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Understanding the Atlanta Homeless-Serving System: Perspectives from service providers and individuals with lived experience

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Understanding the Atlanta Homeless-Serving System

Perspectives from service providers and individuals with lived experience

May 2026

A Note from the Center

At the Center on Health and Homelessness, we believe that meaningful research begins with listening. This report summarizes findings from conversations with organizations serving people experiencing houselessness and with individuals experiencing houselessness in Atlanta.

This report presents organizations' and individuals' perspectives as part of an 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*
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.
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.

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

Acronym list

Acronym	Phrase
CoC	Continuum of Care
HMIS	Homeless Management Information System
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 2024 and 2025, the Center conducted a two-phase community needs assessment to inform the development of a strategic plan and establish a foundation for its research agenda. The assessment focused on mapping the City of Atlanta's Continuum of Care (CoC) and interviewing organizations that serve people experiencing houselessness (phase one) and people with lived houselessness experience (phase two) in Atlanta to better understand the available services and resources, perceived strengths and gaps of the system, and recommendations for enhancing system effectiveness and collaboration.

Using publicly available information, we created a database of the City of Atlanta's CoC member organizations and a map to illustrate the number and type of organizations supporting the homeless-serving system. To gather a range of experiences and perspectives, we conducted **21 interviews with individuals across the health, housing, legal/policy, food, employment, education, and child, youth, and family services sectors** (referred to as service providers), as well as **12 interviews with individuals experiencing houselessness**. Interviews focused on: (1) currently available services and resources, (2) strengths and gaps in the current system, and (3) opportunities to enhance system effectiveness and collaboration. These insights also helped inform how the Center could support program evaluation, technical assistance, and research in these areas.

Two publications describing the key findings from agency representatives and individuals experiencing houselessness were developed separately and can be found [here](#). **This report integrates the high-level findings from both analyses** to identify shared and differing perspectives on the homeless-serving system and to provide additional insights to inform the Center's strategic directions in research, evaluation, and technical assistance.

Overview of findings

Key findings from service providers and individuals with lived experience indicate that Atlanta's homeless-serving system offered a wide variety of housing-related and supportive services, though individuals experiencing houselessness reported varied experiences accessing and utilizing services. Specifically, across interviews with 12 individuals experiencing houselessness and 21 service providers, six key themes emerged. Together, these themes illustrated both strengths and limitations within the system and highlighted areas where additional research, evaluation, and technical assistance could support system improvement.

Individuals experiencing houselessness highlighted the resilience and resourcefulness needed to navigate housing instability, investing significant time and energy identifying resources, maintaining connections with service providers, and seeking assistance despite numerous systemic barriers. Similarly, service providers were working diligently to address the complex challenges faced by individuals within systems that were often constrained by limited resources and administrative requirements.

Key themes

1

Trust and relationships

2

Access and navigation

3

Resource availability and accuracy

4

Quality and responsiveness of services

5

System coordination and fragmentation

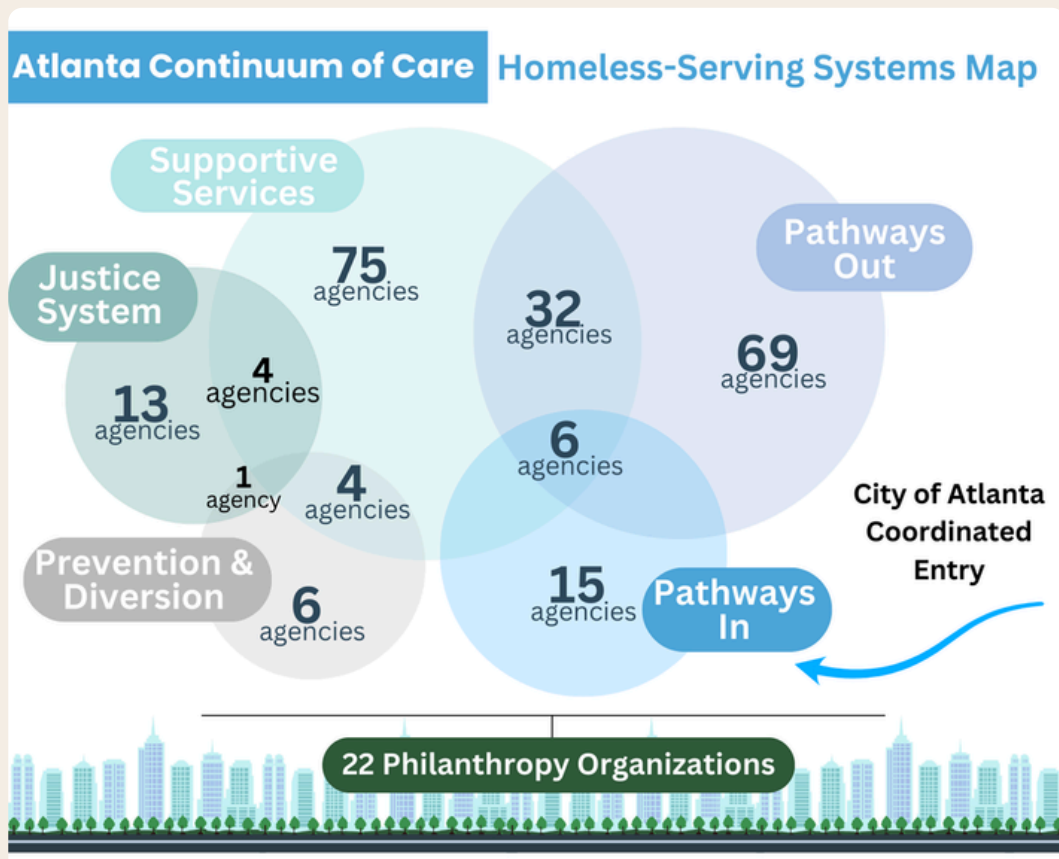
6

Housing barriers and solutions

Overview of the Homeless-Serving System

Atlanta's homeless-serving system is a large, multi-sector network designed to provide entry points to services, navigation assistance, supportive resources, and pathways out of homelessness. Mapping the Atlanta Continuum of Care (CoC) revealed **about 140 agencies** that support individuals experiencing houselessness. **Most organizations focus on supportive services** and pathways out of homelessness. **Relatively few focus on prevention, diversion, or justice-system navigation.**

Number of organizations by their role in the Atlanta homeless-serving system



Organizations span multiple sectors, including housing and shelter, healthcare, behavioral health, education and child/family services, employment and income assistance, legal, immigration, and justice-system support, hygiene programs, and food and nutrition services. Philanthropic organizations support these efforts through funding and partnerships. System-level infrastructure includes philanthropic funding streams, the City of Atlanta CoC, Homeless Management Information System (HMIS) for data tracking, and navigation platforms such as 311 and FindHelp, along with online resources (e.g., social media groups, mobile applications, and agency websites).

Key Themes

1. Trust and Relationships

Service providers and individuals experiencing houselessness emphasized that trust and strong relationships influenced whether individuals sought assistance, accepted referrals, and remained engaged with services.

Service providers described several strategies used to build trust with individuals experiencing houselessness. Many organizations conducted **street outreach and community engagement activities** to build relationships, assess needs, and connect people with services. Some organizations operated satellite offices across Atlanta to increase accessibility, while others employed outreach teams and case managers who regularly engaged individuals in the community. Several organizations also reported hiring staff with lived experience of houselessness, which representatives noted as strengthening trust and improving engagement. Partnerships among service providers were also important for maintaining trust. When organizations were unable to provide services directly, they relied on trusted relationships with other agencies to connect individuals with appropriate resources.

Individuals experiencing houselessness similarly emphasized the importance of trusted service providers, identifying specific agencies and staff members whom they relied on for guidance and assistance. When providers collaborated and communicated effectively, individuals reported greater confidence navigating services and greater trust in the system overall.

Despite these efforts, **some individuals described experiences that undermined system trust.** Individuals experiencing houselessness reported instances of being judged or treated disrespectfully by service providers. Trust was also weakened when they spent time and money traveling to organizations based on referrals only to discover that services, funding, or resources were no longer available.

“[I wish service providers knew] **I’m a person too.** I’m somebody...I want you to treat me like you treat the next person.”
– Individual experiencing houselessness



Employing strategies to build and maintain trust and ensuring individuals are treated respectfully is key to effective service delivery.

2. Access and Navigation

Service providers and individuals experiencing houselessness described the homeless-serving system as complex and difficult to navigate.

Service providers acknowledged challenges and described their efforts to support system navigation. However, they noted that **strict eligibility requirements, funding restrictions, and complex administrative processes frequently created barriers to service access**. Several providers described bureaucratic procedures and documentation requirements as burdensome for both organizations and clients. Organizations also relied on strong partnerships and referral systems to connect individuals with services outside their organizational scope. When partner organizations experienced staffing changes or limited service availability, however, individuals encountered additional challenges accessing and navigating assistance.

Individuals experiencing houselessness reported relying heavily on peer networks to navigate the system. Friends and community members frequently shared information about available resources and offered recommendations about which organizations to approach. Supportive, caring service providers also played a significant role in helping individuals understand available resources and complete referral processes. Individuals noted that referrals from trusted providers often made accessing services easier.

"A friend, a girl that lives out here. I was telling her about my situation. I asked 'em if she had some resources because she has kids or whatever. And she told me about some [Facebook] groups on there."
-Individual experiencing houselessness

Technology also influenced service access. **Many individuals experiencing houselessness reported lacking reliable access to phones, computers, or the internet, which limited their ability to locate services online.** Some relied on organization phones or public libraries, while others reported limited familiarity with newer technologies, making it harder to navigate an increasingly digital service environment. Service providers also noted that increasing reliance on digital service systems could unintentionally exclude individuals without reliable technology access, yet most utilized digital processes.



Reducing these barriers to service access is key to effective service provision.

3. Resource Availability and Accuracy

Both service providers and individuals experiencing houselessness demonstrated awareness of the wide range of supportive services available in Atlanta.

Service providers highlighted the diversity of services available across housing, supportive service programs, outreach, and case management. They also noted **the importance of system-level resources** such as centralized referral portals, advocacy initiatives, and technology platforms that supported coordination across organizations. Individuals experiencing houselessness similarly reported familiarity with several organizations that provided services, as well as community institutions such as churches and libraries for information and assistance.

"We've placed Community Health Workers within the health system...They can refer [people] out with a closed loop handoff to the partners that we have."

-Service provider

Despite the range of services, both groups consistently emphasized that the **need and demand for services far exceeded available resources**. Service providers reported shortages of shelter beds, providers (e.g. mental health), and supportive services for multiple populations experiencing houselessness. Insufficient resources often constrained organizations' ability to serve all individuals seeking assistance.

"The resources are so scarce. It's like we can have people in place, but if the well is empty...And I will say there is just an overwhelming amount of need and it keeps growing."

-Service provider

Similarly, individuals experiencing houselessness described **difficulties locating available services and identifying accurate information about resources**. Several individuals expressed frustration with resource lists that contained outdated or inaccurate information. Because service availability frequently changed, inaccurate information sometimes resulted in individuals traveling long distances only to learn that services were unavailable.



Ensuring that sufficient and accurate resources are available is necessary.

4. Quality and Responsiveness of Services

Individuals experiencing houselessness reported varied experiences regarding service quality and responsiveness, and service providers recognized many of these same challenges.

Service providers often attributed these challenges to **limited organizational capacity**. Many organizations reported staffing shortages and insufficient funding for administrative and programmatic support. Some noted that low staff salaries contributed to turnover, which further affected service continuity and responsiveness.

Several individuals described **positive experiences with providers who demonstrated compassion, respect, and a genuine commitment to helping clients**. Some noted that having a primary service provider who could coordinate referrals and provide ongoing guidance was particularly helpful.

However, other individuals described less positive experiences. Common challenges included long wait times, limited service options, and a lack of waiting lists once they reached service providers, leaving them uncertain about next steps. Individuals also reported **difficulties communicating with providers** or receiving updates about their status. In some cases, individuals were turned away due to limited capacity, restrictive eligibility requirements, or insufficient funding and were treated without empathy or respect.

"Miss Sherry and [her organization] really helped me. They pinpointed everything I needed from the housing to the vouchers to the school. Everything was there so I didn't have to go try to find another agency for help."

-Individual experiencing houselessness

"They have a cookie cutter frame. 'Are you crazy? Are you on drugs? Are you disabled? Are you elderly? Are you a vet?' If you are none of these things, people most likely like me, it's like, 'We don't want to help you find a job. Go break down some more.'"

-Individual experiencing houselessness



Building sufficient organizational capacity to provide high-quality responsive services is key to effective service provision.

5. System Coordination & Fragmentation

While service providers noted a collaborative culture among organizations addressing homelessness in Atlanta, individuals experiencing houselessness reported fragmented, siloed systems.

Service providers emphasized that many providers and organizations were committed to addressing homelessness and often worked together through **strong partnerships and referral networks**. A few reported that collaboration and communication had improved in recent years and noted that **support from city leadership had helped expand funding and partnership opportunities**.

At the same time, several identified **ongoing challenges related to system coordination**. Some described difficulties balancing their organization's mission with broader collaborative goals. Others noted that competition for funding and limited organizational capacity sometimes impeded opportunities for collaboration. High staff turnover, miscommunication, and mistrust were also cited as factors that weakened partnerships across organizations.

Individuals experiencing houselessness reported **fragmented, siloed systems**. Individuals shared experiences of being referred to organizations without providers confirming service availability or communicating directly with partner agencies. As a result, referrals frequently led to organizations that were unable to provide assistance. Several individuals described **traveling to service locations based on referrals only to learn that services were unavailable or that information was outdated**. Others noted that services available in one metro Atlanta jurisdiction were not always available in neighboring jurisdictions, which created additional challenges for individuals seeking assistance across the metropolitan area.

"[Providers] say you will see online the resources that they're telling you they have, but you get there and it's not that. They'll give you a list of numbers, but you call that number and that number will be like, 'Oh, we don't do that. It's out of date,' and they're not doing it."

-Individual experiencing houselessness



Improving upon system coordination will help ensure a more seamless experience for those in need.

6. Housing Barriers and Solutions

Both service providers and individuals experiencing houselessness noted several housing-related challenges.

Service providers consistently identified the **lack of affordable housing as a major challenge** within the homeless-serving system. Providers noted that the existing housing supply was often unaffordable for individuals and families experiencing houselessness, particularly given the rising cost of housing in the Atlanta area. Individuals experiencing houselessness agreed that there is a lack of affordable housing options across the region.

"They have [housing programs]... but you have to find a place, and you have to get approved and then they will be able to assist you. They're not [renting to me]. Every place I applied to, even though they said it's second chance."

-Individual experiencing houselessness

Most individuals experiencing houselessness also expressed challenges accessing and entering housing. Common obstacles involved challenges meeting eligibility requirements for shelters and housing programs. These **requirements sometimes included sobriety rules, restrictions on the ages of children allowed in shelters, short maximum stays, and curfews that conflicted with work schedules.** Individuals also described highly specific program eligibility criteria for housing assistance programs, including requirements for proof of income, eviction documentation, or specific diagnoses or family circumstances. These criteria often made it difficult for individuals to qualify for available services.

Barriers also existed within the private housing market. Individuals reported that securing housing often required large upfront payments, "good" rental histories, high credit scores, and proof of stable income. These requirements created significant obstacles for individuals transitioning out of homelessness.



Expanding affordable housing options and reducing barriers to housing is essential to improving outcomes.

Strengths and Limitations of the Homeless-Serving System

Taken together, perspectives from service providers and individuals experiencing houselessness highlight both strengths and persistent limitations within Atlanta's homeless-serving system.

Service providers emphasized **system-level assets**, including a large and diverse network of organizations, a collaborative culture supported by the CoC and city engagement, and the **availability of public benefit programs and supportive services** that assist individuals experiencing housing instability. Many organizations demonstrated a **strong commitment** and relied on partnerships to connect individuals with services. Many providers also noted the availability of evidence-based practices and shared data systems that supported coordination.

In contrast, individuals experiencing houselessness most often identified **strengths at the relational level**, including supportive service providers, peer networks, and relatively accessible public benefits such as Medicaid and food assistance. Many individuals reported receiving helpful services such as case management, educational programs, and referrals.

At the same time, both groups identified common challenges that constrained system effectiveness. **Demand for services consistently exceeded available resources** – particularly in affordable housing, shelter capacity, behavioral health services, and staffing – and fragmentation, navigation challenges, and outdated or inconsistent information limited individuals' ability to access services efficiently. These challenges contributed to frustration among both service providers and individuals seeking assistance.



These findings underscore a system with meaningful assets but structural and operational gaps that shape uneven experiences for those seeking assistance.

Opportunities and Recommendations

Both service providers and individuals experiencing houselessness expressed a desire for **a more coordinated and unified homeless-serving system** that would streamline services and improve access to assistance.

Service providers primarily emphasized system-level improvements. Many recommended **increasing staffing and funding** for service organizations, particularly through flexible or unrestricted funding that would allow agencies to **build organizational capacity**. Several providers also suggested increasing staff salaries to reduce turnover and strengthen service delivery. A few emphasized that the overall approach to houselessness needs to be reimaged and include a shared vision, a seamless model of care and a focus on prevention and the root causes of houselessness.

Expanding affordable housing options was identified as a key priority by more than half of providers. Additionally, nearly all providers emphasized the importance of pairing housing assistance with supportive services such as behavioral health care, substance use treatment, workforce development programs, and financial education. Strengthening coordination, collaboration, and partnerships among nonprofits and public-private entities was also frequently recommended.

Individuals experiencing houselessness offered recommendations **focused more directly on service delivery**. Individuals suggested reducing wait times, **improving communication and responsiveness from providers**, and expanding the availability of services. Some also emphasized the need for services tailored to the needs of specific populations. Individuals further recommended **reducing restrictive eligibility requirements** that limit access to services and increasing opportunities for individuals with lived experience to contribute to planning and decision-making processes. Lastly, over half of the individuals shared that service providers and others lack an understanding of and empathy for individuals experiencing houselessness. Individuals desired increased public awareness efforts and more empathetic approaches to addressing houselessness.

Appendix A. Qualitative Interview and Data Analysis Methods

To gather a range of experiences and perspectives, we conducted 21 interviews with individuals across the health, housing, legal/policy, food, employment, education, and child, youth, and family services sectors (referred to as service providers), as well as 12 interviews with individuals experiencing houselessness. Interviews focused on: (1) currently available services and resources, (2) strengths and gaps in the current system, and (3) opportunities to enhance system effectiveness and collaboration.

Key informant interview topics

Background information

The individuals' experience with houselessness and current and past living situation.

Service access and utilization

The individuals' awareness of and experience accessing and using services and resources available for those experiencing houselessness.

Facilitators and barriers to accessing services

Facilitators and barriers to accessing services/resources.

Experience accessing information

Experience accessing information using technology and barriers to using technology-based resources.

Experience with service providers

Positive and negative experience with service providers and impact of the experiences on the individual.

System strengths & gaps

Strengths and effectiveness of services and resources available for those experiencing houselessness and gaps in services/resources.

Closing

Key recommendations for improving coordination and access to and utilization of services for individuals experiencing houselessness.

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. Researchers conducted spot-checks after step 3. Since no major issues were detected, the analyst continued with step 4.

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.

