

LOOKING AHEAD TOGETHER

Georgia Department of Behavioral Health & Developmental Disabilities

BE D·B·H·D·D

Georgia Supportive Housing Association
Tenth Annual Supportive Housing Conference

Friday, November 13, 2020

Presenter: Commissioner Judy Fitzgerald



Health Care Environment of the Future

We want to move **FROM:**

Fee-for-Service
Siloed from the INDIVIDUAL Standpoint
Siloed from a DELIVERY Standpoint
Paper Dependent System
(low technology)
System-Driven Services
Bureaucratic Processes
Institution / Custodial-Based Services

We want to move **TO:**

Value-Based Purchasing
Whole Health and Well-Being of Individuals
Technology-Driven Health Care
Management
Consumer-Driven Individualized Services
Recovery-Based Services
Increased Understanding of Client Needs
and Social Determinants of Health
Community-Based Services

Current State of Settlement Agreement Extension (SAE)

3+ Years Progress

Evolving Healthcare and Housing Landscape

Georgia Commitment to Transformation

No Clear Legal Pathway or Timeline

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

UNITED STATES OF AMERICA)
Plaintiff)
v) CIVIL ACTION NO.
THE STATE OF GEORGIA, et al.) 1:10-CV-349-CAP
Defendants)

SETTLEMENT AGREEMENT

I. Introduction

A. The United States brought this action by the filing of a complaint seeking declaratory and injunctive relief against Defendants based upon alleged violations of the Title II of Americans with Disabilities Act, codified at 42 U.S.C. § 12101 ("ADA"), and implementing regulations at 28 C.F.R. Part 35, and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, and implementing regulations at 45 C.F.R. Part 84 ("Section 504").

B. In order to resolve all issues pending between these parties without the expense, risks, delays, and uncertainties of a trial and any appeals that might follow such a trial, the United States and Defendants agree to the terms of this Settlement Agreement as stated below.

C. On January 15, 2009, the United States Department of Justice ("DOJ") and the State entered into a settlement agreement which the United States District Court for the Northern District of Georgia entered as an order of the Court on September 24, 2010, in Civil Action No. 1:09-CV-119-CAP. This Settlement Agreement does not affect the validity of the January 15, 2009 agreement between the parties.

D. On July 1, 2008, the State entered a Voluntary Compliance Agreement ("VCA") with the United States Department of Health and Human Services Office for Civil Rights ("OCR"). This agreement supersedes the VCA.

DBHDD Responsibilities



Supportive Housing Vision Statement

TRANSFORM the Georgia Housing Voucher Program into a leading model of Permanent Supportive Housing.

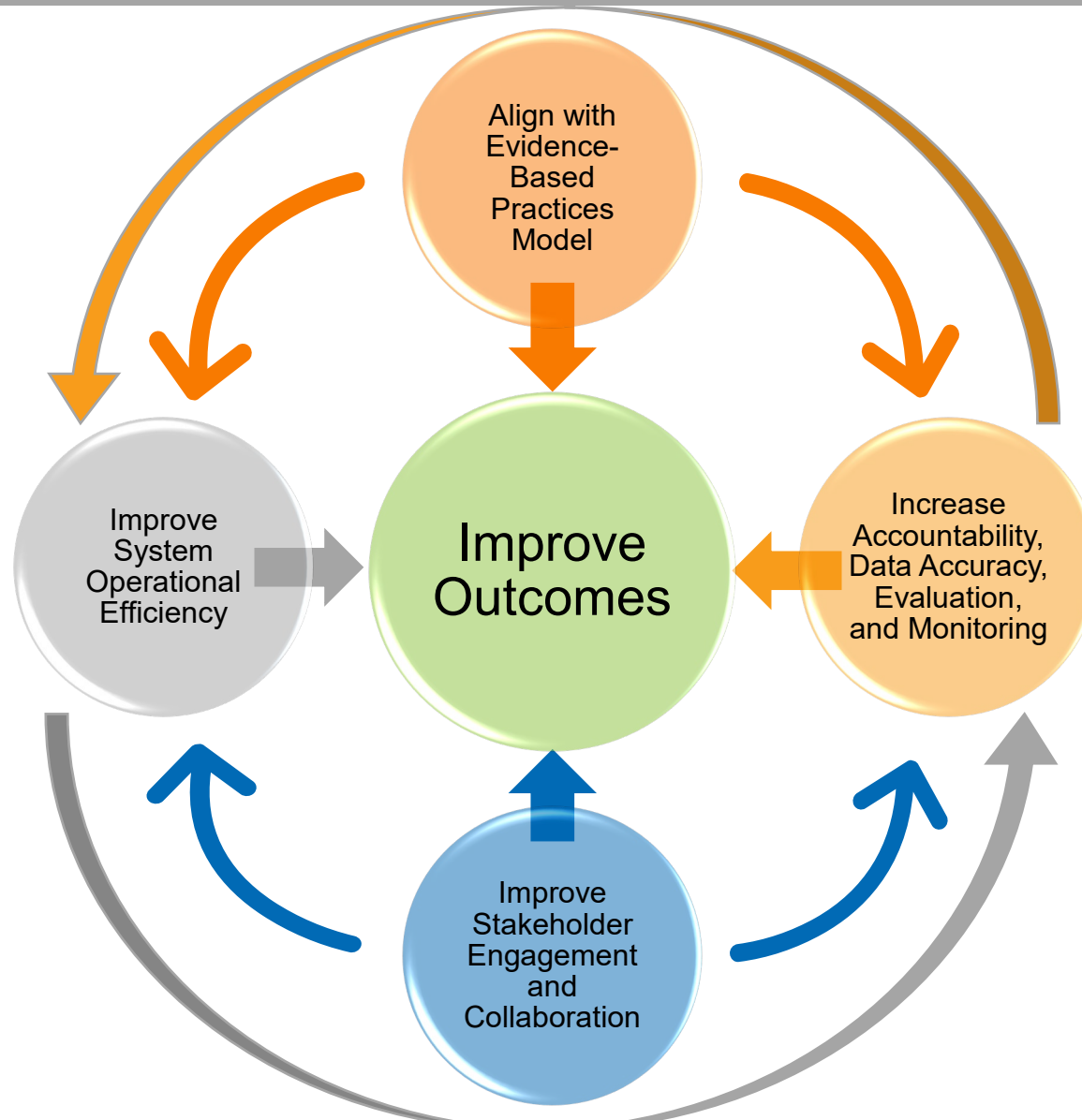
DELIVER collaborative, sustainable, and long-term outcomes at the individual and system level.

LEAD toward the reduction and ultimate end of chronic homelessness among DBHDD's target population in Georgia, as well as contribute to the end of homelessness throughout the state.

Supportive Housing Mission Statement

“House, support, and sustain eligible individuals in need who have severe and persistent mental illness, in order to prevent homelessness and promote independence and long-term recovery, in collaboration with our network of partners, efficiently and effectively.”

Supportive Housing 2.0 Goals



Why SAMHSA Supportive Housing EBP?

- Evidence-Based Practice (EBP) framework is scalable and sustainable
- Fidelity Monitoring Tool clearly outlines what is measured for compliance with model
- Positive experience with fidelity models in ACT and Supported Employment
- Why EBP? Model adherence improves individual outcomes

Key Elements of SAMHSA'S Supportive Housing EBP

**Individuals
have tenancy
rights**

**No lease
provision that
would be
discriminatory**

**Treatment
Services are
voluntary;
eviction not
allowed due
no treatment**

**House rules if
applicable
cannot be
discriminatory**


**Housing is not
time limited
and renewable**

**Housing
choice and
preference is
assessed**

**Housing is
affordable. No
more than 30%
of income
toward rent**

**Housing is
integrated –
opportunity to
interact with others
with no psychiatric
diagnosis**

Key Elements of SAMHSA'S Supportive Housing EBP



Choice in services
based on need
and preference

Can receive more
or less intensive
services based on
need without
losing home

Support services
promote recovery to
choose, get, and
keep housing

Housing and
treatment are
distinct

Positive Developments in Supportive Housing

- SH 2.0 began in 2019, implementation “launched” October 1, 2020
- Development of GHVP Fidelity Monitoring tool and infrastructure
- Development of new Housing Support Service
- 64 SH system indicators identified to track and manage performance
- Begun implementation of new technological solutions
- GHVP enrollees began to rise in July 2020

Implementation of New Housing Support Service

- Planned launch date: July 1, 2021
- Housing Support Service will be required for all participants, replacing current “Wellness Case Management”
- DBHDD pilot with Step Up/Pathways in Region 3 provided insights and lessons learned for design and implementation
- Service comprised of unbundled Medicaid-billable supports
- Multiple providers to be identified through procurement and enrollment

Coexisting with COVID-19 (Supportive Housing)

- DBHDD began responding to pandemic in March 2020
- GHVP covering household loss of income to help with rent, utilities, and groceries via Bridge Funding during the pandemic
- Bridge Funding can pay for temporary shelter for voucher holders
- Made GHVP resource of first resort through Unified Referral
- Participation in regular interagency calls with DCA, DPH, GEMA
- Deployed SAMHSA emergency grant funds to PATH for hotel/motel
- PATH Teams in Region 3 have supported multiple hotel sites housing individuals experiencing homelessness, continue to connect to housing resources

Opportunities and Challenges Ahead in Housing Continuum

- Need Positive Partnerships (clients, providers, advocates)
 - Outreach and Education
 - Reconstruct / Contract Residential Continuum
 - Preserve Target Population of Most-in-Need
- Public Health Crisis
 - Housing Affordability Crisis
 - Evolution of Unified Referral
 - Implementation of new Housing Support Service
 - Incentivize Providers to Facilitate Movement Along the Residential Continuum