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Establishing Priorities for Academic-Practice Partnerships to Address Health and Homelessness: Findings from a Rapid Analysis of Key Informant Interviews

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Establishing priorities for academic-practice partnerships to address health and homelessness

Rapid assessment report

April 2025

A Note from the Center

At the Center on Health and Homelessness, we believe that meaningful research begins with listening. This rapid assessment represents our first step in learning from those who work every day to address homelessness in Atlanta, Georgia. We are grateful to the individuals who shared their insights and experiences with us.

This report summarizes findings from 21 key informant interviews conducted in the fall of 2024 as part of a community needs assessment to inform the Center's strategic direction. We hope these findings will serve as a starting point for continued dialogue, partnership, and shared action.

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Glossary of key terms

Term	Definition*
Coordinated entry	A Housing and Urban Development (HUD)-mandated process that ensures those with the highest need and/or the most vulnerable are prioritized and placed in housing, and that supportive services are used as efficiently and effectively as possible.
Continuum of Care	A community-wide system designed to address homelessness by providing a coordinated network of housing and services, to end homelessness and promote self-sufficiency for individuals/families.
Homeless Management Information System	A database that tracks client-level information on the characteristics and service needs of people experiencing homelessness, serving as a central tool for data-driven solutions to end homelessness.
Homeless-serving system	A network of organizations and entities that provide services to individuals and families experiencing or at risk of homelessness, aiming to prevent and end homelessness.
Prevention and diversion services	Programs and services that redirect individuals away from traditional systems, focusing on rehabilitation and addressing underlying issues rather than punishment or shelter.

*Definitions presented here were derived from the [Terms and Definitions Fact Sheet](#) provided by Georgia Department of Community Affairs.

Glossary of key terms

Term	Definition*
Pathways in	The steps and processes for connecting individuals needing help with appropriate resources and services, ensuring efficient and effective support.
Pathways out	The routes and strategies individuals and families use to move from unstable housing situations or homelessness into stable, permanent housing.
Supportive or wrap around services	Designed to help individuals, particularly those with disabilities, older adults, those experiencing homelessness, etc. access and participate in activities like training, employment, and community living by providing assistance with everyday needs and addressing barriers.
Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)	Tool used by homeless service providers to assess and prioritize individuals for housing based on their needs and vulnerabilities, with scores ranging from 0-3 (no housing intervention), 4-7 (recommendation for Rapid Re-Housing), and 8+ (individuals) or 9+ (families) (recommendation for Permanent Supportive Housing)

*Definitions presented here were derived from (1) Policy Research Associates' [Homeless Response Systems Mapping Workshops](#) material and (2) OrgCode Consulting Inc. and Community Solutions' [VI-SPDAT](#)

Acronym list

Acronym	Phrase
CoC	Continuum of Care
HMIS	Homeless Management Information System
AMI	Average median income
RADaR	Rigorous and mixed methods projects reduction

Background

Operating within Georgia State University's School of Public Health, the **Center on Health and Homelessness** conducts community-based research, provides learning opportunities for students, and collaborates with interest holders in Atlanta and beyond to develop and evaluate evidence-based solutions that address homelessness and its related health issues.

In Fall 2024, the Center undertook a community needs assessment to inform the development of a strategic plan and establish a foundation for its research agenda. The assessment aimed to identify opportunities for academic-practice partnerships that advance research, education, policy development, and best practices at the intersection of health and homelessness.

To better understand where research, program evaluation, and academic technical assistance could strengthen the homeless-serving system, we conducted 21 interviews with individuals across health, housing, legal/policy, food, employment, education, and child, youth, and family services sectors. We also developed a database of City of Atlanta Continuum of Care (CoC) member organizations using publicly available information. Interviews focused on: (1) available services and resources, (2) strengths and gaps in the current system, and (3) opportunities to enhance the system effectiveness and collaboration. to advance our knowledge on how our center might support program evaluation, technical assistance, and research in these areas. The CoC database was developed using member organization's publicly available information and focused on available services and resources, focal populations, and service eligibility criteria. For a full description of the interview methods, see Appendix A.

The **purpose** of this report is to share finding from the interviews and CoC database to inform the Center's strategic direction. These insights are intended to guide the Center's efforts in research, evaluation, and technical assistance and to spark further dialogue among stakeholders. Findings also supported community collaboration sessions, where key interest holders discussed actionable recommendations to advance shared goals. Stakeholders are encouraged to use this report to identify areas for partnership, target unmet needs, and support planning efforts across the system.

Overview of findings

Key findings indicate that the homeless-serving system in Atlanta provides a wide variety of housing-related and supportive services and resources and possesses several strengths. While results suggest that the city, organizations and systems serving the homeless operate with good intentions and to the best of their ability, there are gaps in and barriers to effective service provision and collaboration. Interviewees recommended several strategies to bridge these gaps and address the barriers. Overall, findings suggested several ways in which the Center can support current services and strengths and conduct meaningful work to address the gaps and research opportunities for improvement.

Key findings from agency informant interviews



Strengths

- **Coordinated entry system and continuum of care:** Existing frameworks provide a foundation for connecting individuals to services and housing
- **City engagement:** Recent municipal investments and city leadership have strengthened efforts to address homelessness
- **Available resources:** Range of services and supports (e.g., referral portals, trained staff) are already in place to build upon
- **Collaborative culture:** Strong relationships and a shared commitment exist across agencies



Gaps

- **Lack of affordable and available housing:** Demand continues to far exceed the available supply
- **Limited funding and resources:** Lack of appropriate funding hinders the system's capacity to meet the demand for services
- **Bureaucratic barriers:** Restrictive rules and procedures often create delays or block access to essential resources
- **Fragmented and siloed efforts:** Lack of coordination can lead to inefficiencies and missed opportunities for collaboration
- **Organizational capacity constraints:** Staffing shortages and infrastructure challenges limit the ability to provide services effectively
- **Limited understanding of community needs:** Disconnect between services and the lived experience of unhoused individuals

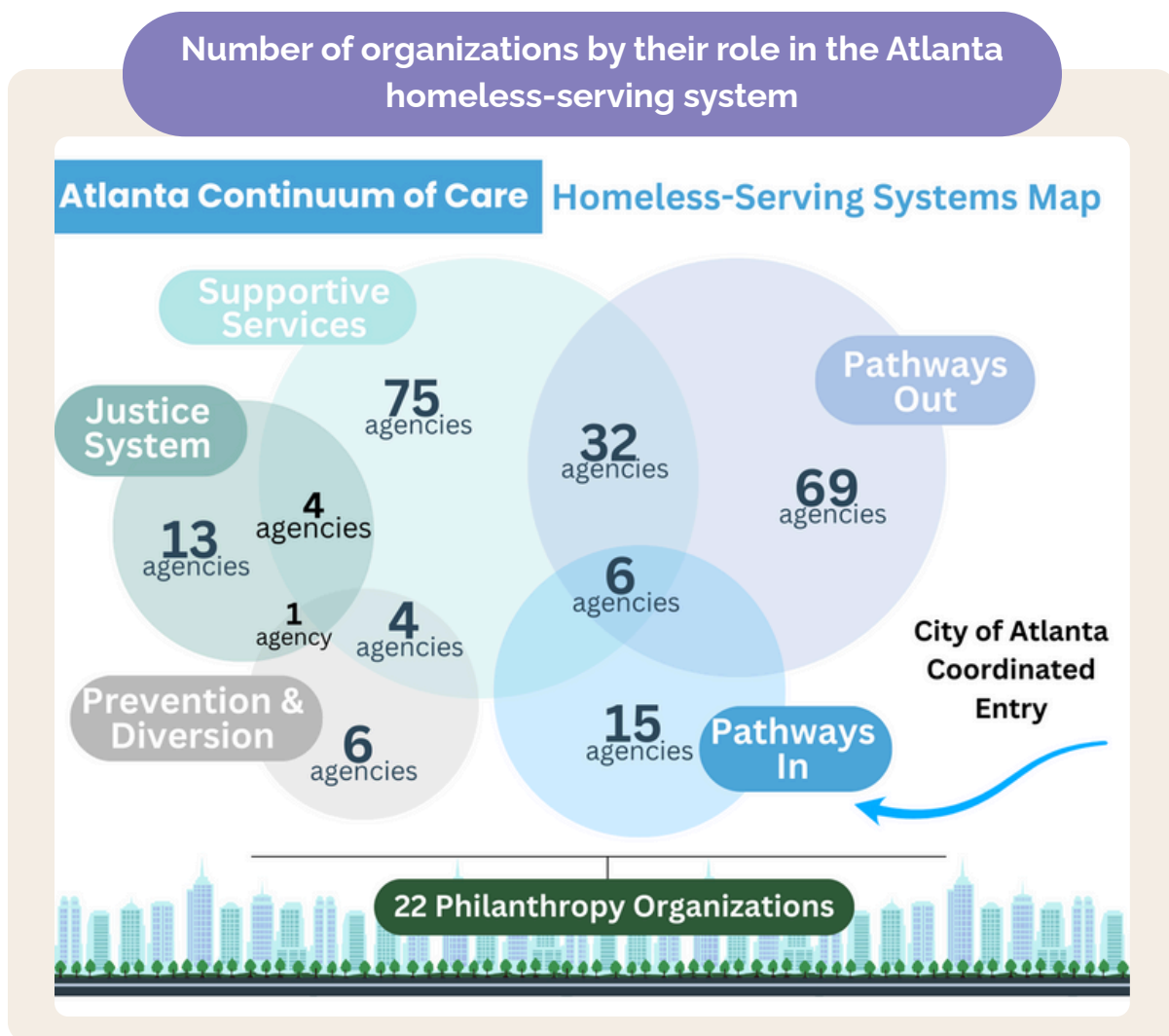


Opportunities

- **Expand housing and supportive services:** Increase the availability and accessibility of affordable housing and supportive services to meet demand
- **Enhance coordination and navigation:** Improve how individuals navigate the system and access services to deliver the right services the fastest
- **Deepen partnerships:** Strengthen cross-sector agency relationships and shared accountability to drive collective action
- **Improve system infrastructure:** Bolster an integrated, system-based infrastructure to support more effective interventions

Services & resources in the Atlanta homeless-serving system

When asked to describe services and programs their agency or organization delivers or the role that their agency or organization plays in addressing homelessness (for non-service providers) in Atlanta, participants discussed the provision and support of housing, the variety of supportive services offered, outreach, engagement and navigation efforts employed and the system-wide services and resources available such as funding, the Homeless Management Information System (HMIS) available for individual-level data tracking and the 311 and Find Help resources. While not specifically listed as a service or resource, interviewees described the critical role partnerships play in their ability to provide and/or support these services and resources.





Housing services & resources

Of the 21 interviewees, just under one-third reported that they provide transitional or emergency housing along with supportive services. Housing ranged from 30-day emergency shelters and low barrier beds to 6-month transitional housing, rapid rehousing, and housing for specific populations. Two participants shared that their organizations are partnering with other agencies, developers and companies to build and create more affordable housing in Atlanta.

“As far as the services we provide, most people think about a shelter, and they think emergency shelter, which we absolutely do but about 40% of our beds are dedicated to emergency shelter. So think 30-day program: I need a safe place to stay. I need to get off the street. I need to kind of re-stabilize. So that's about 40% of our beds. The other 60% of our beds are for our complete wraparound services.”

– Service Provider



Supportive services & resources

A total of 16 participants noted that they provide a variety of supportive services including employment services, emergency services, document readiness, provision of basic needs, and health care including medical care and behavioral health. Eight agencies provide basic needs such as the provision of food, shower and laundry facilities, toiletries, clothing, transportation assistance, etc.

“We work with this agency called Crossroads, and they help us get our participants get their documentation. So, birth certificates, social security cards, things like that. Any other records that that's already filed. It opens a lot of doors for a lot of people. So now they have ID, they're able to apply for different benefits, placements for them.”

– Service Provider

Seven organizations noted that they provide employment services including workforce development workshops and programs, career coaching, digital skills training, job readiness and retention skills, rapid employment training programs, and access to job fairs and employment resources. Several interviewees noted receiving document readiness assistance to help individuals obtain proof of identification while one-third noted that they provide this service.

Other supportive services provided included both medical care and behavioral health services. There are a few agencies that provide a full array of medical care services to the homeless while some provide basic medical care such as medication management and appointments with nursing staff. Behavioral health services range from individual and family counseling and mental health and wellness coaching to psychiatric treatment and medication management. Several agencies reported recently adding behavioral health services and providers to meet the growing demand. Six agencies provide emergency services addition to emergency shelter/housing including eviction prevention, case navigation and coordination of care to ensure that individuals in crisis get connected to needed resources and services. Some focused on certain populations such as women and children and veterans while others serve everyone in need of emergency services.



Outreach, community engagement, & navigation services & resources

A vital component of service provision relates to outreach, community engagement and navigation. Several agency representatives relayed that they conduct outreach (six agencies) and community engagement (seven organizations, four of whom also conduct outreach). Some reported they attend community meetings to educate the community about

available services and resources. A few participants shared that going into communities and hearing from people with lived experience was key to providing effective services. One utilizes a neighborhood-based approach that engages diverse stakeholders such as churches, businesses and residents.

Nonprofit, school district homeless liaisons and library-based social workers conduct outreach and community engagement via street outreach teams that meet individuals in the field to build relationships, assess needs and engage them in services. One participant shared that they have satellite offices across

"I go and speak at the Behavioral Health court or Mental health court or drug court in the evening sometime to let them know. Hey, if you guys need help, y'all can come into the library and we do a lot. I go to a lot of community meetings. So, it's really me and my staff boots on ground."

– Service Provider

Atlanta to reach people in all areas of the city. Another has 16 case managers that go into the field engaging the community and building relationships and trust.

Once agencies have identified individuals and families in need of services, they work with them to navigate the system and the wide array of providers and services available. Several have resource navigators or case managers that work with each client to identify needs and connect people to resources, utilizing their partnerships with other agencies providing services.

"But the 1st step is to engage people who are sleeping outside... Then we can move to the second phase, which is enrollment in our program. So, we put them into Client Track, which is Atlanta's or the State of Georgia's HMIS Homeless Management Information System. We enter them into our program. We do enter them into coordinated entry, which means they're on the housing queue and then we kind of identify what are the kind of documentation barriers they have. Once they've enrolled...we now enter stage 3, which is the navigation phase."

– Service Provider



System-wide services & resources

Several key ingredients are integral to the success of homeless-serving organizations, namely the availability of both public and private funding, the strong coordinated entry system operated by Partners for Home, the HMIS that allows CoC members to gain information about and track individuals served by CoC member homeless-serving agencies, and city and state-level efforts to advocate for and allocate resources to address homelessness.

Over one-third of agency representatives noted that they appreciate the funding that both the City and other government and private philanthropic organizations have invested in addressing homelessness. Six participants reported that the CoC system, while not perfect, centralizes entry into the system and allows for individualized coordination of care.

Similarly, six noted that the HMIS system provides useful information and improves communication among users. A few shared that state-level advocacy efforts have helped to set strategic direction and informed local advocacy efforts for housing justice for individuals, children and families. One reported that they have convened funders to encourage them to invest in affordable housing and introduced them to affordable housing developers to help increase funding for and the availability of affordable housing in the city. Two relayed that the Mayor's and City of Atlanta's leadership in addressing homelessness and investing considerable resources and constructing transitional housing on city land is a valuable service/resource to the homeless-serving system.

Partnerships

Agencies were asked to describe existing partnerships and collaborations they have with other entities. Nearly all agencies (n=18) described a variety of partnerships and collaborations they have with other entities and relayed that these partnerships play a critical role in their ability to provide and/or support the provision of housing and supportive services and resources. Participants described that they gain valuable benefits from their partnerships including linkages to temporary shelter and housing, assistance with document readiness, resources such as phones and computers, legal aid, medical care, behavioral health services, and basic needs such as food, showers, and clothing.

"We've done that through our workforce development efforts to create an ecosystem with different partner organizations, community-based organizations, and faith-based organizations. Through these collaborative partnerships we've been able to serve many veterans, providing employment assistance with housing, providing shelter. We have a clothes closet. We have a food bank and additional resources through our partners."
– Service Provider

Several expressed the importance of partnerships in helping to coordinate care effectively. A few mentioned that having diverse partners such as churches, businesses and private companies that provide support and funding is helpful in increasing community engagement. Partnerships were viewed as both a resource – agencies rely on each other for services and resources that are outside their scope – and as a strength of the homeless-serving system. Several noted that the strong relationships and partnerships they have with other agencies were vital to their work and success in serving their clients.

Strengths of the Atlanta homeless-serving system

When asked to describe the effectiveness of the current system in achieving the outcomes needed to address homelessness and specifically the strengths and weaknesses of the current system, participants highlighted key strengths and gaps and barriers to providing effective services. Strengths included strong collaboration and partnerships, investment by the City of Atlanta and city leadership, the existence of a coordinated entry system, data availability through the HMIS, the level of community trust and participation, and various resources such as referral portals. Strong collaboration was viewed as the top strength.



Collaboration & partnerships

Nearly three-quarters of participants cited collaboration among the agencies working to address homelessness as a strength. Several relayed that there are good people committed to the issue and that everyone is doing their best with the resources (and partnerships) they have. A few shared that communication between agencies has improved due to collaboration. One noted that having the political backing of the mayor has expanded funding and collaboration.

“One of the beautiful things I think, that came out of Covid was collaboration and working with other organizations. And so, we've basically been like one big team with a bunch of organizations for the last 5 years or 4 years. And so, I think if you continue to work collaboratively and not in silos. I think you're gonna see more wins for the community.”

– Service Provider



City of Atlanta investment

Eleven participants mentioned that the City of Atlanta and city leadership's investment of time, effort and funding has strengthened the community's ability to address homelessness in the city. Specifically, participants noted that the city

has allocated funding (including a recent pledge of \$50 million), is committed to addressing the issue, is providing strong leadership and taking a collaborative approach and engaging public, private and nonprofit partners including the Community Foundation for Greater Atlanta who recently donated \$10 million.

“What I see is very high leadership by the city of Atlanta government, on trying to address our homelessness challenges, and I see very strong leadership in the nonprofit sector as well...I think the city of Atlanta has more partners working together to address the issue.”

– Non-Service Provider



Availability & improved access to data

“Well, going back to HMIS, I think I have learned that to be the best way to track, because we can go into the system if a woman comes to us for services and see where they have been served before. And we can communicate with that agency and make sure that they’re getting the wraparound services that individual needs. It also helps us to know that if they are still in another program to exit them out of that program so we’re not duplicating services for sure.”

– Service Provider

Seven interviewees noted that having access to client information and data via the HMIS is a benefit to serving people more efficiently and effectively. For example, shelters can communicate across platforms to identify openings, and track exits and services that individuals have received.



Coordinated entry system

Six participants noted that having a coordinated entry system operated by Partners for Home is a strength. A few shared that the system works effectively to manage the process. Most noted that improvements and increased resources are needed for the CoC to be more effective.



Community trust & participation

Just under one-third of agency representatives viewed the level of community trust and participation as a strength, noting that investing time and effort into community engagement has increased trust and participation in services among individuals affected by homelessness.

Listening to community members and incorporating their voice into programs and services has also helped increase engagement. Finally, hiring people with lived experiences to interact with clients and do the work in the community has helped individuals experiencing homelessness feel more comfortable with and confident about the processes and services.

"They're actually hearing from the people that have lived experience are telling them what they need. It's really going into the community and hearing directly from the folks who are, who have lived experience."
– Non-Service Provider



Resources

Twelve individual participants listed resources such as having centralized referral portals, trained staff, strong advocacy efforts, use of evidence-based practices and technology that supports coordination, and innovative approaches such as neighborhood-based strategies as strengths.

"I guess one strength is there's a focus on interoperability. It was just such a burden for people to apply. For low-income housing or housing, or to seek resources. So, things such as the portal or even find help, are making resources more centralized."
– Non-Service Provider

Gaps in the Atlanta homeless-serving system

System gaps identified included a lack of affordable housing, insufficient funding, resources and ability to provide adequate services, restrictive bureaucratic procedures and requirements, the need for more effective collaboration, inadequate organizational capacity and staffing, a lack of understanding of community needs and the need for a systems-level approach to addressing homelessness. Lack of affordable housing and insufficient funding and resources were the top three gaps identified.



Lack of affordable housing

Nearly two-thirds of respondents noted the lack of affordable housing as a major gap in the homeless-serving system and expressed that the available housing stock is not affordable for the individuals or families experiencing houselessness and that the high demand for housing in the City of Atlanta reduces affordability.

Participants shared barriers to both building and accessing affordable housing. Cities, developers and others face barriers to building affordable housing including a lack of community support and political will for affordable housing, insufficient funding, unsupportive policies and difficulties securing building permits and meeting other administrative requirements. Individuals and families face barriers to accessing affordable, safe and

“Well, there's a lack of political will in the Republican party and most of their members to invest what's needed... there's not the adequate political will in the majority party to address the policies needed to prevent and ameliorate homelessness, to invest in affordable housing and you know, additional problems arise from local land use policies which, fail to adequately allow for the creation of density in housing.”

– Non-Service Provider

decent housing including a lack of financial stability, a history of evictions, criminal justice system involvement and mental health issues.



Insufficient funding

Similarly, nearly two-thirds of participants (n=13) cited insufficient funding as a major weakness. Several shared that the funding allocation and eligibility criteria of an area median income (AMI) of 20% or below for affordable housing excludes populations at risk for or experiencing houselessness. A few shared that the funding source dictates who they can serve and what services they can provide, limiting their ability to address all the needs.

Some noted that there is competition for limited funding and that there is a need for more funding, more diverse funding and more long-term funding (e.g. beyond 1-2 years). Several relayed that there is insufficient funding to cover needed staff.

“Well, we’re not investing enough in the problem. They are investing significant amounts of money. But it’s going to take more. I think that the way they’re allocating money is for the most part reasonable. I don’t know that that there’s you know some of the affordable housing initiatives address people at a 20% of AMI and below. And we know, once you set the AMI that high that you really don’t reach those people at 30 or 50% of AMI. Those are the people most vulnerable to potential homelessness. So, you know, my focus would not be primarily to criticize the city of Atlanta, but just to underscore the need for more federal, State and local resources to address the problem.”

– Non-Service Provider



Insufficient resources & ability to provide adequate services

In addition to the lack of housing and funding, thirteen participants reported that there are insufficient resources. Several respondents expressed that the need outweighs available services. For example, there are not enough beds, service

providers (e.g. mental health) and supportive services for the various populations experiencing homelessness.

Participants shared that having insufficient resources leads to the inability to provide adequate services at the scale needed, and that there are barriers to

“However, the second point is that the primary problem is that none of those innovations in care and services are at anywhere near the scale of delivery, that they need to be... we know exactly what needs to be done, but we are not providing the package of services which is housing with support, with medical care, with ongoing case management, with substance abuse, treatment, trauma informed care we are not providing those at the scale. We know what to do, but there is just nowhere near the level of service availability.”

– Service Provider

accessing help. A few noted that digital service provision is not equitable as many homeless individuals lack access to phones and internet. A few shared that having universal access to the HMIS system would improve the ability to effectively coordinate services and that the lack of buy-in to a universal system leads to fragmentation and ineffectiveness.



Restrictive bureaucratic procedures & requirements

Ten participants shared that the stringent eligibility and funding and process requirements make accessing and providing services challenging. Several noted that navigating the bureaucracy is difficult and that required protocols and documentation is burdensome.

A few expressed that existing funding structures (e.g. reimbursements, not covering administrative costs and staffing) pose challenges. Another shared difficulty coordinating care due to administrative requirements and that securing accurate data about homelessness is challenging.

“The other thing is a lot of funding is based on reimbursements. So, you have to have the cash to float the money and then be reimbursed for it. A lot of agencies don't have cash lying around, especially nonprofits. The other thing is sometimes [things] cost more than what grants want to cover.”

– Service Provider



Need for more effective collaboration

While participants valued collaboration, nine shared that more effective collaboration is needed. Some noted difficulty finding balance between individual agency missions and collaborative goals while others shared that competition for funding and other resources and a lack of genuine interest in collaboration poses a barrier to effective collaboration. Participants did express that most agencies do want to collaborate but are overwhelmed meeting their own goals and needs.

A few relayed that the system is fragmented, and that high staff turnover, miscommunication and mistrust have led to the breakdown of key relationships. One participant shared that they often rely on specific staff at partner agencies but when those staff leave, they no longer have connections. Another noted that they have referred clients to partners but due to lack of space and providers their clients do not receive services.

"I think probably one of my biggest surprises is how fragmented the system is. In theory, it works pretty good.

Practically, there's not as much collaboration among service providers as I thought there would be. And it's not that anybody's working against one another... there seems to be so much more room for better collaboration, but specifically, as it relates to more like the ability to have a coordinated entry ...to getting the client connected to the right services the fastest."

– Service Provider



Inadequate organizational capacity & staffing

Seven participants shared that insufficient organizational capacity and adequate salaries for staff pose barriers and reduce their ability to provide services effectively and efficiently. Some noted that they have insufficient funding for staff and administrative costs while others noted that they have insufficient capacity and resources such as manpower and funding to provide needed services.

Several noted that the inability to hire additional staff due to lack of funding leads

“I wish that is something that would change because this is needed and hard, and I think people deserve to be paid way more than what they get paid. That's a really big barrier to us, really doing this work well and having really world class people doing this work and investing in this work, because I think so often people get burnt out and leave the space, because the work is so hard and they feel like they're not making an impact because it of the way the system is set up.”

– Service Provider

to staff burnout and high turnover rates, which negatively affect their organizational effectiveness and capacity. One shared that they lack bilingual and culturally competent providers to meet clients' needs.



Need for systems-based approaches to addressing homelessness

Six participants shared that they feel key agencies and the ecosystem are not addressing the “root causes of homelessness” such as the trauma and other circumstances individuals have experienced including mental health issues, addiction, loss of income, loss of family support, etc. that led them to homelessness. The system lacks a holistic, trauma-informed, systems-level approach and response to homelessness.



Lack of understanding of community needs

Four participants shared that there is a need to better understand community needs (via community input) and identify the gaps and barriers to be addressed.

Opportunities to enhance the Atlanta homeless-serving system

When asked to provide recommendations for improving coordination between agencies and enhancing the homeless-serving system's effectiveness, participants suggested improvements related to strengthening coordination, collaboration and partnerships, increasing the availability of and access to housing and supportive services, improving system infrastructure and effectiveness, and adjusting the overall approach to addressing houselessness.



Strengthen coordination, collaboration & partnerships

Nearly all participants recommended strengthening coordination, collaboration and partnerships among nonprofits and public-private entities.

Several suggested improving the coordination of care and reducing barriers to effective coordination by restructuring the CoC processes to include more than one site, allowing universal access for those who are not CoC members, increasing awareness of available resources, and ensuring that individuals and families are connected to the appropriate services once enrolled in the system. A few would like the CoC to incorporate research, models and best practices from other states and cities and to be more "family friendly."

"I feel like there should not just be one continuum of care, but I think a continuum of care should be done in different levels. I think it should be done in different levels, and I think continuum of care should be mindful that just to get somebody someplace should not be the goal, the goal should be to get them where they're going to get the most assistance if that makes sense to you."
– Service Provider

Other recommendations included statewide promotion of coordination among systems and clearer definitions of agency roles to ensure more effective

"I think there could be a better effort statewide to promote coordination amongst systems. I don't think there's anything wrong with localities having the control over their housing space, because they know what their needs are, but there needs to be a more proactive approach from our State legislatures to actually listen to what our communities need, and to properly fund them."

– Non-Service Provider

advocated for "broadening the table" and expanding partnerships to include neighborhood groups, businesses, faith-based organizations and public-private-nonprofit collaborations and influential people who can impact policy change.

To improve collaboration among the organizations and systems working together to address homelessness, participants recommended building structure to increase the ease of collaborating, drawing upon agency strengths and experience to guide collaborations and adopting flexible approaches to encourage improved collaboration. Some participants recommended improving referral systems to include shared databases, availability of low barrier beds, and improved hand-offs, noting that a better understanding of available referral resources is needed.

coordination of care. Suggestions included improving public-private-nonprofit collaborations and increasing buy-in for using a shared system. One participant recommended providing incentives to those not funded by the CoC to encourage participation in the network. Another advocated for using an integrated system for all providers.

In addition to strengthening existing partnerships, a few respondents

"I just think that the biggest recommendation that I have is just for again us all to just try to work together in our capacities that we're able to work. And so how that looks is okay, you're good for this. And so, you focus primarily on that. And then we're good at this. So, we're gonna focus primarily on that. Just have these already, these steps of organizations that we know, or these areas of organizations that we know are able to offer this, this and this so that we'll know how to navigate our people who are here with us."

– Service Provider



Increase availability of & access to housing & supportive services

Twelve participants recommended enhancing system effectiveness by increasing the availability of and access to housing. Eight noted that more affordable housing is needed, and that the creation of affordable housing is imperative. Four suggested providing more permanent supportive housing and services to people experiencing homelessness.

To provide for individuals needing immediate shelter, four recommended providing more emergency shelters and low barrier housing that does not have stringent eligibility requirements.

"I think one is more low barrier beds. And I would say, putting those low barrier beds in the database system for referral like check in, check out."
– Service Provider

Nearly all participants suggested coupling housing with supportive services, noting that access to key services such as behavioral health care, substance use treatment, workforce development, and financial literacy education helps individuals maintain their housing and prepare for self-sufficiency.

"So, we need a significant increase in the amount of permits, supportive services that are available... not only housing, but housing with care and support that helps people settle in and then maintain that housing. So, I think that plus the other two giant gaps are substance abuse treatment that is readily available to individuals and increase in residential behavioral health care when it is needed."
– Service Provider

Some noted that more providers are needed along with less restrictive eligibility requirements so that individuals can obtain housing and services more quickly. Specifically, participants shared that more behavioral health and substance use treatment providers are needed along with more employment programs. A few individuals provided suggestions such as offering 24-hour childcare in the city for individuals who have to work nights and weekends and providing emergency rental assistance to renters facing eviction. Seven respondents suggested improvements to collaboration and housing, noting that both are key to eliminating homelessness.



Improve system infrastructure & effectiveness

Some participants recommended enhancing the system's infrastructure and effectiveness by increasing staffing and funding, especially unrestricted funding, raising staff salaries, building nonprofit capacity, and boosting advocacy and policy change efforts.

"Funds from the city, or funds from the county. If not okay. But it seems like that's the only way they can access those resources. I feel like it has to be improved. I think advocacy at the State capital to try to get more funds, more funding, because we know the first thing that get cut when budgets need to be cut. It's education, it's health supports. It's social services."

– Service Provider

A few participants suggested increasing communication and public education and efforts to raise the visibility of the issue while two suggested expanding upon community engagement efforts. Individual participants suggested encouraging new leadership and ideas, increasing the use of best practices, equipping the workforce with trauma-informed training and expediting the building of affordable housing.



Adjust the overall approach

Finally, some respondents recommended addressing homelessness by developing a shared vision, creating a seamless model of care, focusing on prevention, addressing "the root causes," providing a neighborhood-based or a solution-based approach and reducing the rigidity and bureaucracy of the current system. A few suggested addressing other populations besides the chronically homeless including the working poor, children transitioning out of foster care, youth transitioning to college and seniors.

Summary of key findings & recommendations

Key findings indicate that the homeless-serving system in Atlanta provides a wide variety of housing-related and supportive services and resources and possesses several strengths.

While results suggest that the city, organizations and systems serving the homeless operate with good intentions and to the best of their ability, there are gaps in and barriers to effective service provision and collaboration.

Interviewees recommended several strategies to bridge these gaps and address the barriers.

To build upon these results, the Center on Health and Homelessness should convene key interest holders to collectively review and discuss findings and identify actionable recommendations. The Center should ensure that key interest holders are actively engaged in the process including City leadership, the City of Atlanta CoC leaders, funders, policy makers and representatives of community-based organizations that serve and support the provision of services to the homeless.

Strengths



- Coordinated entry system and continuum of care
- City engagement
- Available resources
- Collaborative culture

Gaps



- Lack of affordable and available housing
- Limited funding and resources
- Bureaucratic barriers
- Fragmented and siloed efforts
- Organizational capacity constraints
- Limited understanding of community needs

Opportunities



- Expand housing and supportive services
- Enhance coordination and navigation
- Deepen partnerships
- Improve system infrastructure

Appendix A. Key informant interview & data analysis methods

To better understand where research, program evaluation, and academic technical assistance could strengthen the homeless-serving system, we conducted 21 interviews with individuals across health, housing, legal/policy, food, employment, education, and child, youth, and family services sectors. Interviewees were purposively selected to ensure that they represented a range of agencies, departments, sectors, and experiences. The interviews explored various topics critical to understanding the current landscape and potential improvements for addressing homelessness.

Key informant interview topics

Background information	The key informant's role and experience within their organization, along with an overview of the organization's mission, services, and target population
Service provision	The types of services provided, service delivery methods, service capacity, and utilization rates
Role in homeless-serving system	The role the agency or organization plays in the overall system, programs and resources provided, and challenges to supporting efforts to address the issue
Organizational structure & coordination	Structure and functioning of the agency or organization, existing partnerships and collaborations, communication and coordination mechanisms, and challenges and successes in inter-agency collaboration
Outcomes & impact	Metrics used to measure success, key outcomes achieved, and the impact of services on clients
System strengths & gaps	Strengths in current service provision, barriers to accessing services for clients, and barriers to effective service delivery
Closing	Key elements for an effective unified system, recommendations for improving coordination, and potential challenges and strategies for implementation

To rapidly and rigorously analyze and disseminate findings to relevant interest holders, we used the “rigorous and mixed methods projects reduction” (RADaR) technique¹. This approach allowed for expedited yet thorough data organization, reduction, coding, and analysis. The RADaR technique involved five systematic analytic steps to reduce and analyze data, prioritizing both rigor and efficiency.

RADaR analytic process

Step 1

All transcript data was copied and pasted into an Excel spreadsheet that served as the primary data reduction tables. The spreadsheet columns included transcript IDs, in-depth interview section, in-depth interview question, participant's response, notes, codes, and themes. Different Excel spreadsheets were used for each of the three primary research questions.

Step 2

The primary analyst reviewed each data reduction table, identifying patterns, commonalities, and differences across participants. Text that was most relevant to each research question was highlighted using bold font.

Step 3

The primary analyst reduced each data table by removing content that was not relevant to the primary research questions (e.g. text not highlighted during Step 2), leaving the table with only the content pertinent to the research.

Step 4

After irrelevant text was removed, the primary analyst read through the retained data, taking notes, reflecting, and creating “focused codes.” Focused codes were developed into concepts and themes to answer the research questions. Relevant text was further highlighted to aid in additional data reduction. Team members discussed focused codes and emerging concepts and themes, and the primary analyst drafted analytic memos.

Step 5

Step 4 was repeated as necessary to condense each table further, ensuring that they only included data addressing the research questions and suitable for inclusion in project deliverables.

1. Watkins, D. C. (2017). Rapid and rigorous qualitative data analysis: The “RADaR” technique for applied research. *International Journal of Qualitative Methods*, 16(1), 1609406917712131.

To enhance the rigor of the RADaR process, we incorporated periodic spot-checks of removed text to ensure that relevant content was retained and that reduction steps align with the research questions. Two researchers conducted spot-checks after each data reduction step. After step 3, researchers randomly selected and reviewed 25% (n=5) of interviews to confirm that removed content was truly irrelevant to each research question. Sections that were removed but were deemed relevant were flagged and reviewed by a third researcher. Since no major issues were detected after step 3, researchers randomly selected and reviewed 15% (n=3) of interviews to confirm that removed content was truly irrelevant.

To facilitate the spot-checks, the primary analyst created a 'removed text' tab in the excel file for each research question. All removed text was copied into this tab. Spot-check researchers then reviewed the randomly selected interviews for this tab and when they noted information that they deemed relevant to the research question, they highlighted it in yellow and wrote a justification in the column labeled "notes about relevancy" to state why they believe the text should not be deleted. The primary analyst and a researcher then met to review the notes authored by spot-check researchers to discuss and determine content to be added back in.