

**HOUSING FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES  
AND BEHAVIORAL HEALTH NEEDS  
A WHITE PAPER FROM THE GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND  
DEVELOPMENTAL DISABILITIES**

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**PURPOSE**

The purpose of this white paper is to communicate the Georgia Department of Behavioral Health and Developmental Disabilities' (DBHDD) vision of desired future housing opportunities for people living with developmental disabilities, mental illness and addictive diseases. This paper is intended to inform clients, providers, developers, landlords, advocates, legislators and sister agencies of our values and goals so that our efforts to work together can be guided by a shared sense of purpose.

It is the expectation of DBHDD that this paper will activate dialogue, collaboration, innovation and investment; and underscore our commitment to promoting access to safe, decent and affordable housing as a key element to recovery, independence and integration for the people we serve. It is our goal to offer clarity regarding our long-term intentions and to promote strategies that will be supported and implemented by DBHDD in the coming years.

**SERVICE DELIVERY FRAMEWORK IN GEORGIA**

Each person served by DBHDD has needs, abilities and preferences that drive an individualized service delivery planning and implementation process. Within this framework, DBHDD serves two distinct populations: People with intellectual and developmental disabilities (DD) and people with mental illness and addictive diseases (called Behavioral Health, or BH). While there may be overlap between these disability areas, the service system for each population is unique, each with a distinct provider network, funding mechanisms and service guidelines.

For individuals with DD, the goal is "independence," meaning the ability to achieve a person's full potential that leads to freedom and a meaningful life. Services are tailored to address each individual's unique needs. For people with behavioral health challenges, the goal is "recovery," which refers not to an end point, but rather a process of change through which the individual improves health and wellness and lives a self-directed life, striving to reach full potential.

DBHDD's vision addresses community-based living for people seeking a life of independence and/or recovery. There are many individuals who may be "dually diagnosed," crossing into both service systems. Despite the differences in language and service types, the common threads that cross all DBHDD services are a drive toward integration into the community; an increase in involvement with a natural support system (beyond dependence on the professional support system); and facilitation of opportunities to reach each individual's fullest potential.

**VALUES**

Our approach begins with our values. These are the core beliefs that guide our decision-making and serve as a barometer for preferred housing options of the future.

**1.) Housing is essential to recovery and independence**

Essential elements of recovery include self-direction and empowerment, emphasizing strengths and hopes. Recovery and independence are holistic concepts that address all aspects of life; therefore housing is deemed essential. All individuals strive for safe, secure, decent and

affordable housing that facilitates access to supports, services and interaction with the broader community.

## **2.) Informed choice must anchor the selection of any housing option**

Informed choice means that full information is provided to allow an individual and/or family members to make an educated and individualized decision about housing options that are the most likely to foster a successful life in the community. DBHDD and our provider partners will ensure that meaningful informed choice is offered in the selection process.

## **3.) Access to a full continuum of housing options is fundamental to informed choice**

Informed choice is maximized when a full continuum of options is available to every person seeking housing. Informed choice requires information about settings; facilitation of visitation to a variety of potential settings; and opportunities to meet with persons in the community. Additionally, informed choice includes the ability to move within the housing continuum.

## **4.) Successful living arrangements are integrated in local communities**

Integration in the community begins with the preferences and choices of each individual and extends to the availability of social, educational, recreational and work opportunities. Integration emphasizes the ability to interact with disabled and non-disabled persons in activities such as shopping, worship, recreation, social and community events and cultural enjoyment.

## **VALUES IN ACTION**

DBHDD believes these values are best achieved in housing arrangements that have a defined occupancy limit; for example, group homes that do not have more than four individuals with disabilities living together; and scattered site housing sites where no more than twenty percent of residents are receiving Supported Housing. We believe that striving for these targets helps move our continuum toward an environment that promotes informed choice and increased opportunities for integration.

In addition, DBHDD will focus on the experience of our consumers as tenants, emphasizing the quality of their experience as tenants with full freedom and choice. As we partner with providers and state partners in building this continuum, we will encourage and support programming to ensure that available services and supports do not restrict activities, or lead to regimentation or lack of individual privacy.

With this goal in mind, we must consider the current realities of Georgia's housing continuum. DBHDD honors the dedicated work that has enabled many current placements for people with BH and DD in communities throughout the state. **As DBHDD transitions from the current housing model toward a new paradigm, we will strive to minimize disruption of living arrangements that are successfully facilitating recovery and independence.**

As we build our continuum and opportunities for integrated informed choice, we will address our most pressing challenges first. Prime among these is housing the populations addressed in Georgia's settlement with the U.S. Department of Justice (DOJ). Locating, building and renovating housing options and supporting the individuals referred to in the Settlement Agreement are major challenges for Georgia. The Settlement calls for all people with DD to be moved from institutions into community-based care by July 1, 2015. In addition, the Settlement

requires that housing supports for any of the 9,000 individuals with chronic behavioral health challenges who are in need of such supports and services be addressed by the July 1, 2015. Our focus on successful fulfillment of the Settlement Agreement has been supported by Governor Deal and funded by the Georgia General Assembly and will remain firm through successful completion in 2015.

As we build toward a future continuum, we will support providers as they stretch financially and are asked to take a person-centered and recovery-oriented approach to serving individuals with complex needs. In this transition, we seek to minimize disruption of living arrangements that are facilitating recovery and independence.

## **GUIDANCE FROM OLMSTEAD AND THE AMERICANS WITH DISABILITIES ACT**

Our values drive our commitment because they express beliefs that support the people we serve and offer the greatest opportunity for successful lives in the community. In addition, there are federal laws which mandate action on the part of public entities. These mandates direct our policy and practice and remain important touchstones to assess progress.

In 1999, the United States Supreme Court held in *L.C. v. Olmstead* that unnecessary segregation of people with disabilities in institutions may constitute discrimination based on disability. The *Olmstead* case involved two women in Georgia who remained in a state psychiatric hospital due to a lack of community-based housing and supports. The suit was filed under the Americans with Disabilities Act (ADA) which states that no individual with a disability shall “be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.”

The *Olmstead* opinion applies to all institutions, compelling states to develop options that move beyond congregate housing models, which segregate people with disabilities and isolate them from community life. The fundamental premise that undergirds the legal guidance is found in Title II of the ADA and states that “public entities shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” Critical to our discussion is the DOJ definition of “most integrated setting” as:

...a setting that enables individuals with disabilities to interact with non-disabled persons to the full extent possible.

DBHDD embraces these principles of integration and the movement away from institutional and congregate settings. Further, DBHDD seeks to build and promote housing options that reaffirm our belief that people with behavioral health challenges and developmental disabilities are capable of independent living and desire to live in settings that are no different than those available to all citizens.

## **CHARACTERISTICS OF GEORGIA’S FUTURE HOUSING CONTINUUM**

### **1.) A wide array of high quality options for permanent housing is available statewide:**

Ideally, all regions of the state, whether urban, rural or suburban, can offer the full benefit of a diverse array of options. This array would include scattered site independent housing (apartments dispersed across neighborhoods and communities); mixed tenancy housing (supportive housing interspersed with mixed use or mixed income housing); transition housing (assisting individuals during movement from different levels of need); independent living apartments; and small host home or group home arrangements. Across this continuum, the

desired housing arrangement is a permanent home, where the individual has complete control over the living environment and full tenancy rights. This means that the individual is free to come and go as he/she pleases and has the same rights and responsibilities as all tenants, with no restrictions on length of tenancy. All housing supported by DBHDD will have a lockable and definable space that includes a full bathroom and personal living area. Cooking facilities may be common, but food must be accessible at any time. The individuals in these settings have personal choice in daily activities. All housing must meet local and federal quality standards.

**2.) Stabilized living arrangements are available to support clinical needs:**

DBHDD recognizes that during the journey of recovery and independence, individuals may have different needs at different times in their lives with respect to housing and supportive services. Individuals may experience periods during which the risk of harm to themselves or others requires a level of intervention and oversight that may not be available in an integrated permanent home setting. In these instances, DBHDD will have clear clinical criteria to assess the need for transition to a setting that necessarily places restrictions appropriate to the level of clinical need. DBHDD will work with providers in partnership with clients and their natural supports to facilitate return to the living situation that they choose, with supports aligned with needs and preferences.

**3.) Community participation is evident:**

Individuals will have the freedom and encouragement to pursue activities of their choosing in the community. Some people seek to engage in activities with those who have common experiences to provide peer support and friendship; others seek to interact with individuals who do not have disabilities; and still others prefer independent activities. The goal is to have a full range of self-directed choices available to each individual.

**4.) Service providers are anchored in a strengths-based approach that seeks to find and develop homes that facilitate recovery and independence:**

Human service providers have, in good faith, developed housing options that facilitate easy access to services and supports. DBHDD will promote the paradigm shift from a model of building residential treatment sites toward facilitating individuals to maintain a permanent home. This shift requires an innovative approach to training and skill-building with an eye toward the unique strengths and needs of each individual. DBHDD will seek to engage local and national technical assistance that facilitate this transformation.

**5.) Community partners are actively engaged with DBHDD in planning and development:**

DBHDD will seek partnerships with state and local agencies, non-profit organizations, housing authorities, charitable organizations, foundations, consumer and advocacy groups for various disabilities and those who share our goal of accessible and affordable permanent housing.

Georgia seeks to build a model where housing and services are flexibly connected: Individuals will have access to a comprehensive array of services but will not be required to participate in services as a condition of housing. It is critical that services for all disabilities are voluntary, and that housing arrangements in no way coerce an individual to participate in services. Of equal importance is the development of a flexible array of options that can accommodate the reality of life circumstances that require changes in needs, preferences and living arrangements.

## **CHALLENGES AHEAD**

DBHDD recognizes that significant obstacles stand in the way of fulfillment of our vision. Identification of the key barriers assists in the development of comprehensive strategies that address the current realities and allow us to achieve our goals for the future.

### **1.) STIGMA**

Although public understanding of the nature and prevalence of behavioral health challenges and developmental disabilities has improved over time, significant stigma persists. Ongoing education with civic and community leaders, landlords/property owners, neighbors, judges, law enforcement, businesses and others must be maintained. Full community participation requires an openness and willingness on the part of the community to accept differences and diversity. DBHDD will work with these stakeholders, as well as our own staff and providers, to translate our belief in recovery and independence into services and supports that promote and affirm our belief that individuals can live and thrive in communities of their choice.

### **2.) RESOURCES**

Vulnerable populations served with public resources will always be subject to resource limitations. These resource limitations include funding, time, personnel, community buy-in and political will. In addition, resources are sometimes limited by conflicting or uncoordinated local, state and federal policies. DBHDD will address the resource limitations and continue to promote the values that guide our strategic and operational plans.

### **3.) PARADIGM SHIFT**

The history of housing for people with behavioral health and other challenges emanated from a desire to serve people in the community. The lack of financial resources, community-based services and supports, innovation, community acceptance and a full understanding of recovery led DBHDD, developers and providers to create options that combined housing and services in models that are inextricably linked. As a result, the available choices in many cases have been congregate and professionally staffed settings that focus on convenient service delivery. As our commitment to recovery has strengthened, and evidence of successful independent living has emerged, a primary challenge is to embrace the paradigm shift that is occurring. This shift requires DBHDD and its providers to focus on fostering successful lives in the community for individuals. Creative thinking, planning and policy development will be necessary to support this paradigm shift toward individualized housing and service options that are measured by positive life outcomes for the people being served.

## **LOOKING FORWARD: GETTING FROM “HERE” TO “THERE”**

In order to consider how we get from “here” (our current housing options) to “there” (our future housing options), it is necessary to outline what “there” looks like. This vision paper is intended to be a starting point and a platform for progress. Articulating our desired housing environment allows us to examine activities and strategies with a consensus “litmus test” of key elements of a continuum for people with DD and behavioral health needs. As we address resource limitations, current gaps and stigma experienced by people we serve, this vision affirms our hope, belief and actions toward a fulfillment of a transformed housing future in Georgia.