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STATE OF GEORGIA SFY 2009 HOMELESS ACTION PLAN

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 prevent homelessness, to transition homeless families back to self sufficiency and to end chronic homelessness within ten years.

To accomplish this vision, the State of Georgia Interagency Homeless Coordination Council (GIHCC) offers the following six goals and accompanying activities as a Plan of Action.

Goal One

Expand access to and use of the Federal mainstream housing and support service programs by homeless families and chronically homeless individuals. HUD-identified mainstream service programs include Medicaid, TANF, SSI, CHIP, Workforce Investment Act, Food Stamps, Adult Literacy, Vocational Rehabilitation and Veterans Benefits. Mainstream housing programs include the affordable and supported rental and homeownership programs administered by HUD, the Georgia Department of Community Affairs (DCA) and local agencies.

Outcome: Intake needs assessments will include mainstream eligibility screening procedures and protocols to ensure that appropriate referrals and enrollments procedures result in individuals and families receiving or maximizing their opportunity to receive the mainstream housing and/or services to which they are entitled or can benefit.

Action Step 1.1

Develop a toolkit that identifies strategies to end homelessness for various homeless sub-populations to be used by human service staff to better serve individuals and families experiencing homelessness through mainstream services

- Develop service mapping of mainstream housing and/or services resources available to assist individuals and families with ending homelessness. Each service should include a) description of the service, b) customer eligibility, c) service access, and d) website for more service/provider information



- Assess every individual and family on their housing status when applying for services, with a protocol in place to address the housing needs of those identified as living on the streets or in emergency shelters
- Review available information system capabilities to facilitate access to mainstream services and benefits (Pathways Compass, B.E.N., First Step) and provide recommendations on increasing their accessibility to service providers

Action Step 1.2

Decrease the average amount of time it takes homeless individuals to obtain disability benefits

- Identify increased access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits for mentally ill adults experiencing homelessness by establishing and tracking quarterly measures on the disability determination period AND the initial approval rate
- Document initiatives that have been successful at expediting the application process and disseminate information to other communities
- Increase the number of providers that have received SOAR training
- Increase the number of SSI Coalitions meeting across the State
- Provide training for Georgia physicians and psychologists on the appropriate way to document disability

Action Step 1.3

Recommend measures to improve access to mainstream housing and service programs by individuals and families

- Develop a mechanism to collect feedback from service providers and homeless individuals regarding the accessibility and availability of mainstream services
- Conduct a critical pathway study to outline access to basic services
- Develop report documenting challenges and recommendations regarding access to mainstream services
- Create ongoing opportunities for Agency staff and local service providers to share information

Action Step 1.4

Convene an Access to Service Subcommittee to oversee action steps under Goal One



Goal Two

Provide supported housing for chronically homeless individuals and families that is both affordable and appropriate for the delivery of supported services.

Outcome: There will be an increased number of new supported housing units added annually.

Action Step 2.1

Increase collaboration between agencies in the development, operation and support of permanent supported housing units

- Prepare a draft Memorandum of Agreement between DHR Office of Mental Health and DCA Office of Special Housing Initiatives outlining responsibilities, annual production goals, plan of action and joint RFP
- Engage DCH, DOL, DOJ and other agencies in a discussion about participating in the Memorandum of Agreement
- Disseminate standard template outlining the costs of development, operation and delivery of supported services for the proposed supported housing units (see 2.3)

Action Step 2.2

Document Existing Capacity and Available Resources for Permanent Supported Housing

- Create Statewide Inventory of Permanent Supported Housing including population eligibility
- Document existing sources of funding for PSH and develop strategies to increase the use of funding sources currently being underutilized (Medicaid, 811)

Action Step 2.3

Implement strategies to increase the quality of existing Permanent Supported Housing Programs

- Develop Housing Support Standards and Training Curriculum
- Conduct a survey of current PSH providers and operators in order to document current practice
- Hold a Permanent Supported Housing Conference to share best practices between agencies



- Provide Technical Assistance and Training for PSH providers/operators
- Implement a Performance Measurement System for all DCA funded PSH providers
- Explore the possibility of creating a Statewide Association of PSH providers/operators
- Establish a standard template outlining the costs of development, operation and delivery of supported services for the proposed supported housing units
- Disseminate Template from Action Step 2.1 to Supported Housing Developers and Operators
- Disseminate results from PSH survey and conference to Agencies in order to improve planning

Action Step 2.4

Increase access to existing Permanent Supported Housing Units

- Establish protocols and formal contractual agreements for the appropriate referral of 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
- Increase the number of PSH providers/operators that are listed on Georgia Housing Search
- Increase the number of PSH providers/operators using Pathways compass
- Document the number of individuals entering S+C that are unsheltered or in emergency shelter

Action Step 2.5

Convene Supportive Housing Subcommittee to oversee action steps under Goal Two



Goal Three

Develop and adopt state policies to end the discharge of institutionalized individuals (to include discharge from correction facilities, public health or mental hospitals, treatment facilities, foster care, or juvenile justice programs) directly to homeless facilities which are unprepared and unable to meet the supported service needs of the individual.

Outcome: Adoption of discharge policies by Governor’s Executive Order and Agency Board Resolutions. Expand and Replicate Successful Programs for Individuals Discharged from Institutions.

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

- Make Recommendations for Revisions of Existing Policies
 - Review Existing Discharge Policies
 - Review Best Practices
- Engage Additional Relevant Institutions/Groups in the Interagency Council
 - Georgia Association of Primary Health Care
 - Indigent Care Hospital Plan
 - GRIP Representative
 - Other
- Explore the possibility of assigning one agency the responsibility to provide oversight regarding the development of appropriate discharge planning guidelines by affected state agencies

Action Step 3.2

Identify Current Level of Need Related to Discharge of Institutionalized Individuals

- Assign the relevant state agencies the task of enumerating both the existing census of institutionalized residents that require services in community settings and the number of individuals “at-risk” of institutionalization due to inadequate or an insufficient inventory of community supported housing
- Explore available data (including HMIS) on the number of homeless individuals discharged from various institutions prior to homelessness



- Explore the possibility of Department of Community Health preparing a report that identifies the estimated need for post-hospitalization homeless facilities by region and the potential savings to the State that recuperative centers would provide
- Explore possibility of Data Integration Pilot between HMIS and Institution/Agency Databases
- Develop mechanism to provide feedback from local providers to State Agencies on successes and challenges related to individuals being discharged from Institutions

Action Step 3.3

Increase Collaboration between Institution Discharge Coordinators and Local Providers

- Develop a model for collaborative discharge policies and procedures for persons released from Federal, State and local correction facilities
- Develop mechanisms to educate discharge coordinators about resources available through State Agencies and local providers
 - Facilitate Access to Toolkit developed in Goal 1.1
 - Encourage discharge coordinators participation in local and regional planning
 - Provide Regional Training for Discharge Coordinators and State Mental Health Hospital Case Expeditors
- Explore and implement feasible models of “in-reach” to connect individuals with outside service providers before their discharge

Action Step 3.4

Expand and Replicate Successful Initiatives Providing Access to Housing/Services for Individuals being Discharged from Institutions

- Provide Recommendations on Successful Re-Entry Initiatives (June 2009)
 - Document Best Practices/Successful Initiatives that currently exist at local, regional and State level
 - Identify National Best Practices
 - Identify Potential Funding Sources
- Explore pre-release eligibility contracts with Social Security Administration
- Develop Plans to Expand and Replicate Successful Programs



- Develop recuperative centers for post-hospitalization discharge of homeless individuals with immediate primary care health needs
- Explore the possibility of requiring 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 DCH

Action Step 3.5

Expand and Replicate Successful Diversion Initiatives (e.g. Mental Health Court and Drug Court)

- Provide Recommendations on Successful Diversion Initiatives (June 2009)
 - Document Best Practices/Successful Initiatives that currently exist at local, regional and State level
 - Identify National Best Practices
 - Identify Potential Funding Sources
- Expand and Replicate Successful Diversion Programs

Action Step 3.6

Convene Discharge Planning Subcommittee to oversee action steps under Goal Three



Goal Four

Develop replicable local community planning model(s) to exemplify the process for integrated housing and service delivery strategies to be implemented at the local level for homeless persons. This model will include Guiding Principles in areas of collaboration, governance, authority and finances.

Outcome: Local housing and service collaboratives will adopt guiding principles as a prerequisite to State-supported funding.

Action Step 4.1

Improve community collaboration at the local level

- In collaboration with local providers and regional planning groups (including Continuum of Care Contacts), prepare a model outline for the creation of a community collaborative based on existing best models including the identification of critical long-term partners
- Implement requirements that any agencies receiving State Funding for homeless services are involved in local planning and collaboration

Action Step 4.2

Increase evaluation capacity of agencies and local planning groups

- Develop a model outline of outcome based measurements for program evaluation for use at the local and regional levels based on best practices in the area of outcomes measurement and program evaluation around plans to end homelessness
- Develop recommendations to State agencies regarding the adoption of common outcome measures for grantees on projects that impact homelessness

Action Step 4.3

Provide training and technical assistance to local providers based on local and national best practices

- Develop and conduct training workshops for other communities to promote the replication of community integrated homeless supported service programs with supported housing programs
- Initiate the development of a peer-to-peer technical assistance mechanism



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 these and future recommendations of the Council.

Outcome: Adoption of the SFY 2009 Georgia Homeless Action Plan by the Office of the Governor and presentation of the Annual Council Report at Agency Board / Commission meetings.

Action Step 5.1

Present SFY 2009 Georgia Interagency Homeless Coordination Council Action Plan to the Governor's Office for adoption

- Review the recommendations of the Georgia Interagency Homeless Coordination Council with the Commissioner of the Department of Human Resources, the Commissioner of the Department of Community Affairs, the Commissioner of the Department of Community Health, the Commissioner of the Department of Labor, the Commissioner of the Department of Corrections, the Commissioner of the Department of Juvenile Justice, the Superintendent of the Department of Education, and the Chairman of the Board of Pardons and Paroles
- Develop an implementation support strategy that would identify the expected public and private support for the adoption of the recommendations by the Governor

Action Step 5.2

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 of Corrections, and the various systems within the Georgia Department of Human Resources
- Prepare an outline of outcomes that will provide information regarding statewide progress on addressing homelessness. Outcome measurements could include: (a) tracking the reduction incidents of admissions to hospitals, jails, and crisis treatment facilities; (b) measuring the decrease in the length of stay at these



facilities; (c) monitoring the decrease in the period of homelessness by individuals receiving services through a collaborative model program; (d) monitoring workforce development and the number of clients hired, the type of employment, the pay rates, and respective retention; and (e) assessing the lengths of stay in stable housing

- Prepare a model for the aggregation of all the available homeless data reports
- Explore the possibility of pilot projects integrating Homeless Management Information Systems data with data from certain State Agencies in order to assess prevalence of homelessness and impact of homeless services

Action Step 5.3

Assign the Georgia Interagency Homeless Coordination Council the responsibility to issue an Annual Georgia Homeless Status Report and Action Plan based on the State Fiscal Year

Action Step 5.4

Evaluate current agency participation with the Interagency Homeless Coordination Council and recruit additional agencies

- Identify Agencies and/or Division that are not actively participating in the Council and encourage participation
- Evaluate reasons for lack of participation by some of the current agencies and stakeholders
- Encourage and reinforce active participation in the Council on an ongoing basis

Action Step 5.5

Convene Information and Evaluation Subcommittee to oversee action steps related to information, data and evaluation



Goal Six

Take the necessary actions to fully utilize and maximize the available Federal, State, public and private funds available to address the needs of the homeless and to meet the goal of ending chronic homelessness in ten years.

Outcome: Georgia continues to secure 100% of the annual HUD Continuum of Care pro rata share funding and other Federal funding with identified match provided through State, local and private funding.

Action Step 6.1

Assess current funding streams and funding availability. Provide recommendations for obtaining increased funding and maximizing existing funding.