

*Continuum of Care Exhibit 1*

**2004 Application Summary**

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Continuum of Care (CoC) Name: Metro Atlanta Tri-Jurisdiction Homeless Collaborative: DeKalb County

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Geographic Area Name	6-digit Code
<b>DeKalb County</b>	<b>139089</b>

Form HUD-40076 COC-A

## **Exhibit 1: Continuum of Care Narrative**

### **The Tri-Jurisdiction Homeless Collaborative: DeKalb County**

#### **1. Summary of the Continuum of Care's Accomplishments**

In 2003, in an effort to address more of the needs and increase the level of Federal funding to the Tri-Jurisdiction, a strategy was implemented to allow each respective jurisdiction to apply for federal funding according to their respective pro-rata. Rather than combining the pro-rata of three separate jurisdictions into one application process, each jurisdiction will apply separately. Assurances have been given to HUD, respective local governments, and service providers that the three jurisdictions will continue to operate and administer programs and services in a coordinated fashion as a Tri-Jurisdiction. While insuring tri-jurisdictional coordination, this funding strategy positions the tri-jurisdiction as a whole, to gain nearly \$4 Million in new federal funds. Throughout this application, the collaboration and coordination between the City of Atlanta, DeKalb County, and Fulton County are well documented as are the individual priority projects representative of each jurisdiction's needs.

In 2003, the Tri-Jurisdictional Collaborative secured funding for 34 projects through the SuperNOFA process. In addition to these federally funded projects, a focused effort on family reunification was made as outlined by the Atlanta Commission on Homelessness. Many individuals and families who come to the Atlanta area seeking work, with limited resources to sustain them and no support system here, quickly become homeless. With funding raised by the Commission on Homelessness, Travelers Aid has been able to assist over 1,300 newly arrived homeless persons return to their communities of origin, at a cost of only \$75.62 per case.

#### **2. Our Community's planning process for developing a Continuum of Care Strategy.**

##### **2.a. *Lead entity for the CoC planning process.***

The lead entity that generates local cross-jurisdictional collaboration and homeless service planning is the Atlanta: Tri-Jurisdiction Collaborative. The Collaborative is responsible for the expansion and enhancement of the continuum of care. Members include local government representatives, service providers, formerly homeless persons, faith community leaders, advocates, and representatives from the public and private sector. Members of the Collaborative are also drawn from the grass-root and local councils as well as from regional task forces.

The networking of these many collaborations is the key to the growth and maturity of our continuum of care. The local governments and several key service providers participate in all the groups to ensure communication and to reduce duplication. We believe that this is mandatory due to the uniqueness of the Tri-J in that a major metropolitan City overlaps into two Counties, each of which also has a substantial area that is not within the City of Atlanta. This complex geographical design requires more sub-groups and meetings than an average metropolitan area. Therefore, what has emerged within the Atlanta: Tri-Jurisdiction over the past several years is not a singular collaboration to address homelessness, but several collaborations ranging from the grass-root to the State level. Each level is woven into the next to create a comprehensive network addressing homelessness in the Atlanta area.

The Collaborative, through monthly meetings, established the local process and sub-committees needed to refine our continuing development of the Continuum of Care. Fulton County provides administrative support to the Collaborative.

## **2.b. The Community's Continuum of Care planning process.**

We believe that to create a responsive Continuum of Care in our area, strategies and collaborations must remain community-based. What has emerged within the Tri-Jurisdiction is a multi-tiered community based network of service providers, advocates, private and public sector participants, faith leaders, and homeless and formally homeless persons.

At the most basic level is several jurisdiction specific councils or forums that address issues, services, and strategies relevant to the jurisdictions' respective Consolidated Development Plans. These forums include the Fulton County Coalition to Prevent Homelessness, the Georgia Transitional Housing Coalition, the DeKalb County Homeless Facilities and Service Providers Group, and the DeKalb County Immigrant/Refugee Housing Initiative. Since the City of Atlanta is incorporated in both Fulton and DeKalb counties, City representatives are active members in each of these jurisdiction-specific forums.

At a larger local level are various councils and forums that incorporate multi-jurisdictional membership:

1. The Atlanta: Tri-Jurisdictional Collaborative - The Collaborative serves as the coordinating body for the development of the Atlanta: Tri-Jurisdiction Continuum of Care. Its membership is made up of local providers, local government, faith community, former homeless persons, nonprofits, and business community partners. Sub-committee functions include data collection, information and communication, needs and priorities, and the local process for the HUD SuperNOFA application. Sub-committee meetings are ongoing and conducted on an as needed basis. The Collaborative meets regularly throughout the year with both called and scheduled meetings.
2. The Homeless Action Group (HAG) – Established in 1995, HAG has an active participation of over 75 members including service providers, representatives from local, state and federal governments, private business, religious leaders, advocates, concerned citizens and persons who are homeless. Its focus is to address the issues of homelessness through cross- jurisdictional collaborations. A significant gain towards developing a regional approach to homelessness was generated from the HAG. The Homeless Action Group meets on the second Tuesday of every month.
3. The Pathways Consortium – This Consortium furthers the development of our HMIS. This monthly forum brings together services providers throughout the Tri-Jurisdiction and surrounding counties to discuss HMIS issues, technical assistance needs, and system upgrades. This consortium of over 24 providers continues to meet monthly with quarterly intensive technical meetings for all network users.
4. The Housing Forum – Sponsored by the Metropolitan Atlanta Community Food Bank, this monthly forum brings together representatives from local, state, and federal governments, public/private sector, developers, and the banking industry from cross jurisdictions to strategize on affordable housing opportunities. The attendance averages more than 60 people each month.
5. Metro Atlanta Task Force for the Homeless – This networking forum invites community partners from around the Metro Atlanta area to monthly information and advocacy sessions. The Task force provides current information pertaining to legislation and policy activities from local, state and federal levels. This monthly forum also provides participation beyond our Tri-Jurisdiction boundaries providing opportunities for additional networking and collaboration.
6. Homeless Commission – Established in 2002, the Commission developed the City of Atlanta's 10-year plan to end homelessness through an extensive series of meetings with service providers, municipal government representatives, mainstream-resource providers, and other interested parties. The Commission has a number of standing committees organized around specific topics, such as employment and women and children's needs, which meet on an ongoing basis; the full Commission holds quarterly meetings.
7. Coalition for the Homeless Mentally Ill – The Coalition for the Homeless Mentally Ill was organized by the Fulton Regional MHMRSA Board in an effort to bring together representatives from local providers of mental health and substance abuse treatment services, local organizations assisting the homeless, advocates

and any other interested stakeholders for the purpose of assisting the Regional Board its planning efforts to improve the public MHMRSA system to better meet the needs of the homeless mentally ill. This group meets monthly to discuss many topics such as barriers to treatment and current system performance.

8. DeKalb County CEO Town Hall Meetings- These meetings are organized by the DeKalb County Chief Executive Officer's staff and are held quarterly throughout the year in different locations of the County. All departments of DeKalb County government are represented as well as all the nonprofit organizations that receive funding through the County. Citizens in attendance are offered the opportunity to find out about public services available to them through the County as well as through private resources. A number of the nonprofit organizations in attendance typically deal with affordable housing and housing-related issues, including homeless housing, services, and prevention, and these meetings also offer networking opportunities for many providers and an opportunity for increased community awareness and linkages.

Our primary focus throughout our planning process is to insure diverse community involvement. Through a partnership with our Continuum's HMIS, Pathways, a Continuum of Care website has been created; [www.tri-j.net](http://www.tri-j.net) Meeting dates, progress announcements, and promotions for continued community planning involvement are made available. In addition, a mailing list of nearly 300 services agencies and community stakeholders has been created and used as a support to the website. As a result, community inclusive committees have also been formed to support the planning efforts of the Tri-Jurisdictional Collaborative. The Core Working Group serves as a task-oriented body to implement the Continuum Planning Process outlined by HUD, facilitate the planning strategies of the larger Collaborative, and to coordinate the local SuperNOFA process. Special committees are formed on an as-needed basis to deal with specific issues as they arise. Most recently formed is the Advisory Committee that is responsible for guiding the street census.

**2.c.**

**Dates and Main Topics of Continuum of Care Planning Meetings**

<b>2004 Continuum of Care Planning Meetings June 2003 – June 2004</b>	
<i>Monthly Collaborative meetings that address homelessness in the Tri-Jurisdiction</i>	
<ul style="list-style-type: none"> <li>▪ Atlanta Housing Forum meets monthly on the 1<sup>st</sup> Wednesday: 6/04/03 through 6/02/04</li> <li>▪ Fulton County Collaborative on Homelessness meets monthly on the 1<sup>st</sup> Thursday: 6/5/03 through 6/3/04</li> <li>▪ Homeless Action Group (HAG) meets monthly on the 2<sup>nd</sup> Tuesday: 6/10/03 through 6/8/04</li> <li>▪ Coalition for the Homeless Mentally Ill meets monthly on the 3<sup>rd</sup> Tuesday: 6/17/03 through 6/15/04</li> <li>▪ AIDS Housing Coalition meets on the 3<sup>rd</sup> Wednesday: 6/18/03 through 6/16/04</li> <li>▪ Taskforce for the Homeless monthly forum meets on the 3<sup>rd</sup> Thursday: 6/19/03 through 6/17/04</li> <li>▪ Mayor's Faith-Based Roundtable on Homelessness meets monthly, various days of month, 6/03-6/03</li> <li>▪ Commission on Homelessness meets quarterly, usually on last Wednesday of quarter</li> </ul>	
<i>Local City Meetings</i>	
Meeting Type	Main Topic of Meeting
<ul style="list-style-type: none"> <li>▪ HIV-AIDS Housing Council</li> <li>▪ Atlanta Housing Forum</li> <li>▪ The ROCK Leadership Council</li> </ul>	<ul style="list-style-type: none"> <li>Housing –related support needs and resources for persons with HIV/AIDS in metro Atlanta</li> <li>Affordable housing development and resources</li> <li>Internal and external collaborations among homeless service providers</li> </ul>
<i>Local Counties' Meetings</i>	
<ul style="list-style-type: none"> <li>▪ DeKalb County Human and Community Development Department (2/04)</li> </ul>	<ul style="list-style-type: none"> <li>Hosted DCA application workshop to discuss homeless funding application process.</li> </ul>

<ul style="list-style-type: none"> <li>▪ DeKalb County Human and Community Development Department (7/04)</li> </ul>	Hosted DCA application workshop for successful applicants of homeless funding.
<ul style="list-style-type: none"> <li>▪ DeKalb County Human and Community Development Department (4/04)</li> </ul>	Discussion on the CDBG and ESG grant process, technical assistance, and opportunities to link with other providers.
<ul style="list-style-type: none"> <li>▪ DeKalb County Human and Community Development Department (5/04)</li> </ul>	Initial meeting of homeless service and housing providers, County, and State agencies to discuss the need to meet regularly and better coordinate activities to better serve the needs of the homeless in DeKalb County.
<ul style="list-style-type: none"> <li>▪ Fulton County Ryan White Outside Review Committee (1/04)</li> </ul>	Review and recommend funding allocations for the Ryan White grant.
<ul style="list-style-type: none"> <li>▪ Fulton County Consolidated Plan Monthly Meetings (6/03 – 6/04)</li> </ul>	Meeting with County departments to discuss the Consolidated plan of Fulton County.
<ul style="list-style-type: none"> <li>▪ Fulton County Conflict Defenders Office, Department of Community Affairs and Fulton County Human Services Department meeting (1/04)</li> </ul>	Meeting with Fulton County Human Services, the Department of Community affairs to discuss housing for participants of the County Conflict Defenders Program.
<ul style="list-style-type: none"> <li>▪ Fulton County Board of Commission Meeting (4/21/04)</li> </ul>	Review and approval of Human Services Grant funding, which is inclusive of homeless service providers in Fulton County.
<b><i>State Meetings</i></b>	
<ul style="list-style-type: none"> <li>▪ Georgia Coalition to End Homelessness meets monthly on the 2<sup>nd</sup> Wednesday: 6/11/03 through 6/9/04</li> </ul>	Standards of care, legislative action, policy developments, collaborations
<ul style="list-style-type: none"> <li>▪ Georgia Department of Community Affairs Homeless Advisory Council (11/17/03 and 1/28/04)</li> </ul>	State Continuum, policy and program developments, resources
<ul style="list-style-type: none"> <li>▪ Georgia Department of Community Affairs Region 3 Workshop (2/5/04)</li> </ul>	Housing Trust Fund Application Workshop and Continuum of Care Planning
<ul style="list-style-type: none"> <li>▪ Georgia Association of Continuums of Cares Meetings (2/12/04, 3/15/04, 5/4/04)</li> </ul>	Information-sharing and problem-solving between local jurisdictional Continuums of Cares throughout State
<b><i>Federal Meetings</i></b>	
<ul style="list-style-type: none"> <li>▪ Meeting with HUD Representatives (7/23/03)</li> </ul>	Update on current and future initiatives planned for the Tri-Jurisdiction
<ul style="list-style-type: none"> <li>▪ Meeting with HUD Representatives (2/17/04)</li> </ul>	Discussion on Mainstream Resources
<ul style="list-style-type: none"> <li>▪ Meetings with Federal Interagency Council members and Tri-J reps (1/04-6/04)</li> </ul>	Discuss and plan for October Stand Down event for metro Atlanta
<b><i>Tri-J Planning Collaborative Meetings</i></b>	
<ul style="list-style-type: none"> <li>Tri-J government sponsors meetings: <ul style="list-style-type: none"> <li>▪ 10/9/03, 1/20/04, 2/17/04, 4/20/04, 5/24/04</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting to review Continuum of Care plans for the Tri-J including the local 2004 SuperNOFA process</li> </ul>
<ul style="list-style-type: none"> <li>Tri-J Collaborative Meetings: <ul style="list-style-type: none"> <li>▪ 10/15/03</li> <li>▪ 2/2/04</li> <li>▪ 6/3/04</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Wrap of SuperNOFA 2002 and Tri-J updates.</li> <li>▪ Continuum of Care and Committee updates, overview of 2004 local SuperNOFA process</li> <li>▪ Announce process for 2004 SuperNOFA.</li> </ul>
<ul style="list-style-type: none"> <li>SuperNOFA Review Committee Work Sessions: <ul style="list-style-type: none"> <li>▪ 6/11/04, 6/21/04, 6/24/04 and 7/15/04</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ SuperNOFA local Review Committee orientation, feedback to agencies on draft applications, and rating and ranking of final applications.</li> </ul>

**Strategic Planning to End Homelessness Meetings**

<ul style="list-style-type: none"> <li>▪ City of Atlanta Mayor’s Commission on Homelessness (June 2003 through present)</li> </ul>	Development of “Blueprint To End Homelessness in Atlanta”; oversight of implementation of plan’s recommendations
<ul style="list-style-type: none"> <li>▪ City of Atlanta Mayor’s Commission on Homelessness Sub-Committee Meetings: (June 2003 through present)</li> </ul>	Development of specific project initiatives from Blueprint plan

**HMIS Meetings**

<ul style="list-style-type: none"> <li>▪ Department of Community Affairs (DCA) meeting (3/31/04, 4/20/04)</li> </ul>	Discussion on HMIS and mainstream resources
<ul style="list-style-type: none"> <li>▪ Pathways Advisory Council (Meets monthly: 6/03 – 6/04)</li> </ul>	Coordination of HMIS planning

**2.d. Continuum of Care Planning Process Organizations**

**Geographic Area Key:** City of Atlanta (A)-130174, DeKalb County (D)-139089, Fulton County (F)-139121

**Subpopulation Key:** General (G), Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS, Domestic Violence (DV), and Youth (Y).

**Participation Key:**

<ul style="list-style-type: none"> <li>(1) – Attends most Tri-J Collaborative Meetings</li> <li>(2) - Attends all meetings of the 2004 SuperNOFA Review Committee for the Metro Tri-Jurisdiction</li> <li>(3) - Attends most Homeless Action Group (HAG) monthly meetings</li> <li>(4) - Attends most Fulton County Collaboration on Homelessness monthly meetings</li> </ul>	<ul style="list-style-type: none"> <li>(5) - Attends most DeKalb County Homeless Services Provider quarterly meetings</li> <li>(6) - Attends most Taskforce for the Homeless monthly forums</li> <li>(7) – Attends most Coalition for the Mentally Ill monthly meetings</li> <li>(8) - Attends most HIV/AIDS Housing Coalition monthly meeting</li> <li>(9) – Attends most City of Atlanta Mayor’s Faith-Based Roundtable meetings</li> </ul>
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Specific Names of COC Organizations/ Persons	Geographic Area Represented	Subpopulations Represented (G, SMI, SA, HIV/AIDS, VETS, DV, Y)	Level of Participation (activity and frequency) in Planning Process
<b>State Agencies:</b>			
Department of Housing and Urban Development - Georgia State Field Office	A, D, F	G	1, 2
Georgia Department of Community Affairs	A, D, F	G	1, 3, 4, 6, 7
Georgia Department of Human Resources	A, D, F	G	4
Georgia House of Representatives, House Research	A, D, F	G	3, 6
<b>Local Government Agencies:</b>			
Atlanta City Council	A	G	3, 6
Atlanta Public School – Homeless Program	A	Y	1, 3, 4
City of Atlanta Office of Grants Management	A	G	1, 2, 3, 6, 7, 8, 9
City of Atlanta Office of Human Services	A	G	1, 2, 3, 8, 9
DeKalb County Department of Family and Children Services	D	G	5, 6
DeKalb County Department of Human and Community Development	D	G	1, 2, 5, 6
Fulton County Human Services Department	F	G	1, 2, 3, 4, 6, 7, 8
Fulton County Ryan White Projects	A, F	HIV/ AIDS	8
Veterans Administration Regional Office	A, D, F	VETS	2, 3

<b>Public Housing Authorities (PHAs):</b>			
Atlanta Housing Authority	A	G	3, 4, 6
The Housing Authority of the County of DeKalb Georgia.	D	G	5, 6
Fulton County Housing Authority	F	G	4
<b>Nonprofit Organizations:</b> <i>(includes Faith-Based organizations)</i>			
Achor Center, Inc.	A	G	1, 4, 6
Action Ministries, Inc. d.b.a. Atlanta Urban Ministry	A	G	1, 3, 6
Agape Restoration Project, Inc.	A	G	4
AID Atlanta, Inc	A, D, F	HIV/ AIDS, SA	1, 3, 6, 7, 8
AIDS Education and Services for Minorities, Inc.	A	HIV/ AIDS	3, 8
Alternate Life Paths, Inc.	A	Y	3, 6
Anam Cara, Inc.	D	SA	1, 6
Aniz, Inc.	A, D, F	HIV/ AIDS, SA	1, 4, 8
Another Chance, Inc.	A, F	G	4
Antioch Urban Ministries, Inc.	A	HIV/ AIDS, SA	3
Atlanta Children's Shelter, Inc.	A	Y	3, 4, 6
Atlanta City Baptist Rescue Mission	A	G	6
Atlanta City Mission Corp. – Milton Ave	A	G	3, 6
Atlanta Community Food Bank	A, D, F	G	6
Atlanta Enterprise Center, Inc.	A	SA	1, 3, 4, 6
Atlanta Legal Aid Society, Inc.	A	G	5
Atlanta Step-Up Society, Inc.	A, F	G	3
Atlanta Union Mission Corporation, Inc.	A, F	G	3, 6
Breakthru House, Inc.	D	SA	5
Buckhead Christian Ministry, Inc.	A	G	1, 3, 4, 6, 9
Center for Pan Asian Community Services, Inc.	D	G	5
Central Presbyterian Church	A	G	3, 9
Changed Living Recovery Residence, Inc.	D	SA	3, 5
Chris Homes, Inc.	A	Y	1
Clifton Presbyterian Church, Inc.	A	G	6
Community Advance Practice Nurses, Inc.	A	G	1, 3, 6, 7
Community Concerns, Inc. - Odyssey III	A	G	3, 4, 6, 9
Community Friendship, Inc	A	SMI	6, 7
Congregation Shearith Israel Night Shelter for Homeless Women	A, D	G	5, 6
Consumer Credit Counseling Service, Inc.	A	G	4
Covenant House Georgia, Inc.	A	Y	1, 3, 4, 6
Crossroads Community Ministries, Inc.	A	G	1, 3, 7
Decatur Cooperative Ministry, Inc.	D	G	1, 5, 6
DeKalb Community Services Board	D	SMI/ SA	1, 5, 7
DeKalb Fulton Housing Counseling Center, Inc.	D	G	5
Devereux, Inc.	A	G	7
EpiscopalDiocese of Atlanta	A	G	1, 3
Families First, Inc.	F	G	1, 3, 4, 6
Family Life Ministries, Inc.	A	G	6
Fortress Women's Facility	A	G	4
Fulton County - Jefferson Place Emergency and	A, F	SA	1, 3, 4, 5, 6, 7, 8

Transitional Housing Program			
Genesis Shelter, Inc.	A	Y	1, 3, 4, 7
Georgia Justice Project	A	G	4
Georgia Law Center for the Homeless, Inc.	A, D, F	SMI, HIV/AIDS, DV	1, 3, 4, 6, 7, 8
Georgia Rehabilitative Outreach, Inc.	A, F	SMI	1, 3, 7
Habitat for Humanity	A, D, F	G	6
Holy Comforter Episcopal Church	A	G	7
Hope Through Divine Intervention, Inc.	A	G	1, 3
Hosea Williams Feed the Hungry and Homeless	A	G	1, 3, 4, 6
Housing Initiatives of North Fulton, Inc.	F	G	4
Initiatives for Affordable Housing DeKalb, Inc	D	G	1, 5
Integrated Life Center, Inc.	D	G	1, 5
Interfaith Outreach Home, Inc.	D	G	5
International Women's House	D	G	2, 5
Intown Community Assistance Center, Inc.	A	G	3
Jerusalem House, Inc.	D	HIV/ AIDS	1, 3, 4, 5, 6, 7, 8
Jewish Family and Career Services, Inc.	D	G	1, 3, 5
Latin American Association, Inc.	A, D	G	3, 4, 5
LaGender, Inc.	A	G	4, 8
Lutheran Church of the Redeemer	A	G	6
Marcus Jewish Community Center, Inc.	A	HIV/ AIDS	1, 2, 3, 4, 5, 8
Mary Hall Freedom House, Inc.	A, F	SA	1, 4, 7
Metro Atlanta Furniture Bank, Inc.	A, D, F	G	1, 3, 4, 5, 6
Metro Atlanta Task Force for the Homeless, Inc.	A, D, F	G	1, 3, 6
Metro Fair Housing, Inc.	A, F	G	4, 5
Midtown Assistance Center, Inc.	A	G	3, 4, 6
National Mental Health Association of Georgia	A	SMI	7
New Horizons Development Center, Inc.	F	G	1, 3, 4
Nicholas House, Inc.	A	G	1, 3, 6, 9
North Fulton Community Charities, Inc.	F	G	1, 4
Our Common Welfare, Inc.	D	HIV/ AIDS/ SA	1, 5
Our House, Inc.	D	Y	5
Partnership Against Domestic Violence, Inc.	A, D, F	DV	1, 4
Pathways Community Network, Inc.	A, D, F	G	1, 2, 3, 4
Phoenix Alliance, Inc.	D	SA	1, 5
Progress Point, Inc. d.b.a. Bright Beginnings	A	G	6
Progressive Redevelopment, Inc. (The Rock)	A	G	1, 3, 6
Progressive Redevelopment, Inc. (The Welcome House)	A	G	1, 4, 7
Safe Haven Transitional, Inc.	D	G	5
Saint Joseph's Mercy Care Services, Inc. d.b.a. Mercy Mobile Health Care	A, F	HIV/ AIDS	3, 4, 6, 7
Saint Jude's Recovery Center, Inc.	A, F	SA, HIV/ AIDS	1, 6, 8
Saint Therese House, Inc. – Aftercare Residential Rehabilitative Services	A, F	SMI/ SA	1, 3, 4, 7
Saint Vincent de Paul Society, Inc.	A	G	1, 3, 6
Samaritan House of Atlanta, Inc.	A	SA	3, 4, 7
Santa Fe Villas, Inc.	A	G	3
Shut In Outreach Ministry, Inc.	A	G	1, 4
Sister Love, Inc.	A	HIV/ AIDS	4, 8
Southside Healthcare- Legacy House/Village.	A	HIV/ AIDS	8

Stand up For Kids	A	Y	3
Tapestry Youth Ministry	F	Y	1, 4
The Edgewood, Inc	A	HIV/ AIDS	8
The Living Room, Inc.	A	HIV/ AIDS	3, 6, 8
The Salvation Army, Metro Atlanta, Inc	A, F	SA	4, 6, 8
The Sullivan Center, Inc.	A	G	3, 6
Through Faith We Can, Inc.	A	G	3, 6
Transition House, Inc.	D	SA	3, 5, 6
Travelers Aid of Metropolitan Atlanta, Inc.	A, D, F	DV	1, 3, 4, 5, 6, 8
Trinity Community Ministries, Inc	A	SA	1, 3, 6, 9
Turning Point Enterprise, Inc.	A	G	3
Women's Crisis Center, Inc.	F	DV	6
Women's Resource Center to End Domestic Violence	A	DV	2, 4
Young Adult Guidance Center, Inc.	A	Y	1, 3, 4,
Young Women's Christian Association of Greater Atlanta, Inc. - Cascade House	A	G	3
<b>Homeless/ Formerly Homeless Persons:</b>			
Homeless and Formerly Homeless Persons	A, D, F	G	1, 2, 3, 4, 5, 6, 7, 8
<b>Other:</b> (e.g.: Law Enforcement, Hospital/ Medical, Funders, Regional Boards)			
Atlanta Homeless Commission	A	G	1, 2, 3, 6, 7, 9
Atlanta Regional Commission	A, D, F	G	6
Atlanta Women's Foundation	A	G	2
City of Atlanta Community Court	A	G	1, 8
City of Atlanta Department of Corrections	A	G	3, 9
DeKalb County Board of Health	D	G	5, 6, 8
DeKalb County Schools - Prevention Intervention	D	G	2, 5
Fulton County Adult Protective Services	A, F	G	7
Fulton County Conflict Defender's Office	A, F	G	3, 4, 7
Fulton County Juvenile Court	A, F	Y	4
Fulton County Police Department	F	G	4
Georgia Coalition to End Homelessness,	A, F, D	G	1, 3, 4, 5, 6, 7
Georgia Regional Hospital/ Atlanta	A, D, F	G	1, 3, 7
Grady Health System	A, D, F	G	3, 6, 7, 8
Green Forest Baptist Church Social Ministry	D	G	2, 5
Metro Regional MHDDAD	A, F, D	SMI, SA	1, 2, 3, 4, 6, 7, 8
Peace Baptist Church	D	G	2, 5
The Community Foundation	A, D, F	G	1, 2
United Way	A, D, F	G	3, 6

### 3. Continuum of Care Goals and System Under Development

#### 3.a. Chronic Homelessness Strategy/Goals

##### 3.a (1)(a) Past Performance

Goal 1- Develop programming targeted to chronic homeless:

The 24/7 Gateway center is a project of the Commission on Homelessness, under the United Way of Metropolitan Atlanta. Construction funding has been raised privately and a consortium of contractors, known as Glencastle Construction, has agreed to provide, at cost, the construction services necessary to convert a former City jail

facility into a 24-hour service facility. Fulton County Government, United Way, and private resources have committed operational funding for the Gateway. Planned on-site programs and services will be geared to facilitating the use of homeless and mainstream services by the street homeless population. The Gateway will include traditional day services such as showers and phones, a kitchen offering job training in food services, and over 400 new shelter beds including pre-treatment beds and transitional housing for homeless in employment programs.

#### Goal 2 - Create Permanent Supportive Housing:

The Integrated Life Center (ILC) acquired a site in 2003 that had been used as a transitional housing facility by Comprehensive Addiction Rehabilitation Programs (CARP) of Georgia for special needs homeless populations, including those with substance abuse problems, the mentally ill, and persons with HIV/AIDS. It was their intent to rehabilitate the existing site to house the same populations and to offer extensive supportive services there as well. DeKalb County government committed \$1 million in CDBG/HOME funds towards this purpose. The project was ranked as the top priority in the 2003 Tri-Jurisdiction Exhibit 1 and was tentatively approved for HUD funding for this purpose as well. ILC was also able to secure a commitment of \$1.5 million in private funding to be used towards the redevelopment and is also pursuing the possibility of receiving funding through the State of Georgia. ILC is now working with a private developer to finalize plans to redevelop the property. Alternatives are being explored to identify the most appropriate housing and finance options. ILC anticipates completing its technical submission and submitting it to HUD no later than the end of 2004.

#### Goal 3 - Improve local data on # and needs of chronic homeless:

Due to a lack of funding the 2003 homeless census was not repeated in 2004; however, planning and fundraising is underway for the 2005 street and shelter census and survey. The survey analysis, which was not yet completed as of last year's Exhibit 1, has been conducted and the resulting report can be viewed online at:

<http://services.pcni.org/s.nl/c.ACCT77051/sc.2/category.2027/it.I/id.28/f> .

With 993 homeless persons interviewed in housing settings, meal programs, day service centers, and on the street, the survey provides a wealth of data that greatly enhances our understanding of homelessness in the Atlanta area. Repeat surveys will build on this knowledge base and help us to improve services and solutions, while repeat census counts will enable us to measure changes in the extent and nature of homelessness here.

#### Goal 4 - Expand drug court programs serving the chronic homeless:

The City of Atlanta's original one community court program has expanded so that all eight municipal courts can now function as community courts. The founder of the Atlanta community court program is a Commissioner of the Commission on Homelessness, and staff representatives are active in the Tri-Jurisdictional Collaborative as well. Since July 2003 The Fulton County Drug Court placed 252 individuals into treatment. An estimated 40% of program intakes required residential services upon entry; transitional housing, permanent supportive housing. The DeKalb Drug Court formally began operation in July 2002 and enrolled a total of 68 persons in its first 2 years. During that time, it has achieved a 76% treatment retention rate, which is among the best in the country, and has just recently graduated its first participants. The Court has geared the program towards higher risk participants, specifically those who have a history of poor treatment outcomes in conventional community-based programs due to the scope and severity of addiction, limited social support, a high incidence of homelessness, and poor employment stability. Members of the DeKalb Drug Court interdisciplinary team also actively participate in the Tri-Jurisdictional Collaborative.

In addition to accomplishments towards meeting 2003 goals, these accomplishments are of note:

Mainstream resources – A new workgroup is working on system changes to improve linkages with and usage of mainstream resources.

Homeless health care – Two private foundations, the Healthcare Georgia Foundation and the Community Foundation for Greater Atlanta, have co-funded a study of healthcare services and needs for homeless person, and are partnering to develop small-scale solutions that can be implemented within the near future.

Homeless Commission – The efforts of the Commission and their ability to build inroads to business leaders, media, and other funding sources have generated a positive effect within the larger community. Now there is more activity and interest in this issue. This, coupled with growing support from local elected officials, is changing public willingness to support meaningful solutions for the homeless.

Homeless prevention – After over two years of reduced charitable contributions, the private economic sector is beginning to rebound and donations are increasing somewhat. In recent months United Way has been able to dedicate \$1/2 million of new receipts to funding emergency financial aid for homeless prevention in metro Atlanta.

Stand Down – The Tri-Jurisdictional governments are assisting the Inter Agency Council in planning and logistical support for the upcoming October 2004 event. Participating service providers are being recruited, as is the faith-based community.

### **3.a (1)(b) Impact on Number of Chronic Homeless**

Goals 1 and 2 are still in progress, not yet implemented, so these have not yet affected the number of chronic homeless.

In goal 3, in the homeless census and survey project, there were 99 survey respondents who met the definition of chronic homeless. These 99 represented 10% of the total 993 respondents, 8% of the *total* population (counting accompanying children) represented by the survey respondents, but 11.5% of the *single individuals* in the survey. Supplemental analysis of the survey findings revealed that chronic homeless individuals here were more likely to be unsheltered (sleeping on the street, etc.) than a non-chronically homeless person, and much more likely to be incarcerated than non-chronic homeless. Chronic homeless were much more likely to name substance addiction as a cause of their homelessness than non-chronic homeless, and health factors were also cited more frequently by chronic homeless as a cause of homelessness. Next year's homeless census and survey will build on these findings and provide updated data.

For goal 4, the court programs are now beginning to keep data on homeless persons served. This data collection was not done previously. Statistical information on homeless clients will be available in 2005.

### **3.a (1)(c) Remaining Obstacles**

Housing costs: Like other urban areas, Atlanta is experiencing a resurgence of interest in inner-city living, and formerly affordable neighborhoods are gentrifying rapidly. A typical example is the Summerhill neighborhood, lying immediately southeast of the CBD, where a formerly blighted urban renewal area is redeveloping as a neighborhood of new, upper-middle class single-family homes. Even the remaining older housing in these areas is impacted, particularly the previously affordable rental units, as property taxes have escalated in keeping with the rising property values, and landlords are raising rents to cover tax increases. This phenomenon is driving housing costs far out of reach of lower income individuals and families, and some people "displace" into homelessness. In this environment, housing suitable to meet the needs of the chronic homeless is very difficult to develop.

Complexity of Tri-J: The Metro Atlanta Tri-Jurisdictional area covers almost 1,000 square miles, with tremendous variance in land use within this area, from near-rural in some outlying county areas, to large industrial and warehouse districts, to multi-million dollar homes in highly affluent neighborhoods, to heavily built-up commercial corridors. The homeless problem, and presence, is very different in outlying county areas and suburbs – more families, working poor, and area-residents – than in the inner city – mostly individuals, more transient or

non-resident persons, runaway street youth, and the long-term chronic street homeless. Our challenge remains in bringing all community stakeholders onto common ground to develop goals and actions steps that reflect all interests and concerns. In this political and funding environment, the planning efforts of the Collaborative have tried to balance competing needs so that the most serious gaps are prioritized. Additionally, a significant challenge exists in the limited capacity of homeless providers in the rural areas of the Tri-Jurisdiction. Similarly, the demands of the inner-city provider network to absorb the homeless needs of the entire continuum has created a comparable challenge in its capacity of available services and funding resources to adequately address the severe homeless problem.

Funding Limitations: The homeless agencies that rely heavily on private charitable donations for operating support have seen severe drops in contributions over the past two and a half years. For example, the metro Atlanta United Way saw dramatic drops in resources, of over 12% in 2002 and approaching 20% in 2003. While private charitable giving has begun to rebound, most agencies are still struggling with the effects of past shortfalls. Additionally, serious tax shortfalls are being experienced by all three local governments, and both the City of Atlanta (home to the vast majority of homeless agencies here) and the State of Georgia have seen significant reductions in their HUD entitlement funds. While DeKalb and Fulton have not experienced a significant reduction in HUD funds, both jurisdictions are adversely affected by predatory lending and home foreclosures, and homeless prevention needs are a priority. Both jurisdictions are national leaders in addressing these problems in collaboration with HUD, the legal, real estate, and lending communities, and other stakeholders.

### **3.a.(2) Current Chronic Homeless Strategy**

It is estimated that DeKalb County has a total of 31 chronically homeless persons, a total of twenty sheltered and eleven unsheltered.

The single most significant action taken to address chronic homelessness is the decision this year to divide the CoC's SuperNOFA application process into three separate applications, one per jurisdiction. The Tri-Jurisdictional Collaborative remains in partnership for planning, coordination, and collaboration on homelessness. However, in order to develop the additional permanent supportive housing units that are critical to housing our chronic homeless, the CoC needed to fully utilize the possibilities for three bonus PSH projects, one per jurisdiction, rather than the single PSH project available to us in the past. This new approach, of separate jurisdictional applications within the overall Tri-Jurisdictional continuum, will be continued in future years.

The Tri-Jurisdictional Collaborative expects to strengthen its relationship with the Georgia Department of Human Resources, Metro Atlanta Regional Office on Mental Health, Developmental Disabilities, and Addictive Diseases. This office, also known as the Regional Board, is responsible for identifying local needs, planning for residential and day treatment and supportive services, and evaluating funded programs for effectiveness and quality. Stronger linkages between the CoC and the Regional Board will improve the allocation and use of scarce funding resources, ensure that priority is given to the most needy population – the chronic homeless, enhance each group's ability to monitor for acceptable program performance, and offer opportunities for the joint development of solutions to homelessness.

The Commission on Homelessness will continue to seek out new funding and recruit new participants to aid in addressing chronic homelessness. Currently the Commission is pursuing a local version of the Ready, Willing and Able program, pairing housing with employment training and support for hard-to-serve homeless clients.

The community and drug court programs, with their alternative sentencing and treatment options, are an essential part of any effort to address chronic homelessness, as this population tends to a high rate of recidivism within the criminal justice system. The City of Atlanta initiated the community court program some year ago with a single

court but now all eight municipal courts participate; Fulton County and DeKalb County now have drug court programs as well.

**3.a (3) Future Oriented Goals for Chronic Homeless**

<b>Goal</b>	<b>Action Steps</b>	<b>Responsible Organization</b>	<b>Target Dates</b>
Continue the development of programming targeted to chronic homeless.	Construction of the 24/7 Gateway center will commence shortly and center will be open by spring 2005.	Homeless Commission	By March 2005
Expand the supply of Shelter Plus Care units.	Secure new S+C units in all three jurisdictions.	Tri-Jurisdictional Collaborative	Upon approval and award of 2004 SuperNOFA funds
Improve local data on # and needs of chronic homeless.	a. Repeat street census in 2005, especially targeting sites where large #s of unsheltered home less were found in 2003, to begin developing trend data over time.	Pathways & Tri-Jurisdictional Collaborative	March 2005
	b. Use results of 2003 survey to improve understanding of chronic homeless. Use 2005 survey to expand analysis of this issue.		March – June 2005
Reduce the Fulton County jail recidivism rate of chronic homeless men with dual-diagnosis	24 bed unit of the 24/7 Gateway will provide alternative short-term housing for chronic homeless men with dual-diagnosis awaiting SSI benefits and placement into permanent supportive housing	Fulton County Conflict Defender’s Office & Homeless Commission	March 2005
Reduce the Fulton County jail recidivism rate of severe chronic homeless men with mental illness	A 6-bed group home will provide short-term housing for severe chronic homeless men with mental illness awaiting SSI benefits and placement into permanent supportive housing	Fulton County Conflict Defender’s Office & Aftercare Inc.	October 2005

**3.a (4) Coordination**

In November of 2002, Mayor Shirley Franklin recruited the United Way of Metropolitan Atlanta to develop a homeless plan for the City of Atlanta. United Way formed the Commission on Homelessness, which produced for the City the March 2003 "Blueprint to End Homelessness in Atlanta in Ten Years." Although this specific plan was focused on the City of Atlanta, the Homeless Commission has since expanded to include representatives from all three Tri-Jurisdictional partner governments and beyond. Participating jurisdictions, through inter-governmental agreements, have fueled new initiatives from the Commission in response to needs expressed by county officials, for example new housing for homeless women and children. It is anticipated that the original Blueprint will be modified and expanded to more fully reflect the needs and plans of the larger geographic area, just as the original Commission has expanded its membership to reflect broader geographic input.

**3.b. Other Goals Developed to Address Homelessness**

**3.b.(1) Accomplishments of Other Goals**

Progress against the 2003 Exhibit One’s three goals related to “Other Homelessness”:

Goal 1 - Attempt to sustain current service levels and existing programs in light of the severe funding decreases seen for 2 years in private and foundation sectors.

Although its CDBG funding dropped again, the City of Atlanta was able to avoid cuts to its homeless service programs through program income. Fulton County, facing severe budget constraints, nevertheless held its human service grant fund for homeless programs at the same level as last year. DeKalb County was also able to maintain CDBG funding for homeless activities and also received an increase in ESGP funding for 2004, which allowed for more assistance to be provided to County providers.

Goal 2 - Support major capital projects in development.

City funding is supporting the Trinity House expansion and Hope House projects in progress and was a significant funder for the Genesis Shelter expansion, now completed and operating at its new site. The City also agreed to a long-term lease of its former City Jail Annex facility, valued at \$8 million, to become the 24/7 Gateway project. DeKalb County has allocated \$1 million in HOME and/or CDBG funding to the Integrated Life Center’s permanent supportive housing development, currently in pre-implementation.

Goal 3 - Increase private sector support for homeless services.

The Commission on Homelessness has raised in excess of \$7 million to implement the priority projects identified in its ten-year plan.

**3.b (2) Other Goals Chart**

<b>Goal</b>	<b>Action Steps</b>	<b>Responsible Organization</b>	<b>Target Dates</b>
Expand community-based transitional housing opportunities for homeless families outside the City of Atlanta.	Create scattered site units in Fulton County.	Nicholas House, Inc.	After 2004 SHP award
	Create community-based housing units in North Fulton County.	Housing Initiative of North Fulton, Inc.	After 2004 SHP award
	Create scattered site units in DeKalb County.	Traveler’s Aid, Inc,	After 2004 SHP award
Develop system change initiatives to address intake and service delivery for homeless women and children	Conduct a feasibility study on a centralized intake Initiate quality standards for service providers	Homeless Commission Women and Children Sub-committee	Ongoing through 2004 and 2005
Expand permanent supportive housing for special needs populations	Create additional housing units with the appropriate provision of services and develop a system to better coordinate the provision of housing and services to homeless individuals with special needs in the system with other providers.	DeKalb Community Service Board	Ongoing through 2004 and 2005
Develop an outreach strategy and identify appropriate housing and services for displaced families living in extended stay hotels and motels	Identify suitable case management and outreach staff and locate housing and service providers	DeKalb County Human and Community Development Department	Beginning in 2005 and continuing through 2006

**4. Discharge Planning Policy Narrative:**

The Commission on Homelessness is monitoring State of Georgia actions regarding discharge planning from State prisons and institutions. Commission staff and volunteers have conducted research into best practices in this area, and are sharing this work with State personnel as appropriate. However, the responsibility for establishing and enforcing discharge policies in this area rests largely with State agencies, rather than the local level.

The three municipal criminal justice systems are all making efforts to develop constructive options for addicted, mentally disabled, and homeless inmates. The DeKalb and Fulton drug courts and the City's community court, working in collaboration with community-based treatment programs, are using alternative sentencing programs to treat the underlying problems that contribute to repeat offenses. For instance, at the DeKalb County Jail, prior to release, inmates are provided a listing of potential resources that may be available to them. These include sources of housing, clothing, food, and health care. For those inmates participating in the STOP and SMART Programs, which are 60- and 90-day drug treatment programs in the jail, they receive individual and group assistance in planning for their release to try to keep them from becoming homeless. Potential recovery residences make presentations to these individuals about what is available and also the assistance they can provide in helping them find work.

However, the impact of these court programs is limited by the relatively modest amount of funding available for such treatment, and the overwhelming numbers of inmates potentially eligible for these programs. For example, the City of Atlanta community court program had approximately 8,000 cases last year, but was able to conduct assessments for only about 2,000 of those.

Insufficient funding for jail alternatives is exacerbated by the very high volume of arrests here, and the arrestees' presenting problems. The City's municipal jail handles roughly 60,000 arrests annually (in a city with a total population of less than 417,000), and approximately 70% of those arrested test positive for drugs at the time of admission to the jail. By some estimates, as many as half the arrestees are mentally ill. The Fulton County jail system operates at all times significantly over the facility's capacity, with an excess of 3,200 inmates routinely housed in a building meant for a maximum of 2,000. Extensive additional funding resources are badly needed if this difficult situation is to improve.

## **5. Unexecuted Grants Awarded Prior to the 2003 CoC Competition**

There are no unexecuted grants prior to the 2003 CoC Competition in the Tri-Jurisdiction Continuum.

## **6. Continuum of Care Service Activity Chart: Fundamental Components in CoC System**

### **Component: Homeless Prevention**

The Atlanta: Tri-Jurisdiction supports a variety of prevention initiatives in an attempt to target programs targeting the individual experience. We support several grass-root efforts as well as those providing larger cross-jurisdictional service. The following initiatives are currently in place.

#### **Services in Place:**

**Hotlines:** Our Continuum offers homeless prevention information and referral services through a variety of "Hotline" programs. Each program is linked into United Way's 211 Service Directory. Much like the "911" Emergency Service, 211 allows individuals free phone access to receive referral information to needed services. By simply dialing 211, access to any component of our Continuum is made available to those in need. The following is a listing of established "Hotlines" available within our Continuum.

- *United Way "First Call for Help"* provides a comprehensive referral service. This expansive information network makes available services offered by over 800 nonprofit organizations. Among the many service directories covered by First Call for Help is an extensive listing of homeless service providers that make up the service components of our Continuum of Care.

- *Task Force for the Homeless Emergency Hotline* is a toll free service providing an immediate assessment of need and direct referral to shelter services. This referral service utilizes both local and statewide databases to insure appropriate linkages to available services. This 24-hour hotline is a service specifically targeting persons who are homeless or at risk of becoming homeless.

- *AID Atlanta Hotline*

- *Partnership Against Domestic Violence 24-Hour Crisis Hotline*
- *Landlord Tenant Hotline operated by Georgia Legal Services*
- *DeKalb County's Women's Resources Center Hotline*
- *National Runaway Switchboard's 24-Hour Crisis Hotline*

**Prevention programs:** A cadre of individual “hands on” prevention based programs is offered through our extensive faith community. It is at this basic grassroots level, the neighboring churches, that vital prevention services are delivered to those in need. Churches, which are routinely sought out by persons in need, often adopt these programs as a part of their ongoing ministry. Services include rental and utility assistance, money management classes, life skills training, and referrals. Church donations and volunteers solely support many of these services. These individual church missions collectively underscore the larger prevention efforts formally identified within our Continuum, which include:

- *The Eviction Protection Program* is a collaborative effort between the Metro Atlanta Furniture Bank, Atlanta Volunteer Lawyers Foundation, Fulton County Marshall's Office and the Georgia Law Center on Homelessness and Poverty. This program offers individuals and families the opportunity to warehouse home furnishings while re-establishing housing lost as a result of eviction. This transitional support service aims to maintain a family's continuity by its not losing cherished personal items and the ability to recover their own furnishings, allowing clients to become self-sufficient more quickly, and providing government agencies and DFACS a cost savings of approximately \$600 per household by eliminating re-housing costs.
- *The DeKalb Metro Housing Counseling Center* and *Consumer Credit Counseling Service* provide financial counseling and referral services aimed at maintaining persons in their current homes and to empower them with the resources for self-management.
- *Stepping Ahead Program* is a homeless prevention project targeting families residing in low-income housing communities, who are considered to be marginally homeless. These families live in risk of becoming homeless through circumstances of day labor employment, no health benefits, daily or weekly rent payments, under and unemployment and poor living skills. This prevention project is a collaborative effort of Metro Atlanta Furniture Bank, St. Joseph's Mercy Care Services, Traveler's Aid of Metro Atlanta, The Partnership Against Domestic Violence, Atlanta Community Food Bank, and Consumer Credit Counseling. Services provided by the project include rental and utility assistance, GED classes, life skills, self-sufficiency classes, money management, job training and education, and family counseling.
- *The Atlanta Legal Aid Society* specializes in housing issues, including discrimination, illegal evictions, and predatory lending.
- *United Way's* homeless prevention initiative has raised over \$1/2 million in new funding for emergency financial aid to prevent homelessness. These funds have been distributed to 20 agencies throughout the metro Atlanta area, to prevent loss of housing in a variety of geographical areas, for varying groups.

**Services Planned:** The above homeless prevention-based programs and hotlines are ongoing, and United Way is currently engaged in its second round of grant-making under its homeless prevention initiative.

**How homeless persons access/receive assistance:**

Access to prevention services is made available *via* local hotlines and United Way 211. The network of our faith community also promotes programs and opportunities for homeless prevention services. Local governments and housing authorities are inclusive of our Continuum's service network and contribute to linking those in needs with services relating to the prevention of homelessness.

**Component: Outreach/Assessment**

The most important component to introduce, assess and link persons in need to the services within our Continuum lies in the efforts of outreach. This is also the most challenging component of our Continuum. Critical to any Continuum is its ability to efficiently and effectively assess consumer needs and provide the available resources.

The extent of our efforts range from one-on-one street outreach; to organized campaigns targeting specific sub-populations; to a state-of-the-art computerized client assessment and service tracking network.

#### Services in Place:

- *African American Outreach Initiative*: This initiative is hosted by the African American Task Force of the Metropolitan Atlanta HIV/AIDS Planning Council. Services offered included information and referral services regarding HIV/AIDS services, testing, counseling, and linkages to providers.
- *Veteran's Service Day*: This veteran outreach event is sponsored by the Atlanta VA Medical Center located in DeKalb County. The event offers a broad range of services and necessities such as food, clothing, medical services, legal assistance, employment opportunities, and access to programs available within our Continuum.
- *StreetHome*: This collaboration between Mercy Mobile Healthcare and AID Atlanta offers medical treatment, nutritional information, alcohol and drug addiction counseling, and other support services for HIV+ homeless persons. Two downtown Atlanta service sites provide assistance to any HIV+ homeless person with outreach provided to emergency shelters, transitional or temporary housing programs, and street homeless.
- *Street Outreach*: The City of Atlanta conducts street outreach efforts three times a week targeting the hidden homeless population, those homeless found beneath expressway underpasses, homeless encampments located in remote areas of the city, parks and other homeless habitats. This outreach initiative is critical, as this targeted population does not participate in traditional service programs. Homeless persons are provided with information on available services such as shelters, food, clothing, and medical assistance. Assistance with referrals and obtaining needed services is provided. The Task Force for the Homeless spearheads a similar extensive outreach program within the Continuum.
- *Pathways*: Access to services within our Continuum is becoming more standardized through the Pathways provider network. Consumers are case managed through this customized HMIS to insure that appropriate referrals are made and needed services obtained. At present, over 60 services providers within the Tri-Jurisdiction participate in the Pathways system. Service providers are now better able to provide key referrals and track client movement through the Continuum of Care system through this standardized intake and assessment system.
- *Crossroads*: Operated by Crossroads Community Ministries, Inc., this facility serves as a central point of entry into our Continuum for homeless persons, especially the newly homeless. It promotes the ability of homeless persons to access a walk-in information, assessment and referral system. This facility offers continuity of service for homeless persons through a one-stop-shop design. Crossroads is also linked to the Pathways network.
- *StandUp for Kids*: StandUp is a national organization focusing its efforts on homeless and at-risk youth ages 21 and under. With local chapters in 20 cities across the country, the Atlanta chapter began its operations in February of 2001. The Atlanta StandUp chapter conducts outreach to street homeless youth everyday from 6:00pm to 10:00pm. Volunteer counselors provide straightforward counseling, shelter information, emergency items such as blankets, food, clothes, etc., and referrals to programs and services.
- *Covenant House*: Several homeless youth outreach and assessment initiatives are sponsored by this organization. The emergency hotline is operated 24hr/daily: 1-800-999-9999. Daily mobile street outreach unit is in operation from midnight to 8:00am. The Covenant House Georgia Community Service Center is open daily and is accessible by public transportation. Covenant House currently has a capital campaign well underway to develop a new youth shelter and service center.
- *The Atlanta Public School's Program for the Education of Homeless Children and Youth*: Through outreach and assessment, Program Specialists act as a liaison between family, shelter, school system and community resources to coordinate educational services for homeless children and youth.
- *Atlanta City Street Ambassadors*: provide outreach and referral to the street homeless persons in the downtown area. Ambassadors are equipped with United Way 211 Service maps of providers in downtown Atlanta and Information & Referral Brochures for Homeless Youth Services.

Services Planned:

A new 24/7 Center is slated to open in January 2005, under the sponsorship of the Commission on Homelessness. This center is planned to be staffed with outreach workers who are trained to assist the homeless coming in off the street seeking assistance. The goal will be to link the homeless to services based upon their various levels of need.

**Component: Supportive Services**

Emergency and transitional beds are essential to provide safe shelter for homeless persons, but these facilities alone cannot adequately address the underlying problems that caused homelessness. Supportive services are a critical element in any comprehensive homeless assistance plan. The Tri-Jurisdiction recognizes the critical role that essential supportive services play in addressing homelessness. The range of support services available in our Continuum includes but not limited to, legal services, employment assistance, transportation, nutrition services, mental health services, childcare, primary healthcare, inpatient and outpatient substance abuse treatment, detoxification, life skills training, and housing placement services. Support services that address the unique needs of the individual experience are felt to be especially critical when targeting sub-populations such as youth and chronic homeless.

Services in place:

- *Day Service Centers:* Various service centers offer walk-in support service linkages. These Centers include Crossroads Community Ministries, the outreach Center of Central Presbyterian Church, South DeKalb Community Ministry, and the Atlanta Day Shelter for Women.

Referrals and information to various support services are also provided in conjunction with the Community Kitchen Network of nineteen (19) nutrition programs throughout the Continuum.

- *Pathways* enables compatible linkages to available services through its computerized provider network.

- *The ROCK:* this multi-purpose, centralized service center offers an array of on-site supportive services. Agencies that provide services through satellite offices at The ROCK include Travelers Aid, Samaritan House, Trinity Community Ministries, and Mercy Mobile Healthcare. These support-service programs will be relocating to the 24/7 Gateway Center upon its opening.

Services planned:

The 24/7 Center opening in January 2005, will offer access to showers, toilets, storage, telephones, and emergency beds. The supportive-service side of this initiative will target the need of the chronic homeless.

How persons access/receive services:

Consumers are able to access supportive services during any phase of our Continuum. Once an assessment of need is completed and support services are identified, case managers facilitate appropriate linkages to insure all needs are met. Access to services within our Continuum continues to be formalized through the Pathways network.

***Continuum of Care Housing Activity Chart***

*Please note: There are no "overflow with voucher" beds in the Metro Atlanta Tri-Jurisdictional CoC. This column is excluded.*

<b>Fundamental Components in CoC System -- Housing Activity Chart</b>										
Component: <i>Emergency Shelter</i>										
Provider Name	Facility Name	HMIS	Geo Code	Target Population		2004 Year-Round Units/Beds			2004 All Beds	
				A	B	Fam. Units	Fam. Beds	Indiv Beds	Yr-round	Seasonal
<b>Current Inventory</b>										
Decatur Cooperative Ministries	Hagar House	C	139089	FC		*	25	0	25	0
International Women's House	International Women's House	N	139089	FC	DV	*	12	0	12	0
United Methodist Children's Home	UMCH Temporary Housing	N	139089	FC		4	22	0	22	0
Subtotal						4	59	0	59	0

<b>Under Development</b>										
International Women's House	IWH Expansion	N	139089	FC	DV	*	8	0	8	0
Subtotal						*	8	0	8	0

\* These beds are not in "units," that is, in self-contained living units with cooking facilities and bathrooms. These beds are in a facility with private sleeping rooms but shared common areas and bathroom facilities.

<b>Fundamental Components in CoC System -- Housing Activity Chart</b>										
Component: <i>Transitional Housing</i>										
Provider Name	Facility Name	HMIS	Geo Code	Target Population		2004 Year-Round Units/Beds			2004 All Beds	
				A	B	Fam. Units	Fam. Beds	Indiv Beds	Yr-round	Seasonal
<b>Current Inventory</b>										
Atlanta Urban Ministry	Transitional Housing	C	139089	FC		5	36	0	36	0
Breakthru House	Breakthru House	C	139089	SW		0	0	18	18	0
Chris Homes	Rainbow House	N	139089	YMF		0	0	4	4	0
Decatur Cooperative Ministries	Transitional Housing	C	139089	FC		5	27	0	27	0
Initiative for Affordable Housing, Inc.	Initiative for Affordable Housing	C	139089	FC		34	118	0	118	0
Interfaith Outreach Home	Interfaith Outreach Home	C	139089	FC		9	40	0	40	0
Jerusalem House	Family Program	C	139089	FC	AIDS	*	60	0	60	0
Nicholas House	Nicholas House	C	139089	FC		*	45	0	45	0
Our Common Welfare, Inc.	Our Common Welfare	C	139089	SMW		0	0	29	29	0
Phoenix Alliance	Phoenix Alliance	C	139089	SMW		0	0	72	72	0
Safe Haven Transitional, Inc.	Safe Haven Transitional	C	139089	FC		1	6	0	6	0
Samaritan House	Oakhurst Recovery Program	C	139089	SM		0	0	12	12	0
Samaritan House	Oakhurst Recovery Program Transition	C	139089	SM		0	0	3	3	0
Transition House	Transition House	C	139089	SMW		*	24	33	57	0
Travelers Aid	Transition Housing	C	139089	FC		4	18	0	18	0
Women's Resource Center	Women's Resource Center	N	139089	FC	DV	*	20	12	32	0
Subtotal						58	394	183	577	0
<b>Under Development</b>										
Decatur Cooperative Ministries	Transitional Housing	C	139089	FC		5	27	0	27	0
Subtotal						5	27	0	27	0

\* These beds are not in "units," that is, in self-contained living units with cooking facilities and bathrooms. These beds are in facilities with private sleeping rooms but shared common areas and bathroom facilities.

<b>Fundamental Components in CoC System -- Housing Activity Chart</b>										
Component: <i>Permanent Supportive Housing</i>										
Provider Name	Facility Name	HMIS	Geo Code	Target Population		2004 Year-Round Units/Beds			2004 All Beds	
				A	B	Fam. Units	Fam. Beds	Indiv Beds	Yr-round	Seasonal
<b>Current Inventory</b>										
DeKalb Community Services Board	Shelter Plus Care Adult Housing	P-3/05	139089	SMW		0	0	61	61	0
DeKalb Community Services Board	Shelter Plus Care Family Housing	P-3/05	139089	FC		2	12	0	12	0
Jerusalem House	S+C Program	C	139089	FC	AIDS	6	12	14	26	0
Project Interconnections	Rosalyn Apartments	N	139089	SMW		0	0	56	56	0
Subtotal						8	24	131	155	0
<b>Under Development</b>										
Integrated Life	Integrated Life Cntr.	C	139089	SMW		15	0	15	15	0
Subtotal						15	0	15	15	0

**Continuum of Care Housing Gaps Analysis Chart: DeKalb County**

	<b>Current Inventory in 2004</b>	<b>Under Development in 2004</b>	<b>Unmet Need/ Gap</b>
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**Individuals**

<b>Example</b>	<b>Emergency Shelter</b>	<b>100</b>	<b>40</b>	<b>26</b>
<b>Beds</b>	Emergency Shelter	0	0	119
	Transitional Housing	183	0	83
	Permanent Supportive Housing	70	15	9
	<b>Total</b>	<b>253</b>	<b>15</b>	<b>104</b>

**Persons in Families With Children**

<b>Beds</b>	Emergency Shelter	58	8	0(See Note 1)
	Transitional Housing	394	27	41(See Note 2)
	Permanent Supportive Housing	12	15	0 (See Note 3)
	<b>Total</b>	<b>465</b>	<b>50</b>	<b>18</b>

Form HUD 40076 CoC-H page 1

Methodology notes:

1. Although there may appear to be sufficient shelter capacity for families, it is very likely that special populations, such as immigrant women, are underserved. More research needs to be conducted in this area in future census efforts. An additional issue for families seeking shelter is the lack of shelter, or preferably transition housing units, in their community of origin. Children are too often forced to leave their school districts when families become homeless and can only find shelter in an out-of-district location. Most family shelter beds are within the City/Fulton County, but an analysis of YR 2002 callers to United Way's 211 help line seeking shelter found that 53 percent were from outside Fulton County. Absent that research, for this 2004 chart, all unsheltered families were assumed to need transitional housing rather than shelter or PSH.
2. The gap of 41 beds for transitional housing for homeless families is also thought to be lower than the actual need represents in DeKalb County. The Census did not reflect the need for transitional housing for those not homeless but living in unsuitable family housing such as overcrowded units with relatives or extended stay hotels and motels, which essentially function as SROs are not suited for families with children.
3. It is also believed that the 2003 Census undercounted the need for more permanent supportive housing beds for persons in families with children based upon the needs seen by the DeKalb Community Service Board and service providers for this population. That count concentrated more on the central city downtown area rather than the inner suburban areas such as DeKalb and, as a result, an undercount resulted. Methods are under consideration now to ensure that, in the 2005 Census, that this population is more accurately enumerated.
4. Of the unsheltered single population, 70% were estimated to have addiction disorders and need transitional (treatment) housing and 20% were estimated to be severely mentally ill and need PSH. The remaining 10% were assigned to shelter need.

**Continuum of Care Homeless Populations and Subpopulations Chart: DeKalb County**

<b>Part 1: Homeless Population</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
	<b>Emergency</b>	<b>Transitional</b>		
<b>Example:</b>	<b>75 (A)</b>	<b>125 (A)</b>	<b>105 (N)</b>	<b>305</b>
1. Homeless Individuals	0 (N)	147 (N)	119 (N)	266
2. Homeless Families with Children	21 (E)	116 (E)	17 (N)	139
2a. Persons in Homeless Families with Children	58 (N)	327 (N)	68 (N)	392
<b>Total (lines 1 + 2a)</b>	<b>58 (N)</b>	<b>474 (N)</b>	<b>187 (N)</b>	<b>719</b>
<b>Part 2: Homeless Subpopulations</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
1. Chronically Homeless	20			
2. Severely Mentally Ill	64		<i>Optional for</i>	
3. Chronic Substance Abuse	106		<i>Unsheltered</i>	

4. Veterans	90		
5. Persons with HIV/AIDS	53		
6. Victims of Domestic Violence	41		
7. Youth (Under 18 years of age)	4		

Methodology notes:

1. To correct for unsheltered family undercount: 15% of family respondents on 2003 homeless survey said that they usually slept in unsheltered locations. Based on this percentage, and on the count of sheltered persons in families, we derived an estimated undercount of persons in families and adjusted the population chart accordingly.
2. The # persons in families was determined from the actual shelter tallies in the 2003 census, which gave an average family size of 3.98 persons per family. This average was assumed to apply to unsheltered as well as sheltered families, and was thus used to estimate the 3 of families in the estimated undercount figure of persons in families derived in step 1 above.
3. #Chronic homeless: Overall, 10% of the respondents to the 2003 survey met the definition of chronic homeless. However, this overall calculation included respondents in families with children. When these respondents are excluded and we use just the single persons as the base, we get 860 total single respondents and 99 who meet the chronic-homeless definition, for 11.5% of the singles. This percentage was applied to the count of single individuals to derive a number for chronic homeless.
4. #Chronic homeless sheltered vs. unsheltered: The survey asked for usual sleeping place, and supplemental analysis divided the various responses into sheltered and unsheltered settings. Looking at the % of respondents who met the HUD definition of chronic homeless, we then calculated an unduplicated count of persons who named just unsheltered settings, persons who named just sheltered settings, persons who named a combination of unsheltered and sheltered settings, and person who did not answer. The chronic homeless who gave DK/NA responses and those who named both unsheltered and sheltered settings were then excluded, in order to give a mutually exclusive breakdown only between unsheltered and sheltered settings. 66% of these chronic homeless respondents said they were usually unsheltered, and 34% were usually sheltered. These percentages were applied to the gaps analysis charts.
5. Veterans: When survey respondents were asked if they had ever served in the military, 171 said yes and 811 said no. (The remainder did not answer this question.) Using just the yes and no responses gives 17% veterans in adult homeless population.
6. Domestic violence: 49 survey respondents, or 4.9% of the total, said that family violence was a cause of their homelessness. In Fulton and Atlanta, this % was applied to the total population to estimate # for DV. But in DeKalb, this estimating method would have given only 26 persons, whereas the two domestic violence programs here had actual occupancy of 41 persons at census time, so this higher actual-occupancy figure was used.
7. Other special-needs groups: Because the self-reported causes of homelessness on the survey were felt to be an under-report of the actual incidence of addiction, mental illness, etc., for the 2004 gaps analysis the estimates developed for 2003 were used, except for the groups explained above. These special-needs estimates were:
  - Mentally ill make up at least 12% of sheltered adult population.; at least 20% of unsheltered adult population. Assigned to PSH unmet need.
  - Persons with HIV/AIDS make up 10% of sheltered adult population. Most assigned to unmet PSH need.
  - Youth made up only 0.4% of census population – an undercount that we will focus on correcting in 2005. Applying this percentage to DeKalb would have given only 1 sheltered youth, but a youth program there had actual occupancy of 4 youths, so this higher figure was used.
  - Chronic substance abuse found among 20% of sheltered population, all groups. Chronic substance abuse found among at least 70% of unsheltered adult population. All of these are assigned to transition unmet need.

**Continuum of Care Information Collection Methods**

**1(a) Housing Activity Chart Data Collection**

The Housing Inventory charts for all three member jurisdictions are completed using the Tri-Jurisdictional database of homeless residential and service programs, which is maintained by the City of Atlanta. The current inventory contains records for 274 different programs or sites, with some agencies operating one program at a single site while others have multiple programs or service sites. The database is updated on an ongoing basis year-round, and systematically in February in conjunction with the State’ ESG funding round, through a mass mailing to all the provider agencies. The annual update ascertains new programs planned or put in operation since last year, changes in population served and/or # of beds, and average occupancy or service levels.

Because the issuance of Certifications is tied to response to the inventory-update request, and because nearly half of all the shelter and transitional housing beds in the Tri-Jurisdiction receive State ESG or Housing Trust Fund support, the response rate is high.

*Definition of Emergency Shelter and Transitional Housing:*

Emergency Shelter

- Short-term stays of up to 6 months or less, 90 days or less is typical, especially for families with children.

- Shelter programs are usually night-only, but some are 24-hour. Even night-only shelters may offer 24-hour accommodations in very inclement weather. Shelters for families with children are somewhat more likely to be 24-hour programs.
- May be winter-only or year-round programs.
- Usually have restricted access, with check-in time, after which no additional clients are admitted and no on-site clients are permitted to leave.
- Most shelters also have morning checkout time, after which no clients are permitted to remain within the building. Exceptions may be made on case-by-case basis for disabled or ill clients.
- Typical hours of shelter operation from 4:00-6:00 PM opening to 6:00-7:00 AM closing.
- Usually no assignment of beds; slots may be filled on a first-come, first-served basis.
- Many shelters do not allow for any storage of personal belongings; clients must remove all belongings when they leave each day. Some shelters do permit *limited* storage.
- Accommodations are usually cots, mats, or bunk beds within an open-space sleeping area.
- Shelters are almost always housed in facilities that are not normally used for residential purposes, such as open warehouse buildings, gymnasiums, etc.
- Shelter programs restrict admissions by demographic group served (men, women and women with children, couples, etc.).
- Admission criteria can range from none, to simple proof of ID, to ID and being clean and sober upon presentation. Some shelters for women with children require proof that the woman is the children's legal guardian.
- Typically have limited or no supportive social services. If there are such services, these are usually provided by referral, through volunteers, or by visiting agencies, rather than through on-site shelter staff.
- Minimal shelter programs will provide only overnight sleeping accommodations, and sink and toilet facilities. Enhanced or enriched sheltering may include showers, laundry facilities, and meals – usually supper and perhaps a sack lunch.
- For very short-term clients without steady source of income, shelter is either free or charges a flat rate (ranging from \$7-10 per night). Longer-stay clients, who either have or develop a steady income source, may or may not be charged on a %-of-income basis.
- Shelter programs usually do not have any built-in transportation component, although some provide MARTA tokens to clients.

### Transitional Housing

- Typically have extended stays of up to 2 years.
- Usually have private or semi-private sleeping quarters, with permanent beds rather than cots or mats. Common areas such as dining hall and lounging area usually large shared spaces.
- Specific sleeping quarters are assigned to specific clients.
- 24-hour programs, and residents usually have unrestricted access rather than check-in/out times.
- Rent is charged, based on % of income (almost always 30%). Programs may include a mandatory savings plan for residents.
- Admission is restricted by demographic group (men, women with children, etc.), and may be restricted by special-need as well (substance abusers in recovery, battered women, etc.). Admission criteria include ID and proof of income; may include documentation of special need (medical HIV/AIDS certification, written referral citing mental disability, etc.).
- Facility may be a traditional residential setting (converted single-family house, small apartment facility, boarding house, etc.), or a converted commercial or light industrial facility, or a newly constructed facility built specifically for transitional-housing use.
- Facility amenities include full bathroom facilities that may be private or shared, assigned storage space for personal belongings, kitchen/dining facilities, and usually laundry facilities.

- Almost always have security of some type, usually through on-site security personnel, or have 24-hour staff presence.
- Programs serve supper and breakfast; may provide lunch as well, either sack lunch or on-site.
- Programs always include a supportive-service component. Generally have on-site at least a case management/counseling function, along with coordination through program staff of other services provided by referral or arranged through off-site providers.
- Except for the dedicated addiction-treatment programs, transitional housing programs won't accept active-using substance abusers.
- In family programs, children almost always attend the local neighborhood schools.
- Usually do not have a built-in transportation component.

### **1(b) 2005 Inventory Update**

Unlike most northeastern urban areas, the inventory for the Tri-Jurisdictional area does not fluctuate according to severe weather; there is no voucher system to provide a fluctuating bed supply. Except for the seasonal difference between winter-only programs and year-round programs, which is already reflected in the inventory, the bed supply remains stable throughout the year. Therefore a point-in-time count of beds here would add no additional or variable information to the current inventory. Also, the inventory update is tied to the State's ESG funding round that commences in February, so that Certifications of Consistency can be issued as an integral part of the inventory update. A January count, so close to the February Certification/update, would be duplicative and confusing for local providers. We plan to repeat the February inventory update for 2005.

### **2. Housing Gaps Analysis Chart**

The determination of unmet need was conducted using the actual count of beds in our inventory, classified by type, subpopulation, and special-need served, and the actual count of homeless persons developed during the 2003 census and survey (see discussion in 3.(a) below). For specific assumptions regarding families, please see the footnote to the housing gaps chart.

### **3. Part 1 and 2 Homeless Population and Subpopulations Chart**

#### **(a) Point-In-Time Data Collection**

The Tri-Jurisdictional point-in-time count of the homeless was conducted in a street and shelter homeless census on March 11, 2003. The census was implemented under the direction of Pathways Community Network, Georgia's HMIS agency, using a methodology developed by the selected consulting firm, Applied Survey Research, Inc.

For residential programs (including those persons in short-term hospital stays and detention facilities), a one-page tally form was used to report occupancy numbers on that night, with reporting by gender, adult vs. youth, and single vs. family status. Reports were obtained from 84.5% of residential beds operating in the Tri-Jurisdictional area that night. The occupancy rate for these reporting facilities overall was 83.4%, with the highest rates seen in permanent supportive housing beds for individuals at 90% (not included in the Gaps population figures above, according to instructions) and in adult shelters at 88.3%. The Advisory Council developed a statistical model to estimate occupancy levels for the non-reporting sites, based on a covariant analysis that included housing type, demographic group(s) served, and special need(s) served. The adjusted tally for sheltered homeless was thus 4,803, of which 4,189 were in shelters and transition housing.

To count the unsheltered homeless, approximately 200 persons were sent out in the pre-dawn hours from 6 deployment centers, to cover almost 1,000 square miles. These persons were deployed in teams of trained community volunteers matched with paid homeless enumerators. Dangerous areas and known encampments were

covered by police officers and/or homeless clients and staff of the Veterans Administration (VA) Compensated Work Therapy program. Like the shelter tallies, the street-count tally forms also asked enumerators to determine gender, family or single, and adult or youth. Results of the street count and the tally of jail inmates were added together to produce an unsheltered count of 2,153.

One further adjustment to the 2004 census figures was made for this year's gaps analysis. Following the census, a street and program-site survey was conducted of 993 homeless persons. As a part of this survey, respondents were asked where they usually slept at night. 14.8% of the homeless families surveyed indicated that they usually slept in unsheltered locations. The original census enumeration counted 1,541 persons in families in shelters and transition housing on census night. Applying the 14.8% unsheltered proportion, we should have found another 272 persons in families in unsheltered locations (street, car, abandoned building, etc.). We found just 25; therefore, we undercounted families by an estimated 247 persons. The 2003 gaps analysis was corrected for 2005 to reflect this estimated undercount of families.

These Tri-Jurisdictional totals were then broken out for each of the three jurisdictions, for this 2004 SuperNOFA funding round, and separate homeless population charts were developed for each jurisdiction. For an explanation of the estimate of chronic homeless, see 7.d.3.d. below.

### **3(b) *Plan for 2005 Census for Sheltered Homeless Persons***

The 2005 Homeless Census Advisory Council is currently being formed by Pathways Community Network, Inc., and fundraising is underway to develop the needed resources to repeat the 2003 census and survey. The census is planned for roughly the same time period, mid-March, to ensure comparability of data. If a different season or date were used, we would be unable to develop valid inferences about changes over time in our homeless population.

In addition to the data issue, we are concerned that there is insufficient time now to meet a January schedule. The fundraising is in its beginning stages, and the process of interviewing and hiring for a project manager is not yet underway. The census cannot proceed without this position, which will provide for the functions previously carried out by the consulting firm and loaned governmental staff. We plan to discuss the timing issue further with appropriate HUD personnel.

### **3(c) *Plan for 2005 Census for Unsheltered Homeless Persons***

See 3(b) above. The 2003 census enumerated both sheltered and unsheltered person during the same point-in-time count. The 2005 census will repeat this methodology.

### **3(d) *Change in Number of Chronic Homeless Persons***

The 2003 homeless-population chart used an estimate of the number of chronic homeless persons, as the survey analysis had not yet been completed when that earlier chart was prepared. With the survey results now analyzed for this group, we are able to assess that 11.5% of the single homeless persons here (persons not accompanied by minor children) meets the definition of chronic homeless. This percentage was applied to the overall count of single adults for each jurisdiction to derive the estimated number of chronic homeless.

## **Homeless Management Information System (HMIS)**

a. The Pathways Community Network, one of eleven nationally recognized HMIS programs, was formed in Atlanta several years ago by a collaboration of homeless service providers. Pathways currently includes more than 60 separate Tri-Jurisdictional agencies, with multiple program sites, in its active membership. Pathways has also partnered with the Georgia Department of Community Affairs on a HUD-funded project to expand greatly the

coverage and membership of Pathways, both in the Tri-Jurisdiction area and in other entitlement and non-entitlement jurisdictions throughout the State. To our knowledge, Pathways is the only HMIS in the nation that has statewide coverage.

The Pathways system has also expanded to include important mainstream health care providers, including Grady Memorial Hospital, the Fulton County Department of Health and Wellness, the Fulton County Department of Mental Health, Mental Retardation and Substance Abuse, and Oakhurst Medical Centers in DeKalb County.

Although the current status of Pathways is best described as expansion of coverage, as noted below, system modifications will be made as new providers implement HMIS. In its inception Pathways was driven largely by the needs of non-residential agencies providing comprehensive case management services, and it is expected that new users will need some new system functionality. For instance, a bed registration function might be helpful to shelters that don't already have a bed registration system.

**b. Status of HMIS:**

  x   The CoC has implemented, but is seeking to expand the coverage of its current HMIS system.

**c. Current Inventory of Beds That Are Included in Pathways:**

	<b>Current Inventory in 2004</b>	
	<b>Beds/Percentage Providing Client Data into HMIS</b>	
	<b>Individuals</b>	<b>Families</b>
Emergency Shelter	<u>0 / 0%</u>	<u>59 / 42.4%</u>
Transitional Housing	<u>183 / 91.3%</u>	<u>394 / 94.9%</u>
Permanent Supportive Housing	<u>131 / 10.6%</u>	<u>24 / 50.0%</u>

**Continuum of Care Priorities**

**a. Renewal Project Performance**

Particular attention was given in the local review process to a renewal's ability to effectively use grant dollars and its success in leading clients to greater self-sufficiency. In an effort to better capture the service performance and outcome data from renewal projects, the Review Committees requested the submittal of the following information during the pre-application and final application process:

- outstanding HUD monitoring findings;
- monitoring reports from other funding sources;
- agency responses outlining corrective action;
- outcome measurement data and data collection processes; and
- program evaluation tools

The information submitted by renewal applicants was supplemented by the knowledge of the Tri-Jurisdictional governmental funders who were staffing the Review Committees in its work, and by Review Committee members who represented foundation funding, the Regional Board that allocates State resources for addiction treatment and mental illness, and the Veterans Administration. These various funders had conducted numerous site visits and program reviews of almost all of the agencies competing in this SuperNOFA process, which helped inform our understanding of their performance. Additionally, in the past year targeted monitoring was conducted by Tri-Jurisdictional staff specifically for two renewal projects, to address performance concerns at these programs.

*b. Gaps in Continuum of Care System to be Filled by New Projects*

DeKalb Community Service Board – This new Shelter + Care project will generate 13 new permanent supportive housing units for homeless individuals who are suffering from severe and persistent mental illness. Many of the participants are expected to be persons who are chronically homeless because they are unable to function in traditional housing settings and have also spent time in hospitals and been incarcerated. The DeKalb Community Service Board has extensive experience in delivering services to this population and the availability of these units will enhance their ability to assist one of their most difficult to serve populations.

Traveler's Aid Of Metropolitan Atlanta /DeKalb Multi-Agency Collaborative – This new SHP Transitional Housing project will generate twenty new transitional units primarily for homeless families in DeKalb County. The units will be located in scattered sites throughout the County and will meet a high priority for the County. The collaborative is composed of four agencies, each of which brings their own unique skills and experience to the project. It will enable each agency to share the strengths of the other partners while providing housing appropriate to the needs of their respective clients. In addition to serving homeless families, victims of domestic violence and unaccompanied single adults are expected to be served as well. In addition to housing, program participants will receive extensive case management services, assistance in locating and securing permanent housing, and financial literacy and debt resolution counseling.

Transition House, Inc. – This new SHP Transition Housing project will fund one new transitional housing unit to house women in recovery from substance abuse and their children. This agency, which originated in 1985, has a great deal of experience in working with homeless individuals with substance abuse problems and offers a holistic range of services designed to assist the residents in becoming self-sufficient and able to live independently again. They have an excellent track record in achieving positive results working with this population and this also meets a critical need within DeKalb's continuum.

*c. Project Selection and Priority Placement Process*

Project solicitation was announced throughout our Continuum utilizing existing provider group meetings and community forums, the Pathways system, the Tri-Jurisdiction website; [www.tri-j.net](http://www.tri-j.net), and a comprehensive Continuum mailing list of service providers.

The Tri-Jurisdictional Collaborative hosted two Review Committees, the Atlanta/Fulton Committee and the DeKalb County Committee. Due to the volume of project applications and the implementation of our new strategy to have each jurisdiction apply within its respective pro-rata, two Committees were necessary. Criteria for selecting Committee members was agreed upon by all jurisdictions as well as the Committees guiding principles as discussed below. Both Committees worked in a coordinated fashion to insure consistency throughout the Tri-J. The same review and rating instructions and processes were utilized by both committees with cross representation from the Tri-Jurisdictional governments present for all respective Committee meetings. Both Committees were integrated during the rating and ranking process to insure consistency and to provide a more global Tri-Jurisdictional consideration in project selection and ranking.

The project selection and priority ranking was facilitated by the Review Committees. All Review Committee members represented non-applying homeless service providers, other nonprofit providers from the Tri-Jurisdiction's human services network, local foundations, persons from the faith-based community, and representatives from the three local Governments. Committee members were selected for their expertise and experience in addressing homelessness in varying capacities. All members were reviewed for potential conflicts of interest with local applicants and each member executed a verbal affirmation of unbiased opinions and disclosure of any conflict of interests. No member of the Review Committee presented a conflict of interest. The

Tri-Jurisdictional government representatives served in a non-voting capacity to provide input and clarification regarding their respective Consolidated Plans and overall experience in the application process. This role was designed in an attempt to divert any presumed political influence from the three local governments.

The Review Committees reviewed all draft-applications, rated all final applications and developed the project ranking. Standardized rating forms were designed for SHP applications and S+C applications to ensure reviews were conducted in a consistent manner. Draft-applications were reviewed in a public forum with applying agencies present to engage in clarifying discussions regarding their application. The Review Committees provided constructive feedback to assist agencies in the preparation of their final local application. Feedback included suggestions and directives towards furthering interagency collaborations, enhancement of supportive narratives, review of proposed project budgets, and technical assistance on strengthening program outcome measures. This dialogue afforded project sponsors an opportunity to think through their program designs more carefully to develop stronger final applications for rating and ranking.

The criteria used for rating projects included:

- ◆ The project's emphasis on housing
- ◆ The project's level of services to the chronic homeless population
- ◆ The project's contribution to meeting priority needs within the Continuum
- ◆ The design, development, and execution of the overall project
- ◆ The experience of the sponsor in delivering the service
- ◆ Cost and budgetary outline of the proposed project
- ◆ Collaborations and partnerships with other entities within the Continuum
- ◆ Linkages leading to obtaining and retaining permanent housing and/or self-sufficiency
- ◆ The ability to demonstrate measurable program outcomes

Faced with the desire to honor HUD's priority for beds the Review Committees determined that all new service-oriented projects could not be accommodated. Each application had a maximum 100 point potential. However, the point-spread on the rating form emphasized housing as well as services to chronic homeless. No supportive-service project could receive a higher rating than a housing project. Those projects with a targeted focus of serving chronic homeless also rated higher than those serving other populations. A preliminary ranking based upon rating score sequence of applications was developed. Final ranking took into consideration the rating score, focus on housing, chronic homelessness, community involvement within the Tri-J, and funding request.

Both Review Committees conducted a fair and open process that promoted the efforts of our Continuum as a whole over individual organizations. Our local rating and ranking process incorporated numerical scores as a process step that enabled the Review Committee to examine the impacts of existing and potential services within the overall Continuum. It also took into account the efforts of partnership and collaboration, and the performance outcomes of our participating service organizations.

During the past twelve months, the Tri-Jurisdiction received one written complaint regarding the 2003 local process, about the project rankings of the St. Jude's Recovery Center's renewal projects. The complaint expressed concern over the drop in ranking of these projects, especially the two that were at risk for funding losses. The Tri-J government representatives called a meeting with the applicant to explain the rationale of the ranking process. We reiterated the priority given to housing projects, and the relationship that this priority had to the agency's renewal projects. We also noted the desire of the 2003 Review Committee to capitalize on new funding opportunities that had opened up with the incorporation of the 2000 Census results to the pro-rata formulas; several very worthy new projects were ranked higher in the Tri-Jurisdictional Continuum, above these two renewals, in order to take advantage of this opportunity. This issue has been resolved this year by the restoration

of full renewal funding to one of these projects and the negotiation between the agency and HUD of a reduced budget for the other project.

d. Continuum of Care: Project Priorities Chart

Applicant	Project Sponsor and Project Name	Numeric Priority	Requested Project Amount	Term of Project	Program and Component/Type				
					SHP new	SHP renew	S+C new	S+C renew	SRO new
Example: ABC Nonprofit	ABC Nonprofit/ Annie's House	1	\$1,026,000	3 (yrs)	PH				
Example: XYZ County	AJAY Nonprofit/ Pierce's Place	2	\$800,000	5 (yrs)			TRA		
Georgia Housing and Finance Authority	DeKalb Community Service Board/ <i>English Oaks Apartment Program</i>	1	\$736,320	5(yrs)			PH		
Nicholas House, Inc.	Nicholas House, Inc. / <i>Nicholas House-LaVista</i>	2	\$36,141	1(yr)		TH			
Jerusalem House, Inc.	Jerusalem House, Inc./ <i>Jerusalem House-The Family Program</i>	3	\$193,704	1(yr)		PH			
Initiative for Affordable Housing, Inc.	Initiative for Affordable Housing, Inc./ <i>Initiative for Affordable Housing, Inc.</i>	4	\$320,938	1 (yr)		TH			
Phoenix Alliance, Inc.	Phoenix Alliance, Inc./ <i>Transitional Housing for Substance Abuse Treatment</i>	5	\$58,371	1 (yr)		TH			
Action Ministries, Inc. d/b/a Atlanta Urban Ministries	Action Ministries, Inc. d/b/a <i>Atlanta Urban Ministries/ Atlanta Urban Ministries Transitional Housing</i>	6	\$70,000	1 (yr)		TH			
Our Common Welfare, Inc.	Our Common Welfare, Inc./ <i>Project Link</i>	7	\$158,033	1 (yr)		TH			
Travelers Aid Of Metropolitan Atlanta, Inc.	Travelers Aid Of Metropolitan Atlanta, Inc./ <i>DeKalb County Multi-Agency Collaborative Transitional Housing Program</i>	8	\$1,100,000	3(yrs)	TH				
Transition House, Inc.	Transition House, Inc./ <i>Supportive Transitional Housing Program</i>	9	\$204,000	3 (yrs)	TH				
<b>Total Requested Amount:</b>			<b>\$2,877,507</b>						

**10. Continuum of Care Supplemental Resources Enrollment and Participation in Mainstream Programs**

(1) Mainstream programs for which COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

- SSI     SSDI     TANF     Medicaid     Food Stamps  
 SCHIP     WIA     Veterans Health Care

(2) Policies currently in place in CoC to help clients secure these mainstream benefits for which they are eligible:

- A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
- The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
- CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
- A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
- The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
- CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
- A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
- A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
- Other (Please describe in 1-2 sentences.)

Other: 1) The planning committee of Tri-Jurisdictional, State, and HMIS representatives is working to develop systematic approach to mainstream resources. Possibilities being examined are modification of HMIS, development of CoC version of First Step, use of Benefits Bank approach, and the Center on Budget and Policy Priorities' online state guide to mainstream resource materials.

2) A 2004 survey conducted of CoC homeless providers identified common problems encountered in trying to secure benefits for their clients. Survey results are posted at <http://www.altrue.net/site/trij/> . The planning committee will use these findings in working with the local mainstream service offices to improve responsiveness to the needs of homeless clients, especially those with chronic mental illnesses.

## 11. CoC Project Performance – Housing and Services

### A. Housing

1. Permanent Housing. HUD will be assessing the percentage of all participants who remain in permanent SHP or S+C housing for over six months. (SHP projects include both SHP-PH and SHP-Safe Haven permanent housing renewals.) Based on responses to APR Question 12(a) and information available on persons who did not leave (e.g., information to respond to APR Question 12(b)) from each of the above permanent housing projects included on your Priority Chart, complete the following:

- a. What is the number of participants who exited the permanent housing project(s) during the operating year (from APR Question 12(a))? **15**
- b. What is the number of participants who did not leave the project(s) during the operating year? **11**
- c. Of those who exited, how many stayed longer than 6 months in the permanent housing (from APR Question 12(a))? **8**

- d. Of those who did not leave, how many stayed longer than 6 months in the permanent housing? **11**  
 e. Of the total number of participants in the permanent housing project(s) (both those who left and those who stayed), what percentage stayed longer than 6 months (both those who left and those who stayed)? **73.1%**

2. Transitional Housing. HUD will be assessing the percentage of all TH clients who move to a permanent housing situation. (SHP-TH, SHP-Safe Haven that is *not* identified as permanent housing, and SHP-Innovative renewal projects should all be included as transitional housing.) Based on responses to APR Question 14 from each of the above projects included on your Priority Chart complete the following:

- a. What is the total number of participants who left transitional housing project(s) during the operating year? (Include all persons who left, including those who left to an unknown destination.) **344**  
 b. What is the number of participants who left transitional housing project(s) and moved to permanent housing? - **96**  
 c. Of the number of participants who left transitional housing, what percentage moved to permanent housing? **27.9%**

## B. Supportive Services

### Continuum of Care Participation in Mainstream Programs and Employment Chart

1 Number of Adults Who Left (Use the same number in each cell)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col 3 ÷ Col 1 x 100)
301	a. SSI	13	4.3%
301	b. SSDI	5	1.7%
301	c. Social Security	3	1.0%
301	d. General Public Assistance	0	0%
301	e. TANF	11	3.7%
301	f. SCHIP	0	0%
301	g. Veterans Benefits	1	0.3%
301	h. Employment Income	127	42.2%
301	i. Unemployment Benefits	1	0.3%
301	j. Veterans Health Care	0	0%
301	k. Medicaid	7	2.3%
301	l. Food Stamps	55	18.3%
301	m. Other (please specify)	6	2.0%
301	n. No Financial Resources	132	43.9%

## Use of Other Resources

Other Resources	Use of Resource in CoC System for <u>Homeless</u> Persons (e.g., rehab of rental units, job training, etc.)	Specific Project Name	\$ Amt or # units/beds provided in last 2 yrs for <u>homeless</u>
		Agency in <b>Bold</b>	
<b>CDBG</b>	DeKalb CDBG	<b>Nicholas House</b> DeKalb County CDBG	\$55,140
	Salaries	<b>Jerusalem House</b> Jerusalem House Program for Adults	\$91,360
HUD S+C (2003 only)	Utilities, rent deposits, damages	<b>Jerusalem House</b> Jerusalem House Scattered Site program	\$99,849
<b>HOPWA</b>			
HOPWA City of Atlanta	Salaries, Utilities, Insurance, Communications, Contract Services	<b>Jerusalem House</b> Jerusalem House Scattered Site program	\$390,858
HOPWA City of Atlanta (2003 only)	Salaries, Utilities, Insurance, Communications, Contract Services, other direct cost	<b>Jerusalem House</b> Jerusalem House Scattered Site program	\$43,607
DCA HOPWA (2003 only)	Supplies, Utilities, equipment, insurance, postage, case management, outreach	<b>Jerusalem House</b> Jerusalem House Scattered Site program	\$80,926
HOPWA City of Atlanta	Salaries, Utilities, Insurance, Communications, Contract Services, Materials/supplies, Training, Security, Client transportation	<b>Jerusalem House</b> Jerusalem House Family program	\$327,464
<b>Housing Choice Vouchers</b>	Transitional housing	<b>Nicholas House</b> City of Atlanta Housing Choice Program	1 family
<b>Housing</b>	3 Treatment Slots	<b>Our Common Welfare</b> Bethel Christian Homes	\$19,800
<b>Mental Health Block Grant</b>	Mental Health Assessment and Counseling	<b>Our Common Welfare</b> Positive Impact	\$28,500
	Mental health referral	<b>Nicholas House</b> Families First, Jewish Family Services	22 families

<b>Substance Abuse Block Grant</b>	Substance Abuse Treatment and Monitoring	<b>Our Common Welfare</b> Ryan White Title I	\$463,598
<b>Social Services Block grant</b>	Temporary Assistance to Needy Families-TANF	<b>Nicholas House</b> DFACS	19 families
	TANF	<b>Nicholas House</b> Support Enforcement	10 families
<b>Federal Funded Programs</b>	Client Education, HIV Counseling	<b>Our Common Welfare</b> CDC	\$361,746
<b>State Funded Programs</b>	Department of Community Affairs	<b>Atlanta Urban Ministries</b> Transitional housing	\$45,000
	Transitional Housing for Residential Treatment	<b>Phoenix Alliance</b> Emergency Shelter	\$15,000
	Vocational rehabilitation	<b>Phoenix Alliance</b> GA DRS	\$60,000
	DeKalb Community Service Board	<b>Phoenix Alliance</b> Detoxification Services	\$22,800
	DeKalb DFCS	<b>Phoenix Alliance</b> Food Stamps	\$5,200
	DCA Operations	<b>Transition House</b>	\$19,000
	DHR-DFCS-TANF	<b>Transition House</b> Women & Children	\$200,000

<b>Housing Trust Fund</b>  (2003 only)	Administration and incidentals	<b>Jerusalem House</b> Jerusalem House Scattered Site Program	\$13,973
<b>City / County Funded Programs</b>	After School Program	<b>Atlanta Urban Ministries</b> Children Program	\$18,000
	Life Skills training	<b>Phoenix Alliance</b> DeKalb ESG grant	\$5,000
	Adult Literacy, Computer training, Children's reading program	<b>Nicholas House</b> DeKalb County Schools, DeKalb Technical College, DeKalb Libraries, DeKalb Cooperative Extension Svc.	61 families
	Fulton County	<b>Transition House</b>	\$25,000
	DeKalb County	<b>Transition House</b>	\$1,000
	City Of Atlanta CDBG	<b>Transition House</b>	\$39,191
<b>Private</b>	Client Education	<b>Our Common Welfare</b> Abbott Laboratories	\$3,500
	Client Education	<b>Our Common Welfare</b> Pfizer Laboratories	\$2,500
	Client Supplies	<b>Our Common Welfare</b> Volcan Safety Shoes, Inc.	\$7,400
	Client Support	<b>Our Common Welfare</b> AIDS Walk	\$1,000
	Operations	<b>Phoenix Alliance</b> BellSouth matching grant, St Joseph's Healthcare Grant	\$12,500
	Individual development Accounts	<b>Nicholas House</b> CAMP Inc, Metro United Way, Emory University	61 families
	Junior League	<b>Atlanta Urban Ministries</b> Children program	\$31,550
	Donations Individuals	<b>Transition House</b>	\$4,500
	Donations-Churches	<b>Transition House</b>	\$3,000
<b>Foundation</b>	Cost supplement	<b>Our Common Welfare</b> Atlanta Aid Partnership	\$29,000
	Community Foundation	<b>Atlanta Urban Ministries</b> Transitional housing	\$1,117,875
	Capacity Building and Rehabilitation of Units for Women Who are Homeless	<b>Phoenix Alliance</b> Atlanta Community Foundation Atlanta Women's Foundation	\$19,000
	Client Services staffing, Volunteer programs, After school	<b>Nicholas House</b> The Community Foundation, Fannie Mae,	\$118,000

	programs	Hartland, Goizuetta, Rich	
	Episcopal Charities	<b>Transition House</b>	\$4,000
<b>FEMA</b>	EFSP	<b>Atlanta Urban Ministries</b> Feeding Program	\$10,000

## Supplemental Resources Project Leveraging Chart

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
3	Example:  Sarah's House	Child Care	Spotsville Co. Department of Social Services	\$10,000
1	<b>Permanent Housing for the Mentally Ill</b>			
2	<b>Nicholas House/La Vista</b>	<ol style="list-style-type: none"> <li>1. Building and Grounds/ Donated Facility Rent &amp; Food</li> <li>2. Childcare</li> <li>3. Activities Programs, member scholarships</li> <li>4. Tutoring and After school Activities</li> <li>5. Legal Services</li> <li>6. Furnishings for graduates</li> <li>7. Children's Therapy, Counseling Services</li> <li>8. Mental Health Counseling</li> <li>9. Job Training 3 days per week</li> <li>10. Landscaping, food, gifts for kids parties</li> <li>11. Cash</li> <li>12. Cash, Food and Meal preparation, Financial support</li> <li>13. Food and volunteer work</li> <li>14. Food</li> <li>15. Food</li> <li>16. Food</li> <li>17. Food</li> <li>18. Food</li> <li>19. Food</li> <li>20. Food</li> <li>21. Food</li> <li>22. Food, Christmas gifts</li> <li>23. Food Delivery, Meal prep, Landscaping, Maintenance</li> <li>24. Food prep, Office, Landscaping, Volunteers</li> </ol>	<ol style="list-style-type: none"> <li>1. St. Bartholomew's Episcopal Church</li> <li>2. Atlanta Children's Shelter</li> <li>3. Children's Restoration Network</li> <li>4. Volunteer Emory</li> <li>5. Georgia Law Center for the Homeless</li> <li>6. Metro Atlanta Furniture Bank</li> <li>7. Community Advanced Practice Nurses</li> <li>8. Jewish Family and Career Services</li> <li>9. DeKalb County Public Schools</li> <li>10. Peachtree Road United Methodist Church</li> <li>11. Peachtree Road Presbyterian Church Methodist Church</li> <li>12. Immaculate Heart of Mary Church</li> <li>13. St. Michael and All Angels Episcopal Church.</li> <li>14. St. Patrick's Episcopal Church</li> <li>15. St. Thomas More Catholic Church</li> <li>16. St. Matthew's Episcopal Church</li> <li>17. Holy Innocents' Episcopal Church</li> <li>18. Greek Orthodox Cathedral of Annunciation</li> <li>19. St. Oliver Catholic Church</li> <li>20. St. Martin in the Field Church</li> <li>21. St. Benedict's</li> <li>22. Peachtree Road United Methodist Church</li> <li>23. Various churches, individuals and groups (\$10/ hour*805 hours)</li> </ol>	<ol style="list-style-type: none"> <li>1. \$88,200</li> <li>2. 24,500</li> <li>3. 9,000</li> <li>4. 416.25</li> <li>5. 10,000</li> <li>6. 13,500</li> <li>7. 16,640</li> <li>8. 5,000</li> <li>9. 20,400</li> <li>10. 10,000</li> <li>11. 3,000</li> <li>12. 1,000</li> <li>13. 1,100</li> <li>14. 700</li> <li>15. 1,200</li> <li>16. 1,200</li> <li>17. 1,250</li> <li>18. 1,200</li> <li>19. 1,000</li> <li>20. 330</li> <li>21. 700</li> <li>22. 3,000</li> <li>23. 10,000</li> <li>24. 8,050</li> </ol> <p style="text-align: right;"><b>Proj. Total - \$231,386.25</b></p>
3	<b>Jerusalem House-The Family Program</b>	<ol style="list-style-type: none"> <li>1. Cash</li> <li>2. Cash</li> <li>3. Maintenance</li> <li>4. Case management</li> <li>5. Background Checks, credit Counseling</li> <li>6. Health care</li> <li>7. Legal services</li> <li>8. Intake Services</li> <li>9. Clinical pastoral care</li> <li>10. Day care</li> <li>11. Counseling, Bereavement Svcs.</li> <li>12. Meals</li> </ol>	<ol style="list-style-type: none"> <li>1. HOPWA (4/1/04-3/31/05)</li> <li>2. Resident fees</li> <li>3. Volunteers</li> <li>4. AID Atlanta</li> <li>5. Choice Point</li> <li>6. Community Advanced Practice Nurses</li> <li>7. GA. Law Center on Homelessness</li> <li>8. Living Room</li> <li>9. N. Atlanta Tri-Hospital CPE Center</li> <li>10. Our House</li> <li>11. Positive Impact</li> <li>12. Project Open Hand</li> </ol>	<ol style="list-style-type: none"> <li>1. 210,000</li> <li>2. 13,200</li> <li>3. 24,000</li> <li>4. 3,000</li> <li>5. 3,200</li> <li>6. 20,000</li> <li>7. 4,747</li> <li>8. 5,200</li> <li>9. 5,000</li> <li>10. 45,355</li> </ol> <p style="text-align: right;"><b>Proj. Total - \$358,702</b></p>
4	<b>Initiative for Affordable Housing, Inc.</b>	<ol style="list-style-type: none"> <li>1. Matching funds</li> </ol>	<ol style="list-style-type: none"> <li>1. Initiative for Affordable Housing, Inc.</li> </ol>	<ol style="list-style-type: none"> <li>1. 65,554</li> </ol>

				Proj. Total – \$65,554
5	<b>Transitional Housing for Substance Abuse Treatment</b>	<ol style="list-style-type: none"> <li>1. Job Readiness and Development</li> <li>2. HIV Education and Testing</li> <li>3. Transportation (½ price MARTA cards/tokens)</li> <li>4. Child Care</li> </ol>	<ol style="list-style-type: none"> <li>1. Atlanta Enterprise Center</li> <li>2. Our Common Welfare</li> <li>3. MARTA</li> <li>4. Atlanta Children’s Shelter</li> </ol>	<ol style="list-style-type: none"> <li>1. 12,000</li> <li>2. 10,000</li> <li>3. 5,200</li> <li>4. 10,000</li> </ol> <p><b>Proj. Total – \$37,200</b></p>
6	<b>Atlanta Urban Ministry Transitional Housing</b>	<ol style="list-style-type: none"> <li>1. Cash</li> <li>2. Cash</li> <li>3. Cash, Volunteers, Maintenance, Adopt a Family</li> <li>4. Cash</li> <li>5. Furniture</li> <li>6. Building/ Cleaning Supplies</li> <li>7. Child care</li> <li>8. Cash, Maintenance</li> </ol>	<ol style="list-style-type: none"> <li>1. Action Ministries</li> <li>2. N. GA. Conference Housing and Homeless Council</li> <li>3. Peachtree Rd. UMC</li> <li>4. Northside UMC</li> <li>5. Metro Atlanta Furniture Bank</li> <li>6. Tool Bank</li> <li>7. Candler School of Theology</li> <li>8. Sandy Spring UMC</li> </ol>	<ol style="list-style-type: none"> <li>1. 16,000</li> <li>2. 5,000</li> <li>3. 4,000 /\$2,000 In-Kind</li> <li>4. 3,000</li> <li>5. 1,500 In-Kind</li> <li>6. 2,000 In-Kind</li> <li>7. 2,000 In-Kind</li> <li>8. 1,000 /600 In-Kind</li> </ol> <p>Proj. Total – \$29,000 / 8,100</p>
7	<b>Project Link</b>	<ol style="list-style-type: none"> <li>1. Client food, personal supplies and emergency assistance for client utilities</li> <li>2. Substance Abuse Treatment</li> <li>3. Client Education and partner counseling and testing</li> <li>4. Mental Health assessments and counseling</li> <li>5. Case Management</li> <li>6. Client Education</li> <li>7. Client Education</li> </ol>	<ol style="list-style-type: none"> <li>1. Atlanta AID Partnership Fund</li> <li>2. Ryan White Title – I</li> <li>3. CDC</li> <li>4. Positive Impact</li> <li>5. AID Atlanta</li> <li>6. Abbott Laboratories</li> <li>7. Pfizer Laboratories</li> </ol>	<ol style="list-style-type: none"> <li>1. 29,000</li> <li>2. 463,598</li> <li>3. 361,746</li> <li>4. 28,500</li> <li>5. 25,000</li> <li>6. 3,500</li> <li>7. 2,500</li> </ol> <p><b>Proj. Total – \$885,344</b></p>
8	<b>DeKalb County Multi-Agency Collaborative Transitional Housing Program</b>	<ol style="list-style-type: none"> <li>1. Legal Services</li> <li>2. Furniture</li> <li>3. Domestic Violence support services</li> <li>4. Budgeting classes &amp; employment counseling</li> <li>5. Childcare</li> <li>6. Credit and budget counseling</li> <li>7. Permanent housing resettlement assistance</li> </ol>	<ol style="list-style-type: none"> <li>1. Georgia Law Center</li> <li>2. Furniture Bank of Metro Atlanta</li> <li>3. Womens’s Resource Center</li> <li>4. Sullivan Center</li> <li>5. Atlanta Children’s Shelter</li> <li>6. Consumer Credit Counseling Service</li> <li>7. Fulton County Human Services Resettlement Assistance Program</li> </ol>	<ol style="list-style-type: none"> <li>1. 10,000</li> <li>2. 22,500</li> <li>3. 5,000</li> <li>4. 6,750</li> <li>5. 9,300</li> <li>6. 4,200</li> <li>7. 90,000</li> </ol> <p><b>Proj. Total – \$147,750</b></p>
9	<b>Transition House, Inc.</b>	<ol style="list-style-type: none"> <li>1. Life Skills</li> <li>2. Mental Health Counseling</li> <li>3. HIV/AIDS Services</li> <li>4. Education &amp; Instruction (job readiness)</li> <li>5. Employment Service</li> <li>6. Childcare</li> <li>7. Church Donations</li> <li>8. Individual Donations</li> <li>9. Earned Income</li> </ol>	<ol style="list-style-type: none"> <li>1. Volunteers</li> <li>2. VAMC</li> <li>3. DeKalb County Health Department</li> <li>4. Samaritan House</li> <li>5. Employment Security</li> <li>6. TANF</li> <li>7. Various Churches</li> <li>8. Individuals</li> <li>9. Program fees</li> </ol>	<ol style="list-style-type: none"> <li>1. 4,500</li> <li>2. 15,600</li> <li>3. 9,000</li> <li>4. 6,000</li> <li>5. 2,250</li> <li>6. 15,000</li> <li>7. 3,000</li> <li>8. 2,500</li> <li>9. 58,500</li> </ol> <p><b>Proj. Total - \$116,350</b></p>
<b>TOTAL:</b>				<b>\$1,871,286.00</b>