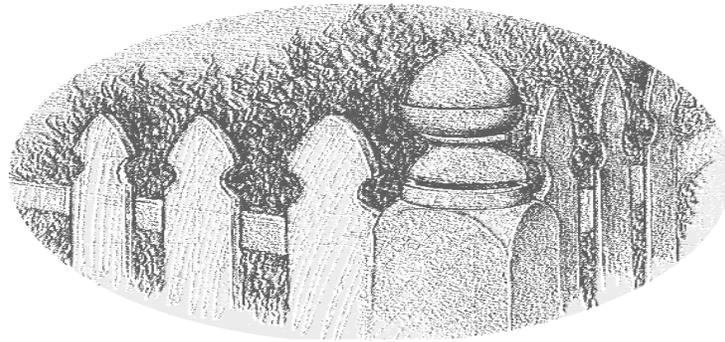


State of Georgia

Homeless Action Plan To End Homelessness in Ten Years



December 2002

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On September 14, 2001 the State of Georgia submitted an application to participate in the first federally sponsored Policy Academy for State and Local Policymakers on Improving Access to Mainstream Services for Persons Who Are Homeless. The application included a letter from Governor Barnes who pledged his support for the application and expressed his conviction that the multi-disciplinary, public and private sector membership of the policy team would be able to develop state actions plans to address homelessness in Georgia.

The Bush Administration has made ending chronic homelessness in the next decade a top objective of the U.S. Department of Housing and Urban Development (HUD). The Administration has announced that it will continue to sponsor additional homeless policy academies for states that have not yet participated. The Administration has also reactivated the federal Interagency Council on Homelessness after a six year lapse and recently announced the proposed pooling of \$35 million in new federal dollars to provide supportive housing and critical services to States implementing plans developed through the homeless policy academies.

The contents of this report outline the goals and action steps that the Georgia policy team believes will enable the State to fully access the federal resources that will be necessary to end chronic homelessness in Georgia in the next decade. The goals are lofty, the action steps ambitious and the resources needed to accomplish these objectives will require the allocation of scarce additional state funding.

The heart of this proposal is, however, quite simple. A relatively small number of all the individuals who are homeless are unable find their way back to a stable life. They suffer from physical and mental illnesses, alcoholism and drug addictions. They are homeless for extended periods of time, interrupted only by short confinements in public hospitals, jails and mental health institutions. These individuals are often referred to as “chronically” homeless. Institutional care at hospitals, jails and treatment facilities carries a very high, largely uncompensated cost to the State. Using national models we have estimated that 1,600 chronically homeless individuals are living on the streets of Georgia.

There is a solution that has proven to work in other States. Supportive housing that is affordable to the individual combined with services that are available to meet his or her ongoing supportive living needs. One will not work without the other. Housing without appropriate services, or services without stable, secure housing is doomed to fail.

The national leader in the provision of supportive housing is The Corporation for Supportive Housing. The Corporation has developed partnerships and programs throughout the nation, including a limited demonstration program in Georgia during 1995-1998 period. Three reports published by the Corporation for Supportive Housing (see appendix for copies of the studies) document the

experiences of supportive housing initiatives in New York City, San Francisco and the State of Connecticut. All three studies report that individuals participating in the program experienced decreased utilization of restrictive and expensive health services, decreased hospitalization, decreased incarceration, decreased incidents of homelessness and increased residential stability by the program participants.

A report presented to the California State Legislature by the California Health and Human Services Agency in May 2002 on the evaluation of the Community Mental Health Treatment Program reported that significant savings to the State was achieved through a three-site pilot program. The state funded program combined supportive housing with outreach programs, mental health services, medications, substance abuse services and vocational rehabilitation. The study evaluated the 4,720 individuals who participated in the program over a twelve-month period. The evaluation reported:

- 66% decline in hospitalization
- 82% decline in incarceration
- 79% decline in homelessness
- 169% increase in employment

Most impressive was the reported \$23 million dollar calculated savings to the State from decreased hospitalization and incarceration. The study did not include potential savings from other public funded systems of care such as shelters and substance abuse treatment facilities. (The full report is included in the appendix)

There are few examples of supportive housing and service program in Georgia. One of the facilities is the Welcome House Residence. The following story about Kenneth C. bears witness to the success of this model.

Kenneth C. is a resident of Welcome House on Memorial Drive just four blocks from the State Capitol. Kenneth lives in a supportive housing facility and has achieved a level of independence and self-sufficiency previously thought unattainable. Kenneth spent five years of his youth in Georgia Mental Health Institute. As an adult, Kenneth lived a transitory lifestyle, staying with friends for brief periods and on his own for other periods when he could maintain some form of steady employment. His continuous bouts of depression and repeated suicide attempts resulted in 58 separate admissions to Georgia Regional Hospital for treatment.

As with many individuals haunted by untreated mental illnesses, Kenneth turned to alcohol in his own attempts to cope with life. When he could no longer stay with friends he lived on the streets and the City of Atlanta public parks for five years. Life on the streets as a homeless, mentally ill individual with only alcohol and drugs to provide any sense of relief is a life of isolation, degradation and despair.

At his last stay at Georgia Regional Hospital, Kenneth was assigned a caseworker from Community Friendship, Inc. Upon his release from Georgia Regional Hospital, the caseworker was able to get Kenneth admitted into a Shelter Plus Care housing unit at Welcome House. Kenneth has his own place to live. Kenneth participates in the Twelve Step Recovery Programs offered at the facility. Through his Community Friendship caseworker Kenneth has been able to receive assistance from the Meals on Wheels Program and in-home nursing care services because of the advance stages of his Diabetes and Burgeons Disease.

Kenneth is no longer homeless. He has his own apartment and is responsible for his own well being. While he will likely require some supportive services for the rest of his life, Kenneth will never have to live on the streets again, or go to jail, or be admitted Georgia Regional Hospital for the 59th time.

It is obvious that supportive housing has worked for Kenneth C. What are also obvious are the potential public cost savings that can be realized through this approach. Kenneth's monthly rent at Welcome House is \$375, of which he pays \$159 from his social security disability benefits. The federally funded Shelter Plus Care Program pays the difference, \$216 a month, or \$7.20 a night. In comparison:

- The daily adult rate at the Atlanta Regional Hospital is \$287;
- The daily rate at the Grady Psychiatric Ward is \$630;
- The daily rate at the City of Atlanta Jail is \$54.

The federal homeless policy academies and the Bush Administration initiative to end chronic homelessness in the next decade are based on a model that promotes four principles:

- (a) Plan for Outcomes – collect the data necessary to measure and evaluate successful outcomes;
- (b) Close the Front Door – develop policies for discharge planning from public institutions that connect individuals with housing and services;
- (c) Open the Back Door – construct supportive housing with critical services for the chronically homeless; and
- (d) Build the Infrastructure – recognize that for most individuals, eliminating the threat of homelessness is a function of affordable housing, adequate incomes and available services.

The Action Plan for the State of Georgia is based on these principles. It is our belief that individuals, like Kenneth C., who are chronically homeless can be housed and provided appropriate services at costs significantly less than the public is now incurring for their periodic institutional care. Our Goals and recommended Action Steps propose a broad, inter-departmental strategy to address needs, provide housing and services and measure the fiscal impact of these programs.

Intuitively, the State of Georgia ought to be able to realize an overall cost savings from this approach; however, it unclear how much cost savings could be realized, in which areas, and at what initial start-up cost. The members of the State of Georgia Homeless Policy Academy Team recommends that the first step in the implementation of the following Action Plan should be a thorough review of the costs and benefits of the limited number of current supportive housing sites in Georgia.

Instead of asking for the allocation of additional state funding on the hope and expectation that the overall cost savings experiences from New York, Connecticut and California can be realized in Georgia, we are proposing that we look at our own limited experiences first. We are confident that the measures proposed in the following Action Plan can end chronic homelessness in our State and can be accomplished at an overall savings level to the State. The evaluation of our own experiences will ensure that when a recommendation is presented for additional state appropriations for one program that we will also be able to demonstrate where the State can expect to achieve corresponding cost savings in other areas.

The First Steps

Homeless Action Plan To End Chronic Homelessness in Ten Years

1. Assign the Office of Planning and Budget the responsibility to conduct a cost / benefit analysis of the current supportive housing programs in Georgia and prepare a projection of the overall costs and benefits of implementing the Ten Year Homeless Action Plan.
2. Re-affirm the functions of the Georgia Interagency Homeless Coordination Council by Governor's Executive Order. The Council should be directed to complete the following tasks by June 30, 2003.
 - The Georgia Interagency Homeless Coordination Council should continue to be co-chaired by the Department of Human Resources and the Department of Community Affairs and should be composed of representatives from the various state departments and other homeless coordination service agencies.
 - The Council should be directed to pursue all available federal funding to support the implementation of the Georgia Action Plan, including the proposed \$35 million federal pool of funds to be made available through the federal Homeless Interagency Coordination Council.
 - Ensure that the Office of Planning and Budget has access to all necessary program information and reports to conduct the cost / benefit analysis of the current supportive housing programs in Georgia.
 - Review and recommend measures to improve access to state administered Mainstream Service Programs (Medicaid, TANF, SSI, CHIP, Workforce Investment Act, Food Stamps and Veteran's Health Care and Benefits) by homeless individuals and families.
 - Review and recommend measures to establish State policies that require affected agencies to assure appropriate housing and community treatment for individuals with disabilities discharged from institutional settings.
 - Review the State of Georgia Homeless Action Plan to End Chronic Homelessness in 10 Years and present recommendations on the implementation strategy.
3. Direct the Commissioner's of DHR, DCA and DCH to reconvene the members of the Georgia Homeless Policy Team by June 30, 2003 to review the results of the cost / benefit analysis conducted by the Office of Planning and Budget and the actions of the Georgia Interagency Homeless Coordination Council.

State of Georgia Homeless Policy Team Vision Statement

Homeless persons have increased their independence and been restored to the mainstream of society because state and local resources have ensured optimal opportunities through the creation of an integrated and seamless system of quality services. As a result of these actions, the State of Georgia will have the resources to end chronic homelessness within ten years.

To accomplish this vision the State of Georgia Homeless Policy Team offers the following six goals and accompanying activities as a Plan of Action.

Goal One: Expand access to and use of the federal mainstream support service programs by the chronically homeless. The federal mainstream service programs are Medicaid, TANF, SSI, CHIP, Workforce Investment Act, Food Stamps, and Veterans Health Care and Benefits.

Action Step 1.1

Utilize the recently authorized 75 Medicaid Eligibility Workers to expand their scope of work to include Social Security eligibility and other mainstream entitlements.

- **Schedule a technical assistance visit from the Maryland Demonstration SSI Eligibility Program to develop implementation and training programs for Georgia.**
- **Provide training for the 45 Medicaid Eligibility Workers at the existing Community Service Board sites to begin screening and eligibility preparation for Social Security benefits.**
- **Explore the assignment of the 45 Medicaid Eligibility Workers at homeless service centers on “out station days”.**
- **Utilize the 30 vacant eligibility worker slots at positions in the field including at major homeless service centers and shelter facilities, local and state correctional institutions, and indigent care trust hospitals.**
- **Identify sources of the fifty (50%) matching funds required for the 30 vacant Medicaid Eligibility Workers slots.**

Action Step 1.2

Review existing protocols for determination of benefits through existing mainstream services programs and develop universal, easy-to-use, web-based accessible, eligibility determination programs for in-take workers.

- **Examine the State Portal Project to determine the feasibility of adding intake eligibility for Medicaid and SSI to the scope of functions.**
- **Review present DHR SUCCESS project on TANF and Food Stamp eligibility qualification to determine the applicability of the project to also determine eligibility for Medicaid, SSI and other mainstream programs.**

Action Step 1.3

Recommend measures to improve access to Mainstream Service Programs by homeless individuals and families.

- **Review federal guidelines on improving homeless access to mainstream services for applicability to the State of Georgia.**
- **Review the Pathways Compass Homeless Management Information System (HMIS) to establish mainstream service eligibility factors as a basic component of the general in-intake processing fields.**
- **Assign the Georgia Homeless Interagency Council the responsibility to conduct a critical pathway study for access to basic homeless services.**
 1. **Outline the steps involved for admissions by a homeless individual to a mental health crisis treatment center.**
 2. **Outline the steps involved for admissions by a homeless individual to an alcohol or drug abuse treatment center.**
 3. **Outline the steps involved for admissions by a homeless individual to Shelter Plus Care residential housing program.**
 4. **Outline the steps involved for admissions by a homeless individual to community or public health program.**

Goal Two: Provide housing for chronically homeless individuals and families that is both affordable and appropriate for the delivery of supportive services and that fosters a transition or placement into permanent supportive housing.

Action Step 2.1

Execute a Memorandum of Agreement between key state agencies (DHR/DCH/DCA) that: 1) identifies common policies and principles; 2) establishes an annual production goal for creation of permanent supportive housing units; and 3) assigns evaluation responsibilities to OPB.

- **Prepare draft Memorandum of Agreement outlining responsibilities and annual production goals.**
- **Establish a standard template outlining costs of development, operation and delivery of supportive services for the proposed supportive housing units.**

Action Step 2.2

Establish a contractual coordination obligation between the network of DCA funded transitional housing and emergency homeless shelter programs with other state and federal funded homeless supportive service programs. Examples include Assertive Community Treatment (ACT) Teams and Community Courts.

- **Review existing directory of transitional housing providers and emergency shelter providers funded by the Georgia Department of Community Affairs and the Georgia Department of Corrections.**
- **Establish protocols and formal contractual agreements for the referral of homeless consumers of public services at state funded institutions (including public hospitals, prisons and regional mental health facilities) and state funded nonprofit organizations providing shelter and services for homeless individuals.**
- **Establish and provide training programs for staff and volunteers at transitional housing and emergency shelter providers that will work with individuals enrolled in community supportive service programs.**

Goal Three: Develop and adopt state policies to end the discharge of institutionalized individuals directly to homeless facilities unprepared and unable to meet the supportive service needs of the individual.

Action Step 3.1

Establish State policies that require affected agencies to assure appropriate housing and community treatment for individuals with disabilities discharged from institutional settings in compliance with the *Olmstead* U.S. Supreme Court ruling.

- **Assign OPB the responsibility to oversee the development of appropriate discharge planning guidelines by affected state agencies.**
- **Assign the relevant state agencies the task of enumerating both the existing census of institutionalized residents that should be offered services in community settings consistent with the *Olmstead* decision and the number of individuals “at-risk” of institutionalization due to inadequate or an insufficient inventory of community supportive housing.**
- **Require that OPB and the designated advisory groups named in the Governor’s Executive Order to oversee the State’s efforts to address *Olmstead* include consideration of institutional discharge procedures and availability of community supportive housing in their oversight.**

Action Step 3.2

Develop homeless recuperative centers for post-hospitalization discharge of homeless individuals with immediate primary care health needs.

- **Assign the Department of Community Health the responsibility to prepare a report that identifies the estimated need for post-hospitalization homeless facilities by community and the potential savings to the State.**
- **Require that Indigent Care Hospital Plan participants address the need for homeless post-hospitalization facilities and the use of funds to support homeless health care initiatives in the Indigent Care Trust Fund Plans submitted to the Department of Community Health.**
- **Issue a joint Request for Proposals (RFP) by the Georgia Department of Community Health and the Georgia Department of Community Affairs to support the replication of the J. C. Lewis Homeless Health Care Project of Savannah in other communities with local public safety net hospitals.**

Goal Four: Develop a local collaborative planning model of how integrated housing and homeless service delivery strategies can be implemented at the community level based on the Savannah-Chatham County Behavioral Health Collaborative Model.

Action Step 4.1

Prepare a model outline for the creation of a community collaborative including the identification of critical collaborative partners. Typical collaborative partners would include nonprofit homeless shelter and transitional housing providers, community Indigent Care Trust Fund hospitals, DHR Mental Health, Developmentally Disabled and Addictive Disorders Program Staff, community treatment court staff, local housing authorities, and local public and private mental health and substance abuse treatment providers.

Action Step 4.2

Prepare a model outline for outcome based measurements for program evaluation. Outcome measurements could include: (a) tracking the reduction in homeless incidents of admissions to hospitals, jails, and crisis treatment facilities; (b) measuring the decrease in the length of stay at these facilities; and (c) monitoring the decrease in the period of homelessness by individuals receiving services through a collaborative model program.

Action Step 4.3

Develop and conduct training workshops for other communities to promote the replication of community integrated homeless supportive service programs with supportive housing programs.

Action Step 4.4

Develop a recognition process to reward communities that have implemented a local collaborative planning in the future award of homeless assistance funding, including the placement of eligibility case workers, the selection of supportive housing developments and the awarding of post-hospitalization recuperative center funding.

Goal Five: Engagement of the State leadership (Department Heads, Legislature and Governor's Office) in the adoption of strategies, allocation of resources and the implementation of the recommendations of this report.

Action Step 5.1

Present recommendations of the Policy Team to the Governor's Office for adoption and implementation.

- **Preview the recommendations of the Policy Team with the Commissioner's of the Department of Human Resources, Department of Community Affairs and the Department of Community Health.**
- **Develop an implementation support strategy that would identify the expected public and private support for the adoption of the recommendations by the Governor and the recommendation for the identification of additional homeless support funds.**

Action Step 5.2

Re-affirm the functions of the Georgia Interagency Homeless Coordination Council by Governor's Executive Order.

- **Develop an outline of the proposed responsibilities, duties and membership of the Interagency Council.**
- **Direct the Commissioners of DHR and DCA to provide oversight for the Georgia Homeless Interagency Coordination Council and appoint members, delegate responsibilities, and assign initial tasks.**

Action Step 5.3

Develop a comprehensive, statewide, homeless data collection and analysis reporting capacity.

- **Conduct an analysis on the existing methodologies that are used to report on housing and services provided to homeless individuals. The review should include database systems maintained through the homeless Pathways Community, Inc. network, the local and state homeless Continuum of Care Plans, the U.S. Veterans Administration, the Georgia Department Corrections, and the various systems with the Georgia Department of Human Resources.**
- **Prepare a model for the aggregation of all the available data reports and assign the Georgia Interagency Council the responsibility to issue an annual Georgia Homeless Status Report.**

Action Step 5.4

Assign the Office of Planning and Budget the responsibility for developing a cost – benefit evaluation program to measure the impact of implementing the recommendations of the report.

- **Review the evaluation models used by the Corporation for Supportive Housing and the State of California and make modifications to establish an evaluation program for the State of Georgia.**
- **Secure written authorization from the various state and local governments necessary to identify and report homeless services and costs for program participants over a three-year review period.**
- **Develop a report projecting the cost of providing 1,600 units of permanent supportive housing target for the chronic homeless in comparison to the cost of continuing to treat the chronic homeless in the state public institutions (jails, prisons, hospitals, detoxification centers and crisis centers).**

Goal Six: Take the necessary actions to fully utilize the available federal and other funds available to address the needs of the homeless and to meet the goal of ending chronic homelessness in ten years.

- **Increase the financial capacity of the State Housing Trust Fund for the Homeless to support the development of 1,600 units of permanent supportive housing in ten years.**
- **Identify resources to provide the fifty- percent (50%) match associated with 15 of the 30 vacant slots for the Medicaid eligibility case workers and to establish case management teams to provide community support services directly to 750 chronically homeless individuals.**
- **Identify resources to continue the Department of Community Health development of homeless recuperative centers for post-hospitalization discharge of homeless individuals with immediate primary care health needs.**
- **Challenge local and state public housing authorities to award project based Section 8 Rental Assistance to developments providing supportive housing units in the State.**
- **Challenge local and state HUD Homeless Continuum of Care Plans to propose Shelter Plus Care applications that will provide rental assistance support to developments proposing supportive housing units in the State.**
- **Aggressively pursue all available funding through the federal homeless assistance programs including the HUD McKinney Homeless Supportive Housing Programs, the HUD Section 8 Rental Assistance Programs and the mainstream service programs administered by the U. S. Department of Health and Human Services (HHS) and the U. S. Veteran's Administration.**
- **Aggressively pursue funding partnerships with the private sector engaged in providing support for the nonprofit, faith-based homeless service community. Such partnerships shall include Homeward, Inc. of Atlanta, the Affordable Housing Program of the Federal Home Loan Bank, and the HomeAid America Program with the National Homebuilders Association.**

Appendices

- 1. State of Georgia Policy Academy Team Members**
- 2. Reports published by the Corporation for Supportive Housing**
 - **Impact of Supportive Housing for Homeless Persons with Severe Mental Illness: The New York / New York Initiative.**
 - **Supportive Housing and Its Impact on the Public Health Crisis of Homelessness.**
 - **Executive Summary, Connecticut Supportive Housing Demonstration Program.**
 - **Effectiveness of Integrated Services for Homeless Adults With Serious Mental Illness, State of California Health and Human Service Agency.**
- 3. Characteristics of the Homeless Populations**
- 4. Calculation of the Need and the Cost of Permanent Supportive Housing in Georgia**
- 5. A Plan: Not a Dream. How to End Homelessness in Ten Years. The National Alliance to End Homelessness.**
- 6. State of Georgia Application to participate in the Policy Academy.**

Georgia Department of Community Affairs



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