# Georgia Housing Voucher Program Housing Support Program BE D.B.H.D.D

Georgia Department of Behavioral Health & Developmental Disabilities



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# Contents

- Evidence-Based Practices: Housing First and Permanent Supportive Housing
- Georgia Housing Voucher Program (GHVP)
  - Bridge Funding
- Housing Support Program (HSP) Summary
- DBHDD Vital Records Partnership Creates Free Access to Birth Certificates
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
- Projects for Assistance in Transition from Homelessness (PATH)
- DBHDD Research on Impact of GHVP on Service Utilization

# **Evidence-Based Practices:** Housing First and Permanent Supportive Housing



# Understanding the Housing First model

# "Recovery needs a *home*."

- Person-centered, recovery-oriented, harm reduction approach
- Addressing basic survival before seeking to address underlying behavioral health or other challenges
- Client choice is critical in both housing and service selection
- Clinical treatment is optional → There is no requirement for treatment, medication, or sobriety to access housing
- Supportive services are still required and critical to success!
  - Ongoing wellness visits and adjustable to individual needs



# What is Permanent Supportive Housing (PSH)?





# What does DBHDD PSH look like?

#### **Georgia Housing Voucher Program (GHVP)**





# Housing Value Statements

In addition to being evidence-based, the work we do is for the benefit of our fellow Georgians. DBHDD housing providers helped to develop these housing value statements in which our work is grounded.

- 1. Housing is a right.
- 2. Housing provides the necessary foundation for recovery.
- 3. Housing allows people to live with freedom, purpose, and dignity.
- 4. Housing signals a new beginning.





# Georgia Housing Voucher Program (GHVP)



# Steps in the DBHDD Supportive Housing process

#### 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.



# **GHVP** Program

- Tenant-based voucher program providing independent Permanent Supportive Housing to individuals living with a psychiatric disability who are experiencing homelessness or at imminent risk.
- Born out of ADA settlement agreement between Georgia and DOJ.
- GHVP is accessed by assessment and referral via DBHDD provider.
- Participant not intended to pay more than 30% of income.
  - GHVP pays rent directly to landlord.
  - Some participants have no income and GHVP pays 100% of the rent.
  - GHVP does not cover ongoing utility costs unless built into rent.
- Housing First model:
  - Lease in participant's name. Participants maintain tenancy rights.
  - No requirement for treatment nor sobriety. No housing "readiness".



# **GHVP Eligibility**

- Adults (18+)
- Diagnosis of Serious and Persistent Mental Illness (SPMI)
- Currently experiencing homelessness or in a residential program
- Meets one of below criteria
  - Chronically homeless (HUD definition)
  - Currently being served in DBHDD state hospital
  - 3 or more hospitalizations or residential program visits in last 12 mos.
  - 3 or more ER visits in last 12 mos.
  - Exiting correctional system in last 90 days
  - Has a forensic status w/ DBHDD (incarcerated, preparing to be released)



# **GHVP Bridge Funding**

- Bridge Funding Program available to GHVP participants once they are approved for a voucher and begin housing search.
  - \$3,000 in one-time "startup" funding for each household to cover application fees, deposits, furniture, household goods, clothes, etc.
  - \$1,500 in Temporary Shelter (hotel/motel) while in search phase.
  - \$1,000 in Eviction Prevention in case tenant damages/debts occur.
  - \$2,500 security deposit budget
  - \$1,500 in landlord incentives
  - \$1,500 to cover property repairs if failing HQS inspection
- Bridge payments made via DBHDD provider on behalf of individual and DBHDD reimburses provider agencies.



# **GHVP State Budget**

- GHVP is fully state-funded and administered by DBHDD.
- GHVP funding supports Bridge Funding and the Housing Support Program service contracts.
- GHVP began exceeding its budget in FY23 and continued to grow.
- Fiscal Year Budgets:
  - FY20:~\$27,000,000
  - FY21: \$20,637,457.00 (COVID related budget cuts targeting unutilized funds)
  - FY22: \$20,637,457.00 (no change)
  - FY23: \$24,019,311.00 (~\$3.5M increase following advocacy)
  - FY24: \$25,919,311.00 (\$1.9M released after initial Gov disregard)
  - FY25: \$25,919,311.00 (no change)

## HCV Preferential Access and FY24 GHVP Access Policy Change

- Individuals belonging to the ADA Settlement Population have preferential access to DCA's Housing Choice Voucher, meaning priority access for 1 of every 2 that become available through attrition. This is exclusively within DCA's HCV territory, which excludes local PHAs where population density is highest.
- DeKalb Housing Authority also offers this preferential access. No other PHAs have this preferential access in place.
- In 2020 during COVID, GHVP was made the resource of first resort instead of federal resources, achieving a reduction in resource access from over 100 days to under 5 days.
- Effective April 1, 2024, all referrals to supportive housing to DBHDD began to be diverted toward the Housing Choice Voucher Program. GHVP is now operating a waitlist.

# Housing Support Program Summary

# **DBHDD** Permanent Supportive Housing



# Housing Support Program Description

- Ensures all GHVP program participants receive ongoing housing support to maintain their housing stability and to promote their individual recovery, wellness, and independence.
- Ensures all ADA settlement population individuals (see GHVP eligibility) can receive assistance with obtaining housing with their state or federally funded PSH voucher.
  - HSP Program was expanded to cover individuals going to HCV and HUD 811 in 2024.
- Ensures regular wellness visits and continued access to behavioral health services to meet program participants' needs and preferences.
- Comprised of multiple recovery supports and Medicaid-billable services.
- HSP is a required component of GHVP. Optional for other programs.
- Program is considered non-clinical at its core but providers are required to maintain clinical oversight of program.
- While clinical care is not required, periodic clinician engagement is critical to support ongoing authorization for supportive services.



# Systemic Need and Impact of HSP



# Housing Support Program Priorities

# Supporting individuals in:

- 1. Recovery, wellness, and independence.
- 2. Obtaining safe housing with their vouchers.
- 3. Remaining stably housed and connected to benefits.
- 4. Transitioning eligible and stabilized individuals from the state voucher to other permanent housing programs to maximize resources.

# When does Housing Supports enter the picture?



#### Clinical Provider (required)

correctional facility.PATH outreach occurs.

Clinical Provider (optional and encouraged!)

Housing Support Provider (required)

# Minimum Wellness Visit Frequency once Housed

Required Wellness Visits during 1<sup>st</sup> Year of Housing



## Housing Support Program Medicaid-Billable Activities

- Program consists of a combination of unbundled Medicaid-billable services.
- Providers can bill for the following:
  - Behavioral Health Assessment (BHA) and Service
     Plan Development
  - Case Management (CM)
  - MH and/or SUD Peer Supports (PS)
  - Psychosocial Rehabilitation Individual (PSR-I)
  - Addictive Disease Support Services (ADSS)
  - Crisis Intervention
  - Community Residential Rehabilitation (CRR-IV)
  - Community Transition Planning (CTP)



# Housing Supports – Service Authorization/Billing

- DBHDD created a new Type of Care for GHVP Housing Supports that providers can use to request authorization for services and bill against for any of the 8 services below.
- This design means that a single authorization can approve someone for any of the 8 services.
- Each service must still be delivered and billed in accordance with the regular service guidelines.
- HSP Teams have been given a unique exception to be able to authorize someone with clinical documentation provided by another provider, since the idea is that this team is coming into the picture after the primary clinical provider has made the successful referral to GHVP.

Level of Service	Type of Service	Level of Care	Type of Care Code	Type of Care Description	Service Class Code	Service Description	Initial Auth		Concurrent Auth			
							Max Auth Length	Max Units Auth'd	Max Auth Length	Max Units Auth'd	Max Daily Units	Place of Service
	MH, SU, MHSU	OP	HSUP	Housing Supports	BHA	BH Assessment & Service Plan Development	180	8	275	8	8	11, 12, 53, 99
					CMS	Case Management	180	140	275	140	24	11, 12, 53, 99
					PSI	Peer Support - Adult - Individual	180	520	275	520	48	11, 12, 53, 99
					PSR	Psychosocial Rehabilitation - Individual	180	300	275	300	48	11, 12, 53, 99
					ADS	Addictive Disease Support Services	180	100	275	100	48	11, 12, 53, 99
					CIN	Crisis Intervention	180	64	275	64	16	11, 12, 53, 99
					CT1	Community Transition Planning	180	32	275	32	24	11, 12, 53, 99
					CL4	Community Residential Rehab 4	180	36	275	36	8	11, 12, 53, 99

DBHDD Vital Records Partnership Creates Free Access to Birth Certificates

# **DBHDD** Vital Records Partnership

- Partnership with DPH Vital Records Office and DBHDD.
- Georgia birth certificates for individuals experiencing homelessness can be requested from DBHDD directly for individuals that are enrolled in any DBHDD service.
- Free for the individual AND free for the provider.
- No requirement to submit unexpired ID document.
- Certificates will be mailed directly to secure agency addresses.
- All DBHDD agencies can utilize this resource.
- Turnaround time from current 8-10 weeks to 1 week target.

SSI/SSDI Outreach, Access, and Recovery (SOAR)

# **SOAR Program Overview**

- SOAR is a SAMHHSA program model which supports individuals with severe mental illness experiencing homelessness with their application for SSI/SSDI benefits to Social Security Administration.
- Approval for SSI/SSDI means automatic approval for Medicaid.
- DBHDD employs 15-person SOAR team, funded partly by Medicaid.
- SOAR-designated applications are supposed to be processed in expedited fashion by SSA, with an identified target of 90 days, which was realistic prior to COVID.
- Currently, SSA decisions in Georgia take almost 12 months, due to SSA staff shortages in Georgia. Only Hawaii reported a longer decision timeframe in 2023.
- DBHDD is experimenting with direct application to Medicaid through Georgia Gateway portal operated by DHS.

Projects for Assistance in Transition from Homelessness (PATH)

# **PATH Program**

- Outreach and engagement teams that meet people where they are.
- Teams provide short-term (90-day) case management to make referrals and linkage to long-term service providers and housing resources for individuals who are experiencing homelessness and living with severe mental illness.
- Eligibility:
  - Adults (18+)
  - Currently experiencing homelessness
  - Severe mental illness (SMI)
- 9 teams of 2-5 staff, each operating around the state.
  - Four teams cover Region 3. One team in Regions 2, 4, 5, & 6. No Region 1 team.
  - Each team covers local areas, not full region.
- Not emergency/crisis response, requires appointments/scheduling.
- Accessed by contacting DBHDD BH Regional Field Offices.

DBHDD Research on Impact of GHVP on Service Utilization

## Impact of Supportive Housing on Crisis Service Utilization

• For those who entered housing with a GHVP voucher during FY22, comparisons were made between the sixmonth period before households became housed and the six-month period after they became housed.



### Use of Supportive Services following successful Housing Intervention

For the housed group, there was an initial **20.3% decrease** in the usage of supportive services during the first six months in housing.

The same group experienced a **78.2% increase in utilization** of supportive services in the 6-12 months of their first year in housing.



Change in Supportive Service Utilization for Housed Group

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