

Supported Housing: Report to the Independent Reviewer
U.S. v. Georgia
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This report summarizes findings of progress made and outstanding issues identified regarding Supported Housing provisions of the Settlement Agreement during the first seven months of FY 2017. This report focuses on three primary issues:

- (1) The State's progress in meeting Settlement Agreement requirements to determine need and provide access to housing with supports to members of the Target Population with SPMI, including the implementation of procedures that enable individuals with SPMI to be referred to Supported Housing if the need is identified at the time of discharge from a State Hospital, jail, prison, emergency room or homeless shelter;¹
- (2) The State's 2017 Supported Housing capacity estimate; status of the implementation of the Memorandum of Agreement between Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Department of Community Affairs (DCA); and
- (3) The State's progress in meeting Bridge Funding and Georgia Housing Voucher Program requirements.

Information analyzed for this report was obtained from written documents provided by the Department of Behavioral Health and Developmental Disabilities; key informant interviews with Carmen Chubb, Deputy Commissioner for Housing at the Department of Community Affairs (DCA); DBHDD staff including Judy Fitzgerald, Commissioner; Pamela Schuble, the former Settlement Agreement Coordinator; Amy Howell, Assistant Commissioner and General Counsel; Monica Thompson, Director of the DBHDD Division of Community Mental Health; Terri Timberlake, Director, Office of Adult Mental Health; Doug Scott, Office of Mental Health Director of Housing; Letitia Robinson, recently hired as the DCA-DBHDD Liaison and Dawn Peel, the Region 2 Administrator. Interviews were also conducted with Volunteers of America staff in Reidsville, Georgia and with members of the Amici. There was observation of housing properties in DBHDD Regions 2,3 and 5.

¹The Target Population is referenced as including "the approximately 9,000 individuals with SPMI who are currently being served in State Hospitals, who are frequently readmitted to the State Hospitals, who are frequently seen in emergency rooms, who are chronically homeless, and/or who are being released from jails or prisons. The Target Population also includes individuals with SPMI and forensic status in the care of DBHDD in the State Hospitals, if the relevant court finds that community services are appropriate, and individuals with SPMI and a co-occurring condition, such as substance abuse disorders or traumatic brain injuries." Furthermore, "the State shall implement procedures that enable individuals with SPMI in the Target Population to be referred to Supported Housing if the need is identified at the time of discharge from a State hospital, jail, prison, emergency room, or homeless shelter." (See Extension of Settlement Agreement, paragraphs 30 and 40.)

Observations and Findings:

1.) Establishing Need and Referral to Supported Housing

An outstanding issue for the State to address during this Extension Agreement period is to ensure individuals who have a need for Supported Housing are assessed and provided such support (up to 9,000 individuals). In past reports, questions regarding the sufficiency of the needs assessment process have been raised, including the extent to which the process identifies individuals in all the groups in the Target Population and the timeframe and process for providers to complete an additional risk assessment and individualized recovery plan before an individual can access housing.

Information provided by DBHDD to date identified the results of the Housing Need and Choice Surveys in Phase I and Phase II of the Survey process. Phase I was the “baseline” survey process that began in June 2015. During Phase I, the DBHDD addressed logistics and validity issues associated with creating a new survey of this magnitude and complexity.

DBHDD reported 2,706 individuals were reviewed during Phase I. Of those reviewed, twenty-four percent (24%) of the individuals were in need of and chose Supported Housing.

Phase II began in the 4th quarter of FY 2016. In a January 12, 2017 report, DBHDD reported that Phase II surveys were completed for 713 individuals. Of those reviewed, 37% of the individuals were in need of and chose Supported Housing.

The information provided regarding these surveys is helpful in reviewing the DBHDD process for assessing the need of individuals who are receiving services.

Further information and verification is needed to determine the sufficiency of this process. The data received to date do not fully reveal the extent to which the needs of individuals in the Target Population who are being released from jails and prisons, being discharged from hospitals, frequently seen or discharged from emergency rooms and those who are chronically homeless or being discharged from shelters are being assessed. Second, it is not yet clear if individuals being assessed as being in need of Supported Housing are able to access Supported Housing in a timely fashion. These questions are related to both the efficacy of the assessments and the availability of needed services and housing capacity.

Over the past six years, the numbers of individuals accessing housing from psychiatric hospitals, emergency rooms and jails and prisons has been very low. The policy for deciding who is assessed is weighted toward individuals already known to providers. A review of data regarding Phase II assessments points to this issue. In the next Quarter, this issue will be assessed further and reported on in the Independent Reviewer’s September Report. The DBHDD state hospital policy for assessments requires that a housing needs survey be completed following admission. The implementation and impact of that policy will be part of this evaluation.

For illustration, the number of individuals discharged from DBHDD Hospitals to a Housing Program in the 2nd Quarter of FY 2017 was 2.7% of all hospital discharges or sixteen (16) individuals. Likewise, hospital discharges only represented 8% of all individuals getting into Supported Housing in the first six months of FY 2017.

In New Jersey, also a state with a Settlement Agreement, the percentage discharged directly from state psychiatric hospitals into “permanent” Supported Housing was 25% or forty-five (45) individuals for the same time period. Of individuals discharged from New Jersey state psychiatric hospitals on a discharge pending placement status, the percentage was even higher, 33%. Individuals accessing Supported Housing discharged from state psychiatric hospitals were 44% of the total number of individuals accessing Supported Housing (state funded). Reviews in other states have revealed that a high percentage of individuals living in residential facilities could move, if the opportunity for Supported Housing was available.

Other issues to be assessed further are the arrangements for providers making referrals and the impact of the definitions used by DBHDD for those who are “frequently seen,” “frequently admitted” or chronically homeless.

The issue of assessing the needs of individuals exiting jails and prisons has been raised numerous times. There are few referrals of individuals in this category and typically these referrals are from the Atlanta Legal Aid’s Nick Project or through one of the six Regional Housing Coordinators who have relationships with prison or jail staff, but in a limited number of facilities. Expanding and improving communication with jails and prisons should be further explored. This could be done with Regional staff adopting a more formalized process for communication and referral. (There may be a need for additional resources/support if surveys and assessments are to be conducted in jails and prisons.) It is clear that a number of providers and Regional staff have relationships with jails that could prove beneficial to adopting a more formal process.

The DBHDD has also not yet reported on outcomes of those who have been assessed. Two questions will be asked during fieldwork in the next Quarter: (1) of those with assessed need, how many accessed Supported Housing? and (2) of those who did not access Supported Housing, what were the reasons this did not happen?

The number of Atlanta Regional Hospital referrals to shelters in Atlanta has been reduced over the past year. Data from the 2nd Quarter of FY 2017 show a decline of over 80% in discharges to a shelter (50 to 9) over the same period from the year before. A number of individuals were referred to PATH teams who, in turn, made temporary housing arrangements through a new agreement between the agencies (PATH Teams and DBHDD) beginning in FY 2016. As part of the analysis of assessing housing need, it will be important to determine the number of individuals referred to these temporary housing arrangements by PATH programs who were then offered a Georgia Housing Voucher, Shelter Plus Care or other permanent housing with supports since the inception of the program and whether or not they have remained stably

housed. This review should also include a review of the housing disposition, if there was not supported housing for these individuals.

Information from the DBHDD Hospitals 2nd Quarter Discharge to Shelters report reveals that nineteen (19) individuals statewide were discharged to shelters and motels/hotels. This number has remained essentially the same over the last four Quarters.

2.) Building Capacity

On the broad question of whether the State is building capacity sufficient to meet the assessed need for Supported Housing of the target population, the State is making slow but steady progress. The State primarily relies on the state-funded Georgia Housing Voucher Program (GHVP) to subsidize affordable housing for the Target Population and has expanded the program through other resources (VASH, Shelter Plus Care, the DCA preference for Housing Choice Vouchers, local PHA preferences, etc.).

The Extension Agreement requires the State to continue to build capacity by implementing a partnership Memorandum of Agreement (MOA) between DBHDD and the DCA. This MOA and partnership appears to be working effectively on items outlined in **Supported Housing paragraph 39. (c.-f.)**. The two agencies gave attention to these items before this requirement was added. The agencies recently collaborated on developing a job description and then hiring a single individual as the Liaison between the two agencies. Letitia Robinson, previously working on the DBHDD needs assessment, was recently hired in this liaison position. The two agencies along with the Atlanta Continuum of Care (CoC) are collaborating on a joint referral strategy.

In the 4th quarter of this year, attention will be given to the Extension Agreement requirements not reviewed previously:

(a.) Whether the two agencies have “a unified referral strategy, including education, outreach to providers, and individuals in the target Population regarding housing options at the point of referral”; and

(b.) Whether the statewide determination of need provision that includes developing the tool to assess need, forming an advisory committee to oversee the needs assessment, developing a curriculum to training assessors, training and certifying assessors, and analyzing and reporting statewide data has been implemented fully.

The review will be focused on the sustainability of this agreement given that it is key to the State meeting its capacity requirement. The review will include measuring the effectiveness of identifying need that results in successful referrals. The review will extend to an analysis of the production and use performance and outcome data based on key indicators for meeting the Extension Agreement requirements and successful housing outcomes for the Target Population.

The State has the potential to add capacity for 1,566² individuals in FY 2017. A significant portion of this new capacity is actually turnover capacity. Of the potentially available 1,566 subsidies that could be used in FY 2017, 481 would be available because of turnover in Shelter Plus care and the GHVP. (Turnover capacity only means more individuals can be served as individuals leave the program, it does not represent new units or vouchers.) DBHDD has done a good job of re-cycling vouchers quickly, thus maximizing their capacity. DBHDD has also added new vouchers through state allocations, DCA Housing Choice Vouchers (preference vouchers), 811 and public housing partnerships. Since 2014, 354 individuals have shifted from a GHV to a DCA Housing Choice Voucher, enabling the State to maximize its resources.

DCA and the DBHDD have been slow to utilize the new 811 resources. Adding these resources has the potential to add approximately 190 new units that can be accessed by the Target Population. This difficulty may be as much a problem with the program's design and policies rather than a DCA and DBHDD utilization problem. This issue will be explored further and reported on in the months ahead. Regardless of this progress, the State's total capacity will likely be between 4,900-5,100 units/vouchers available at the end of FY 2017.

DBHDD staff continue to report that capacity generally meets the expressed need, although staff acknowledge this depends in part on the capacity in any particular community at any point in time as well as an individual's circumstances. Dawn Peel, the Region 2 Administrator, expressed that in three metro areas in her Region, Augusta, Macon and Athens, housing was more readily available and that, in particular, the Augusta and Macon Housing Authorities had been helpful. On the other hand, getting housing in Milledgeville is more challenging because there are Section 8 rental subsidy limits. As in past discussions with Regional staff, her knowledge of what works to help individuals gain access to housing was encouraging. It demonstrates that the State will more likely increase capacity. The interest, knowledge and skill of staff in the Regional offices and provider community is a tangible yet not always visible asset.

Beginning in FY 2015, DBHDD began reporting capacity in the Residential Rehabilitation Program (RRP) indicating that some programs with both congregate and scattered sites have units with tenancy rights that meet the Settlement Agreement's Supported Housing definition. DBHDD did not report this program's numbers prior to FY 2015. In FY 2015, DBHDD reported the number of units in RPP that qualified as 1,200. This number was increased to 1,322 units in FY 2016. After repeated inquiry regarding the validity of that number, DBHDD reduced the number to 617 units on November 14, 2016 and 305 units on November 22, 2016.

A visual random review of Region II, III and V properties was made during the 2nd and 3rd Quarter of FY 2017. Based on further discussion with DBHDD and clarification on a property that was vacant and another with a wrong address, it is recommended that DBHDD not include these properties in the Supported Housing capacity numbers. A number of the properties are

² This does not include any units projected to turn over in the DBHDD Residential Rehabilitation Program pending further review.

poorly maintained, one was reported to have rules with contingencies and there appears to be an overall lack of institutional controls on the program sufficient to determine they meet the Supported Housing definition in the Settlement Agreement.

3.) Bridge Funding and the Georgia Housing Voucher Program and MOU Requirements

The State is required to provide Bridge Funding for at least an additional 300 individuals in the target Population in FY 2017 and GHVP vouchers for an additional 358 individuals in the Target Population. The State is on track to meet those requirements. On February 15, 2017, the State reported there were 2,251 individuals with signed leases living in a rental unit with a GHV. On January 18, 2017, the DBHDD reported 485 individuals had already accessed housing in FY 2017 and 115 individuals had a notice to proceed to find a unit. Since individuals are continuously vacating housing and looking for housing, compliance is measured by those who are in housing and those who are approved for housing with a “notice to proceed.”

As of the January date, 97% of those individuals housed in FY 2017 were still housed and, based on previous years, this will drop to approximately 90% at the end of a year. Every individual getting a GHV had access to Bridge funding and eighteen individuals who got 811, VASH or other housing got Bridge funding. Overall housing stability remains consistent with 18% of “negative leavers” being rehoused. It is anticipated the total number of individuals with a GHV and signed lease will be approximately 2,850 at the end of FY 2017.

The prior residential location for individuals housed remains essentially the same as in prior reporting periods. Fifty-five percent (55%) of the total placed were homeless at the time they were housed, the same as the previous year and up slightly over the entire Settlement Agreement reporting period. Region 3’s percentage is 74%, down 1% from the prior reporting period. The percentage of referrals from jails and prisons remained the same, only 218 over a six-year period, while individuals who were homeless was 2,396 over the same period. Likewise, the total for hospital discharge referrals was 462, or only 11% of all referrals over time. As referenced in the first section of this report, these disparities may reflect that individual need is not being consistently assessed across the Target Population categories or there may be a more general pattern of individuals across all the categories not being assessed and referred.

Summary

The State continues to make progress in meeting the Settlement Agreement’s Supported Housing requirements. However, a number of important unanswered questions remain.

In order to achieve compliance with the terms of the Agreement, the State will need to improve its needs assessment and referral process and expand capacity. Referrals from jails and prisons, hospitals, including those on forensic status, Crisis Stabilization Units, residential programs and individuals who are exiting emergency rooms, remain low or non-existent from some sources and information about who could be referred from those

sources, if the process was more robust, is still unknown. This paucity of referrals appears to be partially related to the needs assessment process but also likely attributable to the referral process itself.

The State's commitment to building capacity remains strong, especially through the DCA-DBHDD partnership. Hopefully, this partnership is being built to be sustainable which will also be a focus of the Supported Housing review in the forthcoming months.