Homeless in Georgia 2008

Georgia
Department of Community Affairs
July 2008
Letter from the Commissioner

Have you seen the face of homelessness? Maybe it was the face of someone sleeping in a doorway or under a bridge. Maybe it was the face of someone you served while volunteering at a local emergency shelter, clothes closet, or food pantry. Maybe it was the face of a friend or relative. How many faces are there? What is behind those faces?

*Homeless in Georgia 2008* is an effort to provide an overview of the problem and what is being done to address it. While this report is not the definitive work on homelessness in Georgia, we do hope that it will begin a statewide conversation on solving the problem.

The work of many people and organizations are reflected in the following pages, too many to thank them all individually. The genesis of this report was the 2008 Georgia Homeless Count, so we want to especially thank the communities that participated in that ambitious project. We are grateful for the assistance of Dr. Jane Massey who provided her expertise and enthusiasm as project manager.

I would also like to thank the faculty and staff of the A.L. Burruss Institute of Public Service and Research at Kennesaw State University for their invaluable work on the 2008 homeless count. And finally, I would like to thank Dr. Jennifer Priestly and Dr. Victor Kane of the Department of Mathematics and Statistics at Kennesaw State University for the development of a sampling methodology and model which allows us to speak credibly about the size of Georgia’s homeless population.

At the Georgia Department of Community Affairs, we embrace Governor Perdue’s Team Georgia approach to all that we do, believing that Together Everyone Achieves More. Solving homelessness in Georgia will be a team effort.

I hope the pages that follow inspire you to action.

Sincerely,

Mike Beatty
Commissioner
What is homelessness?
Homelessness is a difficult and complex issue. So much so, that there is even disagreement over the definition of who is truly homeless and who is not. The U.S. Department of Housing and Urban Development (HUD) defines someone as “homeless” if he or she:
- resides in an emergency shelter or in transitional/supportive housing for homeless persons; or
- resides in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, encampments, and dilapidated buildings

The U.S. Department of Education uses an expanded definition that also includes people who are:
- doubled up with family or friends due to economic condition
- living in motels and hotels for lack of other suitable housing
- migrant workers living in housing not fit for habitation

The State of Georgia, in the Act that created the State Housing Trust Fund for the Homeless in 1988, defined homelessness as “persons and families who have no access to or can reasonably be expected not to have access to either traditional or permanent housing which can be considered safe, sanitary, decent, and affordable.”

Because of the important variations in the definition of homelessness, this report primarily uses the more narrow HUD definition, except when otherwise noted.

What is chronic homelessness?
About 25% of the homeless population experience long spells of homelessness or have had numerous homeless episodes. These chronically homeless individuals use a disproportionate share of public services and are vulnerable to continued homelessness. HUD considers someone chronically homeless if he or she is unaccompanied, has a disabling condition and has been homeless continuously for a year or has had at least four episodes of homelessness in the past three years.

What is the impact of homelessness?
Homelessness has a profound impact on the individuals and families it affects including increased health problems, increased mental health problems, difficulty with maintaining employment, separation of families, and so on. Although we can sympathize with people who are in difficult straits, it is fair to ask why homelessness matters to the community at large. Homelessness affects more than just an individual or family. It affects the whole community in a number of ways. The costs of homelessness include:
- poor educational attainment and development among homeless children
- uninsured medical costs for a population with a high rate of disability
- public safety costs including police and jail costs for offenses such as panhandling, loitering, or vagrancy
- sanitation and litter control in parks and public spaces where homeless people congregate
- high cost of emergency shelters, transitional housing, and supportive services for individuals and families experiencing homelessness
- high cost of crisis services such as emergency room and ambulance services and inpatient hospitalization for acute and chronic health conditions as well as mental health crises
- lost wages and revenue from individuals that would otherwise be able to work if they had a permanent address

Myth: Homeless people are a fixed population who are usually homeless for long periods of time.
Fact: Research indicates that 40% of homeless people have been homeless less than six months, and 70% have been homeless less than two years.

University of Denver, Project Homeless Connect
www.du.edu/homelessness

Million-Dollar Murray
A February 2006 article in the New Yorker relates the story of Murray Barr, a chronically homeless man living in Reno, Nevada. Police Officers Patrick O’Bryan and Steve Johns had numerous interactions with Murray over many years. They began tallying costs such as arrests, incarcerations, ambulance service, and hospitalizations over a ten-year period. Officer O’Bryan said, “It cost us one million dollars not to do something about Murray.”


92% of homeless women have experienced severe physical and/or sexual assault at some point in their lives.

National Low Income Housing Coalition,
Violence Against Women Act, March 1, 2007
How many people are homeless in Georgia?

The difficulties of counting the homeless in any single community, much less a large state, have been discussed in detail by both researchers and advocates for the homeless. This report will not presume to provide a single, definitive, and indisputable number of persons who are homeless in Georgia. However, it is important to have at least some understanding of the magnitude and scope of the problem. Fortunately, a significant amount of data from multiple sources is available to indicate how many people in the state face the dreadful prospect of no place to live.

Point in Time Homeless Counts

The federal response to the problem of homelessness is embodied in the McKinney-Vento Homeless Assistance Act, first passed in 1987. The McKinney-Vento programs are administered by many federal agencies including HUD. In order to receive federal funding, communities must organize services within a Continuum of Care umbrella. In 2003, the U.S. Congress passed legislation requiring that the Continuums of Care conduct point-in-time homeless counts once every two years. Accordingly, each of Georgia’s Continuums of Care (CoCs) have been engaged in an effort to count the state’s sheltered and unsheltered homeless population.

The CoCs that cover Chatham, Cobb, DeKalb, and Fulton Counties and the consolidated governments of Athens-Clarke, Augusta-Richmond, and Columbus-Muscogee conduct homeless counts annually or biennially. For example, every other year, the Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness (Tri-J), comprised of the City of Atlanta, Fulton County, and DeKalb County, has over 500 volunteers and staff walk and drive the entire 750 square miles of the jurisdiction from midnight to 5 a.m., looking for unsheltered homeless people. This national best practice canvassing model is coordinated by Pathways Community Network for the Tri-J. On the same night, the Tri-J conducts a census of its emergency shelter and transitional housing beds. On January 25, 2007, the Tri-J count identified 6,840 sheltered and unsheltered homeless people in the two county area.4

Because the Balance of the State covers 152 counties, many of them rural, the Georgia Department of Community Affairs (DCA) has always performed an annual assessment of persons in shelters and transitional housing, but until 2008 did not have a feasible way to count unsheltered homeless people. Beginning this year, DCA used a sampling methodology and predictive model developed by statistics faculty at Kennesaw State University.5 The methodology took the unsheltered homeless count in 23 counties to arrive at a predicted count of unsheltered homeless persons by county. The count data used in the model included counts from 2007 and 2008. The counts conducted in the Balance of the State were done using surveys primarily collected at locations where people receive services. All of the count efforts around the state, along with the model, indicate that there were over 20,000 people in Georgia who were homeless at a single Point-In-Time (a one-night snap shot) during the last week in January.

The homeless count surveys collected in January 2008 also included a question about the length of time that people had been homeless. Using a weighted average of those responses provides an estimate of over 75,000 people who experience homelessness in Georgia at some time during one year.

Georgia’s Continuums of Care*

- Athens-Clarke County
- Augusta-Richmond County
- Cobb County
- Columbus-Muscogee County
- Georgia Balance of State (152 counties, administered by the Georgia Department of Community Affairs)
- Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness (City of Atlanta, DeKalb County, and Fulton County)
- Savannah-Chatham County (Chatham-Savannah Authority of the Homeless)

*Providing a planning and administrative umbrella for HUD-funding programs for the homeless

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2007 Tri-J Homeless Census — Point-In-Time

<table>
<thead>
<tr>
<th></th>
<th>Individuals</th>
<th>Family Members</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unsheltered</strong></td>
<td>2,071</td>
<td>44</td>
<td>2,115</td>
<td>31</td>
</tr>
<tr>
<td><strong>Emergency Shelters</strong></td>
<td>2,027</td>
<td>359</td>
<td>2,386</td>
<td>35</td>
</tr>
<tr>
<td><strong>Transitional Housing</strong></td>
<td>1,524</td>
<td>815</td>
<td>2,339</td>
<td>34</td>
</tr>
<tr>
<td><strong>Totals and %</strong></td>
<td><strong>5,622 (82%)</strong></td>
<td><strong>1,218 (18%)</strong></td>
<td><strong>6,840</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

2007 Housing Survey - Housing Status by Age Group

Source: 2008 Housing Survey
DCA and the other CoCs will be conducting new point-in-time counts during the last week in January 2009. These counts will provide an opportunity to refine the count methodologies and update our estimates for 2009. In addition, the counts will provide trend data for the participating communities and the state as a whole.

**Homeless Management Information System (HMIS) Data**
The U.S. Department of Housing and Urban Development has also mandated that Continuums of Care utilize a Homeless Management Information System (HMIS) for their federally funded programs for the homeless. In Georgia, all of the Continuums have adopted the use of the same system provided through Pathways Community Network. Statewide, 277 homeless service providers use Pathways HMIS. In 2007, these agencies enrolled 31,195 individuals and family members, in various service programs.

### 2007 and 2008 Unsheltered Homeless Counts and Predictive Model

![Map of Georgia showing homeless counts by county](image)

- **Less than 25**
- **25 - 49**
- **50 - 99**
- **100 - 500**
- **Greater than 500**

**The Hidden Cost of Homelessness**

Over 75,000 Georgians are homeless at some time during the year.

Estimation using predictive model

A Clarke County study released in February 2007 found that Athens hospitals, which are required to treat everyone regardless of ability to pay, spent at least $12.4 million in 2005 caring for the homeless, an average of almost $20,000 per homeless patient. A total of 576 homeless people made 7,000 visits to Athens Regional Medical Center and St. Mary’s Hospital in 2005.

Source: Athens-Clarke County Department of Human and Economic Development
Who is homeless in Georgia?
As part of the point-in-time count in January 2008, 1,578 unduplicated surveys were collected from people around the state who were having housing difficulties. The surveys focused on the housing status of the survey respondents and their families (2,041 people) on the night of January 27, 2008. The housing status of the survey respondents and their families is shown in the table below.

<table>
<thead>
<tr>
<th>Housing Status</th>
<th>Precariously Housed</th>
<th>Sheltered Homeless</th>
<th>Unsheltered Homeless</th>
<th>Housing Status Undetermined</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>861</td>
<td>428</td>
<td>556</td>
<td>196</td>
</tr>
</tbody>
</table>

The people categorized as “precariously housed” were staying with family or friends or in hotels/motels. These people would be considered homeless under the more expansive U.S. Department of Education definition of homelessness, but not under the definition adopted by the U.S. Department of Housing and Urban Development. Children were more likely to be in families that were precariously housed or living in homeless shelters. About 71% of the survey respondents who were precariously housed were women. The unsheltered homeless were generally middle aged adults, 59% of those survey respondents were men. The sheltered homeless were split almost evenly between women and men. Using the broader definition of homelessness, the majority of Georgia’s homeless population are women and children.

What causes homelessness in Georgia?
Two factors play a huge part in the lives of people who become homeless: extreme poverty and personal vulnerability.

Extreme Poverty
People can become homeless because of:
- very low incomes,
- unemployment, or
- the lack of available affordable housing.

Income and the cost of housing
People who are poor face a much higher risk of becoming homeless. Georgia’s poorest citizens, who earn 50% or less of the poverty level, are at particular risk.

<table>
<thead>
<tr>
<th>Housing Wage6</th>
<th>Annual Income Needed to Afford Fair Market Rent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia</td>
<td>Non-metro Georgia</td>
</tr>
<tr>
<td>One bedroom apartment</td>
<td>$25,712</td>
</tr>
<tr>
<td>Two-bedroom apartment</td>
<td>$29,084</td>
</tr>
</tbody>
</table>

*income needed to pay rent and utilities, without paying more than 30% of income on housing

Dr. Larry Keating, then Professor of City and Regional Planning at Georgia Tech, conducted a study looking at households with low or moderate-incomes who have one or more housing problems (cost burden, over-crowding, and/or lack of plumbing and complete kitchen facilities).7 Using data from the 2000 Census, Dr. Keating found that 256,146 households (renters and homeowners) were spending 50% or more of their gross incomes on housing. These are families for whom the cost of housing places them in danger of becoming homeless. Using those averages, over 725,000 Georgians live in households paying more than 50% of gross income for housing.

Nationally, for every 100 extremely-low-income renters there were 78 rental units that they could afford, but only 44 were actually available. The remainder were occupied by higher-income households.


In Georgia, a family needs a yearly income of $29,084 to afford a two-bedroom apartment - well above the poverty rate for a family of four.

Out of Reach 2007 - 2008, National Low Income Housing Coalition

Number of persons living in poverty in Georgia in 2006: 1.3 million
Number of persons with incomes that are one-half or less of the poverty level (extreme poverty): 595,665

U.S. Census Bureau, American FactFinder, S1701. Poverty Status in the Past 12 Months, 2006 American Community Survey

2008 Georgia Homeless Census Point-In-Time

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered - Census</td>
<td>8,355</td>
</tr>
<tr>
<td>Unsheltered -</td>
<td></td>
</tr>
<tr>
<td>Predictive Model</td>
<td>12,058</td>
</tr>
<tr>
<td>Total</td>
<td>20,413</td>
</tr>
</tbody>
</table>

Point-In-Time

Sheltered - Census

Unsheltered - Predictive Model

Total

20,413
Severely Cost Burdened
Number of Households

Severely Cost Burdened Home
Owner Households* 97,224

Severely Cost Burdened Renter
Households 158,922

*low and moderate income households paying 50% or more of their incomes on rent/mortgage and utilities, based on 2000 Census data

In December 2007, over 200,000 Georgians were receiving SSI (Supplemental Security Income). The recipients of these funds are low-income aged or disabled persons. The monthly SSI payment in Georgia (see below) is less than the Fair Market Rent for a one-bedroom apartment in the state.9

2008 Supplemental Security Income (SSI) in Georgia8

<table>
<thead>
<tr>
<th>Monthly SSI Payment</th>
<th>$637</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair Market Rent for One-bedroom Apartment</td>
<td>$643</td>
</tr>
</tbody>
</table>

Personal Vulnerability

The other factor that plays a role for many people that experience homelessness is a personal situation that leaves them vulnerable to the loss of housing, such as:
- mental illness
- substance abuse
- developmental disabilities or brain injury
- physical disabilities or chronic medical problems
- family violence
- prior evictions or poor credit
- criminal background

Many individuals and families have personal vulnerabilities that place them at significant risk of becoming homeless. Disabilities, including mental illness and drug and alcohol abuse, exact a terrible toll on people. In the 2007 Metro Atlanta Tri-Jurisdiction Survey, about 58% of the respondents indicated that they had one or more disabilities. Of those, 22% had multiple disabilities. From a survey of 24 cities, the U.S. Conference of Mayors estimates that about 22% of the homeless population suffers from a severe mental illness.10

Domestic violence plays a significant role in homelessness among women and children. In a 1998 study of homeless parents in ten U.S cities (most of whom were women), 22% said that they had left their last place of residence because of domestic violence.11

Past experiences and behaviors can also create significant barriers for individuals and families who are trying to escape homelessness. Being homeless can lead to arrests for behaviors such as trespassing and loitering. Criminal offenses such as these, and certainly more serious convictions, can make it difficult to pass a required background check when trying to rent permanent housing. Additionally, certain felony convictions make it difficult to obtain a bed in an emergency shelter. Likewise, prior evictions and poor credit can make it difficult to rent decent affordable housing.

Over 725,000 Georgians live in low income households paying more than 50% of gross income for housing.

What is Georgia doing to help people who are homeless?

Statewide Initiatives
The State of Georgia and many of its communities have been actively working to address the issue of homelessness for over 20 years. With the creation of the State Housing Trust Fund for the Homeless in 1988, the State dedicated funding for helping individuals and families end their homelessness. Today the State Housing Trust Fund provides funding to over 200 grantees across the state to implement a variety of strategies intended to address homelessness. The funding is a combination of State and Federal dollars from the U.S. Department of Housing and Urban Development. These strategies include homeless prevention, emergency shelter, transitional housing, supportive services, and permanent supportive housing. They also provide funding for communities to hold resource fairs and participate in the homeless count.

The Housing Trust Fund provides rental assistance funding for over 1,200 units of housing for individuals and families with disabilities. In addition, the Permanent Supportive Housing Program at DCA provides funding for the development of new supportive housing units. State and Federal funding enables local services providers to provide support for residents.

The Department of Human Resources (DHR) has a number of programs that assist individuals and families that experience homelessness, including funding for domestic violence services through the Family Violence Unit, homeless outreach through the Projects for Assistance in Transition from Homelessness (PATH) program, and expedited access to Social Security Disability Benefits through the SSI/SSDI Homeless Outreach Access and Recovery (SOAR) initiative. The SOAR initiative works closely with the Department of Labor and the Disability Adjudication staff to improve the social security application process for individuals who are homeless.

The Department of Education, through the McKinney-Vento homeless liaisons in each school district, provides services for children who are experiencing homelessness. Services are provided to prevent children from falling behind in school because of homelessness. The Department of Community Health, through the Healthcare for the Homeless Program, provides funding to provide primary health care for individuals and families who are homeless.

There are also several state initiatives to address the needs of individuals being released from state prison. One of these initiatives is the Re-entry Partnership between the State Board of Pardons and Parole, Department of Corrections, Criminal Justice Coordinating Council, and the Department of Community Affairs. The Department of Corrections also has a Faith and Character Based Re-entry Initiative. These programs attempt to prevent ex-offenders from falling into homelessness by connecting them with temporary housing and employment opportunities.

Coordination and Collaboration
To coordinate the various initiatives of all the State Agencies that work to address homelessness, the State formed the Interagency Homeless Coordination Council in 2004. The Council was able to develop the State of Georgia Ten Year Plan to End Homelessness. The Council has representatives from multiple agencies and meets quarterly.

The Georgia Coalition to End Homelessness (GCEH) is a statewide nonprofit and advocacy organization that provides training and technical assistance to homeless service providers, information and advocacy for policy makers, and a Help Line for those facing homelessness. In 2007, GCEH reported providing 460 hours of technical assistance and training to 132 homeless service providers.

School Aged Children and Homelessness
Homelessness has a profound impact on children. Data from the U.S. Department of Education (DOE) indicates that while 87% of homeless youth are enrolled in school, only 77% attend regularly. Homeless families move frequently impacting their children. An Institute for Children and Poverty study showed that 51% of homeless children transfer schools two or more times. There are estimates that 3-6 months of education are lost to every move.

The Georgia Department of Education collects data from each school district on homeless school children. In the 2007-2008 academic year, 22,888 children in Georgia public schools were reported to be homeless.
Emergency and Transitional Shelter Beds

Permanent Supportive Housing Beds

Serving Georgia’s Homeless: 2007 Statewide Bed Inventories

<table>
<thead>
<tr>
<th>Type</th>
<th>Individual</th>
<th>Family Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>2,638</td>
<td>1,337</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>2,519</td>
<td>2,338</td>
</tr>
<tr>
<td>Permanent Housing</td>
<td>2,318</td>
<td>1,493</td>
</tr>
<tr>
<td>Total</td>
<td>7,475</td>
<td>5,168</td>
</tr>
</tbody>
</table>

Number of Beds
- 0
- 1 - 25
- 26 - 99
- 100 - 500
- Greater than 500

Source: 2007 Continuum of Care Housing Inventories
Local Initiatives

Two metro area planning bodies include the Regional Commission on Homelessness in Metro Atlanta and the Chatham-Savannah Authority for the Homeless. There are also a number of coalitions at the state and regional levels that participate in advocacy, planning and service delivery.

A number of communities have used federal, state and local funding to create innovative initiatives to address homelessness. Some examples of these innovative initiatives include:

- The 24/7 Gateway Service Center in Atlanta has served more than 12,000 people over the last two years. Gateway provides 300 beds designated to various programs such as mental health, employment and substance abuse. There is also a women and children’s center with 30 beds.

- Athens recently held the first Project Homeless Connect Athens, based on a national model encouraged by the United States Interagency Council on Homelessness. The Athens event had over 140 attendees who received a variety of services including haircuts, health and dental screenings, legal counseling, food stamp applications, and AIDS/HIV testing. Almost 50 service providers participated in the event.

- An evaluation of the Education and Community Services Engagement Linkage program (ECSEL) was initiated in the spring of 2005 by Georgia State University in cooperation with the United Way of Atlanta and Grady Health System. The evaluation was conducted to assess whether the ECSEL program improves outcomes for homeless mentally ill clients better than traditional case management services. The ECSEL approach provides more support for homeless mentally ill patients than traditional case management. The study found an average net savings of $5,200 per person due to improvement in housing status and decreases in incarceration and hospitalization.\(^{12}\)

- The Behavioral Health Services Program of Union Mission, Inc. is provided through the Savannah Area Behavioral Health Collaborative (SABHC) in partnership with the Chatham-Savannah Authority for the Homeless and Memorial Health University Medical Center.\(^{13}\) The program offers mental health and substance abuse treatment programs for adults in Chatham and surrounding areas. The services include diagnostic assessments, psychiatric services, day treatment, group therapy, community support, residential services, and medication assistance.

- Hope House, Inc. in Augusta held a Groundbreaking Ceremony in January 2008 for its Permanent Supportive Housing project called “The Highlands West.” Hope House, Inc. provides long-term housing needs and a “Best Practice” therapeutic recovery program for women and women with children who are suffering from the disease of chemical addiction and a co-occurring mental health illness. The property consists of 5.22 acres of land and one building. Rehabilitation of the existing building will be used as office space for Hope House staff and clinical space to provide supportive services to its clients. The development also includes the new construction of 42 new permanent housing units for its clients. Construction is expected to be completed in September 2008.

Regional Coalitions

- Northeast Georgia Homeless Coalition
- Southwest Georgia Homeless Coalition
- Macon Homeless Coalition
- Homeless Task Force (Atlanta)
- Columbus Homeless Task Force
- Dalton-Whitfield Housing Stability Committee
- Rome Homeless Task Force
- Albany Homeless Task Force
- Mayor’s Council on Homelessness (Augusta)

In State Fiscal Year 2007, Housing Trust Fund grantees provided 5,516 bed spaces in emergency and transitional shelter. These bed spaces housed an average of 4,187 individuals and/or families a day.
Cobb County non-profit organizations are working with local health care providers to develop alternative placement options for homeless individuals. Alternatives are needed that provide more suitable care settings and reduce overall costs to the health care system. Their research in Georgia and other states indicates that buy-in by the health care system is key to developing a sustainable program. They hope to initiate new options this year that will reduce unnecessary hospitalization for homeless individuals, while more efficiently using community resources.

The Macon Housing Authority’s Shelter Plus Care program successfully combined housing assistance with supportive services for homeless persons during the late 1990s. MHA provided the housing assistance and the River Edge Behavioral Health Center provided the supportive services for assisted families. However, both agencies wanted to improve the basic program model. To better serve homeless persons with a mental health and/or a substance abuse diagnosis, MHA, River Edge and In-Fill Housing, Inc. developed Grove Park Village (see sidebar this page). This 40-unit multi-family development, completed in 2005, provides affordable residential housing where residents pay no more than 30 percent of their adjusted monthly incomes for rent. River Edge staffs a fulltime case manager at Grove Park Village. The $3.2 million development cost for Grove Park Village was provided by a DCA Permanent Supportive Housing Program loan using resources from the federal HOME program and the State Housing Trust Fund for the Homeless. When spread out over the expected life of the development, the per unit cost is approximately $2,700/year, compared to the $84,600 annual cost of hospitalizing patients for mental health or substance abuse.

After the 2000 Census, the City of Dalton became a CDBG Entitlement community and was required by HUD to complete a Consolidated Plan. The Needs Assessment for that Plan highlighted dismal housing conditions in the community. In response, the City asked the Dalton-Whitfield Community Development Corporation to help both city and county governments deal with this issue. A Homeless Summit was convened in 2005 as the first activity to address that request. The Committee for Housing Stability was formed as a result of that Homeless Summit. The Committee is comprised of approximately 40 agencies which all share the need to find safe and decent housing for their clients. The agencies have entered into a Memorandum of Agreement in order to be able to work cooperatively to locate all resources available to their client households. Working together, the Committee for Housing Stability is helping address homelessness and housing stability in Dalton and Whitfield County.

- Cobb County non-profit organizations are working with local health care providers to develop alternative placement options for homeless individuals. Alternatives are needed that provide more suitable care settings and reduce overall costs to the health care system. Their research in Georgia and other states indicates that buy-in by the health care system is key to developing a sustainable program. They hope to initiate new options this year that will reduce unnecessary hospitalization for homeless individuals, while more efficiently using community resources.

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Next Steps
National research indicates that the most effective strategy for addressing homelessness is to move individuals and families into permanent housing as quickly as possible. Preventing or minimizing the amount of time spent in the homeless service system and providing services to individuals within permanent housing settings is more effective than long stays in emergency and transitional shelters. This change in our understanding of how to best impact homelessness requires a shift away from the traditional model of long shelter stays and two year transitional housing programs. Strategies such as Housing First, Rapid Re-Housing, and Homeless Prevention hold promise as better responses to the problem.

A constant challenge for homeless service providers is adequate resources, especially for supportive services. HUD concentrates its focus on funding housing, with the expectation that service funding will come from other sources. However, this puts additional stress on the existing supportive services available in the State. It also makes it difficult for service providers to help those that are hardest to serve, especially chronically homeless individuals. Unfortunately, these are often the individuals who are utilizing a great deal of state resources and who need help the most.

To better understand what is and is not effective in combating homelessness, evaluations on the success of the programs is important. In SFY 2009, DCA is implementing housing support standards which set a minimum level of service standard and tracks the success of individuals and families utilizing the homeless service system. It is expected that these standards and performance measurement will improve the homeless service delivery system across the state.

Community awareness and public will are also challenges to addressing the issue of homelessness. It is easy in suburban and rural areas to assume that homelessness does not exist, while in urban areas, homeless individuals are seen as a public nuisance. Increased education and awareness about the extent and causes of homelessness would assist the communities of Georgia in coming together to address the issue. One example of a community education initiative currently in place is the Union Mission Homelessness 101 Curriculum in which volunteers are educated about poverty and homelessness before they participate in volunteer activities.

A continual challenge for addressing homelessness is fully understanding the extent and nature of the problem. We hope that this report is just the first step in increasing our understanding of homelessness in Georgia.

Ms. Smith and SOAR
The DHR SOAR Project team first met Ms. Smith under a bridge in downtown Atlanta. It was 5:00 in the morning and she had just fallen asleep after having been awake all night due to her crack use. Her psychiatric medication had been stolen the night before. She was dressed in an old, dirty tank top and carried all of her belongings in a ragged bag. She said that she was ready to get off of the street and away from the awful smells under the bridge. Ms. Smith was very depressed and did not have the energy to change her clothes or go through her normal grooming routine.

Ms. Smith has been diagnosed with Bipolar Disorder and often experience symptoms of posttraumatic stress disorder. She has been using crack cocaine for the last 20 years. The drug gives her a momentary break from her racing thoughts and manic moods. Ms. Smith continuously tries to get treatment for her mental health symptoms but often finds her depression and anxiety unbearable and so she treats those symptoms with substances. Her ability to function in the community had been worsening over the last 2 years. When we met her, she had been homeless over a year. Ms. Smith came with the team to the Gateway homeless shelter and began talking with us. Ms. Smith had applied for SSI in the past and been denied. She had most recently applied a few months prior to our first meeting. Upon calling the SSA 1-800 number, we found out that she had been denied for failure to communicate. Fortunately, we were able to help Ms. Smith file a Request for Reconsideration. Ms. Smith’s application was approved! Since we were able to appeal her original case, Ms. Smith received back payments and currently receives $623 a month. She is moving into her own apartment and is receiving outpatient mental health treatment. She still struggles with her addiction, but is on the first stepping-stone to recovery.

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End Notes

1 State Housing Trust Fund for the Homeless Act. Official Code of Georgia Annotated (O CGA) § 8-3-301

2 Carol Caton, Carol Wilkins, and Jacquelyn Anderson, People Who Experience Long-Term Homelessness: Characteristics and Interventions. 2007 National Symposium on Homelessness Research.


8 Out of Reach 2007-2008.


11 National Coalition for the Homeless, Why are People Homeless? NCH Fact Sheet #1, June 2007.

12 James Emshoff, An Analysis of the ECSEL Program Outcomes of an Atlanta-based Intensive Community Treatment for the Homeless Mentally Ill, Georgia State University, February 2008.

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