDD is exploring the potential for a contract with the Georgia Mental Health Consumer Network to manage the Renewals and Conversions with individuals and providers. This would have the potential to create expertise in one organization to manage this process, much like a state hires an administrative services organization to manage services. While it is not clear yet that this approach will increase timeliness, choices and potential numbers of referrals, it is an interesting concept worth pursuing. Likewise, DCA has committed to taking referrals directly of individuals who have not yet been in the GHVP to help increase the number of referrals for the HCV program.

The 5th strategy is already in motion with the DCA LIHTC program as described above. The DCA's 2015 Qualified Allocation Plan (QAP) included an Affirmatively Furthering Fair Housing Marketing Plan and Tenant Selection Plan in their Low Income Housing Tax Credit (LIHTC) Qualified Allocation Plan (QAP). This marketing plan is more specific than typically found in LIHTC QAPs and, among a number of requirements, focuses the attention of owners/developers towards affirmatively marketing units to persons with disabilities and persons who are homeless and builds in a requirement for establishing a screening process recognizing the need for reasonable accommodations, making the application process accessible to people with disabilities.

The DCA selects projects to be funded through an elaborate scoring system, giving value to those housing amenities, locations, accessibility, priority populations, etc. consistent with their priorities. DCA added a 2 point incentive for integrated housing opportunities for individuals with disabilities in 2014 and 21 successful LIHTC applications included units for up to 160 individuals. In 2015, the number of applications increased to 65 out of 75 applications for over

400 additional units. The DCA added a 3 point incentive for an application with a commitment of HUD Section 8 project based rental assistance from a Public Housing Authority for persons in the target population and additional persons with disabilities, including individuals in the Money Follows the Person (MFP) program and persons with developmental disabilities. The DCA hosted a meeting with twelve (12) prominent Georgia PHAs (including Atlanta, Columbus, Augusta, Macon, Savannah and DeKalb Housing Authorities) inviting them to join DCA in an effort to provide a tenant preference for individuals covered under the Settlement Agreement. DeKalb has already received the preference and Macon's is in progress. Eight applications (across 3 communities-Macon, Dekalb and Atlanta) claimed points for this section. Another three applications claimed points for innovative integrative housing opportunities for disabled populations.

Working agreements with CoCs, PHAs, the DCA and the VA

Four groups, Continuums of Care (CoCs), which are homeless services planning consortiums, Public Housing Authorities (PHAs), the Veterans Administration (VA) and the DCA, have access to plan, plan for and/or fund affordable housing. DBHDD and DCA are working jointly on CoC partnerships and DBHDD has also taken steps to increase referrals to the VA's VASH program. As referenced above, the DBHDD made an agreement with the VA to use Bridge funding for some VASH referrals. Both the DCA and DBHDD work with local CoCs to create more housing opportunities. The DBHDD and DCA have also agreed to step up their efforts to engage local PHAs to also enter into "preference" agreements with HUD to access HCVs. This would likely need to happen on turnover in the same manner the DCA HCV program is operating. DCA has considerable leverage with PHAs and should take the lead in this endeavor.

Section 811 PRA Demonstration

In FY 2013, Georgia was one of the first thirteen states to be awarded an 811 PRA Demo award and one of six states to receive a second award in 2015. This program is managed by the DCA but DBHDD is a full partner in this new modernized 811 program. DCA received funding for 150 permanent project based rental subsidies in 2013 and another 350 in 2015 for a total value of $14,335,178 for the first five years of assistance, renewable up to a total of 30 years.

While the 811 PRA program is a great opportunity, the program is just getting underway, is also somewhat complicated to implement, especially to assure referrals of individuals covered by the Settlement Agreement are made in a timely manner. DCA forecasts this population will get up to 70% of the PRA 811 assistance based on preliminary projections. After a review of the application protocols, this percentage appears doable but not without a great deal of work by DBHDD at all levels. A discussion with staff and review of the Statewide 811 Operations Committee agendas reveals the State is moving forward and hopes to have 50 Rental Assistance Contracts (RACs) signed in the fall of 2015. Columbus is one of the first communities being targeted for this assistance. During the site visit to Columbus in July, the roundtable participants made the same projections, having already targeted 7 units, but voiced concern about paperwork and complexities of the program.

GHVP-PHA transitions

In addition to the balance of State DCA HCV and the LIHTCs projects with project based subsidies, the Atlanta and Columbus Housing Authorities have made commitments to transfer individuals on a GHVP to their HCV programs. Both are "moving to work" PHAs which means they are able to offer more flexible demonstration programs at the local level. DBHDD estimates 100 individuals in Atlanta and 10 in Columbus can transfer per year with these new arrangements, thereby freeing up GHVs for re-use.

In the near future, the DBHDD and DCA will be able to make a more concrete estimate of the approximate number of existing and new resources to report "capacity," as required in this Settlement Agreement. Later this fiscal year, when the Need and Choice Evaluation implementation is satisfactorily underway and further steps are taken with 811 PRA and work with PHAs, this Reviewer will be able to make a reasonably reliable estimate of "need and capacity" per the requirement of this Settlement Agreement.

Infrastructure and Program Capacity

DBHDD has built a solid infrastructure for the GHVP and Bridge Funding program. Seventy seven (77) contract providers are delivering services to people moving into newly developed (or turnover) housing arrangements in 986 different properties. According to DBHDD, over 50 providers have added staff to carry out functions associated with the GHVP, the HCV and other housing initiatives underway. Taking these programs to scale and sustaining them is requiring expanded infrastructure, increased provider capacity and performance, the ability to secure additional safe, decent affordable rental units. The infrastructure issues and overall scalability of the program is heightened exponentially when the State begins adding additional housing resources including, but not limited to, the DCA HCV, additional PHA HCVs and 811 PRA.

DBHDD staff recognizes the Supported Housing program needs to evolve and expand to meet the demands of the program and the Settlement Agreement. As reported previously, staff carries out a range of duties ranging from filing, assuring monthly rent obligations are paid, working with staff in each region--both Regional staff and providers on routine matters -- plus trying to make and manage new housing connections to enable the program to grow. The GHVP, now the 8th largest rental assistance provider in the State, is quite efficient. Checks to landlords are processed quickly, processing times have been streamlined and are very low. The GHVP grew by 140% over the past two years---but when considering the additional program capacity, the overall program grew by nearly 200% during this time period.

As referenced in the February 2015 report, the most encouraging sign of the DBHDD capacity to achieve its targets and sustain the program is the increasing capacity and performance of the Regional Transition Coordinators. In July, visits were made to Thomasville and Columbus to meet with the Housing Coordinators and review their workload and challenges. These visits further confirm that one of the primary reasons the State housing program is succeeding is their performance and creativity. They are also key to the State's ability to strengthen provider capacity, along with the attention the GHVP operations staff in the Office of Adult Services and DCA is giving the program.

Recommendations

February 2015's report contained a summary of seven broad recommendations. This report summarizes the State's progress toward meeting those recommendations and additional steps or further actions recommended for the State to sustain or achieve compliance. Several of the earlier recommendations will be referenced as "Completed," others will be referenced as "In Progress" or "Incomplete." Findings referenced as "in progress" should not be construed as the State unable to demonstrate compliance but rather indicate progress is on track and it is a matter of time before the steps/tasks can be completed so that a more definitive compliance finding can be recommended. "Incomplete" indicates that it is not clear yet that all the steps necessary to meet the Settlement terms are underway. So the distinction between "in progress" and "incomplete" is that "in progress" refers to the State having taken actions that by all indications will likely enable them to meet their obligations and "incomplete" refers to actions still needing to be taken to demonstrate that the State is on track to meet their obligations.

Below is a list of the earlier recommendations and actions. Explanations are provided if the recommendations were modified, developed further, still in progress and/or under review:

1. **Further develop and sustain Supported Housing capacity through the DCA-DBHDD Partnership:** In February's report the State's progress to develop capacity through this joint arrangement was noted along with recommendations for steps to create capacity for up to 9,000 individuals in the target population who are in need of Supported Housing.

   A. DBHDD and DCA should establish a broad written Memorandum of Agreement (MOA) to meet current commitments and set "actionable" goals to expand Supported Housing resources. As stated above, a comprehensive actionable MOA was completed in April, 2015. Over time, this joint effort will do more than any other feasible activity for the State to reach its maximum supported housing capacity. As stated in the discussion section of this Report, the DCA commitment to "furthering fair housing" is both laudable and unique. Likewise the agencies' approaches to maximize resources are both sound and laudable. Completed

   B. **DCA should request an extension of the HUD approved Remedial Tenant Selection Preference Agreement to enable the state to meet their future *Olmstead* obligations including have the capacity to provide Supported Housing to any of the 9000 persons in the target population who need such support.** DCA and DBHDD made this request to HUD to extend the Preference Agreement beyond the June 30, 2015 expiration date. This request was granted on April 23, 2015 for the time period necessary for the State to meet its housing obligation under this Agreement. Completed

   C. **DCA should request Public Housing Authorities to consider a modest set aside of turnover HCVs over a three year period per the TAC report (in addition to preference**

arrangement referenced in the 2014 DCA QAP) to further the state's ability to meet its *Olmstead* obligation and goals. The DCA refined this recommendation in their 2015 QAP as part of their overall QAP strategy for meeting their *Olmstead* obligations and as furthered referenced in E. and F. below. In Progress

D. **DBHDD was asked to examine their current working agreements (across each initiative) and refine them to assure adequate resources are in place to maximize the HUD approved Selection Preference Agreement, to meet the 2013 and the 2014 811 PRA requirements and to meet any additional arrangements to implement the 2014 LIHTC program Integrated Supported Housing and Target Population Preference.** Completed

E. **DCA should request (and monitor) each project awarded Low Income Housing Tax Credits and implement an Affirmatively Furthering Fair Housing Marketing Plan that meets the intent of the DCA policy for owners/property managers to affirmatively market units to the SPMI population as "tenants with special needs." This includes each selected LIHTC Applicant providing reasonable accommodations for tenants with special needs who are also in the Settlement Agreement target population.** Completed

F. **DCA and DBHDD should continuously evaluate the need for expanding housing resources.** As referenced in this report, DCA has added incentives in the QAP and they and DBHDD are working with PHAs to add Project Based Subsidies to LIHTC funded projects (with a disability preference). DBHDD has asked the two "moving to work" PHAs, Columbus and Atlanta, to offer HCVs to individuals in the GHVP. As these initiatives are further developed, the DCA and DBHDD will have more precise projection of their potential expanded capacity for the next 24-48 months depending on award and production schedules. In Progress

G. **The DCA should assume responsibility for GHVP inspections which consolidates this function in one place. There may be other functions that need to be consolidated across agencies to maximize sustainability as the program continues to grow. For example, 811 PRA referral processes should be the same or as similar as possible with HCV referrals. DCA and DBHDD should work out how housing search will work simultaneously across these two programs**. DCA and DBHDD are jointly developing a uniform referral process and DBHDD has suggested the Georgia Mental Health Consumer Network take on responsibility for managing GHVP-HCV transition administrative tasks and reauthorization tasks in concert with service providers. In Progress

2. **DBHDD should request an expansion of the GHVP and Bridge funding for FY 2016 to narrow the gap between projected need and capacity to sustain the Settlement Agreement gains**. Completed

3. **DBHDD should assess the potential for increasing referrals of individuals who qualify for services from hospitals, intensive residential settings , group homes and personal care homes.** The number of referrals from hospitals and intensive residential settings has increased but the DBHDD depends on referrals from discharge planners and they may not be aware of the potential for making referrals for services and Supported Housing. It is also not clear how many individuals are being referred to group homes or personal care homes who qualify for services and Supported Housing. Hopefully these issues should surface and be addressed as the new needs assessment process takes effect. As referenced in February 2015, DBHDD should be constantly targeting these settings for referrals. Through the newly developed Needs and Choice Evaluation, DBHDD is positioned to track these referrals more closely and provide training and technical assistance where necessary to increase referrals. In Progress

4. **Assess Need**

   4.a. Implement process to determine need now and in the future: The DBHDD is well underway with their Supported Housing Needs and Choice Evaluation but this process is complex and will require at least two to three more months to complete. One issue DBHDD is just now adding to their protocol is a baseline assessment of individuals exiting jails and prisons. In Progress

   4.b. Establish objective criteria for determining need: Based on the June 1, 2015 Policy and in recent discussions and observation, DBHDD is following through on this recommendation and implementation will occur in the Post Baseline Phase of the Needs and Choice Evaluation. In Progress

   4. c. Project Capacity and Need for the future. Based on progress to date and the need for more time to evaluate capacity and need, a finding of meeting Capacity and Need is not being made at this time. However, there are positive signs that this finding can be made during this fiscal year. In Progress

5. **Quality and Performance Improvements.** This report provides relevant touch points for success of this initiative. It is listed as incomplete but this is not a sign the State has failed to complete this item but rather this is a matter of staff needing to give future attention to Quality and Performance as they complete transitions and other tasks. These can be addressed individually but it is recommended that DBHDD put a quality management plan structure in place that includes performance goals and targets. This plan should not be isolated to the DBHDD Supported Housing unit or to DBHDD functions. It should include either service provider fidelity or quality reviews that include random routine site visits. Some items such as shortening the length of time from referral to "move in" and measuring tenure, should be done jointly with DCA. Targeting an increase in the number and type of referrals or successful implementation of the PRA 811 initiative are examples of other options. Developing this type of approach is also a good vehicle for an annual review of the program's progress and for assessing and demonstrating substantial compliance with the

Settlement Agreement. It is recommended that DBHDD and DCA establish performance benchmarks in FY 2016.

6. **Make certain GHVP is resource of last resort.** The State has made good faith efforts to include this provision in their MOA and in their work with PHAs and Regional Transition Coordinators and providers. Making progress.

7. **Develop stronger ties across DBHDD programs**. In the 2014 report, a recommendation was made to link the ACT, Supported Employment and Supported Housing strategies, operations, requirements, care management, fidelity or other reviews, expectations and/or training to build stronger ties among these initiatives to improve overall performance and outcomes. The merger of the housing unit into the Office of Adult Mental Health was viewed as instrumental to building these stronger ties and better service integration. The 2015 site visits reflected the progress being made and reflected the importance the stronger ties across initiatives. Making progress

   The DBHDD is taking the opportunity of the Supported Housing Needs and Choice Evaluation to offer more training and create a curriculum for building provider capacity and doing it in a manner to develop stronger ties. Embedding the DBHDD Supported Housing Unit more deeply in the DBHDD Office of Adult Mental Health is a positive move. It is recommended DBHDD focus on strengthening ties across the forensic initiatives and to add technical assistance to the Housing Needs and Choice Evaluation initiative, as training is important but not likely sufficient to improve overall performance to the level needed for this initiative to succeed.

   DBHDD and DCA are exploring an additional contract with the Georgia Mental Health Consumer Network for critical administrative tasks. This is also an ideal time to further embed supported housing services interventions into the Certified Peer Specialist certification curriculum and to explore additional options for Certified Peer Specialists to be direct service providers in addition to managing administrative and evaluator functions.

   Lastly, the DBHDD has an ideal opportunity with the rollout of the 811 PRA and expansion of PHA involvement to include individuals with intellectual disabilities to this target population as priority populations for these new resources. Making Progress.

   Summary
   One of the most instructive findings in the February 2015 review was the uniform response from staff and participants of the value of Georgia's Supported Housing Program. That report spoke about the broad consensus of the importance of "home" in consumers' recovery. In June and July, this optimism was evident again in meetings with DBHDD and DCA, with Region 4 staff in Thomasville and then with Region 6 staff and three individuals representing community agencies engaged with DBHDD and DCA in Columbus. What has become clearer this year is that creating supported housing is not just a DBHDD central office initiative or a Settlement Agreement requirement and the GHVP is not just a rental

subsidy program but a springboard for building capacity. The DBHDD also made available feedback from individuals who had moved into their new rental unit and each spoke simply but elegantly of the impact of the GHVP saying things like *"I feel like I have a purpose now"* and *"I now have a safe place I can call my own and I don't feel like I'm thrown away."*

No state can meet its *Olmstead* or a Settlement Agreement housing obligations with a state rental subsidy alone. Creating capacity to meet those obligations comes from exploring and creating as many potential housing options as possible. Utilizing the capacity comes from the belief that recovery is possible. Otherwise, the persons moving into supported housing would not have been referred. Even with some providers still questioning this shift, there is a critical mass of people committed to making community integration, especially housing integration, a reality for individuals who choose and need supportive housing.

DBHDD and DCA MOA implementation will keep this high energy effort alive well into the future. Everyone working on this initiative, state and local, spend their days asking a funder, an elected official, an owner, developer, government agency, provider or a landlord to take a chance on a person they would otherwise not do, make a commitment or a decision to broaden the reach of this initiative. Sometimes they may ask when odds are not in their favor that they will get a favorable answer. But they share a common goal: create more supported housing capacity in their community and their State. They have the vision and tenacity to get the job done. It's rare to see this combination of idealism and pragmatism, but it's what it will take to make integration for people with disabilities a reality.