Permanent Supportive Housing in the Atlanta Tri-Jurisdiction

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INTRODUCTION

In the early to mid-2000s there was a national push to address growing homelessness in the United States. As a result over 200 jurisdictions have enacted "blueprints" or plans to end homelessness in ten years. Midway through the duration of the plans we were met with a financial crisis that led to the "Great Recession." As a result, factors such as increased unemployment and decreasing government and philanthropic funding have helped to increase the risk of homelessness and the number of people living on the streets and in shelters. Over time, policy makers have initiated a number of responses to eliminate the number of people living on the streets, and place them in shelters or homes. More recently, there has been a shift away from focusing on treatment and rehabilitation of certain subgroups of homeless, toward ensuring placement in permanent affordable housing, with a secondary focus on simultaneously providing supportive services.

In 2003, the Regional Commission to End Homelessness commenced the Blueprint to End Homelessness in 10 Years (Citizens Commission on Homelessness, 2004). Though homelessness has decreased since adopting the plan, the goal of ending homelessness has yet to be reached in any jurisdiction and there are increasing questions as to whether or not trying to eradicate homelessness is even a realistic goal. This paper examines the role and needs of permanent supportive housing in the Atlanta Tri-Jurisdiction, which covers the City of Atlanta, DeKalb County, and Fulton County. In addition, through case studies of other plans to end homelessness, and strategies by other cities looking to increase the supply of affordable and permanent supportive housing, I set out a number of recommendations housing production and efficient steps to carrying out the continued efforts at reducing homelessness.

METHODOLOGY

In analyzing the need to supply permanent supportive housing in Metro Atlanta, I first conducted a literature review to explore early explanations of homelessness and the responses; in addition to exploring research that has been conducted to examine the issue of homelessness in Atlanta. It also examines the two dominant models of addressing homelessness in the United States, the Continuum of Care (linear) approach and the Housing

First model. The literature review revealed that there is a growing push to place emphasis on chronic homelessness and in particular on the use of the Housing First model of providing permanent supportive housing as a primary strategy to ending homelessness.

HUD Continuum of Care Homeless Assistance Programs Populations and Subpopulations, Housing Activity, and Grant Award reports for 2005, 2007, and 2009 were reviewed to obtain information on the official homeless counts and bed inventory, as well as federal funding through the Continuum of Care program. This information was used to estimate projected homelessness and unmet needs to decrease the overall homeless population, with particular emphasis on the chronically homeless. In addition, data for 2003 was obtained from the Tri-Jurisdictional Collaboration Homeless Census and Survey. Because HUD only requires the homeless census every two years, there are only 4 years of observation.

To gain more understanding of the unmet needs and challenges, as well as strategies to maximize efficiency, I conducted a total of four interviews. Three interviews were with stakeholders in addressing the needs of homeless persons and families, and one interview with a provider of supportive housing and services. The stakeholder interviews were important to understanding challenges and opportunities from the perspective of those involved in many of the decision-making roles in administering homeless programs. The discussions with stakeholders focused on the issues of providing funding and the existing and impending strategies for providing housing. It was necessary to speak with a provider of supportive housing and services because of the firsthand understanding of the needs of homeless people, as well as the impact of the unmet needs. The discussion focused on the effectiveness of programs already in place, such as the Gateway Center, as well as challenges to finding housing for those seeking services. Finally, case studies of the Portland/Multnomah County and Seattle/King County Plans to End Homelessness were used to examine their approaches to carrying out their plan to reduce homelessness. Both jurisdictions were chosen due to their comparable size in total homeless population and relative success of the Housing First model.

DEFINITIONS

Chronic Homelessness – according to federal policy, one who is:

- An unaccompanied homeless individual with a disabling condition who has been continuously single for a year or more, OR
- An unaccompanied homeless individual with a disabling condition who has had at least four episodes of homelessness in the past three years (U.S. Department of Housing and Urban Development, 2007).

Permanent Supportive Housing – permanent, affordable housing linked to health, mental health, employment, and other support services (Corporation for Supportive Housing).

LITERATURE REVIEW

Earlier Studies and Responses to Homelessness

Over time, policies and studies on homelessness have varied and evolved, but the issue of homelessness is certainly not a new phenomenon. One of the earliest studies of homelessness, by Nels Anderson in 1923 focusing on Chicago, found that the causes of homelessness fell into one of five categories: 1) unemployment and seasonal work; 2) industrial inadequacy, or "misfits of industry", due to physical handicaps, mental deficiencies, occupational diseases, or lack of vocational training; 3) personality defects, including constitutional inferiority or egocentricity that leads to problems with authority; 4) racial or national discrimination; 5) or wanderlust, the desire for a new experience or adventure which leads to homelessness (Anderson, 1923). A large number of the homeless population at the time, however, was a result of fluctuation in industry forces, including seasonal changes and unemployment (Id.). Anderson found that the social services provided for the homeless population was "remedial, rather than preventative; unorganized and haphazard rather than organized and coordinated (Anderson, 1923, p. 269)."The study lists several social service organizations, including The American Legion, The Jewish Social Service Bureau, The Dawes Hotel, the Christian Industrial League, and Cook County, which provide services such as emergency housing, family relief, free medical care, food, and clothing. It is the uncoordinated efforts, however, lead to duplicated efforts and low standards of assistance (Id.). As a result of his findings, Anderson recommended that the response should be a national one, focusing on establishing regulatory measures and boards that would encourage employment through public

works and training, as homelessness was a result of larger problems of industry (Anderson, 1923, p. 271).

O'Flaherty briefly discusses some of the traditional responses to addressing homelessness, which includes missions for single adults, ticketman systems, shelters for single adults, and shelters and hotels for families (O'Flaherty, 1996). Beginning as early as 1883, with the founding of the Salvation Army in London, religious, non-governmental and government-run shelters were traditionally places where single individuals could stay. Where the religious missions focused on treatment and rehabilitative services to those deemed appropriate, the "wayfarers, sinners, and people who just happen to be down on their luck" traditionally went to the government-run facilities which operate under strict contracts (O'Flaherty, 1996, p. 44). The tradition of missions, however, has been to "do more for fewer people."O'Flaherty's survey of several cities, including New York, Newark, and Chicago, has shown that since the 1960s, there have been fewer missions, leading to fewer beds, attempting to provide more intensive services (Id., p. 48).

The ticketman systems that emerged after World War II were a process in which homeless men, in New York, Newark and Chicago, went through an intake process at a central location to prove items such as legal residency, low income, or inability to work. After eligibility was determined, they received a ticket, as opposed to the usual type of aid in the form of a check, if they were determined to need assistance with handling funds or had "pathological symptoms" (O'Flaherty, 1996, p. 49). The type of tickets varied from lodging, to meals, to clothing, depending on the determined need (Id.).

Growth of Homelessness in the 1980s

The Housing Act of 1949 was the first attempt to declare that all citizens should receive decent housing, and as a matter of federal concern (Yeich, 1994, p. 23). However, because federal housing policy has traditionally been a "lottery" system, with little chance of obtaining adequate assistance, and issues of a political, economic, and racial nature, adequate housing for the poor has made little progress since the 1949 Act (Yeich, 1994). It should be noted that by 1987, budget authorization for low income housing fell from $33 billion in 1981, near the

beginning of the Reagan administration, to $8 billion (Ringheim, 1990, p. 14, citing Dreier, 1987). The reduction of federal housing assistance was primarily aimed at the poor, as evidenced by the fact that 52% of housing subsidies went to households with income greater than $50,000 and only 16% of housing subsidies went to households with incomes of less than $10,000 (Yeich, 1994, p. 23). Careful not to ignore the fact that social issues, such as alcoholism, mental illness and substance abuse increased by the 1980s and that many homeless individuals have these problems, Ringheim argues that the redistributive policies of the time, including a tax system that increased the disposable income of the top 20 to 30 percent of income earners, and decrease in federal housing assistance to the lowest earners helped to widen the gap between the rich and poor (Ringheim, 1990, p. 29).

The loss of Single Room Occupancy (SROs) structures, or hotels, has also been cited as a reason for the increase in homelessness during the 1980s. These were often homes to the "marginally functional" or mentally impaired individuals (Ringheim, 1990, p. 24). Citing the "well-intentioned" urban renewal policies, and also rising land prices in the central cities, Ringheim argues that the widespread elimination of these hotels, without replacement housing or mental health services, helped to add to the homeless problem (Ringheim, 1990). The demolition of SROs was most severe in New York and Chicago, with approximately 18,000 SRO units being demolished between 1973 and 1984 in Chicago alone. Seattle was close behind with 15,000 units demolished between 1960 and 1981 (Ringheim, 1990). In fact, "throughout the 1970s, the mentally ill who had been released from state facilities continued to occupy SROs. Homelessness did not emerge as a widespread social problem until the early 1980s" (Ringheim, 1990, p. 26, citing New York Times, March 6, 1989).

History of Homelessness in Atlanta

Historically, it seems that Atlanta and Georgia have followed the national trend of deinstitutionalization as the State of Georgia adopted such a policy in 1973 (Research Atlanta, Inc., 1984, p. 14). Upon release, many of the mentally ill patients in Georgia were placed into halfway houses that provided transitional support. Between 1979 and 1983, the number of churches providing free emergency shelter in Atlanta had decreased significantly (Research

Atlanta, Inc., 1984, p. 43). At the time of the report, Research Atlanta indicated that Atlanta could host at least 3,000 homeless individuals at any one time, not including the thousands more that were "marginally housed in charitable institutions, cheap single-resident occupancy (SRO) hotels and boarding houses" (Research Atlanta, Inc., 1984, p. 2), where the night shelter capacity was approximately 1,380 for homeless men, women, and children combined (Research Atlanta, Inc., 1984, p. 44). In 1988, Georgia Institute of Technology, in partnership with the City of Atlanta's Office of Community Development conducted a study that found the number of homeless people in Metro Atlanta reached between 7,300 and 10,000 (Research Atlanta, Inc., 1997, p. 2). By 1995, the number rose to 11,300, using a point-in-time approach, and 47,200 based on the annual prevalence for 1994 (Id., p. iv).

Stewart B. McKinney Homeless Assistance Act of 1987 and the Continuum of Care

As a response to the nationally growing homeless population, the Reagan administration passed the McKinney Homeless Assistance Act of 1987, which would carry out the following functions: expand emergency food and shelter grants administered through the Federal Emergency Management Agency (FEMA); funded Emergency Shelter Grants, administered through the Housing and Urban Development (HUD); provide community-based healthcare services for the mentally ill and substance abusers; expand job training; and provide funding for emergency food programs through the Department of Agriculture (Hays, 1995, p. 247).

The Clinton administration enhanced the federal response to the issue of homelessness, on a larger scale than that of former administrations, but not without its critiques. According to an Administration report, the shortage of affordable housing is a primary reason for continued homelessness, though social issues, such as mental illness, contribute to the problem (Hays, 1995, p. 270). During the Fiscal Year 1995 budget, the spending recommendations addressing homelessness increased, but at the expense of other housing programs (Id.). It is the Clinton administration that refocused the efforts at addressing homelessness to permanent housing under a policy of "Continuum of Care" (Id., p. 271). The McKinney Act was amended in 2000 as the McKinney-Vento Act of 2000, which provides for a more comprehensive approach. Under

the Act, HUD oversees the following programs, in addition to the standing Emergency Shelter Grant: the Supportive Housing Program (SHP); Shelter Plus Care (S + C); and Section 8 Moderate Rehabilitation Single-Room Occupancy ("Section 8 SRO") Dwellings (Schwartz, 2006, p. 212). The Continuum of Care under HUD, established in 1994, provides a venue for communities to submit an application to compete for national funds by describing their overall strategy to address homelessness (Id.). To apply, the plans must address the following areas: outreach, intake and assessment to identify the needs to be linked to appropriate housing and services; emergency shelter and other adequate alternatives to living on the street; transitional housing with supportive services; and permanent housing and services (Id.). According to Schwartz, however, the funding under these programs has yet to sufficiently address and end the homeless problem (Id., p. 213).

The Continuum of Care strategy is also characterized as a "Linear Residential Treatment" approach. The goal is for clients to become self-sufficient, and leading to living in independent permanent housing (Tsemberis, 1999, p. 226). Participation requires that the clients take prescribed medication, obtain provided mental healthcare, and remain sober for a period ranging from 6-18 months (Tsemberis, 1999). Though the process appears to be comprehensive enough, covering housing, covering housing as well as mental health and substance abuse assistance, the linear approach has been widely critiqued as lacking consumer choice in terms of residential preference, privacy and control; it is based on the assumption that the skills that are learned through the process will transfer beneficially to another setting; and it assumes that independent living of the clients will require little to no support (Id., p. 277).

By 1999, however, the HUD Continuum of Care program began to focus more of its funding allocations on permanent housing; requiring that at least 30 percent of McKinney-Vento homeless assistance fund such housing (HUD Office of Community Planning & Development, 2009, pp. 17-18). The new focus on permanent housing was a result of a reduction in permanent housing activity that occurred as a result of increased funding for transitional housing and supportive services in the mid-1990s through the Continuum of Care program (Id.). Between 1994 and 1998, HUD homeless assistance funding decreased from 60

percent to 20 percent of total allocations (Id.). Now that more funding is placed on permanent housing, however, funding for other components of the Continuum of Care system has been reduced. Furthermore, components including homeless prevention, emergency shelter, and income supplements are not eligible under the three Continuum of Care programs (Id.).

Housing First Model

Founder of the Pathways Supported Housing (PSH) program in New York City, Sam Tsemberis, helped create a model which has been widely accepted by communities as part of their overall strategies to address homelessness. "The program, founded on the belief that housing is a basic right, offers immediate access to independent housing and program services attuned to consumers' priorities" (Tsemberis, 1999, p. 228). The major components of the program include: a) separate housing and treatment agencies; b) support and treatment services provided in the community; c) services which are available on a 24 hour basis; and d) service plans tailored to the individual needs of each tenant (Id.). An important distinction between what has become known as the "Housing First" model and the Continuum of Care or Linear methods is that tenants are not required to participate in psychiatric treatment or even abstain from using drugs or alcohol to receive housing services (Id.). In fact, what would be the most stringent requirements are actually strong recommendations. These include tenants agreeing to visit with a service coordinator at least twice a month, pay 30 percent income as rent, and take part in a money-management program (Tsemberis, 1999, p. 229).

To evaluate the effectiveness of the program, Tsemberis and Pathways conducted two quantitative studies of comparison between the linear and supportive housing approaches. The studies covered housing stability, and tenant characteristics and service use or satisfaction of the PSH method. It should be noted that though this is a quantitative study, it is conducted by the Pathways group which uses the advocated model against whom it is compared. In evaluating housing stability, the PSH program had a stabilization rate of 84.2 percent over a period of almost 30 months (Tsemberis, 1999, p. 232). A sample of 139 clients remained in their housing for an average period of 29.55 months (Id., p. 231). Under the linear method, however,

1,707 out of 2,864, 59.6 percent of residents, remained housed over a two year period (Id., p. 232).

Pathways studied the correlation between tenant characteristics and service use and satisfaction to determine whether the use of the services had a positive relationship between mental health, substance abuse, and physical health (Tsemberis, 1999, p. 233). According to the study "the supported housing program is consumer driven, allowing for substantial input from tenants in determining frequency and duration of service contracts. If, however, tenants experience health or substance use problems, the laissez-faire approach appears to change and service coordinators adapt to an assertive role intervening with greater frequency" (Tsemberis, 1999, p. 237).

Focus on Chronic Homelessness

In 1998 study of the typology of homelessness used a cluster analysis to examine the shelter patterns of transitional, episodic, and chronic homelessness (Kuhn & Culhane, 1998). The study found that although the chronically homeless make up only about 10 percent of the total population, they consume about half of all shelter days, in which shelter serves as more of a long term solution, rather than emergency care for this subpopulation (Id., p. 229). A 2001 brief for the Urban Institute described homelessness in America as a "revolving door crisis" in which whereas some people exit homelessness quickly, more become homeless each day (Burt, 2001, p. 1). In studying patterns of homelessness, Burt recognizes that those experiencing a single episode of homelessness may require more simple solutions, such as rental assistance, whereas those experiencing homelessness for longer periods, or chronically, would need greater support, and for a longer period of time though they make up a much smaller proportion of the homeless population (Id., p. 4). Her brief concluded that only policies addressing affordable housing will target both those currently homeless, and also at risk or becoming homeless (Id., p. 5). In addition, a more recent brief by the National Alliance to End Homelessness suggests that permanent supportive housing under the Housing First model has been the most effective at addressing the needs of the chronically homeless, citing studies of successful programs in New York City for those with mental illness and Seattle, which focuses

on chronically homeless individuals battling alcohol abuse (National Alliance to End Homelessness, 2010).

Comparison of Housing First and Linear Approaches

It is important to note that the Housing First method primarily on homeless persons with medical and non-addictive mental conditions (Crouch, Kertesz, Cusimano, & Schumacher, 2009, p. 502). The linear approaches, on the other hand, target homeless persons with a variety of disabilities and anticipate that they will enter rehabilitative programs that will result in eventual long-term housing in a subsidized or private manner (Crouch, Kertesz, Cusimano, & Schumacher, 2009, p. 510). Whereas participation in rehabilitative services is not required in the Housing First approaches (see Tsemberis, 1999), failure to comply with rehabilitation requirements under linear approaches may result in restriction of services or even discharge (Crouch, Kertesz, Cusimano, & Schumacher, 2009, p. 510). As discussed earlier under the Housing First discussion, a Pathways Supported Housing study showed that the housing retention for the Housing First model was higher than that of the linear approach or traditional approach. However, results of that nature are likely due to the fact that clients often do not receive effective addiction treatment and the public resources for the homeless tend to be severely underfunded (Id., p. 512).

Homelessness as a *Housing* Issue

In reviewing the two dominant approaches to addressing homelessness on a comprehensive basis, there appears to be limited research outside of focusing on mental health and substance abuse, and even less focus on Metro Atlanta. Ringheim argues that while a large percentage of the homeless population are mentally ill or engage in substance abuse, the increase in homelessness in the 1980s was attributed to the "housing squeeze" linked to the poverty of renters and rising rents, as discussed above (Ringheim, 1990, p. 28). Her hypothesis is that homelessness is causally linked to a mismatch in availability of affordable housing and demand by low income renters for low cost housing (Id., p. 36-37). O'Flaherty also argues that rising homelessness is an issue of housing because: 1) the minimum income needed rises and 2) more households are below that income (O'Flaherty, 1996, p. 117). Possibly supporting the idea

of permanent housing, or the Housing First method, O'Flaherty goes further to argue that providing shelters, one of the primary responses to homelessness, must cause at least some decrease in low income housing (1996, p. 121), and "it is a disincentive to work and an incentive to abuse substances, since increasing their housing expenditures by a small amount doesn't increase the quality of their surroundings" (1996, p. 281). One study, however, found that shelters are points of access to housing programs in that the homeless participants that stayed in shelters received more access to information about housing programs, namely, permanent supportive housing programs (Dickson-Gomez, Convey, et. al., 2007, p. 5).

PERMANENT SUPPORTIVE HOUSING IN THE ATLANTA TRI-JURISDICTION

Blueprint to End Homelessness in Atlanta in Ten Years

In 2003, the City of Atlanta, under Mayor Shirley Franklin, and convened by the Regional Commission on Homelessness, adopted the Blueprint to End Homelessness in Ten Years, along with several other jurisdictions across the nation (Commission on Homelessness, 2003). It covers the Atlanta Continuum of Care Jurisdiction, or Tri-J, which includes the City of Atlanta, the balance of Fulton County, and the balance of DeKalb County. The Atlanta Blueprint initially adopted a Continuum of Care, or linear, model, in which the goal was for homeless persons to transition, after having treatment, to permanent supportive housing, and eventually, permanent housing (Commission on Homelessness, 2003, p. 7). For the jurisdiction, the first Homeless Census was conducted on March 12, 2003 (Applied Survey Research, 2003). The homeless count for sheltered and unsheltered homeless persons totaled 6,956, including 614 being located in permanent supportive housing (Id., p. 10). The primary strategies from the Blueprint for increasing the stock of permanent supportive housing units included: 1) establishing the Supportive Housing Production Task Force; 2) creation of 50 or more SRO units for those diagnosed with mental illness or substance abuse; and 3) Santa Fe Villas (formerly Alamo Hotel) rehabilitation to produce an additional 15 SRO units of permanent supportive housing (Commission on Homelessness, 2003, pp. 49-53).

Early Accomplishments

One of the earliest accomplishments of the Blueprint was the opening of the 24/7 Gateway Homeless Services Center in 2005 which serves as a central access center for homeless individuals and families to gain access to emergency, transitional, and eventually permanent supportive housing; in addition to access to supportive services. Between 2003 and 2005, the Gateway Center helped to place 500 individuals and families in permanent supportive housing (Regional Commission on Homelessness, 2005, p. 5). The number of chronically homeless also decreased by 9 percent from 696 to 636 persons (HUD Continuum of Care, 2005).[1] In addition, Atlanta introduced one of the more nationally recognized innovative funding mechanisms with the $22 million Housing Opportunity Bond financed through a rental car tax. These funds were used to place a number of housing developments targeted towards homeless individuals into the pipeline (Atlanta Development Authority, 2008). By 2008, 95 percent of the funds allocated through the Bond were committed and a total of six projects were funded as a result of the program. Together, these projects produced approximately 609 affordable residential units, with 254 set aside for permanent supportive housing for homeless individuals or families (Id., p. 8).

In 2008, Drs. Kimberly Broomfield-Massey and James Emshoff completed an independent five year assessment on the Regional Commission on Homelessness in which they found that in five years, the City of Atlanta changed homelessness trends by decreasing the number of homeless persons by 13.6 percent between 2003 and 2007 and creating a heightened awareness of homelessness in the Metro Atlanta area (Broomfield-Massey & Emshoff, 2008, pp. 192-193). Among the challenges to eliminating homelessness by 2013 cited in the report were threatened sustained funding efforts, particularly after foundations have shifted away from providing long-term funding for programs (Id., p. 200). In addition, limited access to affordable housing was listed as one of the challenges to meeting the ten year goal. Several interviewees in the Bloomfield-Massey & Emshoff study indicated that it was becoming increasingly difficult for the working poor, particularly those with children, to gain access to

[1] This assumes the national rate of 10% of the homeless population being chronically homeless, based on the 2003 report by the Department of Health and Human Services, *Ending Chronic Homelessness: Strategies for Action*. The 2003 Homeless Census does not include the chronically homeless subpopulation number.

affordable housing (Id., p. 201). Minimal funding for mental health and substance abuse funding, as well as decreases in public assistance, were also cited as challenges (Id.).

Continuum of Care → Dual Housing First-Assessment Center Model

While there was an early decrease in the chronically homeless population, the overall number of homeless persons in the Tri-J increased by almost 8 percent between 2003 and 2005. According to the 2005 Homeless Survey Report, only less than half of the respondents reported that they received help from an agency or program, while just over 60 percent reported that they were usually housed in shelters, transitional housing, or treatment programs (Pathways Community Network, Inc., 2005, p. 24). As indicated earlier in the paper, the 24/7 Gateway Homeless Service Center was established in 2005 to serve as an assessment center helping to streamline the supportive and treatment services. By 2006 more than 470 people were placed in addiction treatment programs and 830 individuals were housed in either transitional or supportive housing (Regional Commission on Homelessness, 2006). By the 2006 report, the Regional Commission on Homelessness operated on a dual model – the assessment center with the 24/7 Gateway Service Center and Housing First, and it indicated that there was early success with starting the Housing First model (Id.). According to the service provider interviewee, the Gateway Center has proven to be effective in serving as a central access point to receiving services, estimating that since it's opening, approximately 60 percent of their clients.

Despite the transition into Housing First and more supportive housing units being produced (transitional and permanent), there continues to be a significant gap in the number of beds for the total homeless population and for the chronically homeless (See Table 1*)*. What is interesting about the data is that there is an overall surplus in the number of beds for the total number of homeless persons in 2009, yet a continued gap amongst the chronically homeless. In addition, that same year, almost 43 percent of chronically homeless persons were unsheltered (HUD Continuum of Care , 2009). It is important to note that this table assumes a Housing First model in which chronically homeless persons should be placed in permanent supportive housing, rather than when they are "housing ready." Further research is needed to determine the distribution of the subpopulations being housed in transitional or permanent housing, as

well as shelters. This may indicate the need for a more aggressive push for permanent supportive housing placement or more efficient targeting for the various types of housing and shelter. For example, the 2008 Tri-J Super Notice of Funds Availability (SuperNOFA) Project Priority Chart shows that there was a much greater emphasis on transitional housing than permanent housing. Specifically, only 4 out of 34 projects listed as priorities were permanent housing projects (Metro Atlanta Tri-J Collaborative, 2008). During an interview with a stakeholder for this report, he was asked whether there should be a greater focus on permanent or transitional housing and he indicated that while transitional housing is important, because the time limit is only two years, placement issues arise if there are no affordable permanent units available when the two year limit is reached. There is, however, much to be said in that by 2009 Atlanta was successful in creating a surplus in the total number of beds.

	Total Homeless	Total Beds	Gap/Surplus	CH Population	PSH for Individuals	Gap/Surplus
2005	6832	6428	-404	636	731	95
2007	6840	5892	-948	1196	810	-386
2009	7019	7232	213	1649	1337	-312

Table 1. Estimated gap or surplus for the total homeless population and for the number of chronically homeless compared to the total number of beds and number of permanent supportive beds for individuals.
Source: HUD Continuum of Care Homeless Assistance Programs: Homeless Populations and Subpopulations (2005, 2007, and 2009).

The Blueprint was created with the aim of homelessness in ten years, 2013. Table 2 shows a projection of homelessness in the Atlanta Tri-Jurisdiction based on current conditions of funding and capacity. While the overall homeless population is estimated to increase at a fairly steady rate, the chronically homeless population continues to grow at a much higher rate. The proportion of the chronically homeless subpopulation is projected to grow to almost 50 percent by 2023. This is particularly important because, as indicated in earlier studies, this particular subpopulation uses a disproportionate amount of public services and funding. Between 2003 and 2009, Atlanta's chronically homeless population has grown by 137 percent. The year 2007 also saw a sharp increase in the chronic homelessness by 88

percent. During this time, however, there was a steady increase in overall homelessness, and in particular through the recession.

Year	Total	% Change	Chronic Homeless.	% Change	% of Tot. Homeless Population
2003	6342		696		10.97%
2005	6832	7.73%	636	-8.62%	9.31%
2007	6840	0.12%	1196	88.05%	17.49%
2009	7019	2.62%	1649	37.88%	23.49%
2011	7268	3.55%	1899	15.16%	26.13%
2013	7472	2.81%	2241	18.00%	29.99%
2015	7676	2.73%	2583	15.26%	33.65%
2017	7880	2.66%	2925	13.24%	37.12%
2019	8084	2.59%	3267	11.69%	40.41%
2021	8288	2.52%	3609	10.47%	43.54%
2023	8491	2.46%	3950	9.47%	46.52%

Table 2. Total number of homeless persons; number of chronically homeless persons. Projections for years 2011-2023 are based on a time-series analysis using a linear curve projection. Official 2011 homeless population counts are expected to be released later in the spring.
Source: 2003 Metro Atlanta Tri-Jurisdictional Homeless Census (2003 data); HUD Continuum of Care Homeless Assistance Programs: Homeless Populations and Subpopulations (2005, 2007, 2009 data).

Challenges to Housing

Funding

Federal Continuum of Care funding under the McKinney-Vento Act has been the primary source of funding to support homeless programs. Supporting the notion that funding for permanent supportive housing is important and may prove to be a more efficient way of using resources for addressing overall homelessness, the distribution of funding for permanent supportive housing and transitional housing saw a shift between 2006 and 2007 (See Table 3*).* According to a stakeholder respondent, though private and philanthropic funding is important to supporting housing and services for the homeless, it is temporary. Government-backed funding tends to be a dedicated funding source. As discussed earlier, the Atlanta Homeless

Opportunity Bond has proven to be a significant source of funding by providing a set-aside of 254 permanent supportive housing units (Atlanta Development Authority, 2008).

State funding has been particularly low in providing resources for homeless housing or shelter. As Table 3 shows, funding was significantly reduced by 2008. With regards to homeless individuals with mental disabilities, this shortage of state funding will change drastically. In the 1999 landmark Supreme Court case against the Georgia Department of Human Services, the Court ruled that it is a violation of the Americans with Disabilities Act to refuse to release patients into integrated community settings with appropriate services (Olmstead v. L.C. and E.W, 1999). On October 19th, 2010, a final settlement agreement ("Settlement Agreement") was made between the United States Department of Justice and the State of Georgia that requires state funding through the Department of Behavioral Health and Developmental Disabilities (DBHDD) for community services as well as partnerships with other state agencies including the Department of Community Health and the Department of Community Affairs (U. S. v. State of Georgia (Settlement Agreement), 2010). The Settlement Agreement calls for the capacity for 9,000 persons in the target population to be housed in supportive housing by July 1, 2015 (Id., p. 19). The Governor's Budget Report for Fiscal Year 2012 sets out a recommendation of $2,918,000 to go toward supportive housing for 500 individuals (Georgia Office of Planning & Budget, 2011, p. 31). In addition, the budget continues to allocate for "Olmstead Related Services" as a result of the 1999 case in which $18,959,452 is budgeted for specifically for permanent supportive housing through the Department of Community Affairs, with a total of $33,384,558 going toward housing all together, including rental assistance for Fiscal Year 2012 (Id., p. 32).

Estimated Funding for Housing Needs	2005	2006	2007	2008	2009
CoC Permanent Supportive Housing (SHP&SPC)	$ 1,501,867	$ 2,572,014	$ 4,138,979	$ 4,436,120	$ 5,521,098
CoC Transitional Housing (SHP)	$ 4,165,056	$ 4,273,818	$ 3,149,944	$ 2,610,240	$ 2,572,046
CoC Safe Haven (SHP)	$ -	$ -	$ -	$ 563,245	$ -
HOME Permanent Supportive Housing	$ -	$ -	$ 3,011,000	$ -	$ -
Emergency Shelter Care Grant (ESG)	$ 995,501	$ 1,018,085	$ 1,095,611	$ 368,898	$ 2,075,953
Georgia State Housing Trust Fund	$ 1,117,576	$ 1,007,868	$ 1,226,242	$ 297,363	$ -
Atlanta Homeless Opportunity Bond Funds[1]	$ 22,000,000	$ -	$ -	$ -	$ -
TOTAL	$ 29,780,000	$ 8,871,785	$ 12,621,776	$ 8,275,866	$ 10,169,097

Table 3. Estimated government funding for housing for the homeless.
Source: HUD Continuum of Care (CoC) Assistance Programs Funding Awards; DCA Grant Awards Database for DeKalb and Fulton Counties; HUD Formula Allocations (2008, 2009).

Housing Affordability

Several studies have shown that housing affordability is a significant cause of homelessness. While substance abuse and disability are cited as the major characteristics of chronic homelessness, if they are to be housed in permanent housing, locating affordable units becomes an important concern. This is in addition to the number of individuals and families at risk of due to lack of affordable housing. According to the 2009 American Community Survey, DeKalb and Fulton Counties have a 14.1% poverty rate, with 49 percent of renter-occupied households paying over 30 percent of their income on gross rent. Approximately 25 percent of renter-occupied households pay at least 50 percent of their income on gross rent (2009 ACS: DeKalb, Fulton County). United Way 2-1-1 is a statewide hotline that allows homeless people or those at risk of homelessness to call in for referral services. Based on the most recent monthly report for DeKalb and Fulton Counties, rental and electricity bill assistance accounted for approximately 31 percent of unmet needs (United Way of Metropolitan Atlanta, 2011).

Stigma of Homeless Persons

During two interviews for this study, one with a stakeholder and the other with a provider of supportive housing and services, when asked what they find to be the greatest challenges to reducing homelessness and providing housing, they each indicated that finding

housing for single men is particularly difficult, helping to lead to chronic homelessness. More specifically, the service provider indicated that homeless single men often have criminal records or bad credit that greatly affects access to affordable housing. The community partnership between United Way and First Step Staffing, which helps to provide temporary-to-permanent and permanent staffing for individuals transitioning from homelessness, has helped to lead several men to self sufficiency through providing employment opportunities, as well as transitional and affordable housing (United Way Regional Commission, 2010). Such partnerships are crucial to helping to decrease some of the stigma issues associated with housing single men. Additional partnerships, especially with private owners of rental units, are necessary to increase the permanent supportive housing options available. As will be seen in the case study of Seattle/King County, stronger relationships with private landowners helps to encourage renting out to formerly homeless individuals, as well as provide more security to the landowners that might not otherwise approve of renting out units to single men or other homeless individuals.

In discussing "hard-to-house" subpopulations, including those with mental or physical illness, with a stakeholder in addressing homeless issues, he indicated that the funding as a result of the Department of Justice Settlement Agreement provides an additional opportunity to for agencies such as the Department of Community Affairs to develop more community-oriented approaches to providing housing so that residents and community members, as well as potential landowners, are more comfortable and have a better understanding of those living with developmental disabilities that are able to lead self sufficient lives. Though not part of the Continuum of Care funding program, the Housing Opportunities for Persons With Aids (HOPWA) has helped to provide access to housing access (whether emergency, transitional, or permanent) persons living with HIV or AIDS. Administered through the Department of Community Affairs, the City of Atlanta is the largest recipient of HOPWA funds which covers the 28 county Metropolitan Atlanta region (Georgia Department of Community Affairs). The Atlanta HOPWA program partners with The Living Room, a non-profit organization that handles intake and assessment, as well as housing referral, rental and utility assistance, and long-term rental assistance for families.

IMPENDING OPPORTUNITIES FOR HOUSING

Olmstead Agreement

As indicated earlier in this paper, the Olmstead agreement will be significant in state funding for homeless housing and services. Two stakeholder interviewees pointed out that the Olmstead agreement will represent the most funding that the state has provided in efforts to carry out address homelessness. One consideration mentioned, however, is that state funding would address homelessness in one particular subpopulation. It seems that this funding will allow other funds to be released or redistributed for other forms of homelessness, including families, former inmates, and veterans. Currently, the Georgia Department of Community Affairs (DCA) has placed its Permanent Supportive Housing Program on hold as it works on a revised program that will account for opportunities coming from the Olmstead funding. As indicated earlier, however, there is a new opportunity to work towards a plan that will coordinate more closely with developers and providers of supportive services to facilitate a more collaborative effort, as well as greater focus on community involvement in hopes of reducing stigma commonly attached to homeless individuals.

Fort McPherson Closing

The Defense Base Realignment and Closure Act of (BRAC) 1990 requires that upon closing of a United States military base, requires that a Local Redevelopment Authority (LRA) representing the Secretary of Defense submit a reuse plan for efficient reuse of the military structures (10 U.S.C. § 2687)**.** In 2005 BRAC voted to close the Fort McPherson Base located in south Atlanta (Fort McPherson LRA, 2006). A Comprehensive Reuse Plan was submitted in 2007 by the LRA. As part of this reuse planning process, it is required to conduct outreach to homeless providers to determine the need of the surrounding homeless population that might be met by reuse of the base closure properties and submit a plan to HUD including a plan that takes into account the identified needs (Id.). Based on the BRAC 2009 Community Profile, 411 units were approved by HUD for inclusive community housing for homeless, with sixteen additional units to be used for permanent supportive housing (U.S. Department of Defense, Office of Economic Adjustment, 2009, p. 254).

CASE STUDIES

Case studies were used to show two programs that are considered to be successful in adopting the Housing First model to ending homelessness and providing permanent supportive housing. The Portland/Multnomah Home Again plan was chosen because, although the jurisdiction began with a much larger proportion of chronically homeless individuals than Atlanta, the partners under the Home Again plan have significantly reduced the number of chronic through a strong push for placing individuals in permanent housing, as well as an efficient partnership structure that supports housing and supportive service needs. The Seattle/King County Plan has also proven successful in reducing chronic homelessness. The Seattle strategy also help show how important partnership are for providing housing, as well as encouraging access to rental units owned by private owners.

Portland/Multnomah – Home Again

The Portland/Multnomah County 10 year plan to end homelessness, *Home Again*, has been nationally recognized as one of the nation's more successful campaigns to end homelessness. The jurisdiction of the plan also falls under the Portland/Gresham/Multnomah HUD Continuum of Care. Adopted in 2004, the plan is based on the following principles: 1) focus on the most chronically homeless persons; 2) streamline access to existing services to prevent and reduce other types of homelessness; and 3) concentrate resources on programs that offer measureable results (Citizens Commission on Homelessness, 2004). In the plan, a set of nine action steps were identified to carry out those principles. One of the action items is to increase the number of permanent supportive housing units. The overall goal for 2015 is to produce 1,600 units for chronically homeless individuals and 600 permanent supportive units for homeless families (Id.). The plan emphasizes a "paradigm shift" from directing affordable housing activities to households with incomes between 30-60 percent AMI to a focus of households with incomes between 0-30 percent.

Portland/Multnomah County adopts a Housing First approach in which there is an aggressive push to house chronically homeless people in permanent supportive housing. Within six months, 350 chronically homeless people were housed (Citizens Commission on

Homelessness, 2005). The goal for the first year was for 175 to be housed. In addition, by that time, 175 permanent supportive units were opened (Id.). The point-in-time count in 2003 reflected a 4016 homeless population, with 1520 being chronically homeless (The Citizens Commission on Homelessness, 2003). Unlike the Atlanta Tri-Jurisdiction, Portland/Multnomah County homeless population was over one-third chronically homeless. This is significantly higher than Atlanta's 2003 proportion of only ten percent. By 2009, however, the chronic homeless population has decreased by almost 50 percent.

The success of the Portland/Multnomah County Housing First strategy is successful for a number of reasons. First, the coordination amongst agencies involved with the plan lends itself to a more effective partnership. For example, a partnership with Bridges to Housing, a regional organization that coordinates permanent housing and services for homeless families throughout the region, which goes beyond Portland and Multnomah County (Bridges to Housing). There is also a partnership between Providence Health Systems and the Central City Concern (CCC) non-profit in which CCC coordinates to have housing units available for homeless patients when they are discharged (Sten, 2009, p. 23). The Portland Housing Bureau publishes quarterly reports as to the progress, annual and cumulative, of the overall *Home Again* plan (www.portlandonline.com). These reports list the progress according to the action steps laid out by the plan, and according to annual goals. Each goal is marked by a star or a clock, indicating that a particular goal has not been met. It is important to note that Portland/Multnomah County continues the use of public housing, which makes locating affordable rental housing more manageable, whereas the City of Atlanta is in the process of eliminating all public housing developments. However, in seeking to expand the inventory of units for permanent supportive housing for their homeless population beyond public housing, Portland relies on strategic partnerships emphasizing the economic benefits to housing its chronically homeless population.

Year	Total	%Change	CH	%Change	% of Total Population
2003	4016		1520		38%
2005	5104	27%	1756	16%	34%
2007	3918	-23.24%	596	-66%	15%
2009	4085	4.26%	785	32%	19%

Table 3. Portland/Multnomah County total and chronic homeless population.
Source: A Summary Report on Homelessness (2003 data); HUD Continuum of Care Assistance Programs: Homeless Populations and Subpopulations (2005, 2007, 2009 data).

Seattle/King County

Seattle, Washington and King County adopted A *Roof over Every Bed in King County: Our Community's Ten-Year Plan to End Homelessness* in 2004. The organization of the plan identified clearly defined goals for the specific homeless subpopulations. The first year goals focused more on collaboration with non-profit and for profit real estate professionals, and providers of supportive services to gain a concrete understanding of the housing and supportive needs to carry out the plan. Adopting a Housing First model, A Roof over Every Bed set out a plan to produce 9,500 units of housing, the Committee to End Homelessness determined the number of units that should be produced based on the level of support (intensive, moderate, none).

One of the more interesting initiatives as part of the plan is the Landlord Liaison Project (LLP), which started in 2007, that aims to reduce address the concerns that owners of private for rent properties have with renting units to homeless persons who may have prior evictions, poor credit, or involvement in other criminal justice systems. The project involved funding from King County, Seattle, and United Way of King County to secure a risk reduction fund and toolkit that includes emergency, housing search and, case management assistance. As a result of the program, by 2009 74 landlords signed on to the program to accept tenants and 271 "hard-to-place" individuals entered into lease agreements (Committee to End Homelessness, King County, 2009). Each of the interviews conducted for this study of Metro Atlanta mentioned the difficulty of housing homeless people that have poor credit and evictions, leading to chronic homelessness. The Landlord Liaison Project shows how forging a partnership which

encouraging private landlords to rent to homeless persons create alternative methods of helping to reduce stigma.

Adopting a "coordinated entry" system of placing individuals into housing, rather than focusing solely on waitlists, providers seek to effectively house individuals based on their specific needs, rather than dependent on the particular space that has opened (Id.). Based on HUD Continuum of Care Populations and Subpopulations reports for (2003, 2005, 2007) by 2007, where many jurisdictions saw an increase, King County chronic homelessness decreased from 1,931 persons to 932, an increase in over 50 percent. Supporting the Housing First model, one of the King County Housing First projects, 1811 Eastlake, was the subject of a 2009 study funded by the Robert Wood Johnson Foundation that found that median costs in housing decreased, prompting a more lengthy stay, and that median cost monthly cost per person decreased as well (Larimer, 2009). The Housing First model does not restrict alcohol use while housed. The study found that the median number of drinks consumed reduced from 15.7 per day prior to housing, to a steady decrease over time of 14 per day at six months, 12.5 per day at 9 months, and 10.6 per day at 12 months (Larimer, 2009, p. 1355).

ALTERNATIVE HOUSING PRODUCTION STRATEGIES

Purchase of Vacant Units

Scattered site housing is considered an effective method of housing for chronically homeless and other types of homeless individuals or families. During my interview with the provider of supportive housing, it was mentioned that scattered site is not typically effective for those needing services through transitional housing, but it is effective for those more appropriate for permanent housing. The vacancy rate between DeKalb and Fulton Counties is estimated to be just over 15 percent (118,324 vacant units), with 38 percent of those vacant being for rent and almost 20 percent for sale (2009 ACS). While operating and property management costs are a concern, purchasing and renovating vacant structures is less costly than full development projects, potentially resulting in savings for operating costs. In 2008 the City of Atlanta, Fulton County, and DeKalb County received a total of $41,194,410 as part of the federal Neighborhood Stabilization Program ("NSP 1") under the Housing and Economic

Recovery Act of 2008 ("HERA") to purchase and renovate foreclosed and vacant properties in neighborhoods hardest hit by the foreclosure crisis (U.S. Department of Housing & Community Development-Resource Exchange). While money was not specifically earmarked for housing for the homeless, HERA requires that 25 percent of the funding be allocated to producing housing for households at or below 50% Area Median Income. (One Hundred Tenth Congress of the United States of America, 2008). While the cost of purchasing vacant single-family properties is often lower than new developments or even rehabilitation of existing multi-family structures, the organizational capacity to purchase and manage these properties as rental units is also required.

Debt-Free Business Model (Tulsa, OK)

The Mental Health Association in Tulsa (MHAT) launched an aggressive capital campaign (Building Tulsa Building Lives) to raise $5.5 million dollars to finance 186 housing units, as well as an endowment for the program. The funding was raised through HUD grants, private capital, and income from subsidies such as Section 8 (Evans & Winn, 2010). Projects were developed as capital became available so that buildings could be purchased free of debt. Because the model is debt free, MHAT is able to provide housing to low income clients without losing money. In addition, money that is earned through rents is used as operating costs and matching funds. Economic benefits affect those housed as well. Most of the maintenance staff for the facility are people who were formerly homeless (Id.).

RECOMMENDATIONS

The following recommendations are presented to address the major challenges to permanent supportive housing in Atlanta. Using case studies, and the data and information specific to Atlanta, they are aimed at increasing access to housing, funding, and greater efficiency in delivery of services.

Establish clearly defined annual goals to which an annual progress reporting system can be evaluated against.

One of the more efficient mechanisms used by the Portland/Multnomah program is establishing clearly defined annual goals that are evaluated in the annually and reported

through the yearly progress reports. For example, establishing a goal of providing a specified number of beds in each housing type (emergency, transitional, or permanent) based on a reasonable percentage of each type of homeless subpopulation in the biannual Homeless Census. While cumulative goals for services and housing unit production are very important, yearly goals that are more specific may help to increase accountability and provide a more incremental and strategic approach to providing housing. Distinguishing between the types of homeless individuals and families, and focusing on their specific housing need may lead to increased efficiency in housing placement and accessibility.

Continue to seek out new and innovative partnerships to maximize efficiency in providing housing as well as generate funding.

Partnerships such as those between United Way and First Step in providing employment opportunities are very important in administering housing programs as well. The partnership between Portland/Multnomah County and Bridges to Housing has proven to be effective in coordinating housing and supportive services. Having a provider that is specifically dedicated to streamlining housing access may also help to ensure that the subpopulations of homeless persons are housed in appropriate housing types for their particular circumstances.

Examine the feasibility of a debt-free campaign similar to that in Tulsa, Oklahoma to generate more housing units, while generating funding for operating expenses.

The most glaring challenges to providing enough permanent supportive and affordable housing in Atlanta is funding for acquisition and construction, or rehabilitation, of housing units, as well as the necessary supportive services. Tulsa, Oklahoma has achieved a very innovative strategy to purchase properties, debt-free, while also using the money from rent as operational funding. As funding concerns persist, it becomes increasingly important to explore unconventional and innovative methods of producing much needed affordable rental housing.

Explore partnerships for ownership and property management of scattered site housing, and in particular CDCs/CHDOs.

Scattered site housing is often used to provide affordable housing units. The number of vacant and foreclosed units in the Tri-J area presents an opportunity to expand the housing available for affordable and supportive housing. While the Neighborhood Stabilization Program

has been a significant factor in the purchase and rehabilitation of several of these homes, there is not a specific focus on housing for homeless persons. The 25 percent set-aside for low income households below 50 percent AMI is important, but does not ensure that housing will be available for those living far below that 50 percent. Because these units are usually single-family homes, management of the properties may prove to be difficult. For that reason, developing partnerships with organizations with the capacity to manage such properties, or helping to provide funding so that organizations such as CDCs or other non-profits can expand their capacity to take on property management responsibilities.

Communicate with banks regarding vacant property donations for scattered site rental property, appealing to potential philanthropic or tax-exempt interests.

The provider of supportive housing interviewed for this paper discussed seeking housing donations from banks that now own vacant properties. Appealing to the philanthropic or tax-exempt interests of commercial banks holding vacant properties that are not selling helps to expand the number of affordable units that can be used as permanent supportive housing, while also increasing the funding available for operational and management support. While the same issues of management still exist, freeing funding that would otherwise go toward acquisition may provide incentive to potential management partners. In addition, if part of a larger community-wide effort, there may be a greater impact on the decision of banks to donate, or at least sell at a significantly reduced price.

CONCLUSION

Atlanta has taken important steps in reducing its homeless population, one of the most important being recognizing the need to alter its approach to housing for chronically homeless individuals. In addition, the funding from the Settlement Agreement is expected to have an important impact on homeless prevention and housing individuals with developmental disabilities. One of the more innovative tools has been the significant amount of funding from the Atlanta Housing Opportunity Bonds. Atlanta would benefit from a revitalized Blueprint that sets out measurable goals that can be evaluated for regular progress. Increased strategic partnerships and planning may help to maximizing the use of existing resources. By identifying more innovative methods of increasing units and funding the Atlanta Tri-Jurisdiction can

possibly reduce the amount of public funding being spent on the increasing chronic homeless population, therefore reserving funding for other areas such as homeless prevention and supportive services.

Bibliography

Anderson, N. (1923). *The Hobo: The Sociology of the Homeless Man.* Chicago: The University of Chicago Press.

Applied Survey Research. (2003). *The 2003 Metro Atlanta Tri-Jurisdictional Collaborative Homeless Census and Survey.* San Jose: Pathways Community Network.

Atlanta Development Authority. (2008). *2008 ADA Annual Report.* Atlanta.

Bezemer, D. J. (2009). *"No One Saw This Coming":Understanding Financial Crisis Through Accounting Models.* Groningen, Netherlands: Munich Personal RePEc Archive.

Bridges to Housing. (n.d.). Retrieved from www.bridgestohousing.org.

Broomfield-Massey, P., & Emshoff, J. P. (2008). *Five Year Assessment of the Regional Commission on Homelessness.* Atlanta: United Way of Metropolitan Atlanta.

Burt, M. R. (2001). *What Will it Take to End Homelessness.* Washington, D.C.: Urban Institute .

Citizens Commission on Homelessness. (2005). *6-Month Report Card.* Portland.

Citizens Commission on Homelessness. (2004). *Home Again: A 10-Year Plan to End Homelessness in Portland and Multnomah County.* Portland.

Commission on Homelessness. (2003). *Blueprint to End Homelessness in Atlanta in Ten Years.* Atlanta: Commission on Homelessness.

Committee to End Homelessness, King County. (2009). *2009 Annual Report.* Seattle.

Crouch, K., Kertesz, S. G., Cusimano, R. E., & Schumacher, J. E. (2009). Housing First for Homeless Persons with Active Addiction: Are We Overreaching? *The Milbank Quarterly* , pp. 495-534.

Dickson-Gomez, J., Convey, M., & al., e. (2007, March). Unofficial Policy: Access to Housing, Housing Information and Social Services among Homeless Drug Users in Hartford, Connecticut. *Substance Abuse Treatment, Prevention, and Policy* , pp. 1-14.

Evans, W. G., & Winn, L. (2010). *Homeless Resource Center*. Retrieved from Substance Abuse and Mental Health Services Administration: http://www.nrchmi.samhsa.gov/Resource/Creating-Debt-Free-Supportive-Housing-in-Tulsa-Oklahoma-49632.aspx

Fort McPherson LRA. (2006). *Organization*. Retrieved from McPherson Planning Local Redevelopment Authority: http://www.mcphersonredevelopment.com/organization.html

Georgia Department of Community Affairs. (n.d.). *Housing Opportunities for Persons with AIDS*. Retrieved from Georgia Department of Community Affairs: http://www.dca.state.ga.us/housing/specialneeds/programs/hopwa.asp#1

Georgia Office of Planning & Budget. (2011). *Governor's Budget Report for Fiscal Year 2012.* Atlanta.

Hays, R. A. (1995). *The Federal Government and Urban Housing: Ideology and Change in Public Policy* (2nd Edition ed.). Albany: State University of New York Press.

HUD Continuum of Care . (2009). *HUD 2009 Conituum of Care Homeless Assistance Programs: Homeless Populations and Subpopulations.* U.S. Department of Housing and Urban Development.

HUD Continuum of Care. (2005). *Homeless Populations and Subpopulations Report.* Atlanta Continuum of Care: U.S. Department of Housing & Community Development .

HUD Office of Community Planning & Development. (2009). *HUD's Homeless Assistance Programs: Continuum of Care 101.* Washington, D.C.: U.S. Department of Housing and Urban Development.

Kuhn, R., & Culhane, D. (1998). Applying a Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data. *American Journal of Community Psychology , 26* (2), 207-232.

Larimer, P. M. (2009). Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems. *Journal of the American Medical Association* , 1349-1357.

Metro Atlanta Tri-J Collaborative. (2008). *Tri-J 2008 SuperNOFA Objective Scoring Results.* Retrieved from Metro Atlanta Tri-Jurisdictional Collaborative: http://www.tri-j.net/488205

National Alliance to End Homelessness. (2010). *Chronic Homelessness: Policy Solutions.* Washington, D.C.: National Alliance to End Homelessness.

Office of Planning and Budget. (2011). *Governor's Budget Report 2012.* Atlanta.

O'Flaherty, B. (1996). *Making Room: The Economics of Homelessness.* Cambridge: Harvard University Press.

Olmstead v. L.C. and E.W (The Supreme Court 1999).

One Hundred Tenth Congress of the United States of America. (2008, July 29). Housing & Economic Recovery Act of 2008.

Pathways Community Network. (2009). *2009 Metro Atlanta Tri-Jurisdictional Homeless Census.* Atlanta: Pathways Community Network.

Pathways Community Network, Inc. (2005). *The 2005 Metro Atlanta Tri-Jurisdictional Collaborative Homeless Census and Survey: Homeless Survey Report.* Atlanta: Pathways Community Network.

Regional Commission on Homelessness. (2005). *Regional Commission on Homelessness Three Year Report.* Atlanta: United Way of Metropolitan Atlanta.

Regional Commission on Homelessness. (2006). *Three Year Report.* Atlanta: United Way of Metropolitan Atlanta.

Research Atlanta, Inc. (1997). *Homelessness in Metro Atlanta.* Atlanta: Georgia State University, School of Policy Studies.

Research Atlanta, Inc. (1984). *The Impact of Homelessness on Atlanta.* Atlanta: Research Atlanta, Inc.

Ringheim, K. (1990). *At Risk of Homelessness: The Roles of Income and Rent.* New York: Praeger.

Schwartz, A. F. (2006). *Housing Policy in the United States: An Introduction.* New York: Taylor & Francis Group.

Sten, E. (2009). *A Human Connection: How Portland, Oregon Made a Big Dent in Chronic Homelessness.* Living Cities, Inc.

The Citizens Commission on Homelessness. (2003). *A Summary Report on Homelessness.* Portland: Bureau of Housing and Commuity Development.

Tsemberis, S. (1999). From Streets to Homes: An Innovative Approach to Supported Housing for Homeless Adults with Psychiatric Disabilities. *Journal of Community Psychology , 27* (2), 226-241.

U. S. v. State of Georgia (Settlement Agreement), 1:10-CV-249-CAP (Northern District of Georgia, Atlanta Division October 19, 2010).

U.S. Department of Defense, Office of Economic Adjustment. (2009). *Defense Community Profile.* Atlanta.

U.S. Department of Housing & Community Development-Resource Exchange. (n.d.). *Grantee Information Search.* Retrieved from Neighborhood Stabilization Program Resource Exchange: http://hudnsphelp.info/index.cfm?do=granteeSearch&stateID=GA^Georgia&granteetype=&granteename=

U.S. Department of Housing and Urban Development. (2007). *Defining Chronic Homelessness: A Technical Guide for HUD Programs.* U.S. Department of Housing and Urban Development.

United Way of Metropolitan Atlanta. (2011). *United Way 2-1-1 Monthly Reports (January).* Atlanta: United Way of Metropolitan Atlanta.

United Way Regional Commission. (2010). *Homelessness Update.* Atlanta, GA.

Yeich, S. (1994). *The Politics of Ending Homelessness.* Lanham: University Press of America.