

# State Housing Trust Fund for the Homeless



Georgia  
Department of  
Community Affairs

Annual Report  
January 2010



## *Introduction from the Chairman*

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Dear Friends:

On May 20, 2009, the "Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009" (the "HEARTH Act") became law. The Department of Housing and Urban Development (HUD) will soon issue regulations, and by 2011, HUD's programs implementing homeless assistance will significantly change. Thankfully, HUD recognizes the impact that these changes will have on local programs, so it has proposed to increase its 2011 budget to 2.06 billion dollars, up from 2009 funding by 22.5%.

HEARTH Act changes will have a significant impact on the Housing Trust Fund's community partners. Examples include –

- Local agencies will see an expansion of funds for 'homelessness prevention' and new funds that can be utilized to 'rapidly re-house' homeless families;
- Competitive 'continuum of care' (CoC) programs -- three distinct programs with differing purposes, eligible activities and preferred outcomes -- will become **the** 'continuum of care' program with a single set of flexible activities;
- Benefits to families and benefits within rural areas will have greater emphasis; and
- HUD's definition of "homelessness" will be expanded to include persons sheltered within hotels, by friends and families, etc.

HEARTH Act changes will have a significant impact on the Housing Trust Fund's ability to assist community partners. Examples include –

- The Emergency Shelter Grant program, with its emphasis on "shelter," will become the Emergency **Solutions** Grant (ESG) program to reflect the heightened priority on the prevention of homelessness or ending it quickly through rapid re-housing, a new HUD eligible activity and priority; and
- New administrative funds will be available to continuums of care (CoC) for planning, development and project implementation. Most CoCs will become directly responsible for sub-granting HUD funds to the community-based organizations implementing programs.

Of course, just as much will not change. HUD will most likely retain its preference for housing activities, and particularly, permanent supportive housing for persons who are homeless and living with disabilities. There will be more emphasis than ever on quality implementation of Homeless Management Information Systems (HMIS) and the ability within HMIS to produce consistent and reliable data. Through HMIS, program benefits and the emphasis on stable housing outcomes will be tracked with every program. Additional CoC funding will, more than ever, depend upon quality implementations.

As HEARTH Act changes are made, the next two years will be a challenge for the Housing Trust Fund Commission and for the staff at DCA. We will need to re-think and, quite possibly, re-design every related program. These eminent changes will provide an opportunity to strengthen and improve our existing programs. We will be counting on all of our partners at all levels – Federal, state and local – to work with us to assure a smooth and effective transition that will lead to the best assistance possible for those within Georgia who are unstably housed or experiencing the trauma of homelessness.

Respectfully submitted,

*Walter R. Huntley, Jr.*

Chairman, State Housing Trust Fund Commission

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STATE HOUSING TRUST FUND FOR THE  
HOMELESS

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The State Housing Trust Fund for the Homeless is administered by the Georgia Department of Community Affairs /  
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# Mission Statement

**The mission of the State Housing Trust Fund for the Homeless is to support the efforts of organizations that provide housing and essential services for individuals and families striving to end their state of homelessness. These groups include:**

-  Non-Profits
-  Faith-Based Organizations
-  Community Homeless Provider Networks, and
-  Public Programs

**The mission of the State Housing Trust Fund for the Homeless will be accomplished by:**

-  Providing Resources
-  Supporting Opportunities that Promote Self-Sufficiency, and
-  Forming Partnerships with Organizations that Embrace the Goal of Ending Homelessness in Georgia



# Homelessness in Georgia



## How many people are homeless in Georgia?

The difficulties of counting the homeless in any single community, much less a large state, have been discussed in detail by both researchers and advocates for the homeless. Therefore, it is impossible to provide a single, definitive, and indisputable number of persons who are homeless in Georgia. However, it is important to have at least some understanding of the magnitude and scope of the problem. Fortunately, a significant amount of data from multiple sources is available to indicate how many people in the state face the dreadful prospect of having not having housing.

2009 Georgia Homeless Census Point-In-Time	
	#
2009 Sheltered -- Census	8,994
2009 Unsheltered -- Predictive Model	12,101
<b>Total</b>	<b>21,095</b>

In 2003, the U.S. Congress passed legislation requiring that Continuums of Care (CoC) conduct point-in-time homeless counts once every two years. The CoCs that cover Chatham, Clarke, Cobb, DeKalb, Fulton, Muscogee, and Richmond counties conduct homeless counts annually or biennially. Because the Balance of the State covers 152 counties, many of them rural, the Georgia Department of Community Affairs (DCA) has always conducted an annual count of persons in shelters and transitional housing, but until 2008 did not have a feasible way to count unsheltered homeless people. Beginning in 2008, DCA used a sampling methodology and predictive model developed by statistics faculty

at Kennesaw State University to address this challenge. In the second year of the count (2009), the methodology took the unsheltered homeless count in 27 counties to arrive at a predicted count of unsheltered homeless persons by county for the entire state. The counts conducted in the Balance of the State were done using surveys primarily collected at locations where people receive services. All of the count efforts around the state, along with the model, indicate that there were **over 21,000** people in Georgia who were homeless at a single Point-In-Time (a one-night snap shot) during the last week in January.

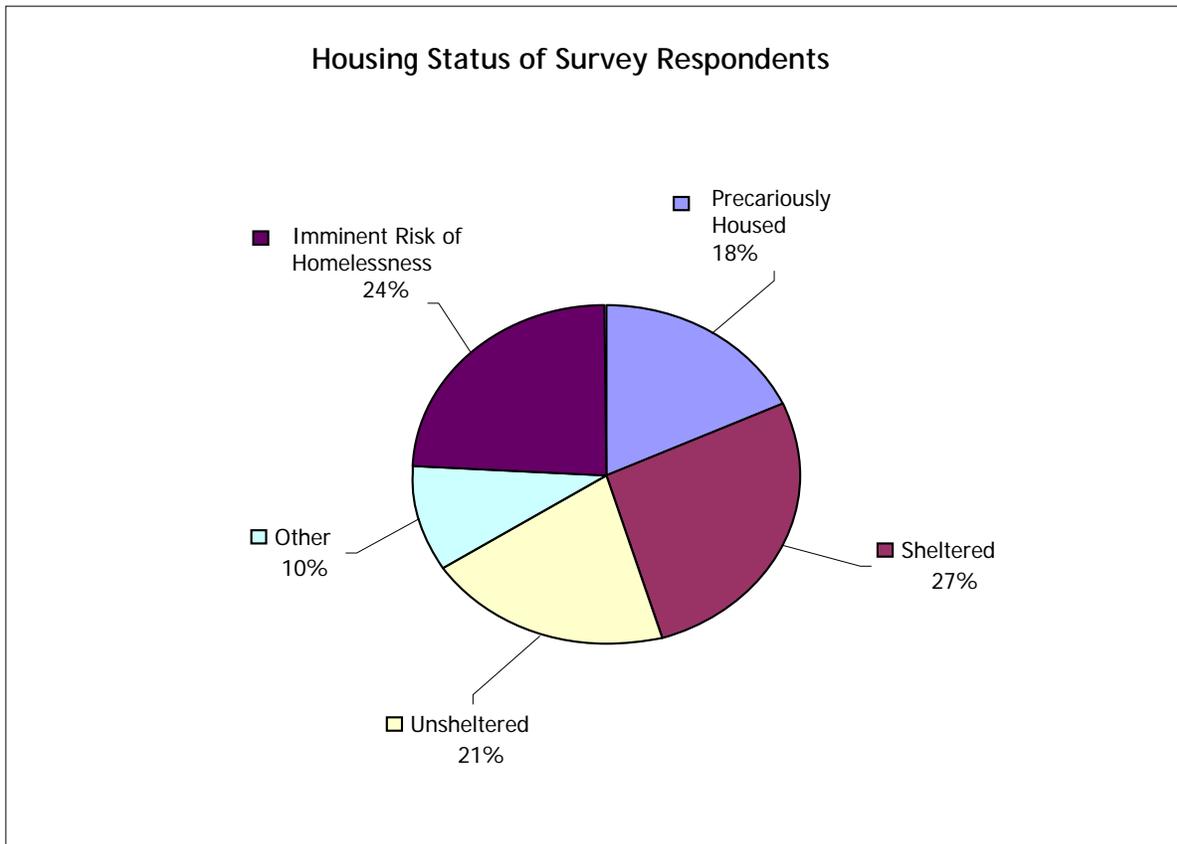
The homeless count surveys collected in January 2009 also included a question about the length of time that people had been homeless. Using a weighted average of those responses provides an estimate of over 90,000 people who experience homelessness in Georgia at some time during one year.

At least 90,000 Georgians will experience homelessness at some time during the year. This is a 20% increase over the annualized number in 2008. *(Estimation using predictive model)*

Within the Balance of State counties that participated in the point-in-time count in January 2009, over 5,000 surveys were collected from people in those counties who were having housing difficulties. The surveys focused on the housing status of the survey respondents and their families on the night of January 25, 2009. The housing status of the survey respondents and their families is shown in the graph on the following page.

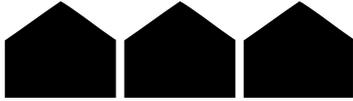


The people categorized as “precariously housed” were staying with family or friends or in hotels/motels. These people would be considered homeless under the more expansive U.S. Department of Education definition of “homelessness,” but not under the definition adopted by the U.S. Department of Housing and Urban Development. Using the broader definition of “homelessness,” the majority of Georgia’s homeless population are women and children.



Serving Georgia's Homeless: 2008-2009 Statewide Bed Inventories	
Type of Housing	Individual Beds
Emergency & Transitional Housing (non domestic violence)	8,831
Housing for Victims of Domestic Violence	1,312
Permanent Supportive Housing	4,608
<b>Total</b>	<b>14,751</b>





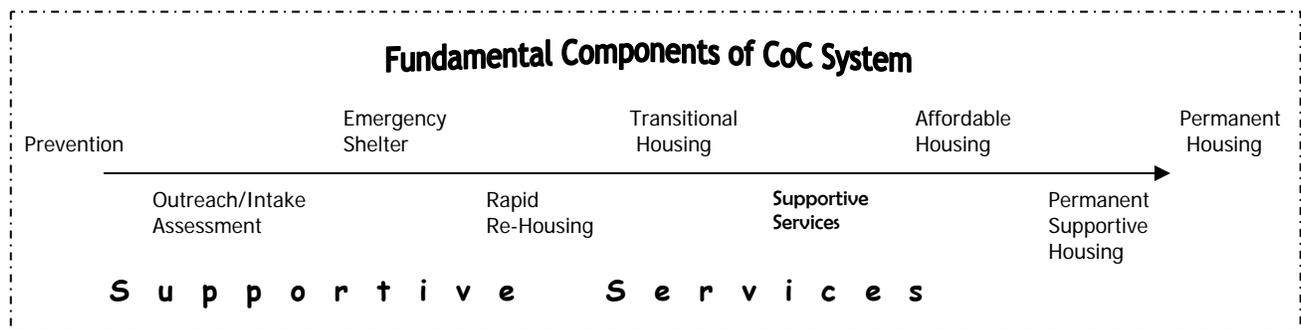
# SFY2009 Accomplishments

- ▲ \$12.6 million dollars was expended for programs that provide shelter, transitional housing, permanent housing, or services for homeless individuals and families. \$279,766 was expended to provide accessibility improvements for lower income families with disabilities.
- ▲ Under the ESG program, on average, each day 2,931 individuals were provided emergency shelter, 2,470 individuals were provided transitional housing, and 2,227 persons received supportive services.
- ▲ Under the Homeless Prevention Program, an average of 181 persons were provided assistance daily and 35,282 persons (14,542 individual and family households) received assistance during the operating year.
- ▲ \$11.1 million dollars was awarded to 53 programs under the 2008 Continuum Of Care Plan for the 'Balance Of The State'.
- ▲ \$6.4 million dollars in Shelter Plus Care program funds supported more than 1,100 housing units, which provided housing assistance to an estimated 1,500 homeless persons with a disability.
- ▲ Over \$1.5 million dollars was administered to 7 organizations through HOPWA to serve 2,069 persons affected by HIV/AIDS.
- ▲ During the program year, 388 households consisting of one or more persons with HIV/AIDS were provided needed housing assistance (411 persons w/ HIV/AIDS and 309 other family members) and an additional 1,658 households consisting of one or more persons with HIV/AIDS were provided supportive services under the HOPWA Program.
- ▲ Five Regional Resource Fairs were held in Athens, Columbus, Macon, Savannah, and Valdosta.
- ▲ \$3.1 million dollars was awarded under the 2009 Continuum Of Care for the 'Balance Of State' for 20 Renewal Shelter Plus Care Projects in coordination with the Georgia Department of Human Resources and an additional \$3.7 million was awarded to DCA's 15 Shelter Plus Care (Renewal) Projects submitted through the Continuums of Care of the City of Atlanta, Athens-Clarke County, Columbus-Muscogee/Russell County, and Savannah/Chatham County.





# Continuum of Care



DCA develops an annual *Continuum of Care Plan for the 'Balance of State'*. This document serves as the state's blueprint for providing a series of comprehensive and progressive resources to homeless individuals and families such that they become self-sufficient and permanently housed. The plan outlines specific projects and activities that DCA and the Trust Fund will undertake in the coming year. In addition to being used as a planning tool, the Continuum of Care document is also a means for accessing federal funding from the U.S. Department of Housing and Urban Development (HUD). Each year since 1998, the State and its many community partners have developed a plan that to date has generated over \$82.3 million dollars for transitional housing, mental health programs, day facilities, child-care and a host of other programs (new and renewal). What follows is a description of initiatives operating during the period July 1, 2008 - June 30, 2009.

## Prevention

The first line of defense against homelessness is the prevention program. In State Fiscal Year (SFY) 2009, \$426,800 was awarded to twenty-six organizations to help them stabilize families that experienced a temporary economic setback. Prevention funds are used to pay security deposits, past due rental and/or mortgage payments, and utility bills. Once a family provides proof of financial need, the grantee makes a direct payment to the landlord, mortgage company, builder, or utility company. In addition to making these payments, many grantees coordinate consumer credit counseling courses and other services to help families increase their employability, learn financial management skills, and minimize the possibility of future episodes of financial distress. Data on persons served through Homeless Prevention Programs around the State has been separated from the data on homeless persons served through the Supportive Services Programs. Through these prevention programs, a daily average of 181 individuals &/or persons in families received homeless prevention assistance. During this period, agencies throughout the State reported providing homeless prevention assistance to 35,282 eligible persons (programs are funded through the State as well as through other leveraged resources secured by grantee agencies). The majority of persons who received this type of assistance were persons in families (85%).



## Emergency Shelters

Emergency shelters and outreach to unsheltered populations are the points of entry for thousands of persons that have become homeless. Families and individuals living in these emergency facilities receive food, shelter and essential services designed to stabilize them for a period of thirty to sixty days. On some occasions, a family may stay in a shelter for six months. Shelters are frequently distinguished by large open dormitory style rooms furnished with one to several hundred blankets, cots or beds. Emergency shelter staff guide clients through the maze of social services available to them, including social security, Temporary Assistance to Needy Families (TANF), employment training, and other resources designed to return them to permanent housing. In SFY2009, the Trust Fund assisted 79 grantees in providing 3,388 bed spaces in emergency shelter facilities with an average of 2,931 clients receiving housing per day. A total of 32,601 persons were housed by funded shelter programs this year. Sixty percent (60%) of the persons housed by these shelter programs were individuals, and forty percent (40%) of the persons housed were persons in families (24% of the total number receiving emergency shelter were children).

## Transitional Housing

The next phase in the Continuum of Care is transitional housing. These facilities are frequently co-located with emergency shelters or may exist as apartments or houses scattered throughout a city. Families and individuals in transitional housing typically have private to semi-private living quarters. The daily regimen in these facilities is more relaxed than in shelters, but greater responsibilities are placed on the families to adhere to a plan for self-sufficiency. Participants typically stay in transitional housing for up to twenty-four months. In SFY2009, the Trust Fund assisted 61 grantees in providing 3,033 bed spaces in transitional housing facilities with an average of 2,470 clients receiving housing per day. A total of 6,221 persons were housed by funded transitional programs this year. Fifty percent (50%) of the persons housed by these transitional housing programs were individuals, and fifty percent (50%) of the persons housed were persons in families (32% of the total number receiving transitional housing were children).

The unduplicated number of persons who received housing through DCA's ESG grantees this operating year was lower than the number reported for the previous year. However, the number of clients who received housing through each of the agencies this year is higher than the number reported in previous years. Over the past five years, the number of persons housed by the agencies receiving ESG funds from the State continues to fluctuate some. Trust Fund staff continues to work with agencies to help insure better data is being submitted with less duplication, if any. Also, each year the specific non-profit agencies that submit applications each funding cycle tends to vary from year to year for various reasons or internal issues unique to each non-profit, and that fluctuation can also cause data fluctuations from one reporting period to the next. In addition, regulations have relaxed the requirement for agencies that serve victims of domestic violence to participate in the Homeless Management Information System, and there was an increase in programs serving that population this year. Also, new in the last fiscal year, data was reported separately for clients housed in emergency shelters and transitional housing programs, which will help us to see who is accessing the different types of housing through this program.



## Supportive Services

In addition to housing, the Trust Fund awards money to organizations that provide services designed to address issues that may have contributed to the individual's or the family's homelessness. The range of services includes case management, childcare, education, employment training, financial counseling, legal aid, mental health counseling, primary health care, and substance abuse therapy. In SFY2009, the Trust Fund assisted 88 grantees in providing supportive services to an average of 2,227 clients per day. A total of 67,157 persons received supportive services through programs funded this year.



## Homeless Management Information System

The U.S. Department of Housing and Urban Development has mandated that Continuums of Care utilize a Homeless Management Information System (HMIS) for their federally funded programs for the homeless. In Georgia, all of the Continuums have adopted the use of the same system provided through Pathways Community Network. Statewide, over 235 homeless service providers use Pathways HMIS. In the 2002 Balance of State Continuum of Care, DCA was awarded funds from HUD for a comprehensive, state-wide Homeless Management Information System (HMIS) initiative. The purpose of HMIS, as mandated by Congress, is to generate an unduplicated count of each Continuum of Care's homeless population. As data is accumulated, a much more comprehensive picture of the homeless population's needs and demographics will develop, and we will be able to see how those needs and demographics change over time. This data will allow agencies to better allocate resources and serve their communities in their mission, and the State's, to end homelessness. Through this HUD grant, DCA has provided funding to eligible agencies to assist with hardware procurement, internet connection fees, and supportive software to make this project successful. During SFY2009, \$593,012 was expended by Pathways Community Network along with 22 different organizations through DCA's HMIS grant, making it possible for many agencies to become active with HMIS or increase their level of participation. This past year, the focus has continued to be on increasing utilization of the system by the 235+ HMIS member agencies. Significant progress has been made since the HMIS project started in 2002, both in the number of agencies using the system and in the quality of data input. The Georgia statewide HMIS was used to track services provided to 151,740 homeless or at-risk Georgians in the twelve months ending June 30, 2009. Of this total number, 48,512 were children and 4,215 were senior citizens. Pathways and DCA have adjusted the training plan of HMIS users to address the individual needs of each agency in the collection of HMIS data. As a byproduct of collecting good homeless data, we are developing a more comprehensive picture of the homeless population's needs and are able to see how those needs and demographics change over time. This data is allowing local community agencies to better allocate resources and serve their communities in their mission, and the State's, to end homelessness.

Each of Georgia's continuums has a substantial number of homeless service providers using the HMIS system. Many sectors of the homeless service/shelter system are represented – information and referral, emergency shelters, transitional housing, permanent supportive housing, HOPWA providers, and service-only agencies.

### HIDDEN COSTS OF HOMELESSNESS

*A Clarke county study released in February 2007 found that Athens hospitals, which are required to treat everyone regardless of ability to pay, spent at least \$12.4 million in 2005 caring for the homeless, an average of almost \$20,000 per homeless patient. A total of 576 homeless people made 7,000 visits to Athens Regional Medical Center and St. Mary's Hospital in 2005. (1) Comparatively, the Shelter Plus Care program currently has 21 apartments in Athens and 28 in the greater Athens area. At an annual cost of \$110,000, the program spends roughly \$4,000 annually for each resident, or the cost of roughly six emergency room visits.*

*A study done in Portland, ME found that placing individuals in permanent supportive housing cut emergency room costs (62% reduction), health care costs (59% reduction), ambulance transportation costs (66% reduction), police contact costs (66% reduction), incarceration (62% reduction), and shelter visits (98% reduction). (2)*

Sources: (1)- "Cost Analysis of Medical Services to Homeless Persons" (2007) Athens-Clarke County Dept. of Human & Economic Development; (2)- "Cost of Homelessness" (2007) <http://www.mainehousing.org/Documents/HousingReports/CostOfHomelessness.pdf>



# Supportive Housing

*Some homeless individuals may never become completely independent of charitable assistance from the public and private sector because of the complex nature of their homelessness. These individuals suffer from a range of medical issues that include physical disabilities, mental illnesses, and/or chemical addictions and may require long-term social and psychological support. To keep such persons housed and treated, a comprehensive support mechanism is often needed.*



## **Housing Opportunities for Persons With AIDS (HOPWA)**

HOPWA is a federally funded program that has been in operation since 1994. Borne out of Congress' desire to address the housing crisis associated with the AIDS epidemic, the program serves individuals and families affected by HIV/AIDS. Because this disease often leaves individuals and families financially devastated due to accumulating medical bills and lost wages due to sickness, HOPWA makes rental assistance and supportive services available to eligible persons. For persons impacted by HIV/AIDS, this assistance is a very important component of the Continuum of Care. In SFY2009, the Trust Fund administered \$1,538,149 in HOPWA funds to seven organizations that serve persons affected by HIV/AIDS. During the program year, 388 households consisting of one or more persons with HIV/AIDS were provided needed housing assistance (411 persons w/ HIV/AIDS and 309 other family members) and an additional 1,658 households consisting of one or more persons with HIV/AIDS were provided supportive services. Using the data sets on housing stability, Project Sponsors were able to report the percentage of clients in stable housing at the end of the operating year. Of the clients served with Tenant-Based Rental Assistance, 94% were determined stable at the end of the year, 67% stability was reached in Facility-based housing, and 77% stability in Short Term Rent Mortgage and Utility Assistance.



## **Shelter Plus Care (S+C)**

The Shelter Plus Care program is designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities and their families. Persons served by this program primarily have disabilities associated with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases. Since Federal Fiscal Year (FFY) 1995, DCA has received \$39 million dollars in S+C commitments to assist 43 sponsors. Beginning in FFY1996, approximately \$5.7 million was received to assist two sponsors with project-based rental assistance on rehabilitated units and to assist two sponsors for project-based rental assistance without rehabilitation. Grants awarded to DCA for sponsor-based rental assistance have been: FFY1999 for \$3.7 million, FFY2000 for \$3.3 million, FFY2001 for \$1.4 million, FFY2002 for \$2.7 million, FFY2003 for \$3.1 million, FFY2004 for \$5.9 million, FFY2005 for \$4.2 million, FFY2006 for \$4.9 million, FFY2007 for \$5.9 million, and the most recent award for 6 new projects in FFY2008 for \$3.8 million. In total, 73 S+C projects have been awarded. In all, over 1,500 individuals who are homeless and have a disability are targeted to receive shelter and supportive services within 1,100 housing units over five or ten year periods. An additional 648 family members will also benefit raising the total estimated benefit to over 2,000 persons per year.



## Permanent Supportive Housing Program

The purpose of the Permanent Supportive Housing Program (PSHP) is the production of affordable rental housing with accompanying supportive services for eligible homeless tenants. The program offers 100% capital financing combining the resources of the Federal HOME Investment Partnership program and the State Housing Trust Fund for the Homeless. In addition, project based rental assistance (Housing Choice Voucher or HCV) is available from the Department of Community Affairs for 100% of the PSHP units occupied by eligible residents in DCA's HCV service area. Homeless tenants include the head of household or family members who must be either homeless or threatened with becoming homeless and have a disability. The disability must be of long-continued and indefinite duration, substantially impedes their ability to live independently, be improved by more suitable housing conditions, and meet the Department of Human Resources definition of a child and adolescent or Adult Core Customer.

The loans offered under the program are at 0% interest and payment of principal based on fixed payments or available cash flow for a period ranging from 20 to 30 years. In most instances the portion of the total loan made up of the Housing Trust Fund is fully paid off in 20 years.

During SFY2009, DCA awarded \$13,450,000 in HOME funds and \$450,000 in State Housing Trust Fund funds to four recipients that will produce 119 special need units. Since its inception, the total number of units completed and/or under construction through the PSHP is 456, with 70 additional units under review. The total amount of funds, both HOME and HTF, committed to the program exceeds \$55,000,000.

The following is a list of developments, the populations served, and the construction status of all developments funded under this program.

Project Name	Location	Population Served	Status
Millennium Center	Cuthbert	Families w/substance abuse disorder	Completed
Hearthstone Landing	Canton	Families experiencing domestic abuse	Completed
Grove Park	Macon	Individuals with mental/developmental disabilities or substance abuse disorders	Completed
Pines Family Campus	Valdosta	Families w/substance abuse disorder	Completed
Maxwell House	Augusta	Individuals with mental/developmental disabilities or substance abuse disorders	Completed
Highlands West	Augusta	Individuals with mental/developmental disabilities or substance abuse disorders	Completed
Colony West	Macon	Individuals w/a disability and an Independent Care Waiver	Completed
Dutchtown Campus	Savannah	Individuals with mental/developmental disabilities or substance abuse disorders	Completed
College Square	Fort Valley	Individuals with a disability who also have an Independent Care Waiver	Completed
Pine Ridge	Rome	Individuals with mental/developmental disabilities or substance abuse disorders	Completed
Willow Glen	Columbus	Individuals with mental/developmental disabilities or substance abuse disorders	Completed
Seven Courts	Atlanta	Individuals & Families w/ mental/developmental disabilities or substance abuse disorders	Completed
The Safety Net	Atlanta	Youth aging out of state foster care or homeless w/ mental/developmental disabilities & substance abuse disorders	Under Construction
Gateway at Town Center	Brunswick	Individuals with mental/developmental disabilities or substance abuse disorders	Under Construction

Projects currently under review with preliminary commitments as of June 30, 2009 are:

Project Name	Location	Population Served	Developer
O'Hern House	Atlanta	Individuals with mental/developmental disabilities or substance abuse disorders	Project Interconnections

## **Pine Ridge Apartments Rome**



During SFY2009, construction was completed on Pine Ridge Apartments, a 30 unit permanent supportive housing development in Rome funded through the Permanent Supportive Housing Program. The owner, Charles Williams, shared his thoughts on their approach to creating this housing option and the benefits achieved not only for the residents, but for all involved at Pine Ridge.

*"...Our company has developed multi family housing, affordable and otherwise for over 40 years. Therefore, the scope of this project from a development perspective in the early stages seemed like business as usual. The most daunting part of the process would involve the actual operation of housing homeless individuals who have some mental challenge.*

*After seven months of operation and many answered prayers, we can claim 100% occupancy of individuals who at some point have touched a mental hospital. With few exceptions, the residents are thriving and co-habiting extremely well. We attribute much of this success to the very capable team of on site people who lead this community in different ways. The unique characteristic is that each individual involved feels a definite calling to serve and be involved with this program.*

*The site team consists of a landlord representative manager, a CSI worker who is contracted through Highland Rivers CSB and a married couple who live on site and monitor the property in the evening and on weekends. Each person has an area of expertise that lends itself towards the day to day operation of Pine Ridge. The combination of these talents creates an environment that allows our residents to have some structure in their lives while forming and maintaining relationships with individuals who deeply care for them. The net result of this approach seems to not only be working efficiently but also seems to be having a very positive effect on the residents and their ability to be stable while learning many life application skills.*

*Our company has been affected as well by this multifamily development under the PSHP. As we approached the finish of the construction phase of the project and began to prepare to take applications, the mood and approach of our organization was one of excitement. I believe that everyone felt that we would be serving the homeless and mentally challenged population well by providing an affordable and safe housing environment. As we have been able to accomplish that goal and task, the greater story has been the lives of those who have moved in who have been a great blessing to us. We have witnessed the sheer excitement and appreciation of those who had found themselves homeless and abandoned in many ways only to find a place that they can proudly call home. This level of joy can best be described by one who had lost their way in life and through the auspices of the PSHP were able to regain hope that had been lost in their lives. Acknowledging the many challenges and more to come, our company and site staff has been enriched to be a part of a program that changes lives on both ends of the spectrum. Thanks again for allowing us to be involved in a program that exemplifies a re-established hope in the heart of those who have fallen in life."*

Sincerely,  
Charlie Williams  
Charles Williams REIC



# Initiatives



## Home Access Program

The Home Access Program improves the accessibility of homes in which an individual or family with a disability resides. This goal is accomplished by offering a grant to an eligible homeowner for the modification cost. This program allows individuals to make the accessibility modifications necessary to continue to live in place and promotes visitability of their home.

Eligible homeowners must have an income below 80% of the average area median income adjusted for family size as defined by U.S. Department of Housing and Urban Development, (HUD). Income limits adjusted for family size are:

1 person:	\$27,832	2 persons:	\$31,808	3 persons:	\$35,784
4 persons:	\$39,760	5 persons:	\$42,940	6 persons:	\$46,120

These grant awards range up to a maximum of \$15,000 to eligible applicants for the following modifications:

- Construction of wheelchair ramps;
- Widening of exterior and interior doorways;
- Bathroom retrofitting modifications, including installation of grab bars, accessible sinks and toilets and roll-in showers;
- Installation of chair and porch lifts;
- Lowering and adjusting shelving in closets;
- Improving accessibility in kitchens;
- Installation of visual aids and audible alarms; and
- Local building code inspections for work completed by an independent third party.



The Home Access Program for 2009 allocated \$306,247 in Housing Trust Fund dollars to complete home modifications to eligible persons under the program. Through this program, DCA completed 30 projects for these homeowners. The funds have allowed for 21 bathroom modifications, 11 ramps to be constructed, 10 doorways widened, 5 lift systems or stair lifts installed, 1 closet modification, 1 kitchen modification, and 1 floor reinforcement project. The average cost per project was \$10,208 with an administrative fee of 4.67% of the total funds.

The Home Access Program was administered through a network of eleven non-profit regional contract administrators that had experience in providing construction oversight of accessibility modifications. Through this network of regional contract administrators, geographical coverage for the majority of the state was served through this program.

The DCA Home Access Program is a vital component in enabling individuals and families to retain their current residence, and because of these home modifications, they were able to retain their ability to live in their homes that provided accessibility and improved their quality of life. In some of the situations, these home modifications actually prevented facility or institutional placement. In another situation, it allowed the adoption of a child with disabilities from foster care placement.



## Re-Entry Partnership Housing Program

The Re-Entry Partnership Housing Program (RPH) involves a unique collaboration by multiple state agencies. Funding for this program was made available from the Department of Corrections to the State Board of Pardons and Paroles (lead agency). The HTF is the administrative agent for this program.

The purpose of the program is to develop a community based housing option for inmates who have been granted parole but have no valid residence plans. The three agencies worked together to establish an application and qualification process for applicants who wish to provide housing for these parolees. The program pays the housing providers \$600 per month for a term generally not to exceed three (3) months, a total of \$1,800. In return the housing provider shall provide room and board without charge to the parolee for this period.

All eligible participating offenders have a current parole review summary prior to release and are under the supervision of a Parole Officer that works with the housing provider to assist with the parolee's successful re-entry to the community and to ensure that the offender complies with their conditions of parole. Consideration for mental health placement is made on a case by case basis, dependent upon the level of treatment.

The goal of the RPH program is to provide short term financial assistance to help stabilize an individual's re-entry process in order to enhance his or her ability to remain crime free.

### Successful Implementation

During the reporting period, 277 parolees were placed with selected organizations i.e.: faith-based non-profits, community-based non-profits, for-profit organizations, and individuals.

As the program continues to expand, it is believed that cost savings can be sustained by effective parole supervision and intervention. If these offenders had not been released, the state would have incurred an additional \$19.5 million dollars to incarcerate them until they discharged from prison during this fiscal year.

Attached below is an update of the Re-Entry Partnership Housing Program:

- Parolees placed: 277
- Parolees employed: 127
- Parolees who had RPH housing revoked: 14
- Parolees who absconded/left to unknown destination: 8
- Parolees who have been discharged (parole completion): 20
- Total Amount Disbursed for RPH placement: \$417,600
- Total Amount Administrative Costs (DCA): \$20,880

Of the 277 parolees placed under this program, 16 parolees are classified as "special needs" and 57 have a mental health diagnosis.



## Healthy Marriage Initiative

During the 2008 Session of the State General Assembly, legislation was passed allocating \$100,000 of Federal Temporary Assistance to Needy Families (TANF) funds from the Department of Human Resources (DHR) budget to the Trust Fund budget for the Healthy Marriage Initiative (HMI). The program follows the Federal fiscal year of October through September. Additional TANF monies were allocated through the SFY2009 budget.

The purpose of the Healthy Marriage Initiative is to promote marriage as a viable life style option for low and moderate income Georgians through improved perceptions, attitudes and skills for developing a healthy marriage.

In Georgia, a family needs a yearly income of \$27,144 to afford a two-bedroom apartment — well above the poverty rate for a family of four.

In the past year, the State Housing Trust for the Homeless contracted with four (4) Eligible Entities for the provision of marriage training services to couples and individuals whose total household income is 80% or less of the Area Median Income

(AMI) for the county in which they reside. Households are required to self-certify their qualification as an Eligible Beneficiary. Households receiving such services may reside in any county in the State of Georgia. Eligible Entities provide training using an approved curriculum and evaluate the change in the perceptions and attitudes towards marriage as a viable lifestyle option and the development of skills of participating households, which may foster a healthy marriage. The curriculum used must cover at least three of five core areas: 1) communication skills, 2) listening skills, 3) money management, 4) conflict management, and 5) family goal setting. In addition, the curriculum must include an evaluation tool to gauge the individual's skills, attitudes, and perceptions within these five core areas. The evaluation tool must be administered at the start of training and at the completion of the training curriculum. The training provided must be made available at no cost to the participating household. Healthy Marriage Education Services ran from April 2008 thorough September 2008. A total of 165 individuals and couples received marriage training services. The majority of the participants were African American single mothers. A large percentage of the individuals that received marriage training services were extremely low income.

Family Size	Poverty
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530

U.S. Department of Health and Human Services  
<http://aspe.hhs.gov/poverty/09poverty.shtml>





## Client/Agency Success

### **South Georgia Community Service Board Valdosta**

## HOMELESS TO HOME

My name is Charles Johnson. I am 51 years old and I have experienced homelessness and the many difficulties that accompanied that lifestyle.

Having come from an upbringing by a military father, it was ingrained in me to be independent and self-sufficient.

I entered the Army at age 18, only to be honorably discharged nine months later with what was the beginning of my upper respiratory problems. After living a somewhat carefree life for the next ten years, experimenting with both drugs and alcohol, I settled down and stopped using both substances in 1988. My employment history consisted of odd jobs until age 30 when I tagged up with a friend and learned the skill of driving 18 wheelers. I rode with him and eventually obtained my CDL licenses and began what would become my permanent job. Things went well for me until my health began to decline.

Since 2001, I have been in the hospital at least two-three times a year with what would start as upper respiratory infections and end with double pneumonia. This began my erratic work schedule. Often times I would lose jobs which meant I could not pay rent and other bills which would result in losing my housing. I would pick up the pieces, go to another job, another living situation, only to repeat the cycle again when my health would cause another hospitalization. I never worked for a company that provided health insurance so the need for ongoing and preventive medical treatment would lead to increased episodes of my lung problems.

By 2005, I had lived in my van more times than once and found getting and keeping a job harder and harder. In 2007, my ability to work was so bad that I lived in my van until the insurance and tag expired. I had no money for gas and it is harder to find places in the woods for a vehicle than a tent. So I sold the van to Rice's Scrape Yard for \$300.00. With that money, I bought a tent and a 21 speed bike. I lived among other homeless men, many of whom had severe alcohol and drug problems. I never returned to that lifestyle but the depression and feelings of hopelessness increased with each passing day and night.

In December of 2007, I called the Georgia Crisis Line and made an appointment at Behavioral Health Services. I did not keep that appointment. I remember feeling it was a sign of weakness to ask others for help, but again I reached a point of such despair that life had no purpose; I called and made another appointment. I started seeing my Mental Health Therapists and my Psychiatrist. They determined that my severe depression could be improved with medication and therapy, and my Mental Health Therapists referred me to Shelter Plus Care, a housing program that Behavioral Health Services has for homeless people. I was accepted into this Program on July 25, 2008.

I first moved into a one bedroom apartment which was all that was available at the time. I did not do well by myself and asked the Program Manager to consider me for a roommate apartment if one became available. She moved me in September of 2008, to an apartment with two other men, who had lived as I once did.

The apartment complex where I lived from September, 2008 until May of 2009, has Case Managers onsite from 8:00AM to 8:00PM, 7 days a week. The support given to me by all the staff changed the course of my life greatly. One of my case managers helped me to provide information to Social Security which was helpful with my disability claim. I had never applied for social security benefits until my hospitalization in January 2009.

I always felt that I should try to return to work at some point in the future but my health had reached a point that the doctor and social worker at the hospital said I would never be able to return to work. I was approved for Social Security benefits in April 2009. During the period of time I was without income in this housing program, my basic needs have never gone unmet. I received food stamps and the Program ensured I had the nonfood items needed for personal hygiene and keeping my apartment clean and furnished. I was referred to the South Georgia Homeless Coalition who had money to help me with medications, eyeglasses and dental care.

Since being approved for my disability, I have moved back into a one bedroom apartment, purchased a used vehicle and worked on getting my home "cozy". While I am much better today, I continue to struggle with the depression associated with my loss of health and abilities to live life as I once did. I know that if I had remained in the tent, I would most likely not be here today. I have had two hospitalizations since coming to this Program but my Medicare has allowed me to get the follow-up care I needed. I take preventive medications daily for my heart, lungs, and mental diagnosis. I attend groups weekly at Behavioral Health Services, see my Therapists and Doctor monthly, and have visits from my case manager on a very regular basis. I do make myself known to new people in the Program and encourage them to look forward, assist them when I can and let them know there is room for everyone in the promise land, "even the homeless".

Charles Johnson  
March 8, 2010





# Collaboration & Communication

The Trust Fund makes important decisions about managing homeless assistance funds by consulting with parties with special interests and expertise in homeless issues. Today, various communication tools exist to support the exchange of information among homeless providers, staff, homeless persons and Commissioners of the State Housing Trust Fund for the Homeless in an effort to address the issue of homelessness.

## State Homeless Interagency Coordination Council

Established by Executive Order by Governor Perdue and co-chaired by DCA Commissioner Mike Beatty and DHR Commissioner B.J. Walker, the Homeless Action Plan (The State's Plan to End Chronic Homelessness in Ten Years) developed by the Council was endorsed by the Governor on November 29, 2004, and significant work is underway. This collaborative initiative is focused on ending chronic homelessness; policies that will eliminate discharging clients back into homeless situations; improving state agency coordination; improving access to SSI with a consideration given to presumptive eligibility; evaluation of fiscal effectiveness; effective homeless prevention policies; and coordination strategies that will best achieve the Council's and the Governor's goals for ending chronic homelessness in Georgia. Many Georgians reside in institutions because inadequate alternatives exist to provide services outside of this setting. In the last year, DCA continued to collaborate with the Departments of Human Resources and Community Health on the "Money Follows the Person" program to provide housing for Georgians who are aged or who have a physical, mental or developmental disability. DCA is also collaborating to develop strategies to provide supportive housing for individuals currently residing in state operated mental health hospitals.

## State Homeless Advisory Council

To facilitate a proactive dialog about preventing and eliminating homelessness and strategies to more effectively develop and implement CoC programs, the Trust Fund regularly convenes meetings of the *State Homeless Advisory Council*. The council is composed of lead organizations from Continuums of Care, the homeless service provider community, local homeless coalitions, local governments, non-profit organizations, ecumenical community and many others interested in addressing issues of homelessness.

## CoC/HMIS Planning Group

Seven (7) Continuums of Care (CoC) collaborate to implement a single Homeless Management Information System (HMIS) in Georgia. On the first Thursday of each month, representatives of the seven "CoC Lead Organizations" meet with representatives from Pathways Community Network (the HMIS provider) and other interested organizations (the Georgia Coalition to End Homelessness, HUD entitlement communities, etc.) to work toward two goals: (1) the best possible HMIS implementation for our state; and (2) the success of every Continuum in Georgia. Topics include HUD HMIS requirements for the CoC and the status of each CoC in meeting those requirements, needed HMIS enhancements, and the status of ongoing enhancements, reporting, research, and other topics of mutual interest. This planning group is co-led by DCA HTF and Pathways staff.

## Regional Planning Partnerships

DCA regularly attends local homeless coalition meetings. Examples include the Chatham-Savannah Authority for the Homeless, the South Georgia Homeless Coalition Meeting, the Macon Coalition to End Homelessness meeting, and others. In addition, DCA participates with entitlement jurisdictions as they do their HUD consolidated planning around "homelessness."

 **Mainstream Planning Efforts**

In recognizing that the planning and strategizing necessary to address homelessness cannot be confined to 'homeless-only' planning processes, DCA actively participates in mainstream planning efforts throughout the State. To address the goal of ending chronic homelessness and in procuring mainstream resources for homeless services, DCA staff has membership on the *Mental Health Planning Advisory Council*. This entity is responsible for monitoring and evaluating the State's mental health delivery process, including the provision of mental health services for individuals who are homeless or at risk of homelessness. DCA also collaborated with the Departments of Human Resources and Community Health to prepare a "Money Follows the Person" grant application to the Centers for Medicaid and Medicare to correct the system of care for Georgians who are aged or who have a physical, mental or developmental disability. Many Georgians reside in institutions because inadequate alternatives exist to provide services outside of this setting.

DCA participates in the meetings of the *Georgia State Association of Not-For-Profit Developers (GSTAND)*. DCA staff also regularly work with and are members of the *Governor's Council on Developmental Disabilities*, collaborating in SFY2009 to develop a Housing 101 course to educate individuals and their families to learn how to acquire housing both renting and owning and utilize IDA planning based on income and personal finance.

DCA has continued its participation in two of Governor Perdue's "New Georgia" Task Forces – the *Prison Re-Entry Policy Team* and the *Mental Health Planning Commission*.

 **Atlanta Regional Commission on Homelessness**

DCA continues to collaborate with the *Regional Homeless Commission*. Staffed by the United Way of Metropolitan Atlanta this vision is to address needs in the larger metro region. Twenty-five (25) of the counties in the 28-county Atlanta MSA fall into the Balance of State Continuum of Care plan. The Balance of State CoC counties of Clayton, Douglas, and Rockdale have joined this regional commission. Extending from this effort is the Metro Atlanta United Way's *Supportive Housing Council*. This group is specifically working to establish new resources for housing chronic homeless persons in the metro Atlanta area.

 **Statewide Homeless Count**

DCA partnered with Kennesaw State University and numerous communities around the State to complete the 2009 Unsheltered Homeless Count. Communities around Georgia participated in a statewide count of unsheltered homeless individuals, a count of homeless persons incarcerated in local jails and a count of homeless persons in shelters and transitional housing with the common objective of determining the number of homeless families and individuals in Georgia in order to improve planning for homelessness and housing. The local counts were then used in a statistical model developed by Kennesaw State University to predict all other county numbers and a statewide number. This data will prove invaluable for planning at both the state and local level.

 **Southeastern Regional HMIS Collaborative (SERHC)**

The planning coordinator continues to provide leadership to the Southeastern Regional HMIS Collaborative (SERHC). This collaborative provides an opportunity for sharing challenges and innovative solutions with other HMIS implementers throughout the Southeast. Through the rural subcommittee of SERHC, staff has collaborated on the development of a paper examining the challenges of implementing HMIS in rural areas and potential solutions and has presented the work of the subcommittee at several national conferences. In addition, HUD Technical Assistants are using this paper as the base of a presentation at the HUD Hearth/HMIS conference in September 2010.



## Training & Technical Assistance

### Regional Homeless Resource Fairs

The Regional Homeless Resource Fairs are designed to facilitate communication between providers and effectively coordinate services offered to homeless families. Homeless Services providers, funding agencies, homeless persons, local government representatives, and others interested in homeless issues attend these events to exchange ideas, discuss new projects, and propose new ways of serving persons experiencing homelessness. The fairs also feature national and local speakers. Fair participants have opportunities to attend workshops on a variety of topics such as tips for start-up organizations, policies and procedures for operating homeless facilities, and standards of care. Using State HTF dollars, DCA is able to support local sponsors of regional homeless resource fairs in all of Georgia's 12 regions. These fairs were held in five of the State's regions last year.

### Staff Directed Technical Assistance and Grantee Monitoring

Trust Fund staff provides on-going training and technical assistance to grantees and persons who are interested in starting new homeless projects. Each week on average, one or more members of the staff visit several facilities around the state and during those visits, one-on-one technical assistance support is offered. Another important function of Trust Fund staff is the monitoring of each Grantee's participation in the various programs to ensure compliance with program regulations. Monitoring visit reviews include such areas as financial record systems, program benefits, and other program rules. The State also provides written certifications to HUD regarding compliance of each project with appropriate environmental regulations, and all ESGP and Shelter Plus Care grantees must conform to the HUD rule for verifying homelessness. All Trust Fund grantees are required to submit formal policies addressing their methods of documenting homelessness. After identifying where their homeless populations are coming from (streets, shelters, institutions, etc.), agencies must show that protocols for documentation ensuring proper eligibility are in place. Grantees receiving HOPWA and/or Shelter Plus Care funding will receive an on-site monitoring visit each contract year. Grantees receiving ESGP funding will receive on-site monitoring visits once every three years or more often as deemed necessary by Trust Fund staff based on application, reimbursements, desk audits, or reporting submissions.

### HMIS Training and Technical Assistance

The training plan has been adjusted to address the individual needs of each agency in the collection of HMIS data. The Pathways training has been narrowed to assisting agencies with local reporting, program element data collection and teaching the importance of collecting the HUD data standards. In addition to focused classroom training programs, Pathways provides individualized, one-on-one agency "on-site training". This one-on-one "on-site training" has begun to identify specific problems with the HMIS implementation and continually address ways to better utilize the HMIS system.

The Third Annual Homeless Management Information System (HMIS) Users' Conferences was held March 17-19, 2008. The statewide user survey is being used to provide good accurate data from the HMIS agency executive levels and user levels. In 2008, surveys were collected from 409 users representing 157 agencies. The feedback has been used to direct the training efforts statewide and assist with determining system enhancements priorities.



# Beneficiary Data

During State Fiscal Year 2009, the Housing Trust Fund collected the following client data from ESG Grantees. This data is a requirement of the Integrated Disbursement Information System (IDIS) from which Federal ESG dollars are dispersed.

Of the **32,601** clients who received Emergency Shelter the number below have the following characteristics...

<b><u>Characteristic</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Chronically Homeless ( <i>by HUD definition</i> )	3,667	11.4%
Severely Mentally Ill	1,770	5.4%
Chronic Substance Abuse (alcohol &/or drug)	6,698	20.5%
Persons with HIV/AIDS	552	1.6%
Other Disability	1,087	3.3%
Veterans	2,289	7.0%
Victim of Domestic Violence	5,626	17.3%
Elderly ( $\geq 62$ years old)	556	1.7%
Illiterate or Marginally Illiterate	570	1.7%
Criminal History	3,206	9.8%

Since many homeless clients have dual issues, the total will not equal 100%.

Of the **6,221** clients who received transitional housing the number below have the following characteristics...

<b><u>Characteristic</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Chronically Homeless ( <i>by HUD definition</i> )	1,133	18.2%
Severely Mentally Ill	490	4.9%
Chronic Substance Abuse (alcohol &/or drug)	2,397	38.5%
Persons with HIV/AIDS	286	4.6%
Other Disability	232	3.7%
Veterans	407	6.5%
Victim of Domestic Violence	739	11.9%
Elderly ( $\geq 62$ years old)	48	0.8%
Illiterate or Marginally Illiterate	173	2.8%
Criminal History	1,203	19.3%

Since many homeless clients have dual issues, the total will not equal 100%.

Of the **67,157\*** clients who received supportive services, the number below have the following characteristics\*...

<b><u>Characteristic</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Chronically Homeless ( <i>by HUD definition</i> )	7,001	10.4%
Severely Mentally Ill	4,522	6.7%
Chronic Substance Abuse (alcohol &/or drug)	7,852	11.7%
Persons with HIV/AIDS	1,752	2.6%
Other Disability	5,035	7.5%
Veterans	2,140	3.2%
Victim of Domestic Violence	2,366	3.5%
Elderly ( $\geq 62$ years old)	2,662	4.0%
Illiterate or Marginally Illiterate	1,380	2.1%
Criminal History	5,980	8.9%
Other – (recurring homelessness)	730	1.1%

Since many homeless clients have dual issues, the total will not equal 100%.

\*Demographics on clients that received homeless prevention assistance are not included in this number. Due to the nature of the service, many of the non-profit agencies that provided homeless prevention did not collect this information.



# Finances

## Expenditure of Funds

From July 1, 2008 to June 30, 2009, \$17 million dollars was expended by the State Housing Trust Fund (HTF) workgroup to support homeless assistance programs operated by non-profit organizations, including faith based organizations, and local governments throughout Georgia. Funds for these programs come from federal and state resources.

Commission resources. \$12.5 million is from outside resources, the majority of which was provided by the U.S. Department of Housing and Urban Development (HUD).

The chart below illustrates how these dollars were distributed to projects in SFY2009.

\$4.5 million of the \$17 million dollars expended, represents State HTF

Final SFY 2009 State Housing Trust Fund Expenditures		
Program Name	Amount Obligated	%
Emergency Shelter Grant	5,386,639	31.7%
Matching Funds	520,786	3.1%
Shelter Plus Care	6,410,583	37.7%
Re-Entry Partnership Housing (amount paid)	417,600	2.5%
Home Access	279,766	1.6%
Housing Opportunities for Persons With AIDS	1,590,469	9.3%
Homeless Management Information System (HMIS)	841,420	4.9%
Administration (Includes 5-YR SPC Awards)	1,280,452	7.5%
Permanent Supportive Housing	281,373	1.7%
Homeless Counts	4,000	<1%
<b>Total Obligation</b>	<b>17,013,088</b>	<b>100%</b>

Source of Funding For Major Programs	
<i>State-HTF \$4.5 MD</i>	<i>Federal-HUD and other \$12.5 MD</i>
Emergency Shelter and Transitional Housing Homeless Management Information System (HMIS)	
Continuum of Care Coordination Regional Resource Fairs Homeless Prevention Essential Services Permanent Supportive Housing Match for S+C and HMIS Home Access	Shelter Plus Care (S+C) Housing Opportunities for Persons With AIDS Program HMIS Re-Entry Partnership Housing

*FY 2009 Grantees*

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<u>Organization</u>	<u>County</u>
24/7 Gateway, LLC	Fulton
3-D Enterprises, Inc.	Clayton
Achor Center, Inc.	Fulton
Action Ministries, Inc. (Central Office)	Multi-County
Action Ministries, Inc. (d/b/a Atlanta Ministries)	Fulton
Action Ministries, Inc. (d/b/a Augusta Ministries)	Richmond
Action Ministries, Inc. (d/b/a Gainesville Ministries)	Hall
Advantage Behavioral Health Systems	Clarke
AIDS Alliance of Northwest Georgia, Inc.	Bartow
AIDS Athens, Inc.	Clarke
Albany, City of	Dougherty
Alternate Life Paths Programs, Inc.	Fulton
Another Chance of Atlanta, Inc.	Fulton
Area Committee To Improve Opportunities Now, Inc.	Clarke
Athens Area Homeless Shelter	Clarke
Atlanta Children's Shelter, Inc.	Fulton
Atlanta Union Mission Corporation	Fulton
Avita Community Partners (f/k/a Georgia Mountains CSB)	Hall
Bigger Vision of Athens, Inc.	Clarke
Brother Charlie Rescue Center, Inc.	Tift
Buckhead Christian Ministry	Fulton
C. A. R. E. Services of Pickens County, Inc.	Pickens
Calhoun Affordable Housing Dev., Inc.	Gordon
Calvary Refuge, Inc.	Clayton
Camden Community Crisis Center, Inc.	Camden
Caring for Others, Inc.	Fulton
Caring Works, Inc. (PRI)	Fulton
Carroll County Emergency Shelter, Inc.	Carroll
Carrollton Housing Authority	Carroll
Catoosa County Family Collaborative	Catoosa
Center for Family Resources, Inc.	Cobb
Central City AIDS Network, Inc.	Bibb
Central Presbyterian Outreach & Advocacy Center	Fulton
Chatham-Savannah Authority for the Homeless	Chatham
Citizens Against Violence, Inc.	Bulloch

*FY 2009 Grantees*

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<b><u>Organization</u></b>	<b><u>County</u></b>
Clayton County Family Care, Inc.	Clayton
Clifton Sanctuary Ministries, Inc.	Fulton
Colquitt County Serenity House Project, Inc.	Colquitt
Columbus Alliance for Battered Women, Inc.	Muscogee
Community Action Center	Fulton
Community Advanced Practice Nurses, Inc.	Fulton
Community Concerns, Inc.	Fulton
Community Connection of Northeast Georgia, Inc.	Clarke
Community Service Board of Middle Georgia	Laurens
Comprehensive AIDS Resource Encounter, Inc.	Wayne
Concerted Services, Inc.	Ware
Congregation Shearith Israel	Fulton
Coordinated Health Services, Inc.	Richmond
Covenant Community, Inc.	Fulton
Covenant House Georgia, Inc.	Fulton
Crossroads Community Ministries, Inc.	Fulton
CSRA Economic Opportunity Authority, Inc.	Richmond
Dalton – Whitfield County Nonprofit Development Corporation	Whitfield
Decatur Cooperative Ministry, Inc.	DeKalb
DeKalb County Community Services Board	DeKalb
DeLowe Village (PRI)	Fulton
Disability Link, Inc.	DeKalb
Disability Resource Center for Independent Living, Inc.	Hall
Douglas County Community Service Board	Cobb & Douglas
Douglas County Shelter, Inc.	Douglas
Drake House, Inc. (The)	Fulton
Druid Hills Presbyterian Church	Fulton
Essence of Hope, Inc.	Fulton
Extension, Inc (The)	Cobb
Ezekiel's Valley Restoration and Regeneration	Fulton
Faith Community Outreach Center, Inc.	Dougherty
Families First, Inc.	Fulton
Family Crisis Center of Walker, Dade, Catoosa & Chattooga Counties, Inc.	Walker
First Step Staffing, Inc.	Fulton

*FY 2009 Grantees*

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<u><b>Organization</b></u>	<u><b>County</b></u>
Flint Circuit Council on Family Violence, Inc.	Henry
Friends of Disabled Adults and Children Too, Inc.	Clarke
Fulfilling God's Assignments, Inc. (d/b/a The Light Homeless Shelter)	Barrow
Fulton County Board of Commissioners	Fulton
Fund for Life, Inc. (f/k/a Mother and Child Ministries)	Bibb
Furniture Bank of Metro Atlanta, Inc.	Fulton
Gateway Community Service Board	McIntosh
Gateway House, Inc.	Hall
Genesis Shelter, Inc.	Fulton
Georgia Coalition to End Homelessness, Inc.	Cobb
Georgia Law Center on Homelessness and Poverty, Inc.	Fulton
Georgia Legal Services Program, Inc. (Augusta)	Richmond
Georgia Mountain Women's Center, Inc.	Habersham
Georgia Rehabilitation Outreach, Inc.	Fulton
Glynn Community Crisis Center	Glynn
Golden Rule, Inc.	Taylor
GRN Community Service Board	Gwinnett
Gwinnett Housing Resource Partnership, Inc. (d/b/a IMPACT Group)	Gwinnett
H.O.P.E. Through Divine Intervention	Fulton
Habersham Homeless Ministries Inc.	Habersham
Halcyon Home for Battered Women, Inc.	Thomas
Harmony House, Inc.	Troup
Healing Place of Athens, Inc., (The)	Clarke
Highland Rivers Community Service Board	Floyd
HODAC, Inc.	Bartow
Homeless Resource Network, Inc.	Muscogee
Homeless Shelter Action Committee, Inc.	Bartow
Hope House, Inc.	Richmond
Hope House of Savannah, Inc.	Chatham
Hope Shelter, Inc., (The)	Fulton
House of Dawn, Inc.	Clayton
House of T.I.M.E., Inc.	Muscogee
Housing Initiative of North Fulton, Inc.	Fulton
Impact International, Inc.	Carroll

## *FY 2009 Grantees*

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<b><u>Organization</u></b>	<b><u>County</u></b>
Inner City Night Shelter, Inc.	Chatham
Interfaith Hospitality Network of Athens, Inc.	Clarke
Interfaith Hospitality Network of Augusta, Inc.	Richmond
Interfaith Hospitality Network of Coastal Georgia, Inc.	Chatham
Interfaith Outreach Home, Inc.	DeKalb
Jerusalem House, Inc.	Fulton
Jesus Cares for You Ministries, Inc.	Clarke
Jewish Family & Career Services, Inc.	Fulton
LIFE, Inc.	Chatham
Living Room, Inc.	Clayton
Loaves and Fishes Ministry of Macon, Inc.	Bibb
Lowndes Associated Ministries to People (LAMP), Inc.	Lowndes
Lowndes County Board of Health (a/k/a South Health District 8-1)	Lowndes
Macon Bibb County Economic Opportunity Council, Inc.	Bibb
Making A Way Housing, Inc.	Fulton
Maranatha Outreach, Inc.	Baldwin
Martin Luther King Jr. Poor People's Church of Love, Inc. (d/b/a Hosea Feed Hungry)	Fulton
Mary Hall Freedom House, Inc.	Fulton
Maxwell House, LLC (a subsidiary of PRI)	Richmond
McIntosh Trail Community Service Board	Spalding
Metro Atlanta Task Force for the Homeless, Inc.	Fulton
Middle Flint Behavioral Health Care	Sumter
Middle Georgia Center for Independent Living, Inc.	Bibb
Middle Georgia Community Action, Inc.	Houston
Midtown Assistance Center, Inc.	Fulton
Ministries United for Service and Training, Inc.	Cobb
Mulberry Street United Methodist Church	Bibb
Multiple Choices CIL	Clarke
N.O.A.'s Ark, Inc.	Lumpkin
New Horizons Community Service Board	Muscogee
Nicholas House, Inc.	Fulton
North Georgia Mountain Crisis Network, Inc.	Fannin
Northeast Georgia Council on Domestic Violence, Inc.	Hart
Northwest Georgia Family Crisis Center, Inc.	Whitfield

*FY 2009 Grantees*

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<u><b>Organization</b></u>	<u><b>County</b></u>
Oakhurst Recovery Program, Inc.	DeKalb
Oconee Community Service Board	Baldwin
Open Arms, Inc.	Dougherty
Open Door Community House, Inc.	Muscogee
Our House, Inc.	DeKalb
Park Place Outreach, Inc.	Chatham
Partnership Against Domestic Violence, Inc.	Fulton
Pastor Joyce Ann Gowder (d/b/a Pastor Joyce's Place)	Hall
Pathfinders Partnership, Inc.	Fulton
Pathways Community Network, Inc.	Fulton
Pineland Area Community Service Board	Bulloch
Proclaim Liberty Ministries, Inc.	Gilmer
Progressive Hope House, Inc.	Fulton
Project Community Connections, Inc.	Fulton
Project Interconnections – Phoenix House	Fulton
Project Interconnections – Presley Woods	Fulton
Project Interconnections – Rosalynn Apartments	Fulton
Quest 35, Inc.	Fulton
R.E.D.E.E.M. Community Outreach, Inc. (a/k/a Shut In Outreach Ministry)	Fulton
Rainbow Community Center, Inc.	Newton
Rainbow Village, Inc.	Gwinnett
River Edge Community Service Board	Bibb
Rockdale County Emergency Relief Fund, Inc.	Rockdale
S.H.A.R.E. House, Inc.	Douglas
Safe Haven Transitional, Inc.	DeKalb
Safe Homes of Augusta, Inc.	Richmond
Salvation Army, A Georgia Corporation (Albany)	Dougherty
Salvation Army, A Georgia Corporation (Augusta)	Richmond
Salvation Army, A Georgia Corporation (Columbus)	Muscogee
Salvation Army, A Georgia Corporation (Gainesville)	Hall
Salvation Army, A Georgia Corporation (LaGrange)	Troup
Salvation Army, A Georgia Corporation (Macon)	Bibb
Salvation Army, A Georgia Corporation (Savannah)	Chatham
Salvation Army, A Georgia Corporation (Thomasville)	Thomas

*FY 2009 Grantees*

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<b><u>Organization</u></b>	<b><u>County</u></b>
Salvation Army, A Georgia Corporation (Valdosta)	Lowndes
Salvation Army, (Atlanta), d/b/a Metro Atlanta Family or Red Shield Services	Fulton
Samaritan House of Atlanta, Inc.	Fulton
Satilla Community Service Board	Ware
Savannah Area Family Emergency Shelter, Inc.	Chatham
Seasons Housing and Support Services, LLC	Henry
Shepherd's Rest Ministries, Inc.	Paulding
Social Apostolate of Savannah	Chatham
South Georgia Coalition to End Homelessness	Lowndes
South Georgia Community Service Board	Lowndes
Southwest Georgia Community Action Council, Inc.	Colquitt
Southwest Georgia RDC	Mitchell
St. Jude's Recovery Center, Inc.	Fulton
Sullivan Center, Inc., (The)	Fulton
Totally Free, Inc.	Glynn
Transition House, Inc.	Fulton
Travelers Aid of Metropolitan Atlanta, Inc.	Fulton
Tri-County Protective Agency, Inc.	Liberty
Trinity Community Ministries	Fulton
Union Mission, Inc. (Savannah)	Chatham
United Ministries of Savannah, Inc.	Chatham
United Way of Metro Atlanta	Fulton
United Way of the CSRA	Richmond
Urban Residential Development Corporation, Inc.	Fulton
Valley Interfaith Promise, Inc.	Harris
Walton Options	Richmond
Welcome House (PRI)	Fulton
Wells at Chattooga, Inc.	Chattooga
Wesley Community Centers of Savannah, Inc.	Chatham
Women In Need of God's Shelter, Inc.	Laurens
Young Adult Guidance Center, Inc.	Fulton
Young Women's Christian Association of Greater Atlanta, Inc.	Fulton
Young Women's Christian Association of Northwest Georgia, Inc.	Cobb
Zimmerman, Michael A.	Henry



# Audit Report



For a copy of the Audit Report, please contact the Georgia Department of Community Affairs,  
State Housing Trust Fund for the Homeless at 404.679.4940.





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