

**2018  
HOMELESSNESS  
ACTION PLAN  
FOR THE CHATTANOOGA COMMUNITY**





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## A. VISION STATEMENT TO END HOMELESSNESS

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The City of Chattanooga envisions a city that empowers all Chattanoogaans to build an equitable, authentic and inclusive community through prosperity and a high quality of life. The City of Chattanooga envisions a city where all Chattanoogaans have a place to call home. The City of Chattanooga envisions a city where no person experiences homelessness.

To end homelessness in Chattanooga, the community must embrace a plan that moves people experiencing homelessness into housing and provides support to keep people housed. The community needs creative solutions to the challenges of obtaining housing for people experiencing homelessness and maintaining housing for those at-risk of becoming homeless. The community understands that services and resources must shift from *managing* the discomforts associated with homelessness to *ending* homelessness through permanent housing.

The community of Chattanooga embraces several key values:

- Homelessness is unacceptable.
- Community engagement is central to ending homelessness.
- Housing is the solution to homelessness.
- Case management and support services are necessary for housing sustainability.

The plan to end homelessness in Chattanooga focuses on several key goals:

1. Improve coordination among the organizations that serve people experiencing homelessness.
2. Enhance case management services.
3. Establish emergency shelter options.
4. Expanding rapid re-housing capacity.
5. Expand permanent supportive housing capacity.

To meet the plan's goals, the community embraces a Housing First model that provides people experiencing homelessness with permanent housing and case management services before addressing the other root causes of their homelessness.

As part of the Housing First model, the Chattanooga community embraces permanent supportive housing (PSH) interventions for the chronically homeless. The United States Department of Housing and Urban Development (HUD) defines chronic homelessness as a person with a disabling condition who experiences continual homelessness for at least one year or four periods of homelessness within three years. PSH program recipients usually have a diagnosed disability, including serious mental illness or disabling drug addiction. Deploying a Housing First model and investing in PSH can help people experiencing chronic homelessness and disabling conditions access and maintain housing over time.

As part of the Housing First model, the Chattanooga community also embraces rapid re-housing interventions that connect people experiencing homelessness with permanent housing as quickly as possible through a personalized assistance package that may include time-limited financial aid or targeted supportive services. An emphasis on rapid re-housing reduces the amount of time an individual or family experiences homelessness. Rapid re-housing program recipients tend to experience homelessness due to an episodic financial or medical crisis that resulted in the loss of housing. Most program recipients require short-term assistance so the individual or family can return to permanent, stable housing.



### **Vision Statement:**

Chattanoogans envision a future where homelessness is rare, brief and nonrecurring in the Chattanooga community.



## CASE STUDY: SALT LAKE CITY, UT HOUSING FIRST INITIATIVE

In 2005, Utah approved a 10-year plan to end homelessness. The State's Homeless Taskforce led implementation efforts and determined that most people experience homelessness temporarily or episodically. About 15% of people experience homelessness chronically. This small number of people experiencing chronic homelessness use up to 60% of the homeless resources available.

**A Focused Effort.** Utah's plan focused on the Housing First model that links people experiencing chronic homelessness with permanent housing and case management services. The Taskforce created a pilot program that found existing and scattered units throughout Salt Lake City for permanent housing needs. Pilot program recipients included 17 individuals experiencing chronic homelessness known to service providers as challenging and difficult to house under previous models. An evaluation of the pilot program two years later revealed that all 17 once chronically homeless individuals continued in permanent housing.

**Sustainability.** The Road Home, Utah's largest homeless shelter, provides permanent supportive housing to people experiencing chronic homelessness while also providing supportive services to ensure housing stability. The Road Home currently operates two permanent supportive housing apartment complexes with 233 units, as well as supports several hundred permanent supportive housing units scattered around Salt Lake City, such as the 84-unit Grace Mary Manor.

**Bottom Line Appeal.** The Taskforce analyzed the impact the Housing First model had on Utah's State budget, reporting that prior programming cost Utah \$19,208 per year to care for one chronically homeless person when considering all related health and jail costs. In comparison, housing and providing a case worker for the same person cost Utah \$7,800 per year under the Housing First model. This includes the fact that individuals given an apartment under the program pay rent equal to 30% of their income or \$50, whichever is greater.

**Outcomes.** Ten years after implementation, Utah reported a 91% reduction in people experiencing chronic homelessness in the state from 1,932 in 2005 to 178 in 2015. Additionally, Utah's chronic homeless population rate stood at 6% compared to 22% nationwide.

**Criticisms.** Despite success among people experiencing chronic homelessness, those experiencing homelessness episodically or temporarily continue to grow. The total number of people in contact with Utah's network of homeless services rose from 12,241 in 2014 to 13,614 in 2016. Critics argue that people move to Utah in hopes of qualifying for the Housing First program, but do not meet the criteria of chronically homeless. Increased crime near The Road Home neighborhood contributes to ongoing challenges to secure community support for emergency shelters.

**New Initiatives.** In January 2017 Utah launched a new pilot program called 'Homes Not Jails' to provide 315 randomly selected people experiencing persistent homelessness with rapid re-housing services, including move-in support, security deposit aid, limited rental assistance, roommate matching, and case management services for employment, medical care and counseling need. Private investors fund the program and require a report of results including reduced arrests, improved employment wages and service hours worked. To maintain unbiased results, the University of Utah provides third party validation of the results.



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## **B. EXECUTIVE SUMMARY**

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Each year, communities count the number of persons experiencing homelessness in their region during a 24-hour period. Known as a point-in-time or PIT count, this provides a snapshot of homelessness in a community on any given night. On one 24-hour period in January 2017, Chattanooga's PIT count revealed 584 people experiencing homelessness. This includes 460 households, 70 children under the age of 18 and 270 people experiencing chronic homelessness. Additionally, the 2017 PIT count revealed 217 unsheltered people, mostly single men.

Chattanooga has engaged in planning around the issue of homelessness in previous years, but work continues to end homelessness in the City. In the spring of 2018, the City of Chattanooga tasked Chattanooga's Interagency Council on Homelessness (CICH) with creating a community plan to reduce homelessness in the community. In order to develop a plan that accelerates the community's progress towards reducing homelessness, a comprehensive analysis on the current state of homelessness in Chattanooga was needed to identify gaps, needs and input into how the Chattanooga community could improve its approach to reducing homelessness. Through key informant interviews, planning sessions with key stakeholders, a public meeting and secondary data analysis, the 2018 Chattanooga Community Action Plan was developed.

### **COORDINATION CHALLENGES AND RECOMMENDATIONS**

Better coordination among the organizations serving people experiencing homelessness would improve overall service outcomes and help secure funding streams through federal grants and local foundations. Additionally, Chattanooga needs a designated organization that leads the implementation of this community plan. Currently, two organizations provide coordinating activities in the community around the issue of homelessness: The Chattanooga Regional Homeless Coalition and the Chattanooga Interagency Council on Homelessness. The Chattanooga Regional Homeless Coalition coordinates federal Continuum of Care activities and the Chattanooga Interagency Council on Homelessness coordinates long term planning and project development.

In order to coordinate effectively, the Chattanooga Regional Homeless Coalition and the Chattanooga Interagency Council on Homelessness will need to create a shared vision of success and establish cooperative mission statements. The City plans to support the Chattanooga Interagency Council on Homelessness as the lead organization to begin implementation activities outlined in this planning document through 2019. The City plans to work with the Community Foundation to house public and private funding for implementation activities associated with the Plan. The Council's Governance Committee will craft a permanent set of By-Laws for how the Council will elect leaders, form committees and make decisions. Additionally, the Governance Committee will determine appropriate staffing levels for the Council.

Starting in 2020, a new organization will assume ownership of the Council's activities and staff using the Community Foundation fund to support the staffing responsibilities. It will be important to ensure continued community support, as well as support from current and future Council members, even after a new organization assumes ownership of the Council's activities and staff.



## FOUR COMMUNITY NEEDS

Throughout the planning process, four key themes emerged from stakeholders about the greatest needs in the Chattanooga community to address the issue of homelessness. These themes centered on case management, emergency shelter, rapid re-housing and permanent supportive housing.

Stakeholders believe people experiencing homelessness require comprehensive case management. Stakeholders relate effective case management with successful outcomes. Despite this, stakeholders say that case management services lack funding and adequate capacity in relation to the number of people who requires those services. Many stakeholders want more investment in case management so that people experiencing homelessness placed in permanent housing can maintain housing stability.

Regarding emergency shelter, several organizations currently provide shelter to people experiencing homelessness during the day. These day shelters will open on winter nights in Chattanooga, but the facilities often reach capacity and do not provide cots or beds for those seeking shelter. Several organizations do provide overnight emergency shelter all year but their capacity is limited and require participants to attend religious services or require sobriety prior to entrance.

Hamilton County currently offer 179 year round high-barrier shelter beds. Of these, 123 are allocated for women and children. Therefore, only 56 shelter beds are available for men across the County. These numbers do not include any organizations that open on cold winter nights. Due to this gap in consistent night shelter opportunities, many people experiencing homelessness in Chattanooga sleep nights unsheltered, leading to many safety and health concerns.

Rapid re-housing interventions connect people experiencing homelessness with permanent housing as quickly as possible through a personalized assistance package that may include time-limited financial aid or targeted supportive services, and are well suited for non-chronic homeless individuals and families.

Finally, stakeholders acknowledge that people experiencing chronic homelessness can be the hardest to serve, as well as the costliest. The 2017 PIT count revealed that 270 households experienced chronic homelessness in the Chattanooga community. Many people experiencing chronic homelessness suffer from a mental health or substance use disorder and require more resources for housing stability that people experiencing homelessness only episodically. Indeed, some studies show that people experiencing chronic homelessness, who make up about 15% of the homeless population, use 60% of the homeless resources available in the community.

Additionally, 526 permanent supportive housing beds are available in the Chattanooga community. However, these beds are in high demand and often reach capacity quickly. Stakeholders opine that the community needs to enhance permanent supportive housing capacity in Chattanooga to address the housing needs of this most vulnerable population but acknowledged the challenges to secure funding.

## THE CHATTANOOGA WAY: COMPASSION AND ENGAGEMENT

Stakeholders overwhelmingly agreed that Chattanoogaans are an engaged and compassionate people. Many talked about the need to channel Chattanooga's past resiliency, innovation and collaborative successes to propel community action to end homelessness. Service providers and organizations that work to address homelessness in Chattanooga can also harness this resiliency, innovation and history



of collaboration to design and implement the 2018 Chattanooga Community Action Plan in a way only Chattanooga can – the “Chattanooga Way.”

## **THE 2018 CHATTANOOGA COMMUNITY ACTION PLAN**

The 2018 Chattanooga Community Action Plan addresses strategies to combat and end homelessness in the city for people experiencing homelessness both episodically due to a housing crisis, and chronically due to mental or physical health crises or substance use disorders.

A logic model presents the CICH’s action items for moving an individual or family from homelessness to permanent housing and housing stability. These action items were developed through consultation with the CICH and key stakeholders throughout the planning process. This plan attempts to provide a roadmap for the community by describing the action item considered, the recommended actions necessary to implement the action, the resources needed, potential partners, milestones and anticipated timeline, as well as what impact the action could have on the community and performance measures to guide that impact.

The Plan assumes the flow of a person’s path from homelessness begins with first identifying a person experiencing homelessness, then placing the person in emergency and temporary shelter, assisting with placement into permanent housing, and finally ensuring housing stability and homelessness prevention. The action associated with each component are provided below:

### **IDENTIFYING PEOPLE EXPERIENCING HOMELESSNESS**

The 2018 Chattanooga Community Action Plan makes several recommendations to enhance identification of people experiencing homelessness and link them to available resources. Short-term recommendations include creating a standardized assessment and referral process, expanding outreach worker capacity, as well as creating a database of available housing units and a database of resources. Long-term recommendations include use of a mobile services van, as well as the Clean and Safe Ambassador Program through a possible Business Improvement District.

### **EMERGENCY AND TEMPORARY SHELTER**

Emergency and temporary shelters provide the immediate need of shelter and a safe place to sleep for people experiencing homelessness as well as more quickly connecting them with housing and support services. The 2018 Chattanooga Community Action Plan recommends two actions including re-establishing a program that provided hotel vouchers for temporary shelter in the short-term, as well as establishing a 24/7 low-barrier emergency shelter in the community over the long-term. Each recommendation addresses the immediate need of shelter and safety for people experiencing homelessness. To ensure alignment with the community’s Housing First approach to end homelessness, it is imperative that people experiencing homelessness who receive a hotel voucher for temporary shelter or access the emergency shelter are linked immediately to a Housing Navigator, described in the next action, for placement into permanent housing as quickly as possible.

### **PLACEMENT INTO PERMANENT HOUSING**

Communities focused on a Housing First approach to end homelessness emphasize strategies that reduce the amount of time a person experiences homelessness. For people experiencing homelessness chronically, the goal is placement into permanent supportive housing that provides long-term support.







For people experiencing homelessness episodically due to a housing crisis, the goal is rapid re-housing that quickly returns them to permanent stable housing.

The 2018 Chattanooga Community Action Plan recommends establishing housing navigator positions to focus specifically on placement into permanent housing, expanding intensive case management and service coordination positions, establishing a flexible community fund for rental assistance, move-in costs or utility payments, as well as increasing the available scattered site housing unit capacity for people experiencing homelessness through landlord engagement and incentives.

### **HOUSING STABILITY AND HOMELESSNESS PREVENTION**

Several recommendations within the 2018 Chattanooga Community Action Plan serve dual purposes in their support of the community's vision to end homelessness. This includes the Clean & Safe Ambassador program, which can serve the dual purpose of identifying people experiencing homelessness, as well as employing appropriate candidates as Ambassadors who successfully exited homelessness and continue in stable housing. The flexible community fund can also serve a dual purpose to help place people experiencing homelessness into permanent housing, as well as help people who exited homelessness who may need additional support to avert reentry into homelessness.

Several new recommendations within the 2018 Chattanooga Community Action Plan support housing stability and homelessness prevention. For people experiencing homelessness chronically, the Plan recommends increasing supportive housing capacity by aligning organizations for funding opportunities. To support rapid re-housing efforts and homelessness prevention, the Plan recommends exploring further incentives for developers to build affordable housing units and increasing specialized job fairs to link people exiting homelessness with employers.



## C. INTRODUCTION AND BACKGROUND

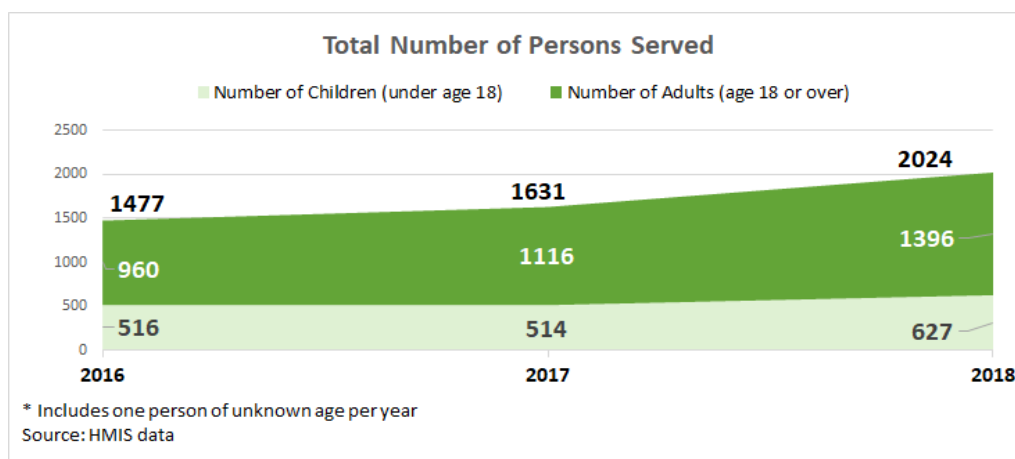
Surrounded by the Tennessee River, mountains and lakes, the city of Chattanooga sits approximately 150 miles from several other major population centers in the southeastern region of the United States including Knoxville and Nashville, Tennessee; Birmingham, Alabama; and Atlanta, Georgia. The city is the county seat of Hamilton County and is located near the southeastern corner of the state on the Tennessee-Georgia border. The most recent Census Bureau data estimated that Chattanooga's population totals 179,139<sup>1</sup>.

Chattanooga's top employment sectors include trades, transportation, and utilities (21%), government (15%), manufacturing (13%), professional and business services (18%), education and health (13%), and leisure and hospitality (11%). As of May 2018, the local unemployment rate stood at 3.3% compared to the state of Tennessee at 3.5% and the national average of 3.8%. Chattanooga's median household income totals \$41,278. About one in five Chattanoogaans live below poverty level.<sup>2</sup>

### Current State of Homelessness in Chattanooga

Each year, communities count the number of persons who are experiencing homelessness during a 24-hour period. Known as a point-in-time or PIT count, this provides a snapshot of homelessness in a community on any given night. On one 24-hour period in January 2017, Chattanooga's PIT count revealed 584 people experiencing homelessness. This includes 460 households, 70 children under the age of 18 and 270 people experiencing chronic homelessness. Additionally, the 2017 PIT count revealed 217 unsheltered people, mostly single men.

Chattanooga's service providers provide food, shelter, healthcare and other basic services. The number of people served has increased substantially over the past year. The number of people experiencing homelessness who were served increased by 19% in 2018 (1631 to 2024), over twice the rate of increase from the previous year (1477 to 1631, or 9%).

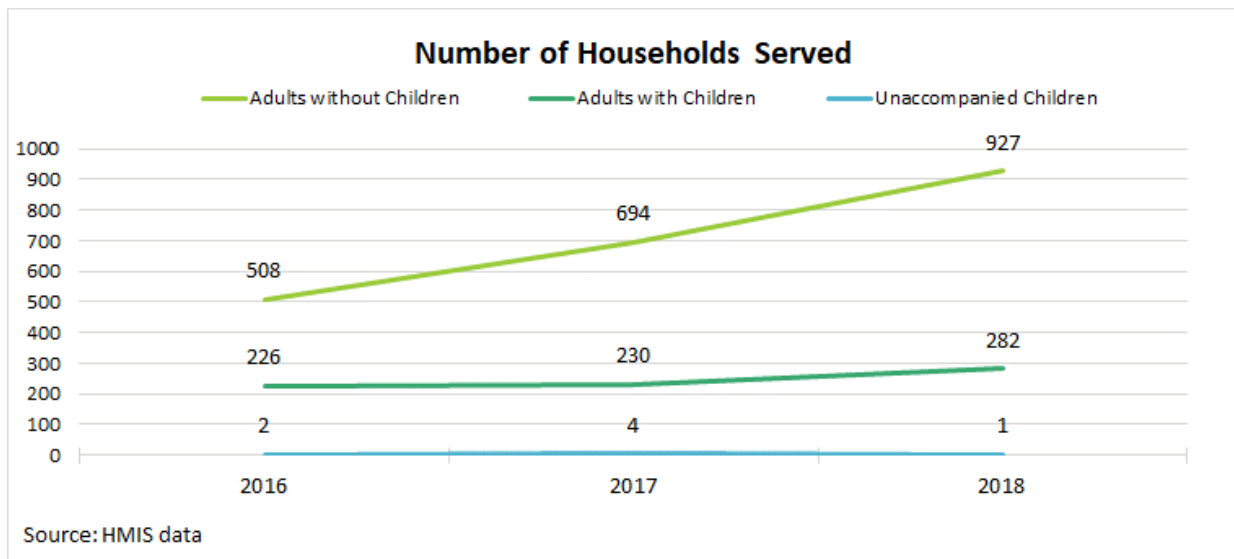


<sup>1</sup> 2017 American Community Survey 5-Year Estimates

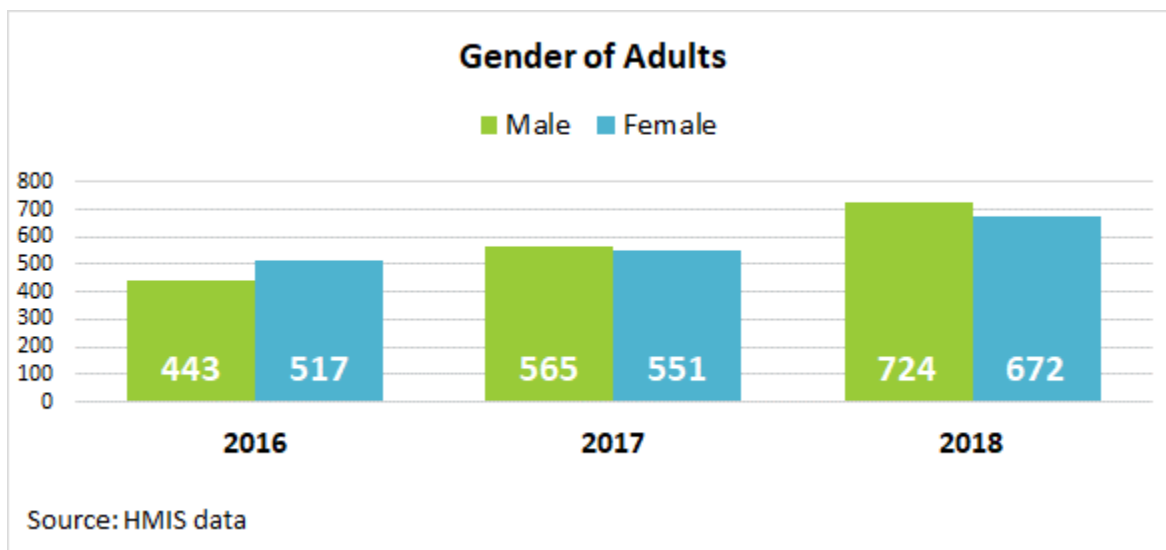
<sup>2</sup> City of Chattanooga FY 2017 Comprehensive Annual Financial Report for the Year Ended June 30, 2017, accessed at: <http://www.chattanooga.gov/finance/finance-division/cafr/22-finance/2289-cafr-2017>



People often experience homelessness within the context of a family or household group. When looking at the homeless count in terms of family groups or households, the number of adults without children is increasing the most, while the increase in households that include at least one child increased at a somewhat lower rate.



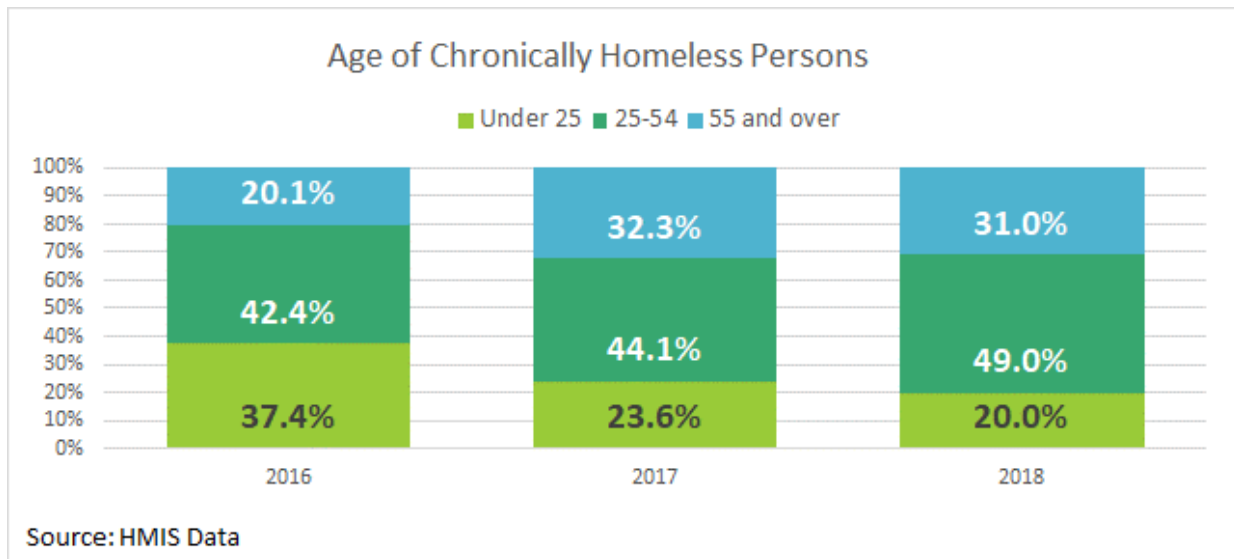
Although people experiencing homelessness are often stereotyped as young males, males outnumber females by only a small margin and in 2016 females experiencing homelessness outnumbered their male counterparts.





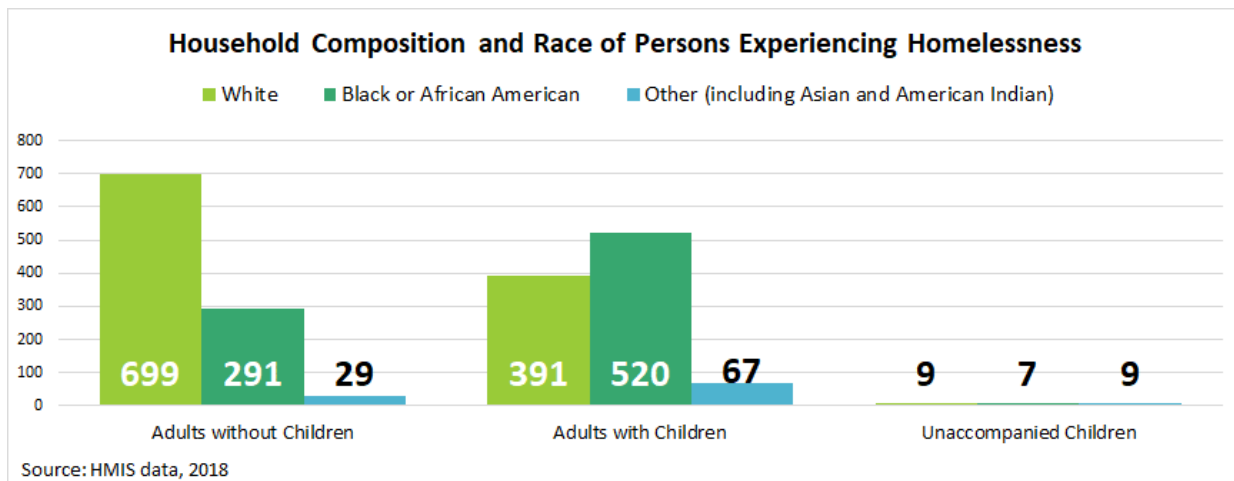
### Age of Chronically Homelessness Persons

Among those experiencing chronic homelessness, the percentage of people under the age of 25 has declined somewhat since 2016 while the percentages of chronically homeless people age 25-54 and 55 and over have each increased.



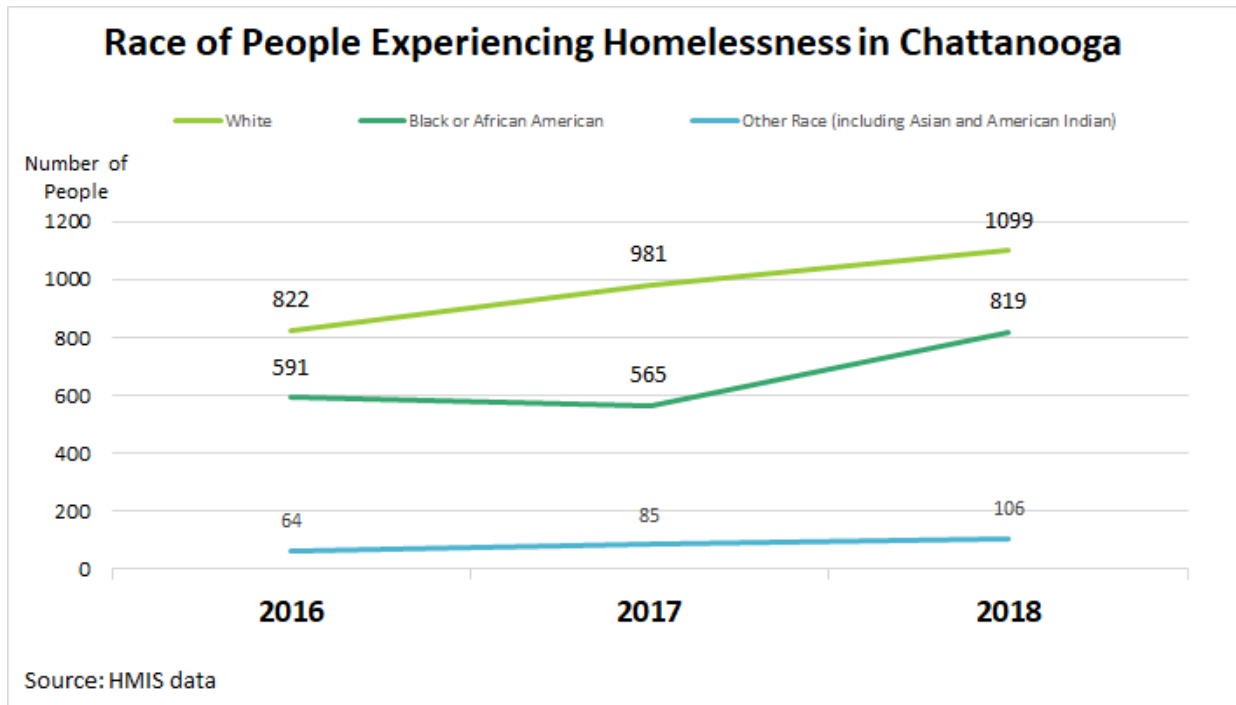
### Homelessness and Race

Adults experiencing homelessness without children in Chattanooga are more likely to be white, whereas the majority of adults experiencing homelessness with children are African American.





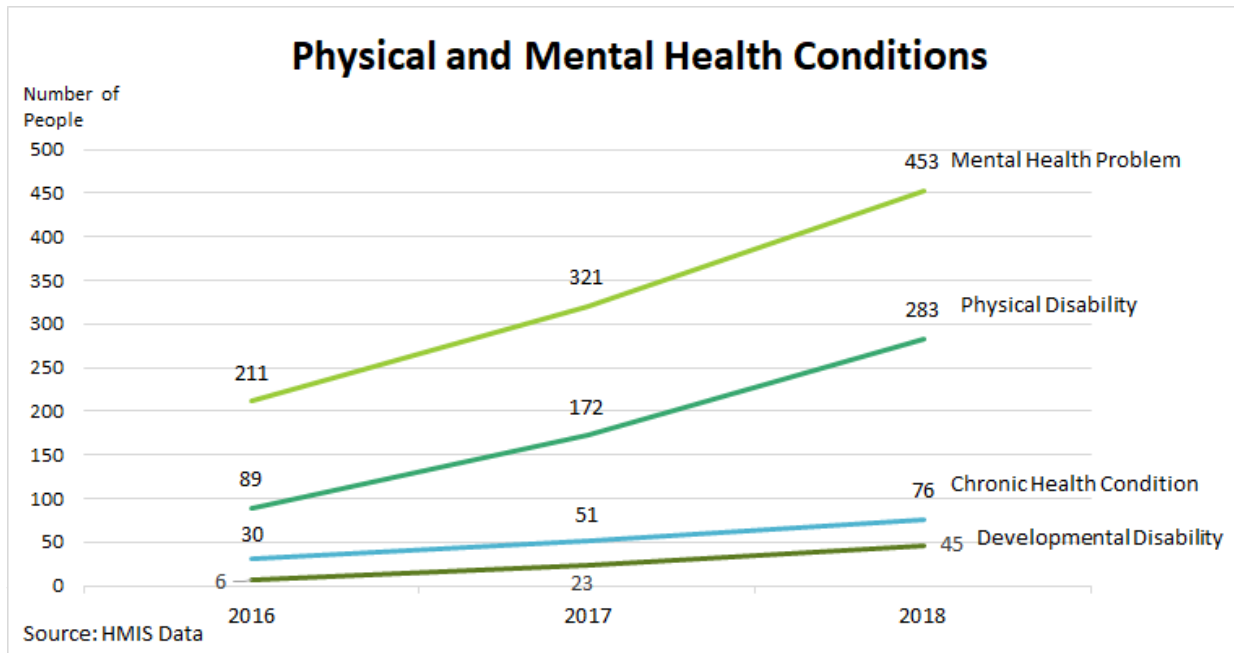
The number of African Americans experiencing homelessness in Chattanooga is increasing faster than that of other racial groups. This is associated with a corresponding increase in the number of children experiencing homelessness, as African Americans experiencing homelessness are more likely to have children who are with them.





### Physical and Mental Health

The numbers of people experiencing homelessness who have mental health concerns has more than doubled since 2016 (from 211 to 453 an increase of 115%.) There are more than three times as many people experiencing homelessness with a physical disability in 2018 as compared to 2016 (89 to 283.) The number of people experiencing homelessness who have a developmental disability has increased from six in 2016 to 45 in 2018, a more than seven-fold increase over the past two years.

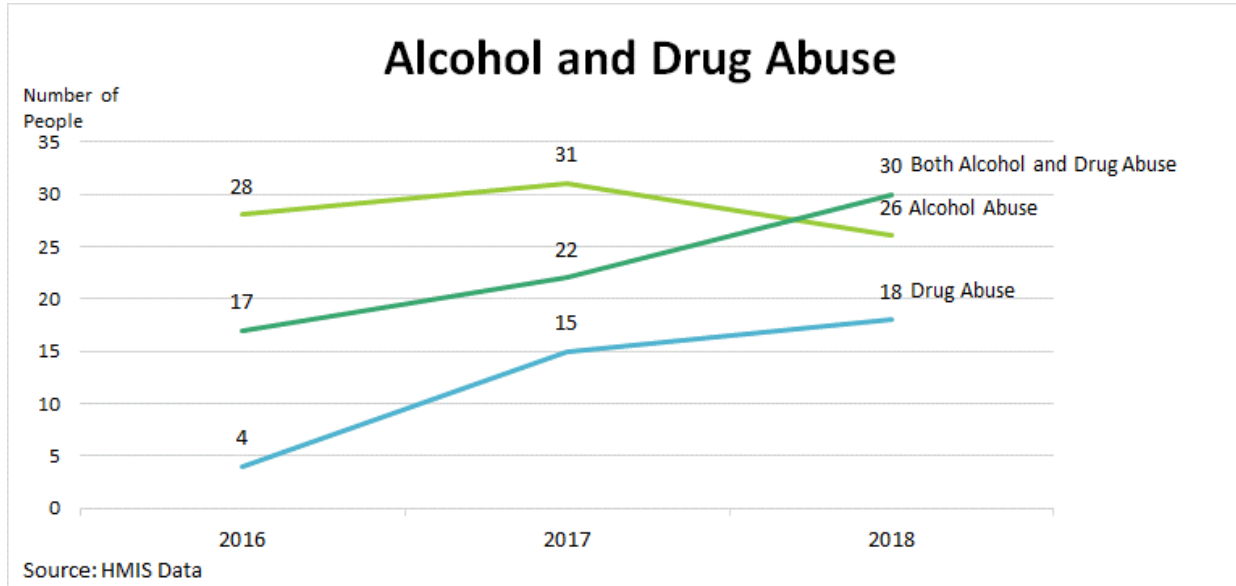


Disorder	Rate of Increase 2016 to 2017	Rate of Increase 2017 to 2018	Rate of Increase 2016 to 2018
Mental Health Problem	52%	41%	116%
Physical Disability	93%	65%	218%
Chronic Health Condition	70%	49%	153%
Developmental Disability	283%	96%	650%



### Alcohol and Drug Abuse

The rate of alcohol abuse reported among people experiencing homelessness is low in comparison to the rates of physical disability, mental illness other chronic health conditions and developmental disability. Both drug abuse and alcohol combined with drug abuse have been increasing substantially since 2016. The rate of documented alcohol abuse has remained fairly consistent.

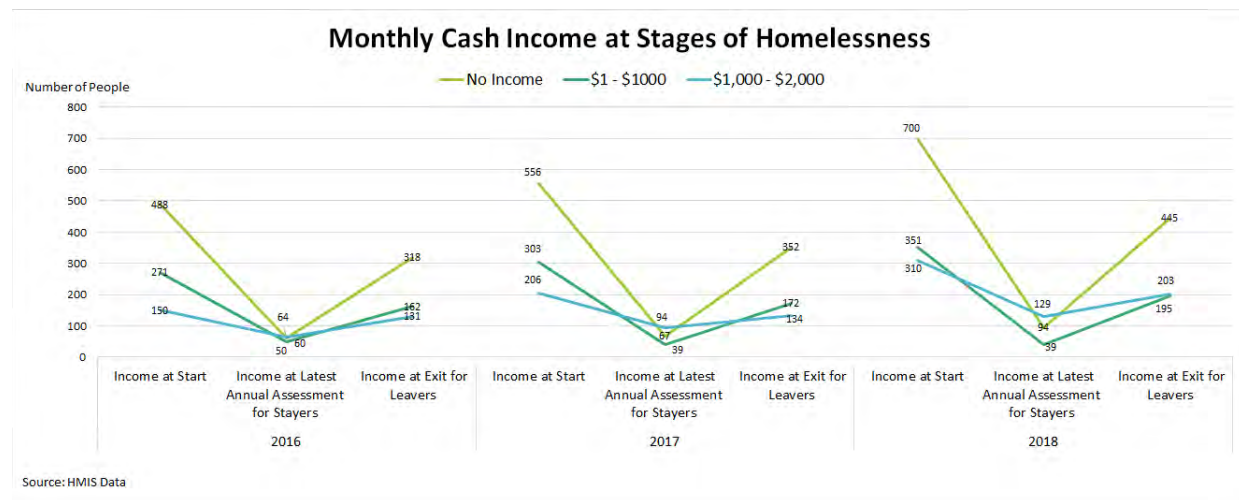




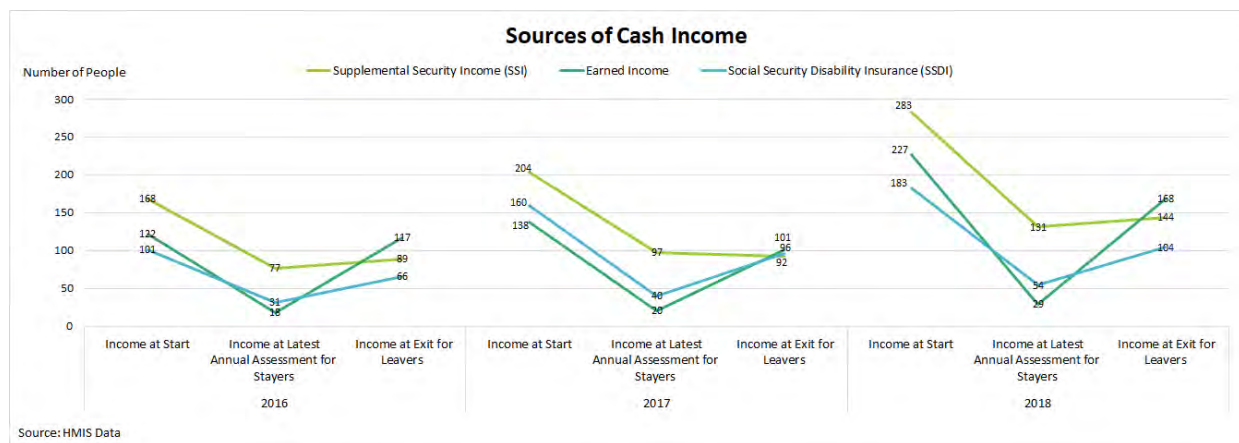
## Sources of Income

An increasing number of people experiencing homelessness enter the system with no cash income. Leavers are persons who exited the program on the last day of the reporting period. Stayers are those who are active in the program on the last day of the report date range. This includes anyone who exits the program and re-starts during the reporting period.

As shown below, stayers, those who remain in the program or shelter, are far more likely to have no income than leavers.



Earned income is the most likely source of income for leavers, followed by SSI or SSDI. SSI is the most common form of cash income among persons experiencing homelessness at the start of their journey through the help network.

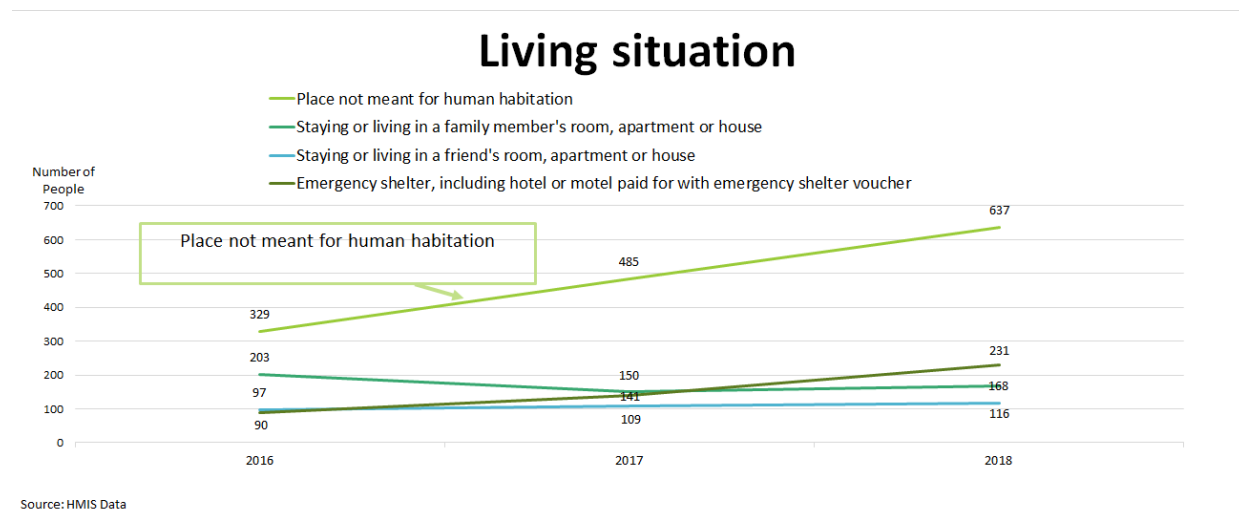






## Where People Experiencing Homelessness Stay in Chattanooga

The most common place that people stay who are experiencing homelessness in Chattanooga is a place not meant for human habitation. This might include a tent, a make-shift shelter under a bridge or overpass, or an awning of a public building. In winter, such places are especially problematic, however they are unsafe at any time of year. The number of people living in such conditions has almost doubled in the past two years.



## Model of Success: Chattanooga's Veteran Task Force

An effort to end Veteran homelessness began on April 21, 2014 when Mayor Andy Berke pledged to end veterans' homelessness in Chattanooga and created a Veterans Task Force to find solutions. The Task Force focused their efforts on decreasing the number of veterans experiencing homelessness. The Task Force identified key partners necessary to facilitate this goal including the VA, MASH program (local Supportive Services for Veteran Families provider), Chattanooga Housing Authority, the Chattanooga Regional Homeless Coalition (the Continue of Care lead agency), Southeast Tennessee Human Resources Agency (SETHRA), the AIM Center and Homeless Healthcare.

The Task Force worked with their partners to reduce wait times for veterans seeking assistance, especially through housing programs. After breaking the process of housing into manageable steps, the task force worked to reduce the time it took to achieve each step. They realized that the system had to be realigned to increase the ease of access. By streamlining processes, offering weekly case conferencing, and creating other breakout committees to help identify barriers to housing veterans and find creative solutions to reduce those barriers. The Task Force instituted a specific project plan that outlined priority tasks, enhanced community through weekly conferencing groups and held partners accountable for assigned tasks. The Task Force also educated the public on the plan, provided regular reports to the community on progress towards the goal, and engaged other relevant stakeholders like landlords and veterans groups.

On February 3, 2017, the United States Interagency Council on Homelessness (USICH), Department of Housing and Urban Development (HUD), and Department of Veterans Affairs (VA) congratulated Chattanooga for effectively ending Veteran homelessness in the Chattanooga community. This honor confirmed that the City and its partners successfully developed the infrastructure and systems to house



any veteran who becomes homeless in Chattanooga within 90 days or less, and met USICH's goal of ensuring homelessness is a rare, brief, and nonrecurring event for veterans.

The Task Force has housed 322 veterans since its launch and houses an average of 12 veterans a month. Additionally, Task Force efforts have reduced the time a veteran experiences homelessness. At inception, securing housing for a veteran experiencing homelessness totaled over 151 days. The Task Force reduced this average to less than 90 days.

### **Past Homelessness Efforts**

In 2003, the City of Chattanooga and the Chattanooga Regional Homeless Coalition convened a 14 member working group to develop *The Blueprint to End Chronic Homelessness in Ten Years* (the Blueprint). The Blueprint provided a long-term, comprehensive plan to help people experiencing chronic homelessness return to health and stable lives in permanent housing. While the Blueprint focused on eliminating chronic homelessness, many believed the recommendations within the plan would also help reduce episodic and temporary homelessness among families, youth and single adults.

The Blueprint adopted a Housing First approach designed to move people experiencing chronic homelessness from the streets into permanent housing with supportive services. The plan's recommendations sought to:

- Reduce the number of people who become homeless.
- Increase the number of people experiencing homelessness placed into permanent housing.
- Decrease the length and disruption of homeless episodes.
- Provide community-based services and supports to prevent homelessness before it happens and diminish opportunities for homelessness to occur.

The City convened a 40-member Blueprint Task Force in 2007 to review the 2004 Blueprint and provide updated recommendations. The Revised Blueprint expanded the focus beyond people experiencing chronic homelessness to all people experiencing homelessness. The Revised Blueprint recommended strategies to move people experiencing homelessness through emergency and transitional programs more quickly. Recommendations in the Revised Blueprint centered on five spheres of activity including Housing, Services, Prevention, Planning/Coordination and Community Reintegration.

Specifically, the 2003 Blueprint set a goal of developing 1,400 housing units through building new units, setting aside existing units for people experiencing homelessness, and creating rental assistance vouchers to make housing affordable for people experiencing homelessness. The 2007 Blueprint expanded this goal by challenging the community to create an additional 200 housing units each year. Both the 2003 and 2007 Blueprints provide strategies to improve service provision including accessibility, prevention and coordination.

The City of Chattanooga and the Chattanooga Regional Homeless Coalition completed a Blueprint Analysis in 2012 to evaluate achievements from the 2003 and 2007 Blueprint recommendations, and make new proposals to address the remaining challenges.

The 2012 analysis found that the number of people experiencing homelessness decreased over time as evidenced by the annual Point-in-Time (PIT) count. PIT counts document the number of people experiencing homelessness in a region over a 24-hour period of time. The Chattanooga PIT count in 2007 documented 1,064 people experiencing homelessness with 679 identified as chronically homeless. The 2011 PIT count showed reduced numbers, documenting 561 people experiencing





homelessness with 76 of those identified as chronically homeless. This analysis demonstrated a 48% reduction of people experiencing homelessness and an 89% reduction in people experiencing chronic homelessness in the Chattanooga region over a four year period.

Federal funding to implement services for people experiencing homelessness in Chattanooga increased from \$233,477 in 2002 to over \$2.4 million in 2011. Permanent housing options increased with 2,987 options created between 2003 and 2011, and included market-rate and subsidized rental housing, moving in with family or friends permanently, or home ownership.

By 2012, Chattanooga's PIT count revealed 548 people experiencing homelessness in the community. At the same time, all housing units reserved for individuals or families experiencing homelessness were full. The Chattanooga Housing Authority reported waiting lists of over 5,000 people for public housing or housing choice vouchers.

The 2012 Blueprint analysis included recommendations to increase housing opportunities by a minimum of 300 units, create low-demand emergency shelter opportunities, and create case management standards, as well as a centralized intake and assessment process.

### **2018 Homelessness Planning Process**

In the spring of 2018, the City of Chattanooga tasked Chattanooga's Interagency Council on Homelessness (CICH) with creating an updated community plan to reduce homelessness in the community.

In order to develop a plan that accelerates the community's progress towards reducing homelessness, a comprehensive analysis on the current state of homelessness in Chattanooga was needed to identify gaps, needs and input into how the Chattanooga community could improve its approach to reducing homelessness. This analysis is based on several information sources:

1. Key Informant Interviews conducted with 30 community stakeholders, as well as people experiencing homelessness.
2. Nine strategic planning sessions with a wide variety of stakeholders who shared ideas and recommended strategies.
3. One public input meeting to identify priority action areas.
4. Secondary data analysis including Census, HUD, HMIS, E-Clinical Works, Chattanooga's previous homelessness planning documents, and case studies of similar communities for best practices.
5. Network analysis using the results of two questions asked during the stakeholder interviews:
  - a) How frequently do you communicate with each of the other stakeholder organizations?
  - b) Which would you turn to if you were beginning a new project related to homelessness?

The City contracted with research firm Analytic Insight, LLC (AI) to engage in strategic planning and development of a community plan to address homelessness for the City.

### **Key Informant Interviews**

AI interviewed 30 stakeholders identified by the CICH, as well as a single male, single female and family currently experiencing homelessness in the City of Chattanooga.



The 30 interviewed stakeholders were obtained through a list provided to AI by the CICH, and included known service providers and local agencies that work with the local homeless community. AI requested a telephone interview with a representative from each organization to discuss the services and resources the organization provides to people experiencing homelessness, how well sub-populations within the homeless community are served, the network of organizations who serve the homeless and the need for coordinating efforts, other gaps and duplications of service, challenges that organizations face, and suggestions to better engage the community around the homelessness issue.

AI conducted the interviews with people experiencing homelessness in person at Homeless Healthcare and the Maclellan Shelter for Families in Chattanooga. These interviews focused on where they sought shelter, the resources and services provided to them, their experiences with housing support, employment and the community, as well as what gaps in service they experienced while homeless.

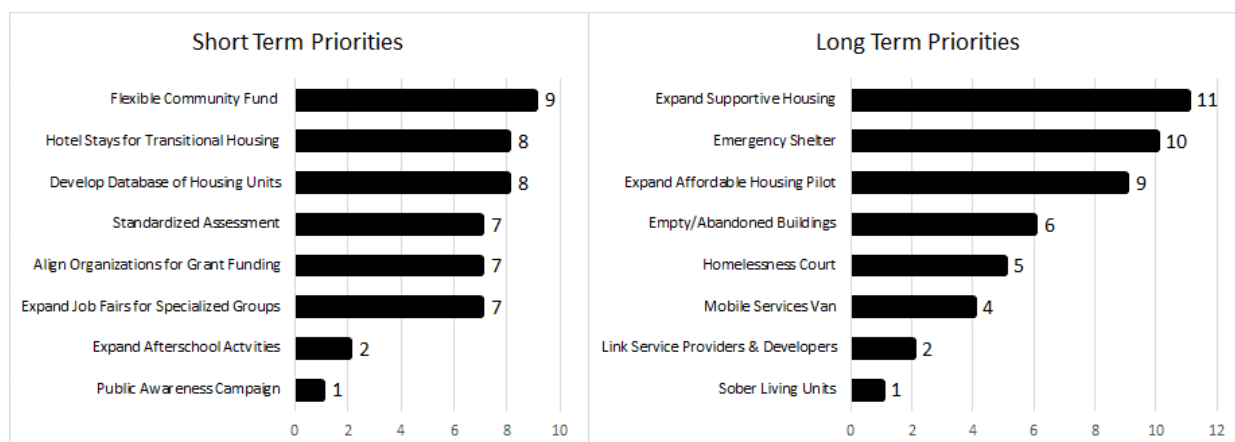
## Stakeholder Planning Sessions

AI facilitated nine stakeholder planning sessions with a variety of community members including service providers, faith-based and community organizations, family-focused organizations, health and mental health providers, housing providers, government agency staff, community advocates, former individuals who experienced homelessness, and representatives from the business community.

The planning sessions included five topic areas including: Preventing Homelessness, Housing, Creating a Coordinated System, Improving Responsiveness to Homelessness and Involving Businesses and Community to Address Homelessness. Each topic area included several goals. AI asked participants to discuss specific actions the community could take to address each goal.

## Public Input Meeting

On October 18, 2018, AI presented information to the community on the strategic planning efforts made to date, as well as requested input on numerous short and long-term priorities that emerged through the stakeholder planning sessions. Community members rated the three most important short-term actions and the three most important long-term actions they believe would address homelessness in Chattanooga. The results from the public input on priorities are revealed below.





## **D.COMMUNITY CHALLENGES, NEEDS AND ASSETS**

In this section, we explore the need for coordinating efforts among the organizations serving people experiencing homelessness, the four greatest community needs, as well as the greatest asset in Chattanooga for combatting and preventing homelessness into the future.

### **COORDINATION CHALLENGES**

Better coordination among the organizations serving people experiencing homelessness would improve overall service outcomes and help secure funding streams through federal grants and local foundations. Currently, two organizations provide coordinating activities in the community around the issue of homelessness: The Chattanooga Regional Homeless Coalition and the Chattanooga Interagency Council on Homelessness. The Chattanooga Regional Homeless Coalition coordinates federal Continuum of Care activities and the Chattanooga Interagency Council on Homelessness coordinates long term planning and project development.

The presence of both organizations in the community shows strong engagement around the issue of homelessness. Similar members belong to both agencies and include service providers and other professionals working to combat and prevent homelessness across the community. Many members want to ensure that their limited time and resources are used effectively and efficiently in their work to end homelessness in Chattanooga. Both agencies need to avoid duplicating efforts and coordinate activities to best serve people experiencing homelessness in the community.

In this section we discuss the current roles and responsibilities of the Chattanooga Regional Homeless Coalition and the Chattanooga Interagency Council on Homelessness. We will examine the barriers impeding coordination, as well as the reasons why the two agencies may wish to create a shared vision of success and cooperative mission statements to avoid duplication of effort. Finally, we will examine the potential roles of each agency moving forward.

### **THE CHATTANOOGA REGIONAL HOMELESS COALITION**

First formed in 1987, the Chattanooga Regional Homeless Coalition was incorporated and received 501(c)3 status from the Internal Revenue Service as a non-profit corporation in 1995. Overall, the mission of the Coalition is “to serve as the region’s leader in advocating, planning, and maximizing funding and resources for homeless services.” Specifically, this mission includes the following elements:

1. Provide a forum where homeless issues are discussed and addressed.
2. Advocate for the specific identified needs of people experiencing homelessness to assure that the various systems involved work effectively on their behalf.
3. Identify and develop funding sources from both the public and private sectors for homeless programs.
4. Provide a vehicle through which information on homeless issues is disseminated to concerned agencies and organizations.

The Coalition serves as the lead agency for the Southeast Tennessee Continuum of Care, which is tasked with coordinating federal funding for housing and services for people experiencing homelessness. As the CoC lead agency, the Coalition also manages the database for the region’s



Homeless Management Information System (HMIS). HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families experiencing homelessness and persons at risk of homelessness. Currently, approximately 130 providers, agencies and programs use Service Point to input data to comply with HUD's data collection, management, and reporting standards.

### INFORMATION SNAPSHOT: CONTINUUM OF CARE

A Continuum of Care (CoC) is a regional or local planning body that coordinates federal funding for housing and services for people experiencing homelessness. The Southeast Tennessee CoC managed by the Chattanooga Regional Homeless Coalition serves eleven counties including Bledsoe, Bradley, Grundy, Hamilton, Franklin, Marion, McMinn, Meigs, Polk, Rhea and Sequatchie.

Communities receive CoC funding primarily through the U.S. Department of Housing and Urban Development (HUD). HUD identifies four necessary parts of a continuum:

1. Outreach, intake and assessment in order to identify service and housing needs and provide a link to the appropriate level of both.
2. Emergency shelter to provide an immediate and safe alternative to sleeping on the streets, especially for homeless families with children.
3. Transitional housing with supportive services to allow for the development of skills that will be needed once permanently housed.
4. Permanent and permanent supportive housing to provide individuals and families with an affordable place to live with services if needed.

### THE CHATTANOOGA INTERAGENCY COUNCIL ON HOMELESSNESS

On March 19, 2018, Mayor Andy Berke signed Executive Order Number 2018-01 creating the Chattanooga Interagency Council on Homelessness. Specifically, the Mayor created the Council to unite the community around an effective strategy to end homelessness. Additionally, the Mayor charged the Council with implementing a community plan that addresses the housing crisis, moves individuals experiencing homelessness into housing, and provides support to keep individuals housed.

Specifically, the Council's responsibilities include the following:

- Develop the community's plan to end homelessness;
- Coordinate all groups to implement the plan;
- Hold stakeholders accountable to meeting the goals outlined in the plan;
- Build more accountability and transparency to the community around homelessness; and
- Unify community resources to address homelessness towards a common goal and process.

Mayor Berke appointed Elizabeth McCright and Donna Maddox as co-chairs to lead the Council, with both confirmed in April 2018. The Council is staffed part-time by two City Staff members. At its first meeting on May 8, 2018, the Council established its bylaws, operating guidelines and held an orientation detailing the current homeless services in Chattanooga. The Council created a Planning Committee charged with creating a working plan with input from the Chattanooga community. The





Planning Committee worked with the City to issue a request for proposal for a planning consultant to create a comprehensive plan and acknowledged the Council's responsibility for implementing the recommended actions. Thereafter, the City contracted with Analytic Insight to facilitate strategic planning sessions in order to create a community plan to end homelessness.

### EXISTING COORDINATION BARRIERS

In general, many stakeholders believe that the collection of organizations that serve people experiencing homelessness work well together in the community. However, many stakeholders emphasize the need to improve coordination activities across the organizations in order to provide a holistic, person-centered approach to each individual or family served. Stakeholders acknowledge several key barriers that impede coordination among the organizations including decentralized vision and goals, competition over funding, limited data sharing about outcomes and available resources, and leadership challenges at key coordinating organizations.

#### Decentralized Vision and Goals

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Stakeholders express concern that the organizations lack a centralized strategy to address homelessness in the community. Stakeholders worry that each organization perceives a different core problem that causes a person to experience homelessness. Each organization defines its own vision, mission and role to address homelessness leading to programs and activities that only manages homelessness instead of ending it.

Decentralized vision and goals also lead to duplication of effort or missed opportunities. Some stakeholders express concern that the Chattanooga Interagency Council on Homelessness duplicates activities of the Chattanooga Regional Homelessness Coalition. Others worry that secular organizations may hesitate to work with faith-based organizations, despite similar mission and goals.

The community's organizational activities and goals need alignment to mobilize collective action to end homelessness in Chattanooga. Chattanooga's stakeholders agree that creating an overall systems approach to address homelessness in the community would benefit the individuals and families each organization serves. Therefore, to combat homelessness, these organizations must agree on a common vision and shared goals. Inviting the collection of organizations to work together to create and agree on a common vision and shared goals will help build relationships and develop trust across differing organizations such as secular and faith-based organizations. Each individual organization may then wish to evaluate their own mission to better complement the community's overall vision and goals to end homelessness.

#### Competition over Funding

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Competition over funding fuels lack of trust and resistance to collaboration. Many stakeholders note that limited resources cause organizations to compete for the same local donors. Similarly, most organizations rely on federal grant funding with compliance requirements for their program activities. Some stakeholders worry that this environment causes organizations to keep homeless clientele in their programming even if another organization's program or service would better serve the person experiencing homelessness. Some stakeholders believe that outcome-based funding would help to address this concern.

Ambitious goals and substantive, lasting change demand resources and funding. Ambitious goals therefore require a network-based approach connecting programs and services in order to secure the





necessary resources and funding. Chattanooga stakeholders agree that using a collaborative, network-based approach would position organizations better to seek and win grant funds from local foundations and the federal government.

### Limited Data Sharing

Stakeholders acknowledge that they do not always know the extent of the resources available in the community, what organizations provide which programs and services, and the outcomes associated with each organization's program or service. Some stakeholders link this to a failure in communication between organizations, while others point to the limited amount of staff time to report on program activities or services. Some stakeholders want a central electronic platform to house data, both on available resources, programs and services, as well as outcomes to understand best practices and enable data-informed decision making.

Data collection often takes a back seat for organizational staff who work the "front-lines," i.e. case managers or outreach workers. These staff manage the immediate problems of the person or family experiencing homelessness. Limited time and large caseloads require task prioritization where meeting the client's immediate needs comes first. Organizations may wish to evaluate how best to manage data collection activities through standardized assessment and reporting practices, as well as increased staffing capacity to reduce caseloads. Additionally, organizations should gain insights from front-line staff on how to improve data collection activities.

### Leadership Challenges

Stakeholders see a role for both the Chattanooga Regional Homeless Coalition and the City of Chattanooga to provide leadership to address homelessness in the community. However, some stakeholders express concern about leadership challenges at both institutions. While previous homelessness efforts created some successes, many stakeholders note that both the Coalition and the City failed to sustain efforts to address homelessness leading to stagnation, distrust among service providers and wariness to participate in future planning efforts.

Specifically, previous leadership challenges at the Chattanooga Regional Homeless Coalition causes some skepticism about successful action implementation. Similarly, some stakeholders complained of inefficiencies in City-led programming and worried that any efforts to address homelessness would be subject to political changes. Despite some cynicism, many stakeholders express hope that the new Executive Director of the Chattanooga Regional Homeless Coalition will help the organization regain its ability to effectively coordinate efforts around the issue of homelessness. Additionally, stakeholders feel heartened by the Mayor's successful program to end Veteran homelessness and the City's interest in expanding this success to all people experiencing homelessness.

So, while a healthy skepticism exists, organizations appear primed to collaborate if effective leadership emerges to eliminate coordination barriers. The next section examines several recommendations to improve coordination, specifically between the Chattanooga Regional Homeless Coalition and the Chattanooga Interagency Council on Homelessness.

## RECOMMENDATIONS TO IMPROVE COORDINATION

Chattanooga's stakeholders provided insights to improve coordination. Specifically, stakeholders want to avoid an environment that creates competition between organizations that should otherwise be





working together. The Chattanooga Regional Homeless Coalition and the Chattanooga Interagency Council on Homelessness can lead this effort together.

In this section we explore the need for the Chattanooga Regional Homeless Coalition and the Chattanooga Interagency Council on Homelessness to create a shared vision of success and establish cooperative mission statements. We then explore how these agencies can work together into the future to effectively end homelessness for all people in the community.

### Creating a Shared Vision of Success

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Chattanooga's stakeholders agree on the importance of having a common vision of success that would inspire the community to galvanize around a common purpose. A shared vision also enables service providers, City officials, the business community, advocates and other relevant stakeholders to speak in a common language and articulate shared values across multiple community venues and events.

A vision of success should describe what Chattanooga will look like when no person experiences homelessness in the community, as well as how this vision may be achieved.

This planning document provides the first step in articulating a vision of success for the Chattanooga community where no person experiences homelessness. Stakeholders should share and discuss this vision broadly. The participants should articulate their definition of homelessness, the ways to address it, and each organization's role in that process. Participants should include the service providers and organizations who work with people experiencing homelessness, government officials, the business community and members of the public interested in contributing to the shared vision. A vision of success is only valuable and effective if those working toward it feel included in the process and empowered to implement the hard actions that will ultimately lead to the envisioned future.

### Establishing Cooperative Mission Statements

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Once the community agrees on the vision of success, organizations should evaluate their own missions to ensure alignment with the community's overall vision. An organization's mission provides a sense of purpose. Mission clarification helps to specify the purposes of an organization, as well as the philosophy and values that guide it.

The Chattanooga Regional Homeless Coalition and the Chattanooga Interagency Council on Homelessness may wish to work cooperatively to evaluate their mission statements and values. This will build trust and expand relationships among the Coalition and Council members, avoid duplication of effort, and delineate roles and responsibilities for each agency to ensure effective outcomes. This effort should provide legitimacy for each agency, build trust among Coalition and Council members to ensure accountability of results, as well as generate excitement to implement the 2018 Chattanooga Community Action Plan. Other key stakeholders may wish to join in cooperative mission statement development such as the Chattanooga Housing Authority.

### The Future of Coordination Activities and Plan Implementation

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The City plans to support the Chattanooga Interagency Council on Homelessness as the lead agency to begin implementation activities outlined in this planning document through 2019. The City plans to work with the Community Foundation to house all public and private funding for implementation activities associated with the Plan. The Council's Governance Committee will craft a permanent set of By-Laws for how the Council will elect leaders, form committees and make decisions. Additionally, the Governance Committee will determine appropriate staffing levels for the Council.



Starting in 2020, a new organization will assume ownership of the Council's activities and staff using the Community Foundation fund to support the staffing responsibilities. It will be important to ensure continued community support, as well as support from current and future Council members, even after a new organization assumes ownership of the Council's activities and staff.

As implementation activities proceed, the Council may wish to establish working groups or implementation teams for each action item, as recommended herein. Additionally, the Council will want to ensure regular meetings of the implementation teams and the Council to gain regular feedback, provide updates on milestones reached and report outcomes as action items are implemented.

### FOUR COMMUNITY NEEDS

Throughout the planning process, four key themes emerged from stakeholders about the greatest needs in the Chattanooga community to address the issue of homelessness. These themes centered on case management, emergency shelter, rapid re-housing and permanent supportive housing.

Stakeholders believe people experiencing homelessness require comprehensive case management to help navigate the complex process it takes for one to obtain housing. Stakeholders relate effective case management with successful outcomes. Despite this, case management services lack funding and adequate capacity in relation to the number of people who requires those services. Many stakeholders want more investment in case management so that people experiencing homelessness placed in permanent housing can maintain housing stability. Without adequate case management, the chances that an individual will return to homelessness increase.

Regarding emergency shelter, several organizations currently provide shelter to people experiencing homelessness during the day. These day shelters will open on winter nights in Chattanooga, but the facilities often reach capacity and do not provide cots or beds for those seeking shelter. Several organizations do provide overnight emergency shelter all year but require participants to attend religious services or require sobriety prior to entrance and capacity is limited.

Hamilton County currently offers 179 year round high-barrier shelter beds. Of these, 123 are allocated for women and children. Therefore, only 56 shelter beds are available for men across the County. These numbers do not include any organizations that open on cold winter nights. Due to this gap in consistent night shelter opportunities, many people experiencing homelessness in Chattanooga sleep nights unsheltered, leading to many safety and health concerns.

Rapid re-housing interventions connect people experiencing homelessness with permanent housing as quickly as possible through a personalized assistance package that may include time-limited financial aid or targeted supportive services. Stakeholders state that existing transitional housing programs and facilities normally do not have units available and have long waiting lists, if the facility even keeps one. Many stakeholders want the limited capacity of transitional housing units addressed, in addition to enhanced rapid re-housing that focuses activities on securing permanent housing.

Finally, stakeholders acknowledge that people experiencing chronic homelessness can be the hardest to serve, as well as the costliest. The 2017 PIT count revealed that 270 households experienced chronic homelessness in the Chattanooga community. Many people experiencing chronic homelessness suffer from a mental health or substance use disorder and require more resources for housing stability than people experiencing homelessness only episodically. Indeed, some studies show that people



experiencing chronic homelessness, who make up about 15% of the homeless population, use 60% of the homeless resources available in the community.

Additionally, 526 permanent supportive housing beds are available in the Chattanooga community. However, these beds are in high demand and often reach capacity quickly. Stakeholders opine that the community needs to enhance permanent supportive housing capacity in Chattanooga to address the housing needs of this most vulnerable population but acknowledged the challenges to secure funding.

### CASE MANAGEMENT

Stakeholders believe people experiencing homelessness require comprehensive case management. Stakeholders relate effective case management with successful outcomes. Despite this, stakeholders say case management services lack funding and adequate capacity in relation to the number of people who requires those services<sup>3</sup>. Many stakeholders want more investment in case management so that more people experiencing homelessness placed in permanent housing can maintain housing stability.

In general, case managers assess and coordinate services for people experiencing homelessness. Effective case management requires in-depth knowledge of community resources and housing, as well as empathy and respect for the people they assist. In community's that embrace a Housing First model, case management focuses on housing stability and placement. This means case managers arrange, coordinate, monitor, and deliver services related to housing placement first, then arrange, coordinate and monitor and deliver services that will improve housing stability. Housing stability services may include helping the person access health insurance or other benefits to increase income, child care services, food and clothing.

Studies show that case management plays an essential role in achieving positive outcomes for people experiencing homelessness through communication, education, client advocacy, identification of service resources, and service facilitation. Case management benefits those most vulnerable and with the highest need including the chronically ill, frequent service users, and those with severe mental illness and substance use disorders.

Additionally, case management reduces costs and the economic impact of homelessness, especially if case managers focus on connecting clients to housing. Case management services also correlate to increased client health insurance coverage and decreased substance use and mental health symptoms. These outcomes may offset costs associated with emergency shelters, hospital readmissions or emergency room visits.

The 2018 Chattanooga Community Action Plan recommends actions to enhance case management including the use of housing navigators and intensive and targeted case management.

### EMERGENCY SHELTER

Currently, several organizations provide shelter to people experiencing homelessness during the day. These day shelters will open on winter nights in Chattanooga. Often the number of people seeking shelter on these cold nights is so high that the available number of cots or mats reach capacity. Indeed,

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<sup>3</sup> <https://endhomelessness.org/resource/ending-chronic-homelessness-saves-taxpayers-money/>



stakeholders acknowledged that some people seeking shelter during the winter nights sleep in chairs or floor at these facilities.

Several organizations do provide overnight emergency shelter all year but require participants to attend religious services or require sobriety prior to entrance.

The 2017 PIT count revealed 217 unsheltered people experiencing homelessness, mostly single men. Similarly, Hamilton County only offers 56 shelter beds for men experiencing homelessness. Due to this gap in night shelter opportunities, many people experiencing homelessness in Chattanooga sleep nights unsheltered, leading to many safety and health concerns.

People in a housing crisis will always need a safe and decent place to go immediately. Providing a low-barrier emergency shelter plays an important role within an effective, housing-focused response to homelessness. Often, low-barrier emergency shelters serve as a platform to link people experiencing homelessness to housing through identification and assessment. Once the immediate need of shelter is met, people can be navigated toward permanent housing.

Additionally, emergency shelters provide an important access point for hard-to-serve populations, such as people experiencing homelessness with diagnoses of serious mental illness and substance dependence.

Any low-barrier emergency shelter should ensure physical access as well, including handicap ramps or other accommodations for disabled individuals.

Emergency shelters secure better outcomes if they operate 24 hours a day, seven days a week. This type of shelter provides a place for people to store belongings, access employment services and healthcare, and quickly move on to permanent housing.

The 2018 Chattanooga Community Action Plan recommends re-establishing a previous program that used hotels for temporary shelter, as well as establishing a 24/7 low-barrier emergency shelter in the community.

#### INFORMATION SNAPSHOT: LOW-BARRIER EMERGENCY SHELTER

Low-barrier shelter programs run safely without requirements that either keep people experiencing homelessness from entering a facility or cause them to leave before they can find permanent housing.

Missions of low-barrier shelters include providing a safe, warm place of shelter to all people who may not have any other place to go. Low-barrier shelters do not require sobriety, attendance of religious services, minimum income requirements or lack of a criminal history. Additionally, family members and partners can stay together, and even pets are allowed inside.

#### RAPID RE-HOUSING

Stakeholders state that existing transitional housing programs and facilities normally do not have units available and have long waiting lists, if the facility even keeps one. Many stakeholders want the limited capacity of transitional housing units addressed, in addition to enhanced rapid re-housing that focuses activities on securing permanent housing.



The goal of rapid rehousing is to reduce the amount of time a person experiences homeless. Rapid re-housing interventions connect people experiencing homelessness with permanent housing as quickly as possible through a personalized assistance package that may include time-limited financial aid or targeted supportive services. Many rapid re-housing program recipients tend to experience homelessness due to an episodic financial or medical crisis that resulted in the loss of housing. Therefore, short-term assistance returns many people to permanent, stable housing.

Many rapid re-housing program recipients have income at or below 50 percent of Area Median Income (AMI). Other criteria include sleeping in an emergency shelter or a place not meant for human habitation, such as cars, parks, abandoned buildings, and streets/sidewalks; staying in a hospital or other institution for up to 180 days but homeless immediately prior to entry into the hospital; graduating from, or timing out of a transitional housing program; or escaping domestic violence.

Many people experiencing episodic homelessness are good candidates for rapid re-housing programs. Studies show that rapid re-housing interventions are less expensive than other homeless interventions, such as shelter or transitional housing.

To enhance Chattanooga's rapid re-housing approach, the 2018 Chattanooga Community Action Plan recommends the use of housing navigators, establishing and maintaining a database of available housing units and resources, increase scattered site capacity for permanent housing, establishing a Flexible Community Fund for rental and move-in assistance.

### INFORMATION SNAPSHOT: RAPID RE-HOUSING PROGRAM COMPONENTS

Rapid Re-Housing (RRH) programs include three core program components including housing identification, rent and move-in assistance, and rapid re-housing case management. Programs require a toolkit of options so staff can focus on the person's unique needs that will lead to permanent housing.

1. **Housing Identification:** This process troubleshoots barriers that prevent access to housing and can help find rental housing, contact and recruit landlords to provide housing opportunities for people experiencing homelessness, address landlord concerns such as the short-term nature of rental assistance or tenant qualifications, assist with housing applications and moving. This process can also identify other housing options such as co-housing with a friend or family member.
2. **Rent and Move-In Assistance:** Limited finances pose the greatest barrier for people experiencing homelessness to access permanent housing. Therefore, RRH programs offer financial assistance to cover move-in costs, security deposits, and rental and/or utility assistance. Financial assistance is usually limited to about six months.
3. **Case Management:** Case management ensures housing stability and helps clients select among housing options based on their unique needs, preferences and financial resources. Case managers address issues that may impede access to housing such as credit history, arrears, or legal issues, and can negotiate lease agreements with landlords. This improves housing stability by monitoring clients home visits and communication with the landlord where they can resolve housing-related crises if they occur.



## PERMANENT SUPPORTIVE HOUSING

Stakeholders acknowledge that people experiencing chronic homelessness can be the hardest to serve, as well as the costliest. Many people experiencing chronic homelessness suffer from a mental health or substance use disorder and require more resources for housing stability than people experiencing homelessness only episodically. Indeed, some studies show that people experiencing chronic homelessness, who make up about 15% of the homeless population, use 60% of the homeless resources available in the community.

According to the 2017 PIT count, 270 households experience chronic homelessness. While there are 526 permanent supportive housing beds available in Hamilton County, these beds are often in high demand and reach capacity. Stakeholders opine that the community needs to enhance permanent supportive housing capacity in Chattanooga to address the housing needs of this most vulnerable population but acknowledged the challenges to secure funding.

In 2009, the HEARTH Act placed a greater emphasis on permanent supportive housing as permanent housing solutions to homelessness. Since 2007, permanent supportive housing capacity has grown 69 percent nationally.

Some studies show that the cost of permanent supportive housing is offset by savings in other public services such as emergency room visits, jail stays and mental health facility services that people experiencing homelessness use while living on the street or in a shelter<sup>4</sup>. Other studies say there is little monetary offset.<sup>5</sup> Despite this, various studies do show that permanent supportive housing does lead to positive health outcomes.<sup>6</sup>

### INFORMATION SNAPSHOT: PERMANENT SUPPORTIVE HOUSING DESIGN

Communities can use multiple models for their supportive housing design. These options may include renovating or constructing new housing units, setting aside apartments within privately-owned buildings, or leasing individual apartments at scattered sites throughout the community. There are three approaches to operating and providing supportive housing:

- **Purpose-built or single-site housing:** Apartment buildings designed to serve people exiting homelessness who need supportive services, which are typically available on site.
- **Scattered-site housing:** People exiting homelessness lease apartments in private market or affordable housing apartment buildings using rental subsidies. Supportive services are provided off-site or by home visits.
- **Unit set-asides:** Housing owners agree to lease a set number of apartments to people exiting homelessness. Supportive services are provided off-site or through home visits.

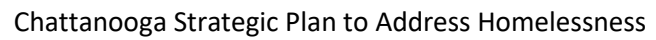
Typically, service providers and affordability housing providers create a memorandum of understanding regarding the provision of supportive services either on or off-site.

<sup>4</sup> <https://www.huduser.gov/portal/publications/hsgfirst.pdf>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/books/NBK519595/>

<sup>6</sup> <https://www.kff.org/medicaid/issue-brief/linking-medicaid-and-supportive-housing-opportunities-and-on-the-ground-examples/view/print/>





To enhance Chattanooga’s permanent supportive housing capacity, the 2018 Chattanooga Community Action Plan recommends the first step of aligning organizations to find funding opportunities.

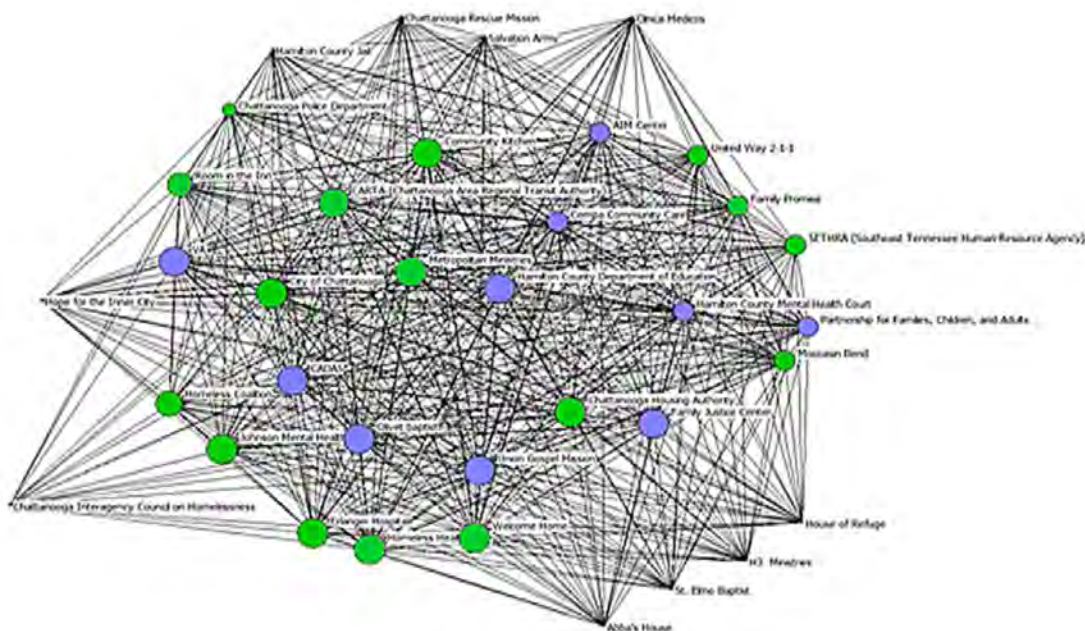
After a presentation on potential actions to address homelessness, members of the public described homelessness as:



The community of organizations that address issues related to homelessness in Chattanooga make up a network of interrelationships and complementary objectives. Understanding the linkages among them is important to understanding the strengths and weaknesses of the community's ability to address the many facets of homelessness.

## SOCIAL NETWORK ANALYSIS

The nodes of the diagram are coded to show the size of the organizations' "betweenness." Betweenness measures the number of times a node lies on the shortest path between other nodes. It shows which organizations act as liaisons between others in the network. It is useful for finding the individuals who influence the flow of communications through a system. For the most part, the organizations that are central to identifying and helping people who are experiencing homelessness or at risk of homelessness are of similar betweenness. This is an indication of a well-balanced network that is inclusive of all members and has a small number of outliers.







## **F. THE 2018 CHATTANOOGA COMMUNITY ACTION PLAN**

Combating homelessness requires multifaceted and comprehensive strategies to help those who are currently experiencing homelessness move into permanent housing and achieve housing stability. This should also include strategies to minimize the number of families and individuals who lose their stable housing and become homeless, as well as those who transition into homelessness from institutions such as jails and hospitals. Every day in the United States, families and individuals who have never been homeless lose their housing and are left with no other alternatives than to enter a shelter or find themselves on the streets. Additionally, people with mental illness or substance use disorders find themselves experiencing chronic homelessness, further exacerbating their mental health, physical health or substance use issues.

### **FROM HOMELESSNESS TO HOUSING**

The 2018 Chattanooga Community Action Plan addresses strategies to combat and end homelessness in the city for people experiencing homelessness both episodically due to a housing crisis, and chronically due to mental or physical health crises or substance use disorders.

The logic model presented on the following page provides the City's action items for moving an individual or family from homelessness to permanent housing and housing stability. These action items were developed through consultation with the City and key stakeholders throughout the planning process. This plan attempts to provide a roadmap for the community by describing the action item considered, the recommended actions necessary to implement the action, the resources needed, potential partners, milestones and anticipated timeline, as well as what impact the action could have on the community and performance measures to guide that impact.

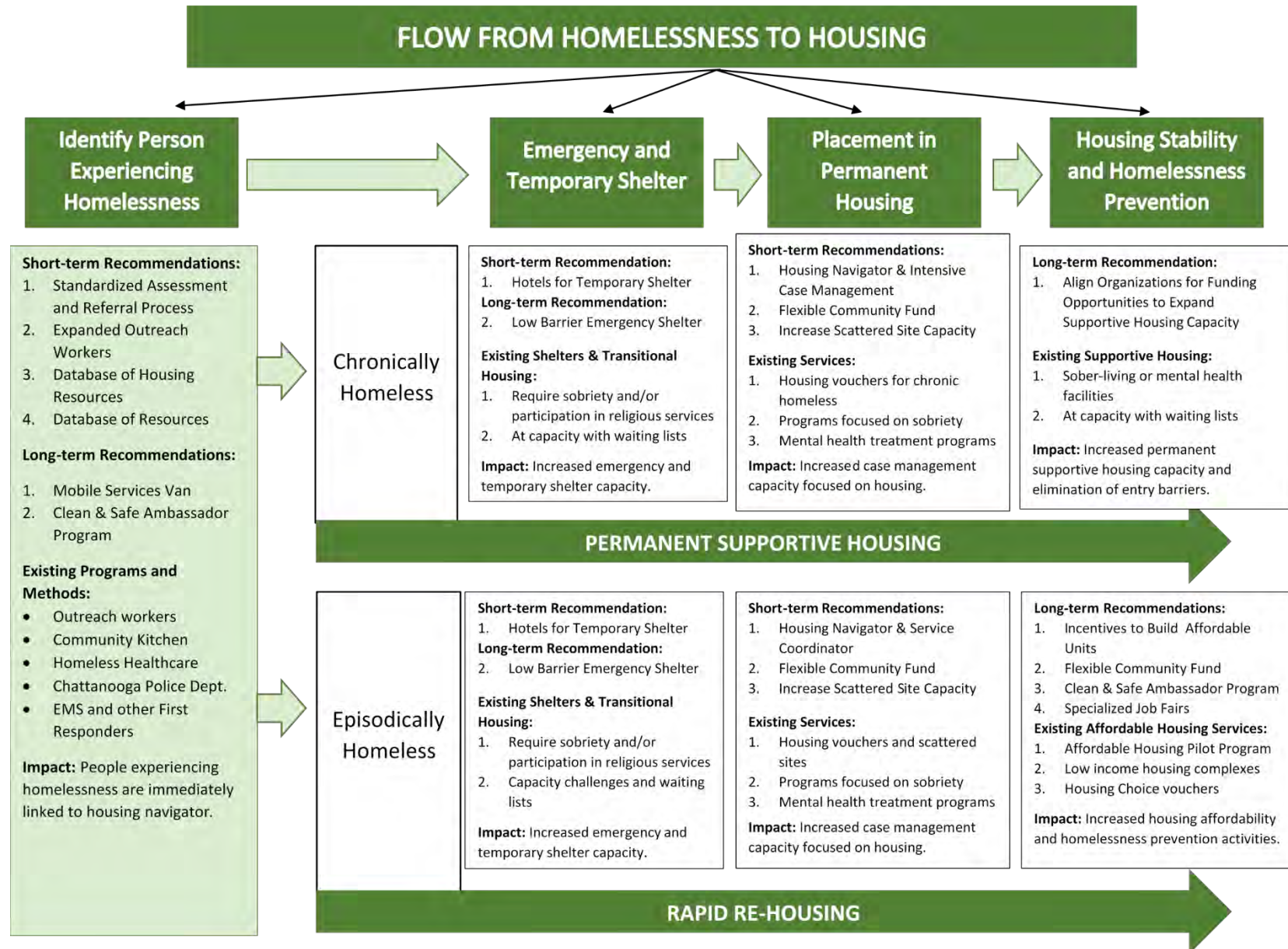
In line with the community's vision statement and to meet the plan's goals, the community embraces a Housing First model that provides people experiencing homelessness with permanent housing and case management services before addressing the other root causes of their homelessness. The United States Department of Housing and Urban Development (HUD) defines chronic homelessness as a person with a disabling condition who experiences continual homelessness for at least one year or four periods of homelessness within three years. Permanent Supportive Housing program recipients usually have a diagnosed disability, including serious mental illness or disabling drug addiction. Deploying a Housing First model and investing in permanent supportive housing can help people experiencing chronic homelessness who suffer from serious mental illness and substance use disorders access and maintain housing over time.

As part of the Housing First model, the Chattanooga community also embraces rapid re-housing interventions that connect people experiencing homelessness with permanent housing as quickly as possible through a personalized assistance package that may include time-limited financial aid or targeted supportive services. An emphasis on rapid re-housing reduces the amount of time an individual or family experiences homelessness. Rapid re-housing program recipients tend to experience homelessness due to an episodic financial or medical crisis that resulted in the loss of housing. Most program recipients require short-term assistance so the individual or family can return to permanent, stable housing.



## Chattanooga Homelessness Action Plan

### LOGIC MODEL





**OVERALL PLAN TIMELINE**

<b>FY19 Actions (Year 1)</b>	Resource Guide
	Standardized Assessment and Referral Process
	Increase scattered site capacity
	Case Managers
	Housing Navigators
	Outreach Workers
<b>FY20 Actions (Year 2)</b>	City Housing Incentives
	Expand Job Fairs (Employment and SOAR)
	Hotels as Temporary Shelter
	Clean & Safe Ambassadors
<b>FY21 Actions (Year 3)</b>	Flexible Community Fund
	Low-Barrier Emergency Shelter
	Mobile Services Unit
<b>FY22 and Beyond (Year 4-5)</b>	Permanent Supportive Housing



## IDENTIFYING PEOPLE EXPERIENCING HOMELESSNESS

### Short-term

#### Recommendations:

1. Standardized Assessment and Referral Process
2. Expand Outreach Worker Capacity
3. Database of Housing Resources
4. Database of Resources

### Long-term

#### Recommendations:

1. Mobile Services Van
2. Clean & Safe Ambassador Program

### Existing Programs and

#### Methods:

- Outreach workers
- Community Kitchen
- Homeless Healthcare
- Chattanooga Police Dept.
- EMS and other First Responders

### Impact:

People experiencing homelessness are immediately linked to necessary resources.

Outreach and engagement are essential components of any Continuum of Care (CoC) to identify people experiencing homelessness. With proper assessment and knowledge of available services and resources, providers can address a person's immediate needs such as food, clothing or medical care, as well as link them to the resources necessary to place them into permanent housing. Outreach can take several forms including street outreach to people experiencing homelessness living in their cars, parks, campgrounds or other places unfit for human habitation. Mobile health care workers or other mobile outreach services provide another way to identify and serve people experiencing homelessness. Mobile services reach people where they are and link them to resources.

Communities with effective outreach and engagement practices build on actions that show commitment to client choice, dignity, and investment in relationship building.

Many communities use housing-focused outreach and engagement strategies to identify people experiencing homelessness on the street, in shelters or transitional housing. Partnerships across multiple systems and sectors are critically important. Successful outreach and engagement practices tend to use data from multiple systems and sectors to identify people experiencing homelessness, such as emergency departments and hospitals, health and behavioral health providers, first responders, schools, community colleges and universities, childcare providers, hotlines and 2-1-1, child welfare system, Temporary Assistance for Needy Families (TANF) agencies, law enforcement and other faith-based and community-based programs.

People experiencing homelessness tend to move among a variety of settings. Communities need systems in place to identify people experiencing homelessness, assess their needs and link them to housing and other resources, all while maintaining communication with the person experiencing homelessness to track their outcomes and placement into permanent housing.

The 2018 Chattanooga Community Action Plan makes several recommendations to enhance identification of people experiencing homelessness and link them to available resources. Short-term recommendations include creating a standardized assessment and referral process, expanding outreach worker capacity, as well as creating a database of available housing units and a database of resources. Long-term recommendations include use of a mobile services van, as well as the Clean and Safe Ambassador Program.

"Agencies in Chattanooga are very creative. All the agencies work hard and have great ideas. They do the best they can with the resources they have."

- Stakeholder Interview





## CREATE STANDARDIZED ASSESSMENT AND REFERRAL PROCESS

Reducing the amount of time a person experiences homelessness helps reduce the societal costs related to homelessness, such as emergency room use and jail stays. However, identifying people experiencing homelessness is not always easy. Service providers, health professionals, school administrators and teachers, among others throughout the community can help identify people experiencing homelessness and connect them to available resources. A standardized assessment and referral process that is known and used in all corners of the community provides an essential element to reduce the time a person experiences homelessness.

### Description

Chattanooga's Continuum of Care (CoC) managed by the Chattanooga Regional Homeless Coalition operates a coordinated entry process. Effective coordinated entry processes allow people experiencing homelessness to access the crisis response system in a streamlined way and immediately engage in assessment of their strengths and needs, as well as identify barriers most especially related to housing stability. Immediate assessment can quickly connect people experiencing homelessness to housing and other resources tailored to their specific needs.

In general, the assessment process should not be just a one-time event to gather as much information about a person as possible, but rather a coordinated and systematic assessment that follows a person from homelessness to permanent housing across the CoC. Coordinated assessments should build on each other so a participant does not have to repeat their story over and over. Additionally, this allows a person to be reassessed or reprioritized if the time they experience homelessness persists over a long period of time.

Standardized assessment means that "all coordinated entry locations and methods (phone, in-person, online, etc.) offer the same assessment approach and referrals using uniform decision making processes."<sup>7</sup> Additionally, just because a person experiencing homelessness presents at one location does not mean the person is only offered programs or services hosted at that location. Standardized assessment across multiple providers allow people experiencing homelessness to gain access to many options and choose programs and services that best address their specific needs.

Standardized assessment also allows service providers to prioritize the most intensive interventions for those with the highest needs. The CoC should make written standards, policies and procedures available to providers describing who should be prioritized for assistance and how much assistance they might receive. All written standards, policies and procedures should be easily accessible to all service providers and stakeholders in the community.

The standardized assessment tool should be brief and easy to complete by non-clinical staff such as outreach workers, as well as easy to understand by those being assessed. The tool should collect only the information necessary to recommend meaningful services and resources. Participants should understand what programs and services they are being offered, what the programs expect from them and what they should expect from the program in order to make the appropriate choice.

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<sup>7</sup> <https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>



Once a standardized assessment tool and process is agreed upon, Chattanooga's stakeholders may wish to consider reaching out to non-traditional partners to ensure people experiencing homelessness are properly identified and entered into the CoC. For example, hospital emergency departments, Career Centers, behavioral and other health agencies, first responders and jails might be asked to identify individuals who report "no address" at intake and refer those who do to the appropriate agency such as the Chattanooga Regional Homeless Coalition, Homeless Healthcare or Community Kitchen.

Communities often face resource challenges when establishing and maintaining coordinated entry processes, as well as to meet the needs of people experiencing homelessness. With resources stretched, people experiencing homelessness face long wait times to receive any assistance thereby increasing the time they experience homelessness. Studies show that the longer a person experiences homelessness the more likely the person will abuse substances, suffer physical or mental harm, or enter the criminal justice system<sup>8</sup>. All these lead to increased and long-term societal costs. Therefore, streamlining and investing in standardized assessment reduces the time a person experiences homelessness and the known risks associated with it.

### Recommended Actions

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1. Convene a working group of CoC service providers through the Chattanooga Interagency Council on Homelessness to evaluate the current CoC's coordinated entry standardized assessment tool and referral process.
2. Create or revise one standardized assessment tool to include all relevant questions to evaluate a participant's strengths and needs, and identify barriers most especially related to housing.
3. Create or revise a standardized referral process to Housing Navigator and other needed services.
4. Create training protocols and conduct for all CoC service providers on new standardized assessment tool and referral process.
5. Perform outreach and education to non-traditional partners such as hospital emergency departments, Career Centers, behavioral and other health agencies, and jails for inclusion in the standardized assessment tool and referral process, and secure commitments to participate. This could include options for non-traditional partners to revise their intake or assessment tools to include relevant questions to identify people experiencing homelessness and provide the necessary referrals to Housing Navigator and other needed services.
6. Create training protocols and conduct training for all non-traditional partner staff on the assessment tool or added questions to identify homelessness, as well as the standardized referral process to Housing Navigator and other needed services.

### Resources Needed

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The resources needed for this action include location for working group meetings, staff time and material costs.

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<sup>8</sup> United States Interagency Council on Homelessness (as amended 2015). *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Washington D.C.; McDonagh, Theresa (2011). *Tackling Homelessness and Exclusion: Understanding Complex Lives*. Joseph Rowntree Foundation.



## Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene working group to create or revise assessment tool, training protocols, etc.
Chattanooga Regional Homeless Coalition	Wendy Winters (423) 710-1501 ext 1	Distribute assessment tool to members to disseminate for discussion and revision
Chattanooga Housing Authority	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Potential working group members
Community Kitchen	Jens Christensen (423) 305-6822	
Homeless Healthcare	Karen Guinn (423) 209-8232	
Johnson Mental Health	Melissa Wilson (423) 762-8471 Mary Chestnut (423) 762-1033	
City of Chattanooga	Mayor Berke (423) 643-7815	
Chattanooga Police Department	Chief David Roddy (423) 643-5116	
Metropolitan Ministries	Rebecca Whelchel (423) 624-9654 ext 108	
River City Company	TBD	

## Milestones and Timeline

Milestone	Timeline
Convene working group	March 2019
Evaluation report of the current CoC's coordinated entry standardized assessment tool and referral process with recommended changes	June 2019
Create or revise one standardized assessment tool and referral process.	September 2019
Create training protocols and conduct training for all CoC service providers on new standardized assessment tool and referral process	December 2019, yearly or bi-yearly thereafter



Milestone	Timeline
Perform outreach and education to non-traditional partners, secure commitments of participation and provide assistance as needed for any revisions to their intake or assessment tools	January 2020 and ongoing
Create training protocols and conduct training for all non-traditional partner staff	January 2020 and ongoing

### Impact and Performance Measures

1. Reduce the number of days that a person experiences homelessness from assessment to placement into permanent housing.
2. Increase the number of people experiencing homelessness that are identified, assessed and entered into the CoC.
3. Conduct trainings each year with service providers and other non-traditional partners.





## EXPAND OUTREACH WORKER CAPACITY

Outreach and engagement are essential components of any Continuum of Care (CoC) to identify people experiencing homelessness. To reach and engage with people experiencing homelessness requires a worker to go to where people experiencing homelessness are instead of waiting for them to come to a specific place to seek services. Outreach can take many forms, but for our purposes we mean outreach that takes place on the streets, in camps and in abandoned buildings. Outreach involves engagement or building a personal connection with a person experiencing homelessness in order to assess and link the person with housing support, needed healthcare or other resources that will move the person out of homelessness.

### Description

Service providers that work to address homelessness in Chattanooga have limited capacity and resources to conduct outreach and engagement services to identify people experiencing homelessness. Currently, Homeless Healthcare employs one outreach worker, but Homeless Healthcare has limited capacity to expand their current outreach worker positions. Johnson Mental Health also currently employs one PATH outreach worker. Currently, Hamilton County has only two outreach workers to serve the entire homeless community. The City wishes to expand outreach worker capacity by hiring outreach workers who would report to the Homeless Program Coordinator.

Outreach workers would be responsible for finding homeless individuals and families by meeting them on the streets, in camps and other remote areas of the city, building a relationship with them, and assisting them in finding permanent housing. Responsibilities may include the following:

- Driving and walking to remote homeless sites in the wilderness, under bridges, and in rural and urban areas
- Driving to homeless service provider agencies to meet with homeless individuals and families;
- Building a relationship with homeless individuals and families
- Filling out paperwork with homeless individuals and families
- Submitting paperwork to correct agency; following up daily with both the homeless individual and agencies to ensure paperwork is being processed in a timely fashion
- Attending weekly meetings and making daily reports to Homeless Program Coordinator
- Coordinating appointments with landlords and driving homeless individuals and families to look at permanent housing

### Recommended Actions

1. City to determine the number of outreach workers to be hired, as well as essential roles and responsibilities.
2. Create or revise job description and post to recruit applicants.
3. Interview applicants and select candidate for hire.
4. Hire candidates and begin outreach work.

### Resources Needed

The City will need staff time to determine the specifics of the outreach worker positions and the job hiring process. Based on a previous job posting for a similar position, we anticipate the rate of pay at



\$15.00 per hour for 29.5 hours per week (part-time) for 4 positions for a total potential operating cost of \$100,000 annually.

### Partners

The City of Chattanooga will be responsible for this action item, though the City may wish to educate and advise Homeless Healthcare, Johnson Mental Health, the Chattanooga Interagency Council on Homelessness and the Chattanooga Regional Homeless Coalition on the hiring of these new outreach workers.

### Milestones and Timeline

Milestone	Timeline
City determinations on outreach worker position requirements	March 2019
Job description and post to recruit applicants	April 2019
Inter applicants	April – May 2019
Hire candidates and begin outreach work	By June 2019

### Impact and Performance Measures

1. Increase the number of people experiencing homelessness that are identified, assessed and entered into the CoC.
2. Reduce the number of days that a person experiences homelessness from assessment to placement into permanent housing.



## **ESTABLISH AND MAINTAIN DATABASE OF AVAILABLE HOUSING UNITS**

A centralized database of housing units provides service providers with a tool to locate permanent housing options for people experiencing homelessness. The database should include information about vacant units, the type of housing, entry requirements, and location in relation to other services and needs such as transportation, groceries, healthcare, and schools or child care facilities. Additionally, the database should include cost information such as security deposit requirements and monthly rent.

### **Description**

Housing data can be difficult to compile. Inventory changes as units become available or rented. Data can be fragmented or come from multiple sources. Time constraints on staff lead to outdated or incomplete information. Service providers seeking information to find appropriate housing options for their clients encounter these barriers, leading to longer periods that people experience homelessness. Reliable and updated housing data would allow service providers an opportunity to find available and appropriate housing options for their clients thereby improving positive outcomes of placement into permanent housing.

A housing database should be accessible and easy to use for a range of audiences. A variety of community partners should participate in developing the database and provide insight to maintain the database over time. Outreach to community partners should be done to educate them on the new resource, as well as provide a forum for recommended improvements. This database should be implemented by the Chattanooga Housing Authority in collaboration with the Chattanooga Interagency Council on Homelessness.

### **Recommended Actions**

1. Convene a working group through the Chattanooga Interagency Council on Homelessness and the Chattanooga Housing Authority to evaluate existing housing databases, evaluate for additional data points or creation of a new database, and formulate a plan to maintain the database over time.
2. Explore data management software cost and benefits.
3. Create or revise the database of housing units.
4. Create instructions on use of the database or other training protocols.
5. Promote and educate CoC service providers about the database.
6. Perform outreach and education to non-traditional partners about the database.
7. Monitor and update the database on continuous basis.

### **Resources Needed**

The resources needed for this action include location for working group meetings, staff time and material costs, including any potential software costs. The working group may explore the need for the Chattanooga Housing Authority or other implementing agency to hire a data analyst to create and



maintain the housing database over time. The average Data Analyst salary in Chattanooga, Tennessee is \$37,699<sup>9</sup>. Data Analyst salaries at New York City Housing Authority can range from \$43,399-\$46,642<sup>10</sup>.

### Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene working group to create or revise database of housing resources
Chattanooga Housing Authority	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Working group member; monitor and update database over time
City of Chattanooga	Mayor Berke (423) 643-7815	Working group member
Chattanooga Regional Homeless Coalition	Wendy Winters (423) 710-1501 ext 1	Working group member; disseminate information to promote the database and educate all members about its use; help with outreach and education to non-traditional partners

### Milestones and Timeline

Milestone	Timeline
Convene working group	March 2019
Evaluation report of the current housing database, recommendations for new or revised database and all data points, plan to require necessary information and to maintain the database over time, and cost/benefit assessment if database management system is considered	June 2019
Create or revise housing database and instructions for use	September 2019

<sup>9</sup> [https://www.payscale.com/research/US/Job=Data\\_Analyst/Salary/4590e665/Chattanooga-TN](https://www.payscale.com/research/US/Job=Data_Analyst/Salary/4590e665/Chattanooga-TN)

<sup>10</sup> <https://www.glassdoor.com/Salary/New-York-City-Housing-Authority-Data-Analyst-New-York-City-Salaries-EJI IE297460.0,31 KO32,44 IL45,58 IM615.htm>



Milestone	Timeline
Promote and educate CoC service providers on housing database and use; perform outreach to non-traditional partners	October 2019
Monitor and update database on ongoing basis	November 2019 and ongoing thereafter

#### Impact and Performance Measures

1. Reduce the number of days that a person experiences homelessness from assessment to placement into permanent housing.
2. Increase the number of users accessing the housing database each year.
3. Promote housing database each year.



## ESTABLISH AND MAINTAIN DATABASE OF RESOURCES

Many communities offer resource guides to their residents to aid them in finding local resources quickly and efficiently. Resource guides are typically organized by community needs with the contact information of various organizations or agencies that offer services associated with that need.

### Description

Organizations that work to address homelessness do not always know of all the resources available in the community. A comprehensive community resource guide demonstrates that there are indeed community resources that can help organizations link people experiencing homelessness with the services and programs targeted to their specific needs.

United Way of Greater Chattanooga provides 2-1-1, a free and confidential service that helps Chattanoogaans and others across the Tennessee Valley find local resources. However, some challenges exist. People experiencing homelessness do not always have access to a telephone to call and connect with available resources through 2-1-1 themselves. The information provided by 2-1-1 on available resources is not always up to date or is not the appropriate service or program needed for the specific needs of the person experiencing homelessness. Indeed, organizations with limited staff and resources encounter difficulty in keeping 2-1-1 updated continuously. Additionally, 2-1-1 provides limited information on the organization listed. This makes it hard for service providers and the person experiencing homelessness to know if the referral is actually appropriate for their specific needs.

Stakeholders believe that a “warm hand-off” from one service provider to another is a better mechanism to link a person experiencing homelessness to available resources in lieu of simply providing the person with a telephone number. However, stakeholders do not want duplication of effort when resources are stretched so thin. Therefore, working with United Way 2-1-1 to improve and expand the resource information they provide may be of benefit.

### Recommended Actions

1. Convene a working group through the Chattanooga Interagency Council on Homelessness to evaluate local community resources, what information the resource guide should include and formulate a plan to maintain the database over time. Additionally, the working group may wish to work with United Way of Greater Chattanooga to understand if the 2-1-1 resource listings can be revamped to include more information on the organizations and the services and programs offered.
2. Create comprehensive resource guide or work closely with United Way 2-1-1 to revamp their website.
3. Create promotional materials for the comprehensive resource guide or United Way 2-1-1.
4. Perform outreach and education to non-traditional partners about the comprehensive resource guide or United Way 2-1-1.
5. Monitor and update the comprehensive resource guide or United Way 2-1-1 continuously.

### Resources Needed

The resources needed for this action include location for working group meetings and staff time. If a paper copy is made available then printing and binding costs will need to be considered. If the working group decides to enhance United Way 2-1-1 additional resources may include website design costs and/or staff time to input additional information onto the website.





Keeping the resource guide or United Way 2-1-1 updated and accurate will require ongoing costs. The working group may wish to consider outreach to the University of Tennessee Chattanooga to secure internships with students as a way to reduce costs. Internship tasks could include management of the resource guide for accuracy and relevance. The Masters of Public Administration program at UTC provides one opportunity for community stakeholders to secure the necessary resources needed to keep the resource guide or United Way 2-1-1 up to date. Other programs such as the Masters in Social Work may also be explored.

### INFORMATION SNAPSHOT: MASTERS OF PUBLIC ADMINISTRATION FELLOWSHIP PROGRAMS

Several universities offer their Masters of Public Administration (MPA) students an opportunity to enter a fellowship program with local government agencies. These innovative partnerships provide students invaluable experience working in their field on a variety of projects while providing local government agencies access to motivated employees at a reduced cost. These fellowship programs tend to be competitive with three or four positions available with the local partner agency. Fellows work for a set period of time while enrolled in the MPA program. Fellows are paid by the local government agency, or receive a scholarship to offset tuition cost.

Chicago Mayor's Office Fellowship Program<sup>1</sup>: The Mayor's Office Fellowship Program is the premier opportunity for bright, motivated, and civic-minded graduate students from all disciplines to apply their coursework to the greatest municipal laboratory in the world: the City of Chicago. Fellows serve the people of Chicago by supporting policy, legislative, data, communications, and public engagement initiatives within city government. By working hand-in-hand with senior staff in the Office of the Mayor and leaders from various departments and sister agencies throughout the city, Fellows deliver recommendations and implement programs that improve the lives of Chicago's 2.7 million residents.

<sup>1</sup> [https://www.cityofchicago.org/city/en/depts/mayor/supp\\_info/mayorsfellows.html](https://www.cityofchicago.org/city/en/depts/mayor/supp_info/mayorsfellows.html)

#### Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene working group
United Way 2-1-1	Carmen Huston (423) 752-0364	Working group member
City of Chattanooga	Mayor Berke (423) 643-7815	
Chattanooga Regional Homeless Coalition	Wendy Winters (423) 710-1501 ext 1	Working group member; disseminate information to







Organization	Contact Information	Potential Tasks
		promote the resource guide or revamped 2-1-1
University of Tennessee Chattanooga	TBD	Potential internship partner

### Milestones and Timeline

Milestone	Timeline
Convene working group	March 2019
Evaluation report of existing resources and 2-1-1 capability, recommendations for new guide or revamp 2-1-1, and plan to require necessary information and to maintain the guide over time	June 2019
Create comprehensive resource guide or revamp United Way 2-1-1	September 2019
Promote and educate CoC service providers on guide or United Way 2-1-1; perform outreach to non-traditional partners	October 2019
Monitor and update guide or United Way 2-1-1 on ongoing basis	November 2019 and ongoing thereafter

### Impact and Performance Measures

1. Reduce the number of days that a person experiences homelessness from assessment to placement into permanent housing.
2. Increase the number of resources captured by the resource guide or United Way 2-1-1.
3. Contact each resource listed each year to update information.
4. Promote resource guide or United Way 2-1-1 each year.



## MOBILE SERVICES

To identify people experiencing homelessness and link them to appropriate resources, stakeholders discussed providing mobile services via a van, RV or bus. Stakeholders discussed the benefits of this approach, especially since creation of a “one-stop-shop” location downtown met resistance from neighborhood associations and community members in previous years.

### Description

Mobile services may provide a way to reach people experiencing homelessness where they congregate across the City, as well as in more rural areas of Hamilton County. People experiencing homelessness could access food, healthcare or employment services, as well as enter centralized intake and coordinated care. Case managers and housing navigators (recommended herein) could meet clients where they are and enhance the time to move a person experiencing homelessness into permanent housing.

People experiencing homelessness encounter many barriers including accessing and receiving appropriate healthcare. Many people experiencing homelessness distrust the health care system, which can be exacerbated by a history of abuse, mental illness and/or a substance use disorder. Some feel stigmatized and segregated due to these conditions. Most lack health insurance and do not know of clinic locations that serve uninsured individuals. Other issues to accessing healthcare may include the lack of proper identification, lack of medical records and limited knowledge about navigating the health care system.

“The mobile program allows people without health insurance to get care – who don’t or can’t go to a regular health care facility and typically wait to seek care until they are really sick. Providing services on demand and going where clients are makes sense; it promotes earlier access to care, at less expense”

-Darlene Hein, Waikiki Health Center

Some community healthcare organizations use mobile service units to improve access for people experiencing homelessness. These mobile units contain integrated services provided by multidisciplinary clinical teams where a holistic approach is typically used to address both medical and psychosocial needs in a non-judgmental therapeutic setting. Mobile services can improve access by providing care in a way that welcomes people experiencing homelessness who may otherwise not go to fixed-site clinics. Additionally, mobile services can provide compassionate and culturally competent outreach, help with transportation to clinics, food vouchers, hygiene kits and clothing, and assistance in applying for benefits, including housing.

A consistent mobile service schedule can aid housing navigators and case managers in setting and keeping appointments with clients who may lack transportation or inconsistent access to a phone. Similarly, people experiencing homelessness with chronic health conditions would receive more regular access to healthcare services.

Mobile health units vary, typically based on the environment and cost, and may include remodeled RV’s, trucks, passenger vans and/or buses, as well as custom-designed vans that generally include at



least one exam room in addition to other features. Agencies that provide a mobile outreach program most frequently partner with emergency shelters, social services, and community health centers. Other partners may include public health departments, police departments, churches, and schools.

Mobile health outreach and services reveal reduced costs for the community overall. Some people experiencing homelessness can present with complex health problems that differ from the general population, such as having a higher risk for chronic and uncontrolled medical conditions, as well as communicable diseases like tuberculosis and HIV/AIDS. Additionally, people experiencing homelessness have trouble adhering to a medical regimen, increasing their likelihood of going back to the emergency room for a preventative problem. The heavy use of emergency room visits and jail costs substantially outweighs the cost of implementing such a mobile service.

### CASE STUDY: SEATTLE, WASHINGTON MOBILE MEDICAL PROGRAM

**Implementation:** In July 2016, Seattle unveiled the Mobile Medical program, which entails a “one-stop-shop” RV bringing primary care, dental care and mental health services, free of charge, to people experiencing homelessness. The mission of the Mobile Medical program is “to build relationships with people experiencing homelessness by providing patient-led health and social services, meeting people where they are, and fostering health and well-being.”

**Program:** This program gives homeless residents access to a physician, nurse, mental health case manager and chemical dependency professional. To address continuum of care, these professionals also direct people experiencing homelessness to other support services and treatment (i.e., doctor’s office, mental health/substance abuse counseling services, enrollment into health insurance, enrollment into ORCA LIFT, and referrals to shelters, food banks, etc.), allowing for longer-term and follow up care.

**Location:** The medical services RV meets people experiencing homelessness at prime locations such as tent cities, food banks, and other encampments throughout Seattle and South King County. Alicia Benish, manager of the Mobile medical Program, stated that “the great thing about being mobile is you can go where people most need services and you can offer care on the spot... that really helps with building trust and rapport with individuals who might not otherwise engage in services.”

**Funding:** The medical services van costs the city approximately \$700,000 a year and is funded by the city’s emergency funds to address homelessness, as well as federal funding.

**Results:** Since its implementation, the mobile medical van served over 1,200 patients and recorded over 3,800 visits for medical, behavioral health and dental services in 2016. In 2017, the medical team engaged with over 1,400 patients. The program has since introduced new sites and strategies to introduce the growing local homelessness crisis. In Seattle, this now includes the 24-hour Navigation Center as well as several sanctioned encampments. In South King County, new sites include the new Day Centers in Auburn and Federal Way.



### Recommended Actions

1. Convene an implementation team through the Chattanooga Interagency Council on Homelessness and the Chattanooga Regional Homelessness Coalition to evaluate the long-term actions necessary to establish a mobile services program in the community. This team may conduct the following activities:
  - a. Establish the mission and goals of the mobile services program.
  - b. Determine the primary services that will be offered on the mobile services vehicle.
  - c. Outreach to organizations who may provide services on the mobile services vehicle and establish primary partners.
2. Establish a planning team with all primary partners. Planning team activities may include:
  - a. Establish a fund through Community Foundation or other source for all proceeds received to launch the mobile services program.
  - b. Secure funding for start-up and maintenance costs through fundraising events for private funding, federal or local foundation grant opportunities, or City and County funds.
  - c. Secure official commitments from all organizations that will provide the primary services in the mobile services vehicle.
  - d. Buy vehicle to serve as mobile services unit, renovate based on service provider needs.
  - e. Promote and educate the public on the mobile services program.
  - f. Establish schedule
3. Launch mobile services program.
4. Maintain mobile services program and track outcomes for potential expansion opportunities.

### Resources Needed

Initial resources will include implementation and planning group meeting locations, staff time and material costs. Additional costs may include fundraising event costs such as venue fees, refreshments and entertainment fees.

Start-up costs for the mobile services program include vehicle purchase estimated at \$300-400,000. Renovation costs may vary depending on the services provided and extent of renovation needed.

Maintaining the mobile services program each year may total between \$500-700,000, which includes such costs as driver salary and benefits, portable computer and software costs, insurance, supplies for service providers, office supplies and printing, gasoline, phone service, administration costs, maintenance costs for vehicle, as well as depreciation in vehicle value.

### Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene implementation team



Organization	Contact Information	Potential Tasks
Chattanooga Regional Homeless Coalition	Wendy Winters (423) 710-1501 ext 1	Work closely with implementation team and planning team for conversion of Chattanooga Interagency Council on Homelessness duties to the Coalition in 2020.
City of Chattanooga	Mayor Berke (423) 643-7815	Potential working group members
Hamilton County	TBD	
Community Kitchen	Jens Christensen (423) 305-6822	
Homeless Healthcare	Karen Guinn (423) 209-8232	
Johnson Mental Health	Melissa Wilson (423) 762-8471	
Erlanger Hospital	Donna Bourdin (423) 778-5568	
Metropolitan Ministries	Rebecca Whelchel (423) 624-9654 ext 108	
SETHRA	Karen Davis (423) 949-2191	
Cempa Community Cares	Shannon Stevenson (423) 508-2186	

### Milestones and Timeline

Milestone	Timeline
Convene implementation team	March 2019
Implementation Plan Report	March 2020
Convene implementation team	April 2020
Establish fund at Community Foundation or other location, secure all necessary funding and official commitments from organizations who will provide services on mobile services vehicle	By June 2021
Purchase mobile services vehicle and complete necessary renovations, establish schedule and promote to public	By April 2022
Launch mobile services program	By May 2022



### Impact and Performance Measures

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1. Increase the number of people experiencing homelessness that are identified, assessed and entered into the CoC.
2. Performance measures may include a return-on-investment evaluation to assess the savings associated with this the mobile services vehicle. Based on a 2008 study in Boston that assessed the ROI associated with healthcare mobile units, the saved cost from diverted emergency visits was estimated at more than \$3 million per year and the value of providing preventive services was approximately \$20 million a year. The cost to run the program was \$567,700. The ROI was thus estimated to be \$36 for every \$1 spent.

Another program, a group of mobile asthma clinics called the Breathmobile, provides free care to underserved children in different cities across the nation. A study of Breathmobile use in Baltimore found that after a year in the program, \$79.43 was saved for patients each day they were symptom free. A study of Breathmobiles in California found an ROI of \$6.73 per \$1 invested. They added the emergency room costs avoided and the value of quality-adjusted life years saved and divided it by the cost of the program, which was approximately \$500,000 a year.



## CLEAN & SAFE AMBASSADOR PROGRAM

Stakeholders from the Business Community discussed a “Clean and Safe Ambassador” program that can help provide outreach and assistance to people experiencing homelessness and others in the City’s Downtown, potentially as part of a Business Improvement District.

### Description

There are several ways that a Clean and Safe Ambassador could be funded including a Business Improvement District (BID). A BID is typically organized and established by property owners in a commercial district who fund neighborhood improvement through a self-imposed tax on property owners within a defined geographic space with the goal of enhanced economic vitality. BIDs seek to bring desirable improvements and outcomes by performing services that local governments may be unable to provide due to limited resources. Early BIDs emphasized “safe and clean” services; however, BID goals and activities can be diverse. BIDs can help communities in the following ways: basic housekeeping, enhanced public safety, enhanced hospitality, aesthetic enhancement, economic development, and enhanced identity and public awareness. BID services are generally carried out by specialized teams that work under the Partnerships who manage the BID. A common BID service program, explored herein, is called the “Clean and Safe Ambassadors Program.”

Clean and Safe Ambassadors typically provide services that include patrolling and being the “eyes and ears” for the district, eliminating litter and graffiti, cleaning alleyways and sidewalks, increasing aesthetics by maintaining planters and hanging flower baskets, providing safety escorts, addressing public disturbances and reporting on potential and actual emergencies, homeless outreach and assisting individuals in the district.

Additional services may include serving as a direct liaison for street level businesses in the district, working on special projects for the district, notifying appropriate agencies and authorities of incidences

## CASE STUDY: NASHVILLE, TENNESSEE CLEAN & SAFE TEAM

The Nashville Downtown Partnership manages and carries out the programs provided by the BID. The BID operates with an annual budget that exceeds \$9 million, with much of its revenue coming from property assessments; other sources consist of fees from the parking facility, program management, parking shuttle, bike share program and membership dues. The Partnership works to ensure that downtown is safe, clean and attractive.

The Partnership manages the Clean & Safe Team, consisting of safety ambassadors, hospitality ambassadors and the cleaning team. The safety ambassadors, on foot or Segway, pay close attention to situations that may require police or emergency services. Hospitality ambassadors work to distribute maps, directions, guidebooks and provide recommendations to visitors in the district. The cleaning team works to keep the district clean by power washing sidewalks and alleys, weeding, and removing graffiti and litter.

The Partnership also provides support for homeless outreach through a full-time Outreach Coordinator who concentrates on connecting individuals with high numbers of downtown arrests to transitional and supportive housing. Considered a program operating under the Housing First approach, this program has resulted in 55 clients receiving more than 26,000 days of housing and prevented an estimated 2,170 arrests.





of panhandling, public intoxication, intimidating behaviors and other behaviors that discourage public enjoyment, jumping car batteries, and performing CPR and other first aid services.

### Resources Needed

Resources include staff time for meetings related to methods to partner with the Business Community to fund a Clean and Safe Ambassador program. The City may also wish to leverage any monetary support with an agreement that a certain number of people exiting homelessness are considered and/or employed as Clean and Safe Ambassadors with the program.

### Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Work together to plan a potential Clean and Safe Ambassador program.
City of Chattanooga	Mayor Berke (423) 643-7815	
River City Company	TBD	

### Milestones and Timeline

Milestone	Timeline
Clean and Safe Ambassador program operating plan, information on services, budget and cost	December 2019
Raise funds to support the operation of the Clean and Safe Ambassador program	By July 2020
Clean and Safe Ambassador program launch	By September 2020

### Impact and Performance Measures

1. Increase the number of people experiencing homelessness that are identified, assessed and entered into the CoC.
2. Employ people exiting or recently exited from homelessness as Clean and Safe Ambassadors.



## EMERGENCY AND TEMPORARY SHELTER

<p><b>Chronically Homeless</b></p>	<p><b>Short-term Recommendation:</b></p> <ol style="list-style-type: none"> <li>Hotels for Temporary Shelter</li> </ol> <p><b>Long-term Recommendation:</b></p> <ol style="list-style-type: none"> <li>Low Barrier Emergency Shelter</li> </ol> <p><b>Existing Shelters &amp; Transitional Housing:</b></p> <ol style="list-style-type: none"> <li>Require sobriety and/or participation in religious services</li> <li>At capacity with waiting lists</li> </ol> <p><b>Impact:</b> Increased emergency and temporary shelter capacity.</p>	<p>Emergency and temporary shelters provide the immediate need of shelter and a safe place to sleep for people experiencing homelessness. Communities need a plan to address these first immediate needs of shelter and safety, as well as strategies to assist with placement into permanent and stable housing. The 2018 Chattanooga Community Action Plan recommends two actions including re-establishing a program that provided hotel vouchers for temporary</p>
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**PERMANENT SUPPORTIVE HOUSING**

<p><b>Episodically Homeless</b></p>	<p><b>Short-term Recommendation:</b></p> <ol style="list-style-type: none"> <li>Hotels for Temporary Shelter</li> </ol> <p><b>Long-term Recommendation:</b></p> <ol style="list-style-type: none"> <li>Low Barrier Emergency Shelter</li> </ol> <p><b>Existing Shelters &amp; Transitional Housing:</b></p> <ol style="list-style-type: none"> <li>Require sobriety and/or participation in religious services</li> <li>Capacity challenges and waiting lists</li> </ol> <p><b>Impact:</b> Increased emergency and temporary shelter capacity.</p>	<p>shelter in the short-term, as well as establishing a 24/7 low-barrier emergency shelter in the community over the long-term. Each recommendation addresses the immediate need of shelter and safety for people experiencing homelessness. To ensure alignment with the community's Housing First approach to end homelessness, it is imperative that people experiencing homelessness who receive a hotel voucher for temporary shelter or access the emergency shelter are linked immediately to a Housing Navigator for placement into permanent housing as quickly as possible.</p>
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**RAPID RE-HOUSING**

PERMANENT SUPPORTIVE HOUSING	RAPID RE-HOUSING
<p>Supportive housing combines affordable housing assistance with supportive services for people experiencing homelessness. Communities can use multiple models for their supportive housing design, including single site or scatter site designs. Some include supportive services on-site, while others include supportive services offsite or through home visits.</p>	<p>Rapid Re-Housing programs include three core program components including housing identification, rent and move-in assistance, and rapid re-housing case management. The goal is to reduce the time a person experiences homelessness. Programs require a toolkit of options so staff can focus on the person's unique needs and target programs that will lead to permanent housing.</p>



## USE HOTELS FOR TEMPORARY EMERGENCY SHELTER

Chattanooga's temporary emergency shelter options are limited. Hamilton County offers 179 year round high-demand shelter beds, with 123 of these allocated for women and children. This leaves only 56 shelter bed available for men. Per the 2017 PIT count, 217 of the people experiencing homelessness were unsheltered, comprised mostly of single men.

As noted above, the shelter beds available in Hamilton County are high-demand, which means that the people seeking shelter are required to meet certain entry requirements. Some shelter opportunities require participants to engage in religious services. Others require sobriety before providing shelter. Still others meet their capacity limits and cannot house any more people despite the need.

Organizations that work to address homelessness need emergency shelter options for people seeking their services. Hotel and motel vouchers are one way to provide emergency housing if other shelters are at capacity or are not the appropriate venue for the person or family experiencing homelessness.

### Description

Chattanooga's stakeholders discussed a past program that provided hotel/motel vouchers to people experiencing homelessness in need of emergency housing. Reestablishing this program provides an opportunity to enhance emergency housing and improve upon a service gap in the community. Service providers will need to reinvigorate their relationships with the hotels and motels previously involved in the voucher program, as well as recruit new hotel and motel locations agreeable to participating.

Hotels and motels not previously involved in the voucher program may express safety concerns in housing people experiencing homelessness, especially among those with substance abuse or mental health issues. Therefore, this effort may require partnership with the Chattanooga Police Department to develop protocols for the hotels and motels to use if issues arise, and to increase patrols if needed in the hotel/motel area. This effort may also require partnership with organizations that have outreach, housing navigators, and case managers to provide support, communication, and assistance to people staying in hotels and motels through the voucher program.

### Recommended Actions

1. Convene an implementation team through the Chattanooga Interagency Council on Homelessness to reestablish the hotel/motel voucher program for temporary emergency shelter. Action may include:
  - a. Develop the mission of the hotel/motel voucher program, eligibility and operating procedures, and organizational ownership of the program.
  - b. Establish a fund through Community Foundation or other source for all proceeds received to launch the hotel/motel voucher program.
  - c. Secure funding stream for the hotel/motel vouchers including fundraising events for private funding, federal or local foundation grant opportunities, or government funds.
  - d. Develop education materials to recruit new hotels and motels, as well as previous hotels and motels that participated previously. These education materials may include outcomes from the past program to demonstrate its effectiveness.
  - e. Secure commitments from hotel/motels on how many units they will set aside for temporary emergency shelter.
2. Educate CoC service providers and the community on the hotel/motel voucher program.
3. Launch hotel/motel voucher program.



## Resources Needed

Based on the 2017 PIT count for the Chattanooga region, 217 people experiencing homelessness were unsheltered. We assume this number of hotel/motel vouchers will be necessary. At a rate of \$50 per voucher, the daily cost totals \$10,850, or over \$3.9 million per year.

## Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene working group to reestablish hotel/motel voucher program
Chattanooga Regional Homeless Coalition	Wendy Winters (423) 710-1501 ext 1	Distribute education materials to CoC providers about the hotel/motel voucher program
Metropolitan Ministries	Rebecca Whelchel (423) 624-9654 ext 108	Potential working group members
Family Promise	Mary Ellen Galloway (423) 756-3891	
Community Kitchen	Jens Christensen (423) 305-6822	
Hotel/Motel Owners	TBD	
City of Chattanooga	Mayor Berke (423) 643-2815	
Chattanooga Police Department	Chief David Roddy (423) 643-5116	
Salvation Army	Maj Mark Smith (423) 756-1023	

## Milestones and Timeline

Milestone	Timeline
Convene implementation team	March 2019
Hotel/Motel voucher program mission, eligibility standards and operating procedures	September 2019
Convene planning team	October 2019
Education materials to begin recruiting hotels and motels for participation	January 2020
Establish fund at Community Foundation or other location, secure all necessary funding and official commitments from hotels/motels	By October 2020



Milestone	Timeline
Educate CoC providers and public on hotel/motel voucher program	November 2020
Launch hotel/motel voucher program	By December 2020

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#### Impact and Performance Measures

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1. Increase number of people experiencing homelessness that are sheltered each night.



## ESTABLISH LOW-BARRIER EMERGENCY SHELTER

Chattanooga lacks a year-round low-barrier emergency shelter option. Providing emergency shelter is a necessary step for housing-focused communities. Emergency shelters provide access points for service providers to identify, assess and serve people experiencing homelessness. When aligned with the right resources, emergency shelters can quickly link people experiencing homelessness with housing and community resources that can lead to permanent housing and stability. Additionally, emergency shelters provide a clean and safe place for people experiencing homelessness to sleep in lieu of on the street or in camps.

### Description

Missions of low-barrier shelters include providing a safe, warm place of shelter to all people who may not have any other place to go. Low-barrier shelters do not require sobriety, attendance of religious services, minimum income requirements or lack of a criminal history. Additionally, family members and partners can stay together, and even pets are allowed inside.

Emergency shelters secure better outcomes if they operate 24 hours a day, seven days a week. A 24/7 shelter provides a place for people to store belongings, access employment services and healthcare, and quickly move on to permanent housing. Easy physical access into the shelter should also be considered, including handicap ramps or other accommodations for disabled individuals.

Chattanooga stakeholders who work to address homelessness want to establish a 24/7 emergency shelter. Representatives from Community Kitchen advise they may have the space for the shelter, but do not have the capacity to manage it. Partners such as the Salvation Army may be considered for the management of the shelter.

### Recommended Actions

1. Convene an implementation team through the Chattanooga Interagency Council on Homelessness and the Chattanooga Regional Homelessness Coalition to evaluate the long-term actions necessary to establish a 24/7 low-barrier emergency shelter. This team may conduct the following activities:
  - a. Establish the mission and goals of the 24/7 low-barrier emergency shelter.
  - b. Determine the size and primary services that will be offered at the shelter such as meals and shower services, as well as access to housing navigator and case management services.
  - c. Outreach to organizations to determine location, management of the shelter and services to be provided at the facility.
2. Establish a planning team with all primary partners. Planning team activities may include:
  - d. Establish a fund through Community Foundation or other source for all proceeds received to establish the 24/7 low-barrier emergency shelter.
  - e. Secure funding for start-up and maintenance costs of the shelter through fundraising events for private funding, federal or local foundation grant opportunities, or government funds.
  - f. Secure location and other official commitments from all organizations that will provide the management and primary services in the shelter.
  - g. Promote the shelter and educate the public.
3. Build or renovate building for shelter.



4. Hire staff to operate shelter.
5. Launch 24/7 low-barrier emergency shelter
6. Maintain the shelter over time.

#### Resources Needed

The following cost assumes that Community Kitchen space is used for the emergency shelter location. If this space is unavailable for use, location costs may total \$50-100,000. Other necessary costs may include bedding and pillows, cots, shower supplies, utilities and administration costs.

Maintenance costs should also be considered. Studies show that the cost of a shelter bed ranges between \$40.00 and \$62.00 per night. If we assume a 250-bed shelter is established, then ongoing costs could range between \$3.6 and \$5.6 million per year. A 150-bed shelter would cost between \$2.2 and \$3.4 million per year. Most shelter operators finance their operations through multiple sources and supplement it with private fundraising.

### INFORMATION SNAPSHOT: EMERGENCY SOLUTIONS GRANTS PROGRAM

The federal Emergency Solutions Grants (ESG) program funded through the Department of Housing and Urban Development (HUD) provides funding to:

- Engage people experiencing homelessness living on the street
- Improve the number and quality of emergency shelters
- Help operate these shelters
- Provide essential services to shelter residents
- Rapidly rehouse homeless individuals and families
- Prevent families/individuals from becoming homeless

Chattanooga received ESG funds ranging from \$85,000 to \$150,000 over the past several years. In 2016, ESG funds totaled 148,904, in 2017 \$149,029 and in 2018 \$140,831.

Eligible program components include emergency shelter. Activities may include:

- **Renovation** of a building to serve as an emergency shelter. Site must serve homeless persons for at least 3 or 10 years, depending on the cost and type of renovation.
- **Essential Services** for individuals and families in emergency shelter. Component services generally consist of case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, and transportation.
- **Shelter Operations** such as maintenance, rent, security, fuel, equipment, and utilities
- **Relocation** assistance for persons displaced by a project assisted with ESG funds.

Find out more at: <https://www.hudexchange.info/programs/esg/esg-requirements/>





## Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene implementation team
Chattanooga Regional Homeless Coalition	Wendy Winters (423) 710-1501 ext 1	Work closely with implementation team and planning team for conversion of Chattanooga Interagency Council on Homelessness duties to the Coalition in 2020.
City of Chattanooga	Mayor Berke (423) 643-7815	Potential working group members
Salvation Army	Maj Mark Smith (423) 756-1023	
Community Kitchen	Jens Christensen (423) 305-6822	
Homeless Healthcare	Karen Guinn (423) 209-8232	
Johnson Mental Health	Melissa Wilson (423) 762-8471	
Metropolitan Ministries	Rebecca Whelchel (423) 624-9654 ext 108	

## Milestones and Timeline

Milestone	Timeline
Convene implementation team	March 2019
Implementation Plan Report	March 2020
Convene planning team	April 2020
Establish fund at Community Foundation or other location, secure all necessary funding, location and official commitments from organizations who will provide management and other services at the shelter; promotion and education of shelter	By April 2022
Launch 24/7 low-barrier emergency shelter	By May 2022



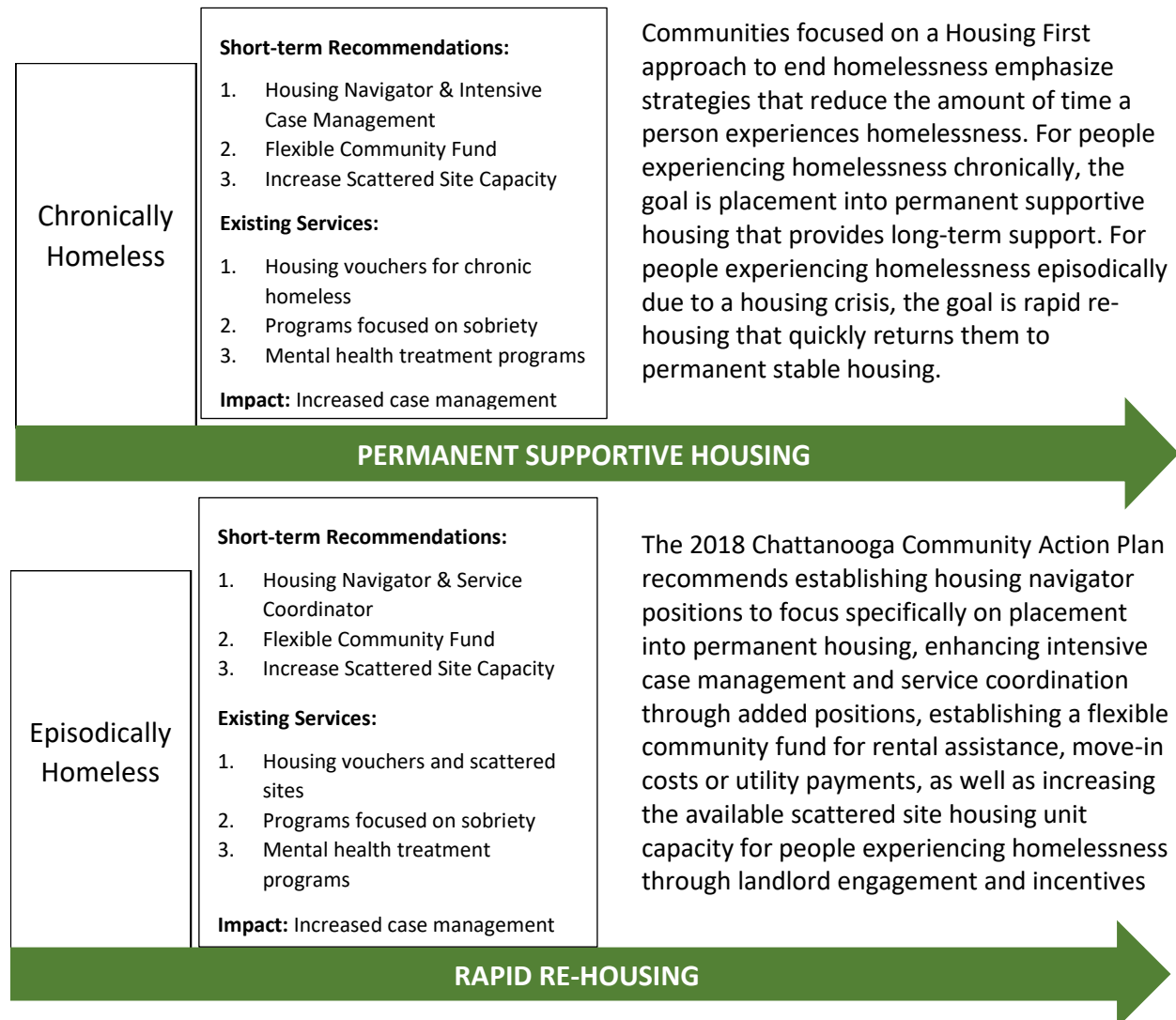
Impact and Performance Measures

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1. Increase number of people experiencing homelessness that are sheltered each night.



## PLACEMENT IN PERMANENT HOUSING



In addition to these recommended actions, it is important that communities focused on ending homelessness through a Housing First approach align and secure funding resources to support placement into permanent housing. Communities should pursue both non-traditional and traditional sources. Community foundations provide a potential philanthropic resource to support housing stability for all Chattanooga residents. Foundations that may not have usually supported homelessness efforts may be interested in supporting plans that help to stabilize the lives of Chattanooga residents their organization seeks to serve such as low-income families, young children living in poverty, returning offenders, people living with disabilities and disconnected youth. CoC providers need to educate these potential non-traditional funding sources about how Housing First programs benefit their organization's target population who typically are at high risk of homelessness themselves.



Similarly, faith-based organizations that typically support holiday drives, fund emergency assistance programs, or provide meal programs may be interested in consolidating their efforts to fund initiatives that lead to permanent housing placement.

### CASE STUDY: MONTGOMERY COUNTY, PENNSYLVANIA YOUR WAY HOME

Located outside Philadelphia, Montgomery County succeeded in leveraging private dollars to support rapid re-housing activities in their community by working with its local community foundation to pool funds from 10 regional foundations. Using a collective impact approach, the county developed a public-private partnership called “Your Way Home” that engages the private sector as a co-investor in rapid re-housing activities. The funding provides support for activities typically not covered by federal funds such as beds and household goods, car or renters insurance, ID replacement, child care, and public transportation costs, as well as diversion from shelter. Funding also provides for a Landlord Promise Fund used for landlord engagement activities and risk mitigation funds.

The county used some of the following strategies to leverage private dollars for rapid re-housing:

- **Engage local community, family, and health foundations from day one** of a planning process to create a public-private partnership to end and prevent homelessness.
- **Establish a common agenda** and measurable community wide goals that can resonate with foundations who do not see their mission as ending homelessness.
- **Develop formal mechanisms** for rapid re-housing service providers, public agencies, and foundations to guide the appropriate use of the private funds.
- **Seek a home for grants and donations** with a reputable foundation in the community (a community foundation, United Way, etc.).
- **Build a visible brand**, name and online presence for the public-private partnership.
- **Track outcomes** to show how private dollars supported public funds to improve rapid re-housing services and outcomes.



## HOUSING NAVIGATORS

People experiencing homelessness often feel discouraged and overwhelmed when it comes to the requirements, time and paperwork necessary to navigate the housing system. Many need support to understand the resources available to them to achieve stable housing, which provides many benefits. Stable housing offers the foundation to address any health, mental health and substance abuse treatment needs for people exiting homelessness and equips them with better access to continued and managed care.

To reduce the amount of time that a person experiences homelessness, the use of housing navigators has recently emerged as a tool to access housing and other needed support services to help people exit homelessness as quickly as possible.

### Description

Housing navigators consist of well-trained individuals who are informed and knowledgeable of local housing processes and requirements. They are tasked with providing step-by-step housing support to individuals who have been identified, assessed and added to a by-name list, typically through coordinated entry processes. Navigators must know the affordable housing and supportive housing programs available in the community, as well as the status of waiting lists, eligibility requirements, documentation requirements, and the specific services available.

The navigator's primary function is to serve as the main point of contact for individuals and families experiencing homelessness as they navigate through the housing process. The goal is to provide a "one stop" outreach service in collaboration with local community partners to eliminate bureaucratic barriers and system confusion allowing for quicker access and movement into permanent housing. Housing navigators go beyond housing and work across many sectors to help individuals become more engaged in their health, mental health or potential substance abuse problems that likely contribute to their homelessness. Navigators will often require strong advocacy skills to enable expedited housing access for people with complex needs. Ultimately, housing navigators serve to answer the question "what would it take to help this individual or family escape the streets for housing?"

Housing navigators are essential in every aspect of locating, obtaining and securing housing. In order to be successful, they must have substantial knowledge of the system. This includes maintaining an updated list of local agency contacts, particularly local public housing agencies who operate public housing programs that will likely be used. Navigators also serve as a liaison for landlords and rental companies who may experience issues or have problems reaching a particular person experiencing homelessness.

Once a person or family is identified, housing navigators help them obtain all necessary materials and information to determine eligibility for various programs. This information is then used for a formal, comprehensive needs assessment and development of a housing plan for the person or family exiting homelessness. These assessments typically use the vulnerability scale and evaluate housing needs, as well as other needed resources such as health care, transportation and childcare. The housing plan provides the navigator with a sense of what type of housing is most appropriate and enables the navigator to target suitable and available housing units. Once an individual or family is determined to be eligible for specific housing, the navigator then assists with the housing search process and housing application as well as compiling and submitting all necessary documentation.



Navigators provide additional services to minimize housing barriers such as poor or no credit history, criminal record or incarceration, or poor tenant history. Additionally, navigators assist with acquiring furnishings and preparing clients for meetings with program representatives. Furthermore, housing navigators can assist with connecting their clients with employment services, mental health and substance abuse treatment, and Social Security or other eligible benefit programs.

A core mission of housing navigators, in addition to locating and securing housing, is to ensure the sustainability of their client's success. This is typically accomplished through collaborative efforts and coordination with other providers, as well as continued support and follow up once housing is stabilized. Navigation is best handled in conjunction with case management and other clinical staff if possible so that Navigators can focus on tasks related to housing while case managers work to connect people experiencing homelessness with support services to meet their basic needs during the housing process. It is imperative that navigators have defined and communicated roles within their team and collaborative efforts to prevent duplicative efforts. Follow-up appointments ensure that the person who exited homelessness continues to meet all requirements for housing and any other programs that they participate in.

Providers can identify and map the steps in the “program flow” in their community. This begins at the point an individual or family is identified as experiencing homelessness through placement into permanent housing and sustained success.



### Recommended Actions

1. Convene a working group of CoC service providers through the Chattanooga Interagency Council on Homelessness to determine:
  - a. The number of Housing Navigator positions needed
  - b. The organization that will manage the Housing Navigator program such as Chattanooga Regional Homeless Coalition, Chattanooga Housing Authority, the City of Chattanooga, or other agency.
  - c. The responsibilities and duties of the Housing Navigator position, including the salary and benefits to be offered
  - d. Funding for the Housing Navigator positions
  - e. Referral process for CoC providers
  - f. Training protocols for CoC providers on role of Housing Navigators
2. Create Housing Navigator program eligibility requirements and operating procedures.
3. Create Housing Navigator job description.



4. Post Housing Navigator job description, conduct interviews and hire appropriate candidates.
5. Educate and train CoC providers on referral process to Housing Navigators.
6. Track outcomes for all Housing Navigator clients for potential expansion opportunities.

#### Resources Needed

Based on the 2017 PIT Count, 460 households experience homelessness on any given night in Chattanooga. Based on this number of households in need of assistance, we assume 14 Housing Navigators will be needed with a caseload of 35 clients each. Based on the City of Chattanooga's Homeless Veteran Outreach Specialist salary range of \$31,548 - \$49,654, we assume an average salary range of \$40,601 for each Housing Navigator position<sup>11</sup>. We assume a benefits package averaging 30% of the Navigator's salary, or \$12,180.30. Therefore, the average compensation package for a new Housing Navigator position totals \$52,781.30. FUTA tax of 6% increases the employer cost to \$55,948.18. If 14 Housing Navigators are hired, then the total cost to fund these new positions will total \$783,274.52.

### INFORMATION SNAPSHOT: HOUSING SPECIALIST JOB DESCRIPTION

The Housing Specialist assists with housing search and placement along with leveraging supportive services that will assist the participant household to maintain permanent housing. Provides a variety of office and field activities to manage and monitor rapid re-housing programs for families, performs direct client services, and compiles related documentation. Work involves orienting all eligible participants to the program and providing housing search and supportive services to promote participants self-sufficiency, integration into the community, and permanency in housing.

Essential functions may include:

1. Assess housing barriers to determine housing and service needs.
2. Develop a housing plan in consultation with client needs, goals, and eligibility.
3. Provide mediation and advocacy with landlords on the client's behalf.
4. Assist participants in locating and securing housing of their choice.
5. Maintain consistent communication channels, both verbal and written, between several parties (i.e. tenant, landlord, referral source, collaborating agencies, debtors and creditors).
6. Serve as an ongoing liaison between property managers, participants and neighbors.
7. Provide information and referral assistance regarding available support from appropriate social service agencies and/or community programs.
8. Assist in development of and encourage adherence to a personal budget.
9. Identify participant strengths and barriers to stability and assist participants to reducing barriers and linking to resources and services.
10. Provide pro-active follow-up home visits to ensure stability and further progress towards self-sufficiency.
11. Apply knowledge of lease contracts to educate clients of their rights and responsibilities.
12. Maintain accurate daily logs records, monthly outcome reports, and files for each client.
13. Transport clients as deemed necessary, but may include housing and job search appointments, or visits to relevant social service agencies.
14. Collect and report program data.





## Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene working group
Chattanooga Regional Homeless Coalition	Wendy Winters (423) 710-1501 ext 1	Working group member and potential program management organization; educate and train CoC providers on housing navigator program
City of Chattanooga	Mayor Berke (423) 643-7815	Working group member and potential program management organization
Chattanooga Housing Authority	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	
Community Kitchen	Jens Christensen (423) 305-6822	Potential working group members
Homeless Healthcare	Karen Guinn (423) 209-8232	
Johnson Mental Health	Melissa Wilson (423) 762-8471	
Metropolitan Ministries	Rebecca Whelchel (423) 624-9654 ext 108	
Salvation Army	Maj Mark Smith (423) 756-1023	
River City Company	TBD	

## Milestones and Timeline

Milestone	Timeline
Convene working group	March 2019
Secure necessary funding for Housing Navigator positions	By March 2020
Housing Navigator program eligibility requirements and operating procedures; create Housing Navigator job description	By March 2020
Post Housing Navigator job description, conduct interviews and hire appropriate candidates;	By October 2020



Milestone	Timeline
Educate and train all CoC providers on referral process to Housing Navigators	
Track outcomes	October 2020 and ongoing thereafter

#### Impact and Performance Measures

1. Reduce the number of days that a person experiences homelessness from assessment to placement into permanent housing.
2. Conduct trainings each year with CoC service providers on housing navigator referral process and present outcome data.
3. Program participants maintain housing stability.



## INTENSIVE CASE MANAGEMENT AND SERVICE COORDINATORS

Case management can be defined in many ways, but according to the Case Management Society of America (CMSA), case management is “a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost effective outcomes.”<sup>12</sup> Case managers seek to coordinate resources and gain timely access to services that will aid an individual or family. The basic components of case management include intake, needs assessment, service planning, connecting to services, ongoing monitoring, and client advocacy.

Studies show that people experiencing homelessness who receive case management have improved outcomes including increased housing stability, increased engagement in medical and nonmedical services, reduced use of high cost health system services, improved mental health status, reduced use of drug and alcohol, and improved quality of life.<sup>13</sup>

### Description

For people experiencing homelessness chronically, intensive case management is needed. Intensive case managers, in conjunction with the Housing Navigator, connect the person to health, food, clothing and shelter services while the person is seeking housing. Once the person is successfully housed, the intensive case manager provides support services for an extended period to ensure the person exiting homelessness achieves housing stability. Intensive case managers already exist within many Chattanooga CoC service providers such as Johnson Mental Health, Helen Ross McNabb, Community Kitchen and the AIM Center. Both the intensive case manager and the Housing Navigator will need to build effective relationships to avoid duplication in service or client confusion.

For people experiencing homelessness episodically, a Service Coordinator can connect the person to mainstream services that may have existing program case managers. For instance, many employment programs have case managers that can help a person with education and employment. The City has an Office of Family Empowerment that has case managers that work with people who are housed but living in poverty. United Way funds a “Building Stable Lives” program that has case managers to connect the person with health, employment and food if they live in specific neighborhoods. A Service Coordinator would help connect a newly housed, formerly homeless person with a “warm hand off” to one of these or other community programs. This provides the formerly homeless person with a network of support through mainstream services with the goal of achieving housing stability.

### Recommended Actions

1. Convene a working group of CoC service providers through the Chattanooga Interagency Council on Homelessness to determine:
  - a. The number of Service Coordinator and additional Intensive Case Management positions necessary

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<sup>12</sup> <http://www.cmsa.org/who-we-are/what-is-a-case-manager/>

<sup>13</sup> De Vet R, Van Luijelaar MJA, Brilleslijper-Kater SN, Vanderplasschen W, Beijersbergen M, Wolf J. Effectiveness of case management for homeless persons: A systematic review. *Am J Public Health.* 2013;103(10):e13-e26.



- b. The organization that will manage the Service Coordinator program (the same organization as the Housing Navigators is preferred) such as Chattanooga Regional Homeless Coalition, Chattanooga Housing Authority or the City of Chattanooga, and the Intensive Case Management positions
  - c. The responsibilities and duties of the Service Coordinator position and Intensive Case Management positions, including the salary and benefits to be offered
  - d. Funding for the Service Coordinator and Intensive Case Management positions
  - e. Referral process for CoC providers
  - f. Training protocols for CoC providers on role of Service Coordinators
2. Create Service Coordinator and Intensive Case Management program eligibility requirements and operating procedures.
3. Create Service Coordinator job description. Revise existing Intensive Case Manager job descriptions, if needed.
4. Post Service Coordinator and Intensive Case Manager job descriptions, conduct interviews and hire appropriate candidates.
5. Educate and train CoC providers on referral process to both Housing Navigators, Service Coordinators, and Intensive Case Managers.
6. Track outcomes for all Housing Navigator, Service Coordinator, and Intensive Case Manager's clients for potential expansion opportunities.

#### Resources Needed

According to the 2017 PIT Count, 460 households experience homelessness on any given night in Chattanooga. Of those, 270 households experience chronic homelessness. We anticipate that another eight Intensive Case Managers will be needed with a case load of 35 each. The remaining 190 households may require the assistance of the Service Coordinator to link them with community resources to achieve housing stability over the long-term. Therefore, we assume four Service Coordinators will be needed with a caseload of 50 clients each.

We assume an average non-RN case manager salary in Chattanooga of \$30,000<sup>14</sup>. We assume a benefits package averaging 30% of the Coordinator's salary, or \$9,000. Therefore, the average compensation package for a new Service Coordinator position totals \$39,000. FUTA tax of 6% increases the employer cost to \$41,340. If four Service Coordinators are hired, as well as an additional eight Intensive Case Managers for a total of 12 new positions, then the cost to fund these new positions will total \$496,080.

#### Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene working group

<sup>14</sup> [https://www.payscale.com/research/US/Job=Case\\_Manager/Salary/139afcdb/Chattanooga-TN](https://www.payscale.com/research/US/Job=Case_Manager/Salary/139afcdb/Chattanooga-TN)



Organization	Contact Information	Potential Tasks
Chattanooga Regional Homeless Coalition	Wendy Winters 423-710-1501 ext 1	Working group member and potential program management organization; educate and train CoC providers on Service Coordinator program
City of Chattanooga	Mayor Berke (423) 643-7815	Working group members and potential program management organizations
Chattanooga Housing Authority	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	
AIM Center	TBD	
Helen Ross McNabb	TBD	
Mental Health Co-Op	TBD	
Community Kitchen	Jens Christensen (423) 305-6822	
Homeless Healthcare	Karen Guinn (423) 209-8232	
Johnson Mental Health	Melissa Wilson (423) 762-8471	Potential working group members
Metropolitan Ministries	Rebecca Whelchel (423) 624-9654 ext 108	
Salvation Army	Maj Mark Smith (423) 756-1023	
River City Company	TBD	

#### Milestones and Timeline

Milestone	Timeline
Convene working group	March 2019
Secure necessary funding for Intensive Case Manager and Service Coordinator positions	By March 2020



Milestone	Timeline
Service Coordinator program eligibility requirements and operating procedures; create Service Coordinator job description	By March 2020
Post Intensive Case Manager and Service Coordinator job descriptions, conduct interviews and hire appropriate candidates; Educate and train all CoC providers on referral process to both Housing Navigators and Service Coordinators	By October 2020
Track outcomes	October 2020 and ongoing thereafter

#### Impact and Performance Measures

1. Reduce the number of days that a person experiences homelessness from assessment to placement into permanent housing.
2. Program participants maintain housing stability.



## ESTABLISH FLEXIBLE COMMUNITY FUND

Communities that embrace the Housing First approach to end homelessness typically establish a financial assistance fund to aid people exiting homelessness for placement into permanent housing, as well as to assist people from entering or reentering homelessness. Financial assistance can be used for a variety of circumstances that could present barriers to housing for people experiencing homelessness including payment for back rent, current or back utility payments, moving costs, security deposits, and ongoing short-term rental assistance. Programs provide just enough financial assistance to ensure successful outcomes for people exiting homelessness.

### Description

The design of the flexible community fund will need to consider various parameters and challenges. Overall, the fund should be flexible and individualized based on the needs of the person or family exiting homelessness. Many programs use a progressive engagement approach that maximizes the number of people the fund can help. As a strategy, progressive engagement provides a small amount of assistance to all people entering the homelessness system. Often a small amount of financial assistance can stabilize a person's housing crisis and they return to housing stability quickly.

When using the fund for rental assistance, the length of time assistance is provided and at what level will have to be considered. Several subsidy options for short-term rental assistance include:

1. **Income-based Subsidy:** Under an income-based model, a household pays a specific percentage of its income towards rent. Some programs set this rate at 30 percent.
2. **Fixed Subsidy:** May be based on the rent cost, household size, apartment size, or some other factor. The subsidy amount stays the same regardless of any change in household income.
3. **Graduated/Declining Subsidy:** Whether income-based or fixed, the subsidy reduces in phases based on a fixed timeline or when certain goals are met until the household assumes full responsibility for monthly housing costs.
4. **Bridge Subsidy:** A bridge subsidy provides temporary assistance to help obtain or maintain housing until a longer-term or even permanent subsidy becomes available. Bridge subsidies may be used for persons who have experienced homelessness chronically with substance abuse or mental health diagnoses who are on waiting lists for permanent supportive housing.

Most financial assistance programs also include assistance with security deposit and utility payments. Utilities eligible for assistance typically include heat, electricity, water, sewer, and garbage collection. Telephone, cable and internet services are not eligible. Such moving costs as truck rental or short-term storage needs may be considered.

### Recommended Actions

1. Convene an implementation team through the Chattanooga Interagency Council on Homelessness and the Chattanooga Regional Homelessness Coalition to evaluate the long-term actions necessary to establish and maintain a flexible community fund in the community. This team may conduct the following activities:
  - a. Establish the mission and goals of the flexible community fund.
  - b. Determine who will operate the fund and potential funding sources to establish and maintain the fund.





- c. Determine eligibility requirements for use of the fund, the length of time assistance will be provided and maximum assistance thresholds.
2. Secure funding through grants or other funding sources.
3. Education and marketing materials for the flexible community fund for CoC providers.
4. Launch flexible community fund program.
5. Maintain flexible community fund and track outcomes for ongoing funding purposes.

### Resources Needed

The American Recovery and Reinvestment Act of 2009 allocated \$1.5 billion to the Department of Housing and Urban Development to fund the now completed Homelessness Prevention and Rapid Re-Housing Program (HPRP). From October 1, 2009 through September 30, 2012, communities received funding for programs designed to provide financial assistance and coordinated services to rapidly rehouse more than 1.3 million people experiencing homelessness or at imminent risk of homelessness. Even though HPRP funding ended in 2012, many of the activities such as providing financial assistance for rapid re-housing programs are eligible under the Emergency Solutions Grants (ESG) Program.

The HPRP final summary report states that funding included \$941,792,967 in financial assistance for approximately 1.3 million people, or about \$725 in financial assistance per person. If Chattanooga uses a progressive engagement strategy, then the flexible community fund may provide a small amount of assistance to all people entering the homelessness system. In 2018, 2,024 people entered Chattanooga's homelessness system<sup>15</sup>. If we assume an average of \$725 in financial assistance per person, then the flexible community fund should total \$1,467,400 each year.

### CASE STUDY: ROANOKE, VIRGINIA COMMUNITY HOUSING RESOURCE CENTER

**Program:** The City of Roanoke identified the need for a comprehensive housing resource center to centralize homelessness prevention and rapid re-housing assistance programs. Roanoke's Council of Community Services (CCS) became the operating agency and the now completed HPRP (described above) served as the funding source for the Community Housing Resource Center. CCS attended meetings of local shelter and CoC providers to educate them about the Center. This word-of-mouth effort succeeded and case managers at other organizations began to refer their clients to the Center for housing focused financial assistance for rapid re-housing. As program participation grew, the CCS and local shelters implemented a formal referral process. Roanoke's service providers acknowledge that the Center and its success has changed the conversation in the community around Housing First solutions. Service providers and the community recognize that prioritizing housing allows program recipients to better their lives immediately, and to address their other needs from a place of safety.

**Results:** Through CCS and its collaborators, Roanoke has served more than 500 households with financial assistance, moving help, budget and credit counseling, and case management.

**Ongoing Funding:** Since HPRP funds ceased in 2012, most funding for the Center now comes from Virginia state grant funds, with some funds from state and city allocations of the Emergency Solutions Grant (ESG), as well as private fundraising.

<sup>15</sup> HMIS data 2018.



## Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene implementation team
Chattanooga Regional Homeless Coalition	Wendy Winters (423) 710-1501 ext 1	Work closely with implementation team for conversion of Chattanooga Interagency Council on Homelessness duties to the Coalition in 2020.
City of Chattanooga	Mayor Berke (423) 643-7815	Potential implementation team members
Chattanooga Housing Authority	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	
Community Kitchen	Jens Christensen (423) 305-6822	
Metropolitan Ministries	Rebecca Whelchel (423) 624-9654 ext 108	
Family Promise	Mary Ellen Galloway (423) 756-3891	

## Milestones and Timeline

Milestone	Timeline
Convene implementation team	March 2019
Implementation Plan Report	March 2020
Secure all necessary funding through grants or other sources for the flexible community fund; educate CoC providers on its use	By October 2021
Launch flexible community fund program	By November 2021



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Impact and Performance Measures

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1. Reduce the number of days that a person experiences homelessness from assessment to placement into permanent housing.
2. Divert people from entering or reentering homelessness by stabilizing housing.



## INCREASE SCATTERED SITE CAPACITY

Identifying housing units to place people exiting homelessness can be challenging in many communities, especially in high-cost, low-vacancy markets. As of August 2018, home prices in Chattanooga continued to rise as the inventory of houses on the market shrunk due to more people moving into Chattanooga compared to the number of new homes being built.<sup>16</sup> Communities need to explore alternatives to identify an adequate number of affordable housing units and increase their scattered site capacity for both permanent supportive housing and rapid re-housing purposes.

### Description

**Landlord Outreach.** Increasing scattered site capacity for permanent supportive housing and rapid rehousing purposes requires landlord outreach. Service providers need to build relationships with landlords continuously and educate them on how supportive housing or rapid re-housing programs can reduce the landlord's risk of providing housing to people with no or poor housing and credit histories. Service providers need to respond to landlord needs and have procedures in place to help resolve issues that may arise about the lease, late payments or other tenant conflicts. Strong partnerships result between service providers and landlords when landlords understand that service providers will help mitigate risks by offering financial assistance to tenants when necessary, and when service providers help landlords fill their vacant units quickly. Once hired, Housing Navigators could serve as liaisons to landlords and assist with landlord outreach.

### INFORMATION SNAPSHOT: LANDLORD OUTREACH STRATEGIES

Landlord Events	Social Media	Networking	Marketing Materials
Host special event as a collaborative or community	Ad on Chamber of Commerce website	Attend or speak at Realtor's Association meetings and other landlord events	Create brochures or flyers targeted to landlords
Recognize participating landlords	Highlight landlords on websites, Facebook, Twitter, etc.	Direct mail to current and prior landlords	Create a landlord newsletter
Open House	Outreach through community listservs and email blasts	Leverage Board relationships	Produce Youtube or other videos featuring participating landlords
Landlord Fair	Ads on social media, public access TV websites, newsletters	Speak at Chamber of Commerce, rotary clubs or other community club events	Include program information in all CoC provider marketing materials

<sup>16</sup> <https://www.timesfreepress.com/news/business/aroundregion/story/2018/aug/08/housing-costs-rise-twice-much-inflation/476619/>



Landlord incentives could also increase scattered site capacity. Some communities have a landlord mitigation fund to cover damage to the unit or early move-outs. Some communities offer a cash incentive for landlords that lease their unit to a person experiencing homelessness.

**Housing Needs Assessment.** Increasing scattered site capacity for permanent supportive housing and rapid rehousing purposes also requires a comprehensive housing needs assessment. These assessments typically involve evaluating demographic data, economic characteristics and trends, current housing inventory and characteristics, government policies and incentives, and the adequacy and availability of selected community services. The assessment may provide recommendations on how to achieve certain housing goals and will provide recommendations on potential housing policy initiatives that would benefit the local housing market.

Assessments may also include site-specific analyses if the community wants to evaluate available land that could be used to develop new housing or existing structures for adaptive reuse and renovation. Specifically, the assessment can evaluate abandoned buildings or other areas of urban blight to renovate for affordable housing developments. This may include partnerships with faith-based organizations who may have structures that could be converted to scattered site rental units.

A housing needs assessment can help the City and service providers identify housing issues and solutions that can be used to make strategic decisions related to the housing market or to secure financing for permanent supportive housing or rapid re-housing programs and projects. It can help determine housing challenges in the community and where best to focus development or renovation efforts. Private developers can use this assessment to help identify areas of development potential so that they can strategically develop the types of housing most needed in the community.

### Recommended Actions

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1. Convene an implementation team through the Chattanooga Interagency Council on Homelessness to create an action plan to increase scattered site capacity in the community for both permanent supportive housing and rapid re-housing programs. An action plan should focus on short-term and long-term actions to increase scattered site capacity including:
  - a. Landlord outreach activities
  - b. Determine resources needed for any landlord incentives
  - c. Housing Needs Assessment
2. Create educational and marketing materials for landlord outreach
3. Conduct landlord outreach activities
4. Conduct comprehensive Housing Needs Assessment, including any site-specific analysis of land or abandoned buildings
5. Agreements with participating landlords for housing units
6. Determine feasibility of using abandoned buildings, unused faith-based structures or land to renovate or build affordable units to place people exiting homelessness.

### Resources Needed

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The resources needed for this action include location for working group meetings and staff time, material and printing costs for any educational and marketing materials developed.



## Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene working group
Chattanooga Regional Homeless Coalition	Wendy Winters (423) 710-1501 ext 1	Working group members
Chattanooga Housing Authority	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	
City of Chattanooga	Mayor Berke (423) 643-7815	
Chamber of Commerce	TBD	
Landlords and developers	TBD	

## Milestones and Timeline

Milestone	Timeline
Convene working group team	March 2019
Scattered Site Action Plan	December 2019
Landlord education and marketing materials; Conduct comprehensive Housing Needs Assessment	By May 2021
Conduct landlord outreach	Through May 2022
Agreement with participating landlords	By June 2022
Feasibility Report of abandoned building, faith-based structure or land use to renovate or build units	By June 2022

## Impact and Performance Measures

1. Increase the number of housing units for permanent supportive housing and rapid re-housing each year.
2. Increase the number of participating landlords.



## HOUSING STABILITY AND HOMELESSNESS PREVENTION

### Chronically Homeless

#### Long-term Recommendation:

1. Align Organizations for Funding Opportunities to Expand Supportive Housing Capacity

#### Existing Supportive Housing:

1. Sober-living or mental health facilities
2. At capacity with waiting lists

**Impact:** Increased permanent supportive housing capacity and

Housing stability for people exiting homelessness is the goal of a Housing First approach to ending homelessness. Unfortunately, people with previous episodes of homelessness are more likely to enter homelessness again. Communities can continue to provide support to prevent reentry into homelessness through investments in housing affordability measures, employment enhancement services, and use of

### PERMANENT SUPPORTIVE HOUSING

### Episodically Homeless

#### Long-term Recommendations:

1. Incentives to Build Affordable Units
2. Flexible Community Fund
3. Clean & Safe Ambassador Program
4. Specialized Job Fairs

#### Existing Affordable Housing Services:

1. Affordable Housing Pilot Program
2. Low income housing complexes
3. Housing Choice vouchers

**Impact:** Increased housing affordability and homelessness prevention activities.

a flexible community fund to provide short-term financial assistance to prevent reentry into homelessness.

Several recommendations within the 2018 Chattanooga Community Action Plan serve dual purposes in their support of the community's vision to end homelessness. This includes the Clean & Safe Ambassador program, which can serve the dual purpose of identifying people experiencing homelessness,

### RAPID RE-HOUSING

as well as employing appropriate candidates as Ambassadors who successfully exited homelessness and continue in stable housing. The flexible community fund can also serve a dual purpose to help place people experiencing homelessness into permanent housing, as well as help people who exited homelessness who may need additional support to avert reentry into homelessness.

Several new recommendations within the 2018 Chattanooga Community Action Plan support housing stability and homelessness prevention. For people experiencing homelessness chronically, the Plan recommends increasing supportive housing capacity by aligning organizations for funding opportunities. To support rapid re-housing efforts and homelessness prevention, the Plan recommends exploring further incentives for developers to build affordable housing units and increasing specialized job fairs to link people exiting homelessness with employers.





## **ALIGN ORGANIZATIONS FOR FUNDING OPPORTUNITIES TO EXPAND SUPPORTIVE HOUSING CAPACITY**

Many people experiencing chronic homelessness suffer from a mental health or substance use disorder and require more resources for housing stability than people experiencing homelessness only episodically. In recent years, communities using a Housing First model to end homelessness have invested in permanent supportive housing to house people experiencing homelessness chronically, especially when they suffer from a mental illness or substance use disorder.

Supportive housing combines affordable housing assistance with supportive services. Tenants pay rent that is either set at an affordable level or paid through a rental subsidy. Typically, supportive housing assistance programs are not time-limited, and tenants may live in the home if they meet the basic obligations of residency in the supportive housing facility. In line with a Housing First approach, participating in supportive services is not a condition of residency, but is encouraged.

### **Description**

Securing funding to establish supportive housing units or a supportive housing development, as well as maintaining its operations over time can be a major challenge for any community. Quality supportive housing requires seed money to build or renovate the housing development, and ongoing funding for property management and operations, as well as ongoing supportive services. Supportive services may be provided directly onsite or offsite, the latter of which would require funding to coordinate and connect residents to needed services. For Chattanooga to expand its permanent supportive housing capacity, organizations will need to align to secure funding opportunities both through federal grants and private local foundation funds. Additionally, Chattanooga organizations will need to secure funding for ongoing operations each year.

A major challenge for all cities in Tennessee centers on the lack of Medicaid expansion funds available through the Affordable Care Act (ACA) of 2010. The ACA gave states the option of expanding Medicaid coverage to include childless adults with incomes at or below 138 percent of the federal poverty level beginning in 2014. The ACA also provided states with additional tools to use in serving this newly insured population, including adults experiencing homelessness. Under Medicaid expansion, states could better support individuals with disabilities living in supportive housing, including people who exited homelessness. Indeed, much of the literature on funding strategies for supportive housing includes leveraging Medicaid funding to support supportive housing communities. Unfortunately, Tennessee decided against Medicaid expansion funds through the ACA and state Tennessee lawmakers do not anticipate a resolution on Medicaid expansion any time soon.

In 2015, Governor Haslam announced an alternative plan to Medicaid expansion entitled 'Insure Tennessee'. According to the legislature's fiscal review committee, the plan would have brought in \$1.4 billion in federal dollars for health care coverage in fiscal year 2016-2017 and \$739.9 million in fiscal year 2017-2018. Additionally, the plan would have covered an additional 200,000 low-income Tennesseans. But the State Senate did not support the requirement of a state match to federal funds, especially with the federal match set to decrease over time. The plan failed to pass. With TennCare enrollment continuing to grow, lawmakers against Medicaid expansion and 'Insure Tennessee' argued that the state match requirement was unsustainable over time without increasing taxes or cutting other government programs. Following the defeat of 'Insure Tennessee', Governor Haslam advised he would no longer consider expanding Medicaid.



Governor-elect Bill Lee advises that he will not expand Medicaid under the ACA when he assumes office in January 2019. Lee opines the health care system needs to be reformed to offer incentives for reducing costs and prevention. Since Medicaid expansion funds will not be available to expand supportive housing in Chattanooga, other innovative funding strategies will need to be considered.

### INFORMATION SNAPSHOT: MEDICAID EXPANSION AND HEALTH OUTCOMES

Studies show that a person's housing status and their health are interconnected. Health problems may lead to homelessness and homelessness can cause or exacerbate health problems. Many people experiencing homelessness chronically suffer from substance use and mental health disorders and are more likely to be diagnosed with chronic medical conditions such as diabetes, hypertension and HIV/AIDS. People experiencing homelessness are more likely to be frequent users of emergency departments or have inpatient hospital stays. Without health insurance options such as Medicaid, the cost to treat and care of these individuals is high.<sup>1</sup>

Additionally, in September 2018 the US Government Accountability Office released a study of health outcomes in Medicaid expansion and non-expansion states. This report indicated that an estimated 5.6 million uninsured, low-income adults had incomes at or below the income threshold for expanded Medicaid eligibility as allowed under the ACA. Estimates revealed that about 1.9 million of the 5.6 million uninsured, low-income adults lived in states that chose to expand Medicaid under the ACA, while 3.7 million lived in non-expansion states. This showed "that low-income adults in expansion states were less likely to report having any unmet medical needs compared with those in non-expansion states, and low-income adults who were insured were less likely to report having unmet medical needs compared with those who were uninsured. Among the low-income adults who were uninsured, those in expansion states were less likely to report having any unmet medical needs compared with those in non-expansion states."<sup>2</sup>

Chattanooga's stakeholders discussed lobbying the state legislature to support Medicaid expansion. The Chattanooga Interagency Council on Homelessness and the Chattanooga Regional Homeless Coalition may wish to organize lobbying efforts in support of Medicaid expansion.

<sup>1</sup>Institute of Medicine; 1988. *Homelessness, Health, and Human Needs*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/1092>.

<sup>2</sup>United States Government Accountability Office; September 2018. *MEDICAID: Access to Health Care for Low-Income Adults in States with and without Expanded Eligibility*. <https://www.gao.gov/assets/700/694488.pdf>

### Focus on Resource Alignment

Organizations that work to address homelessness in Chattanooga will need to align their resource structures if the community wishes to increase its permanent supportive housing capacity. An aligned resource structure provides a streamlined approach for seeking funding opportunities together. The goal is quicker access to resources that support the efforts to end homelessness and house vulnerable





populations, including permanent supportive housing. An aligned resource structure requires funders to establish shared priorities and goals, as well as break down past coordination barriers.

Supportive housing requires cross-sector partnerships with service providers and developers. Capital is required for acquisition, construction and rehabilitation of the supportive housing development, as well as for the supportive services to be provided for housing stability including behavioral health, housing retention and case management. Coordinating ongoing housing vouchers and operating reserves also requires additional partnerships. The following agencies and organizations may be involved in a permanent supportive housing project:

- City and County Departments of Human Services,
- State Department of Mental Health and Substance Abuse
- County Department of Health
- Departments of Housing and Community Development
- State and local Housing Authorities
- Housing Finance Agencies
- National, state-based, and local philanthropic organizations
- Housing Developers
- Hospitals, Health Insurance Companies, Behavioral Health, and other Health Care Organizations

Resource alignment allows organizations to maximize the expertise of agencies and make informative decisions regarding funding and services. Collaborative partnerships require dedicated leadership, commitments by the organizations on shared goals, a deliberative planning process with evaluation of existing resources, and patience to establish mutual trust and cooperation.

Resource alignment also helps to eliminate or reduce duplicative efforts for housing and supportive services. It aligns organizations to compete for grants or other funding sources together instead of applying for multiple funding sources separately. A coordinated grant or funding source application process can also save on staff time across the partnered organizations who can then redirect that time to direct service delivery. If an initial funding source is secured, the financial feasibility and stability of the project is further improved. Additional investors are easier to find when the supportive housing project can demonstrate that certain funding components are already secured.

Resource alignment also has its challenges. The partnered organizations may have conflicting definitions that mandate participation in various programs. For example, some serve populations at or below poverty level. Others serve populations below a certain % of Area Median Income. These criteria serve similar populations but require different metrics. The agencies will need to coordinate their program definitions to align for funding opportunities. Time and communication are essential as organizations transition from working on their own funding awards to coordinated funding activities. The funding team will need to work to identify any funding gaps organizations and develop a plan to alleviate any financial burden that would jeopardize participation in the project.

### Pilot Program

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Starting with a small permanent supportive housing pilot program may demonstrate the results necessary to generate further investment. Additionally, this provides an opportunity to test any innovative models for service delivery or funding structures. The pilot must establish metrics to ensure outcome data can be tracked and reported upon. A demonstrated successful pilot program with accurate data can attract new investors and encourage expansion opportunities. By demonstrating and



reporting on the project's results, the project team can connect with a broader funding constituency to gain support for more capital.

### Housing Trust Fund

A Housing Trust Fund is a distinct fund that is established by a city, county or state governments that receives an ongoing dedicated source of public funding to support affordable housing opportunities. A housing trust fund is usually established through an ordinance or legislation that dedicates a revenue source or establishes other obligations that create revenue, including real estate taxes or fees, revenue from other taxes, interest earned on government-held or market rate accounts, or revenue generated from other government programs. Some housing trust funds can also be supplemented with private donations.

#### CASE STUDY: GREENSBORO, NC NUSSBAUM PARTNERSHIP FUND

Recently, Greensboro began dedicating about one cent of the property tax rate to ensure that Greensboro has a reliable source of funding for its housing programs. The Fund allows Greensboro to pursue long-term planning with annual income into the fund at about \$1.3 million. The fund supports several affordable housing projects including the Greensboro Affordable Home Loan Initiative, nonprofit lease-purchase and homeownership programs, and affordable rental projects.<sup>1</sup>

<sup>1</sup><https://www.greensboro-nc.gov/departments/neighborhood-development/learn-more-about/nussbaum-partnership-fund>

The City of Chattanooga started a Housing Trust Fund in July 2018 with an initial investment of \$1 million. Expanding this fund to private or philanthropic funding, an ongoing revenue source, and/or additional City funding is recommended to continue to grow the availability of affordable housing.

### Social Impact Bonds

The social impact bond (SIB) is a new approach to finance social services. Under the most common SIB model, a government contracts with a private-sector organization for a social service project. The government pays for the project, but payment is based upon achievement of set performance metrics. Under this model, the performance metrics must be rigorously measured and often compare the outcomes of individuals referred to the program to outcomes of a control group. If the organization fails to achieve the minimum performance metrics, the government does not pay. The organization may obtain ongoing project operating funds by raising capital from independent commercial or philanthropic investors. These investors provide up-front capital in exchange for a share of the government payments that will be made if the organization meets the required performance metrics. The organization uses these operating funds to contract with service providers to deliver the interventions necessary to obtain positive outcomes.

Some criticism of SIB exists. For one, the cost to implement SIB can be high since the agreements tend to be complex and require expert input to establish. Additionally, proponents of SIB say that they encourage experimentation and innovation in service delivery, but little evidence exists to support this. Many of the SIB-funded projects tend to be based on well-established models and practices, and some service providers under SIB initiatives say that service delivery has become less flexible since outcomes are so rigorously monitored. Additionally, the fact that payment is contingent on project outcomes can also be problematic. In order to ensure project financing, organizations may decline services to hard-to-serve populations and only accept participants that are easy to serve.



### Other Funding Opportunities

Throughout the planning process, Chattanooga's stakeholders recommended a more coordinated effort to secure funding from local private foundations, hospitals and private health care insurance companies, and private employers such as EPB, Amazon and Volkswagen. Similarly, a supportive housing project team may coordinate funding through a coalition of faith-based organizations.

### Recommended Actions

1. Convene an implementation team through the Chattanooga Interagency Council on Homelessness and the Chattanooga Regional Homelessness Coalition to evaluate the long-term actions necessary to increase permanent support housing capacity which may include expanding current capacity at existing supportive housing facilities, or creation of a low-barrier permanent supportive housing community. This team may conduct the following activities:
  - a. Establish the mission, goals and priorities for expanding permanent supportive housing capacity in Chattanooga.
  - b. Evaluate funding mechanisms and establish a coordinated funding plan.
  - c. Outreach to service providers and developers to develop memorandums of understanding or partnership agreements.
2. Establish a planning team with all primary partners. Planning team activities may include:
  - a. Establish a fund through Community Foundation or other source for all proceeds received to establish or expand permanent supportive housing.
  - b. Secure funding for start-up and maintenance costs of the supportive housing through fundraising events for private funding, federal or local foundation grant opportunities, City and County funds, or other innovative funding strategies.
  - c. Secure location if new development and other official commitments from all organizations that will provide supportive services and case management.
  - d. Educate service providers and the public on the project; promote positive outcomes.
3. Launch permanent supportive housing project.
4. Maintain the supportive housing units over time.

### Resources Needed

The resources needed for this action include location for implementation and planning group meetings and staff time to align and securing funding mechanisms.

### Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene implementation team
Chattanooga Regional Homeless Coalition	Wendy Winters (423) 710-1501 ext 1	Work closely with implementation team and planning team for conversion of



Organization	Contact Information	Potential Tasks
		Chattanooga Interagency Council on Homelessness duties to the Coalition in 2020.
City of Chattanooga	Mayor Berke (423) 643-7815	Potential implementation and/or planning group members
Chattanooga Housing Authority	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	
CADAS	Debbie Loudermilk (423) 756-7644 ext 301	
Moccasin Bend	Mary Young (423) 785-3467	
Homeless Healthcare	Karen Guinn (423) 209-8232	
Johnson Mental Health	Melissa Wilson (423) 762-8471	
Erlanger Hospital	Donna Bourdin (423) 778-5568	
SETHRA	Karen Davis (423) 949-2191	
Cempa Community Cares	Shannon Stevenson (423) 508-2186	

### Milestones and Timeline

Milestone	Timeline
Convene implementation team	March 2019
Implementation Plan Report	March 2021
Convene planning team	April 2021
Establish fund at Community Foundation or other location, secure all necessary funding, location and official commitments from organizations who will provide supportive services; promotion and education	By April 2023
Launch supportive housing project	By May 2023



#### Impact and Performance Measures

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1. Increase the number of people experiencing homelessness placed in supportive housing each year.
2. Reduce the number of people experiencing homelessness chronically in Chattanooga each year.





## EXPAND AFFORDABLE HOUSING INCENTIVES

There are many causes of homelessness. Poverty, health crises or personal difficulties such as mental illness or substance use make many people vulnerable to homelessness. However, research shows that the availability of affordable housing is the primary driver of homelessness.<sup>17</sup> Housing is considered affordable when a household pays no more than 30 percent of its income on rent.

### Description

The City of Chattanooga currently offers an Affordable Housing PILOT Program. Under this program, developers of affordable housing receive a tax abatement if 50 percent of the development's units are allocated for households at 80 percent of area median income (AMI).

In addition to the Affordable Housing PILOT program, the City has also established an Affordable Housing Trust Fund to aid in the creation of affordable housing. The Trust Fund leverages federal funding sources and incentives such as HOME Investment Partnerships Program and Low-Income Housing Tax Credit to enable City, along with private sector and non-profit partners to expand the supply of safe, decent affordable homes in Chattanooga.

This plan recommends that the City revise and market a comprehensive package of programs and incentives to aid in the development of affordable housing.

### INFORMATION SPOTLIGHT: 2016 REPORT FOR THE CITY OF CHATTANOOGA BRIDGING THE GAP: AFFORDABLE HOUSING AND WORKFORCE DEVELOPMENT STRATEGIES

In 2016, Chattanooga evaluated its affordable housing and workforce development strategies. The study found that many Chattanoogaans have prospered due to job growth and real-estate development; however, some residents struggle to find affordable housing and maintain or secure employment in high-growth sectors that require higher education levels. These “hard-to-house” and “hard-to-employ” residents include many people experiencing homelessness.

The study recommended that the City “pursue alternative financing and policy tools that incentivize affordable housing and workforce development” and opined that the City’s Housing PILOT Program was a good step in prioritizing affordable housing. Further, the study opined that Section 108 funding could be used to develop mixed-use housing that combines mixed income housing and workforce training in targeted areas.<sup>1</sup>

<sup>1</sup><https://connect.chattanooga.gov/wp-content/uploads/2017/02/NRN-Full-report-with-appendix.pdf>

<sup>17</sup> Burt, Martha. 2001. *What Will It Take to End Homelessness?* Washington, DC: The Urban Institute.



### Recommended Actions

1. Convene a working group through the Chattanooga Interagency Council on Homelessness and the City to evaluate the current Affordable Housing Incentives.
2. Revise the Affordable Housing program criteria.
3. Create educational and marketing materials for affordable housing developments.
4. Launch the revised Affordable Housing incentive programs.

### Resources Needed

The resources needed for this action include location for working group meetings, staff time and material costs.

### Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene working group
City of Chattanooga	Mayor Berke (423) 643-7815	Working group member
Chattanooga Housing Authority	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Potential working group members
Affordable housing developers	TBD	
River City Company	TBD	

### Milestones and Timeline

Milestone	Timeline
Convene working group	March 2019
Affordable Housing Incentives and programs updated	By October 2020
Launch revised programs; create educational and marketing materials for affordable housing developers	By June 2021



---

**Impact and Performance Measures**

---

1. Increase the number of affordable housing units allocated at 60 or 70 percent of AMI.
2. Increase the number of affordable housing developers using the Affordable Housing PILOT program.



## EXPAND JOB FAIRS AND EMPLOYMENT SERVICES FOR SPECIALIZED GROUPS

Many people experiencing homelessness encounter employment barriers. These may include:

- Low educational attainment levels
- Having young children with no access to child care
- Limited or no past work experience or marketable job skills
- Mental health or substance abuse problems
- Chronic health problems or disability
- Lack of access to transportation or technology
- Bad credit (which can make both finding a job and a house difficult)
- Criminal histories<sup>18</sup>

Mainstream employment programs can meet some needs of people experiencing homelessness but are not always successful in overcoming the many employment barriers present. An evaluation of the Job Training for the Homeless Demonstration Program (JTHDP) found that successful employment programs directly targeted people experiencing homelessness or those at greatest risk.<sup>19</sup>

### Description

Community Kitchen holds specialized job fairs for people experiencing homelessness. CARTA and the Mayor's Council on Disability also holds job fairs for people experiencing disabilities. In addition, the Mayor's Office of Public Safety holds felon-friendly job fairs twice per year. Stakeholders discussed expanding these jobs fairs, including expanded recruitment for felon-friendly and disability-friendly employers. Additionally, the job fairs could be held more often and offer employment services including resume development or mock interviews. SOAR application specialists may also assist linking participants with benefits such as SSI, SSDI or TennCare.

The Chattanooga Housing Authority, Hamilton County Jail, Mental Health Court, and other agencies are currently exploring their ability to expand positions to include SOAR case managers.

### INFORMATION SPOTLIGHT: SSI/SSDI OUTREACH, ACCESS, AND RECOVERY (SOAR)

SAMHSA's SOAR program increases access to Social Security disability benefits for people with behavioral health issues experiencing or at risk of homelessness. Any adult experiencing homelessness can apply for SSI/SSDI, including 17-year-olds who are within 1 month of their 18th birthday. A SOAR-trained case manager can help people complete SSI and SSDI applications. During the application process, the specialist keeps in contact with the applicant, the Social Security Administration field offices, and state agencies. Case managers are trained through the SOAR Stepping Stones to Recovery training curriculum.

<sup>18</sup> <https://nationalhomeless.org/issues/economic-justice/>

<sup>19</sup> U.S. Department of Labor. 1998. *Employment and Training for America's Homeless: Final Report on the Job Training for the Homeless Demonstration Program*.



### Recommended Actions

1. Convene a working group through the Chattanooga Interagency Council on Homelessness, Community Kitchen, the Mayor's Council on Disability and Mayor's Office of Public Safety to determine appropriate actions to expand job fairs.
2. Develop educational and marketing materials for outreach to potential employers.
3. Outreach to potential employers and other employment service providers to coordinate participation in the job fairs.
4. Launch job fairs.

### Resources Needed

The resources needed for this action include location for working group meetings and staff time. If a paper copies of educational and marketing materials are used, then printing costs will need to be considered. Additionally, a location for the job fairs will need to be secured, as well as staff time for all logistics and participation in the fairs.

### Partners

Organization	Contact Information	Potential Tasks
Chattanooga Interagency Council on Homelessness	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	Convene working group
Community Kitchen	Jens Christensen (423) 305-6822	
Mayor's Council on Disability	TBD	
Mayor's Office of Public Safety	TBD	
American Job Center at Chattanooga	TBD	
City of Chattanooga	Mayor Berke (423) 643-7815	
Chattanooga Housing Authority	CoChair Elizabeth McCright (423) 322-5133 CoChair Donna Maddox (423) 762-1835	
Employers	TBD	

### Milestones and Timeline

Milestone	Timeline
Convene working group	March 2019



Milestone	Timeline
Working group plan to expand job fairs	October 2019
Create educational and marketing materials	December 2019
Outreach to employers and employment service providers and secure official commitments to participate in job fairs	By June 2020
Launch job fairs	By July 2020

#### Impact and Performance Measures

1. Increase the number of people experiencing homelessness or vulnerable to homelessness who secure employment.
2. Increase the number of SOAR applications submitted to help increase income.



## G.APPENDIX A: STAKEHOLDER INTERVIEW GUIDES

### Key Informant Interview Guide

Service Providers  
Chattanooga Homelessness Planning  
September 4, 2018

Name/Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date/Time: \_\_\_\_\_

#### Introduction:

Hello, This is \_\_\_\_\_ and I'm with Analytic Insight. We are working with the City of Chattanooga on strategic planning around the issue of homelessness. We have an appointment to speak. Is this still a convenient time?

I'm going to be recording our interview using a smart pen that links my notes to an audio recording. After the report is developed I will destroy the recording part of our conversation. Your interview will be combined with other interviews and we will not use your name or position in our report. We report only what was said, not who said it. Is it OK with you if I record this conversation?

1. I have here that you are the \_\_\_\_\_ (e.g. Director) of the \_\_\_\_\_ (Organization). Is this correct?
2. How long have you been in this position?

#### About Your Organization

3. What services or resources does your organization currently provide related to homeless individuals? (Probe for details within each category.)

- ☐ Homeless Prevention \_\_\_\_\_
- ☐ Expanding affordable permanent housing access \_\_\_\_\_
- ☐ Housing subsidies \_\_\_\_\_
- ☐ Increase income among vulnerable individuals \_\_\_\_\_
- ☐ Develop police and emergency response policies \_\_\_\_\_
- ☐ Emergency/temporary shelter \_\_\_\_\_
- ☐ Other \_\_\_\_\_

#### Population Coverage – Availability and Gaps

I just have a few more questions about how well certain populations are served.

4. (As necessary) What populations does \_\_\_\_\_ (Organization) work with?
  - ☐ Transitional youth
  - ☐ Elders
  - ☐ Families
  - ☐ Veterans
  - ☐ Single adult
  - ☐ Chronically homeless



5. How would you rate the services in the City of Chattanooga for each of the following populations? Would you say the current services provided are excellent, adequate or insufficient?

	Excellent	Adequate	Insufficient	Don't know/NA
a) Transitional youth.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Elders.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Families.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Veterans .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Single adults.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Chronically homeless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Of these populations, who has the greatest need for services in Chattanooga?

a. What type of services or programming is needed most?

7. What data does your organization collect? What format is it in?

8. Would you be interested in data sharing with other organizations working on homelessness issues?

9. What is your organizations' central mission related to homelessness?

10. How do you measure success (as needed: relative to the mission you just described)?

11. Was your organization involved in any of the past homelessness planning efforts? (As needed: 2004 Blueprint or 2009 update.)

a. If yes, what worked well?

b. What could have been improved upon?

### Network of Organizations

Next I'd like to talk to you about the network of organizations that are serving homeless individuals in the City of Chattanooga.

12. How well do you think organizations work together in Chattanooga to provide services for individuals who are homeless?

☐ Very well                      ☐ Somewhat well                      ☐ Not well at all

Probe for reasons: \_\_\_\_\_

13. What three organizations have you worked with most frequently in the past year on issues related to homelessness?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

14. If you wanted to get something done on an issue related to homelessness, who would you call first? What are your reasons?







15. What do you think can be done to improve coordination among organizations that work with homeless individuals and families?
16. The Chattanooga Interagency Council on Homelessness is currently exploring 501(c)(3) status to become the central organization coordinating efforts to end homelessness in Chattanooga. What are your thoughts concerning this issue? (Probe for level of support, any conflicts of interest or objections.)
17. What are your suggestions to make sure the efforts being made to reduce homelessness are independent of the City and potential changes in political leadership? (Probe for sustainability of planned efforts.)
18. I have a list of organizations that work with homeless individuals in Chattanooga. I would like to get a sense of how often you communicate with each of these organizations regarding issues related to homelessness. As I go through the list, please tell me if you communicate with the organization weekly, monthly, every few months, every 6 months to yearly, or never.

Organization	Weekly	Monthly	Every few Months	Every 6 months or more	Never
1. Chattanooga Rescue Mission					
2. Community Kitchen					
3. Room in the Inn					
4. Family Promise					
5. Johnson Mental Health					
6. Homeless Health Care					
7. Salvation Army					
8. SETHRA (Southeast Tennessee Human Resource Agency)					
9. Erlanger Hospital					
10. Hamilton County Mental Health Court					
11. United Way 2-1-1					
12. AIM Center					
13. Moccasin Bend					
14. Metropolitan Ministries					
15. Hamilton County Department of Education					
16. Partnership for Families, Children, and Adults					
17. Family Justice Center					
18. Chattanooga Housing Authority					
19. House of Refuge					
20. Union Gospel Mission					
21. CADAS					
22. Olivet baptist					
23. H3 Ministries					





Organization	Weekly	Monthly	Every few Months	Every 6 months or more	Never
24. St. Elmo Baptist					
25. City of Chattanooga					
26. Abba's House					
27. Welcome Home					
28. Homeless Coalition					
29. Clinica Medicos					
30. CARTA (Chattanooga Area Regional Transit Authority)					
31. Hamilton County Jail					
32. Cempa Community Care					
33. VA					
34. Hope for the Inner City					
35. Chattanooga Police Department					
36. Chattanooga Interagency Council on Homelessness					

19. Next I'd like to know who you would work with if you were going to initiate a new service or program related to homelessness in Chattanooga. For the same list of organizations, please tell me if you would be very likely, somewhat likely or unlikely to work with them on starting a new service or program.

Organization	Very likely	Somewhat likely	Unlikely	DK/NA
1. Chattanooga Rescue Mission				
2. Community Kitchen				
3. Room in the Inn				
4. Family Promise				
5. Johnson Mental Health				
6. Homeless Health Care				
7. Salvation Army				
8. SETHRA (Southeast Tennessee Human Resource Agency)				
9. Erlanger Hospital				
10. Hamilton County Mental Health Court				
11. United Way 2-1-1				
12. AIM Center				
13. Moccasin Bend				
14. MetMin				
15. Hamilton County Department of Education				
16. Partnership for Families, Children, and Adults				
17. Family Justice Center				
18. Chattanooga Housing Authority				
19. House of Refuge				
20. Union Gospel Mission				
21. CADAS				





Organization	Very likely	Somewhat likely	Unlikely	DK/NA
22. Olivet baptist				
23. H3 Ministries				
24. St. Elmo Baptist				
25. City of Chattanooga				
26. Abba's House				
27. Welcome Home				
28. Homeless Coalition				
29. Clinica Medicos				
30. CARTA (Chattanooga Area Regional Transit Authority)				
31. Hamilton County Jail				
32. Cempa Community Care				
33. VA				
34. Hope for the Inner City				
35. Chattanooga Police Department				
36. Chattanooga Interagency Council on Homelessness				

### Service Coverage – Availability and Gaps

I have a few questions about the local homelessness services in Chattanooga.

- 20. What are the largest gaps in service for homeless individuals?
- 21. Are there duplications in service?
- 22. What do the organizations that work to address homelessness in Chattanooga do best?
- 23. What are the greatest challenges organizations in Chattanooga face?

### Community

- 24. What are your suggestions to better engage the community in the City of Chattanooga around the homelessness issue?

### Concluding Remarks

- 25. Is there anything else you would want community leaders to know about preventing homelessness in the City of Chattanooga?



## Key Informant Interview Guide

Individuals Experiencing Homelessness  
Chattanooga Homelessness Planning  
September 4, 2018

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### Introduction:

Hello, This is \_\_\_\_\_ and I'm with Analytic Insight. We are working with the City of Chattanooga on strategic planning around the issue of homelessness. We have an appointment to speak. Is this still a convenient time?

I'm going to be recording our interview using a smart pen that links my notes to an audio recording. After the report is developed I will destroy the recording part of our conversation. Your interview will be combined with other interviews and we will not use your name or position in our report. We report only what was said, not who said it. Is it OK with you if I record this conversation?

### History of Homelessness

1. Are you currently homeless?
  - a. For how long? (Probe for this time, vs. chronic over a long period of time.)
  - b. Have you been homeless before this time?
  - c. What were the reasons that led you to be homeless?
2. (As needed: While you were homeless,) Where do/did you go to seek shelter?
  - a. Did you feel safe at this location?
  - b. Did you encounter any violence or conflict while you were staying there?
  - c. How long did you stay?
  - d. Where did you go when you left \_\_\_\_\_?
  - e. Do you have children? Were they with you when you were homeless?
  - f. Did you have a dog or cat or any pets? What did you do with them when you were in the shelter? Did having a pet ever keep you from staying at a shelter or from getting other housing?
3. What resources or services did \_\_\_\_\_ provide to you while you were there? (E.g. showers, food, backpack of supplies)





### Access to Resources

4. Did \_\_\_\_\_ refer you anywhere else to help you find housing, food or other services?
  - a. If yes, where did they refer you?
  - b. What services or resources did that organization provide?
5. Have you ever sought treatment for substance abuse? (Probe for how many times they have sought treatment, any barriers encountered such as waiting times.)
6. Have you ever sought treatment for mental health? (Probe for how many times they have sought treatment, any barriers encountered such as waiting times.)

### Experience with Subsidized or Supportive Housing

7. In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household?
  - a. How is your relationship with the landlord? (Probe for have you felt discriminated against? Are you treated differently than other tenants?)
8. Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household?
9. Is it difficult to find a place to stay that you can afford in Chattanooga? (Probe for reasons or how they go about finding a place to stay.)
10. Do you currently get help paying rent?
11. Do you live in supportive housing?
  - a. If yes, what services do you use? What other services would you like?
  - b. If no, have you ever applied? (If so, when, how many times, other barriers?)

### Employment

12. Is it difficult to find a job in Chattanooga? (Probe for reasons or how they go about finding a job or barriers encountered.)

### Experiences in the Community

13. Is it difficult to find help in the community if you are experiencing homelessness? (Probe for ways of finding help or barriers encountered.)
14. What is your experience with law enforcement while you were homeless? (Probe for experiences being arrested, in jail, interventions/rides to a shelter, etc.)
15. While you were homeless did you ever go to the emergency room? How many times? Were you assigned a case manager or referred to any other services from the hospital?



### Network of Organizations

Next I'd like to talk to you about some of the organizations that are serving homeless people in the City of Chattanooga.

16. How well do you think the different services and organizations work together in Chattanooga to provide services for individuals who are homeless?

- ☐ Very well                      ☐ Somewhat well                      ☐ Not well at all

Probe for reasons: \_\_\_\_\_

17. What services or programs helped you most to end your experience with homelessness?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

18. How satisfied are you with the services or resources that have been provided in the community to help you end your experience with homelessness? Would you say you are:

- ☐ Very satisfied                      ☐ Somewhat satisfied                      ☐ Not at all satisfied

19. I would like to get a sense who you've been in touch with during this period of homelessness / while you were experiencing homelessness? Have you ever been in contact with....

Service/Program/Organization	
<input type="checkbox"/>	1. Chattanooga Rescue Mission
<input type="checkbox"/>	2. Community Kitchen
<input type="checkbox"/>	3. Room in the Inn
<input type="checkbox"/>	4. Family Promise
<input type="checkbox"/>	5. Johnson Mental Health
<input type="checkbox"/>	6. Homeless Health Care
<input type="checkbox"/>	7. Salvation Army
<input type="checkbox"/>	8. SETHRA
<input type="checkbox"/>	9. Erlanger Hospital
<input type="checkbox"/>	10. Hamilton County Mental Health Court
<input type="checkbox"/>	11. United Way 2-1-1
<input type="checkbox"/>	12. AIM Center
<input type="checkbox"/>	13. Moccasin Bend
<input type="checkbox"/>	14. MetMin
<input type="checkbox"/>	15. Hamilton County Department of Education
<input type="checkbox"/>	16. Partnership for Families, Children, and Adults
<input type="checkbox"/>	17. Family Justice Center
<input type="checkbox"/>	18. Chattanooga Housing Authority
<input type="checkbox"/>	19. House of Refuge
<input type="checkbox"/>	20. Union Gospel Mission
<input type="checkbox"/>	21. CADAS
<input type="checkbox"/>	22. Olivet baptist
<input type="checkbox"/>	23. H3 Ministries
<input type="checkbox"/>	24. St. Elmo Baptist

3







Service/Program/Organization	
<input type="checkbox"/>	25. City of Chattanooga
<input type="checkbox"/>	26. Abba's House
<input type="checkbox"/>	27. Welcome Home
<input type="checkbox"/>	28. Chatt Inn
<input type="checkbox"/>	29. Homeless Coalition
<input type="checkbox"/>	30. Abba's House
<input type="checkbox"/>	31. Clinica Medicos
<input type="checkbox"/>	32. CARTA (Chattanooga Area Regional Transit Authority)
<input type="checkbox"/>	33. Hamilton County Jail
<input type="checkbox"/>	34. Cempa
<input type="checkbox"/>	35. VA
<input type="checkbox"/>	36. Hope for the Inner City
<input type="checkbox"/>	37. Chattanooga Police Department

### Service Coverage – Availability and Gaps

I have a few questions about the local homelessness services in Chattanooga.

20. Was there a service, program or resource that you need(ed) during this period of homelessness / while you were experiencing homelessness that you did not find in Chattanooga?
21. Can you go to different organizations to receive the same service, program or resource? (Probe for which organizations and services.)
22. What do the organizations that work to address homelessness in Chattanooga do best?
23. What could the organizations that work to address homelessness in Chattanooga do better to serve homeless individuals or families?

### Community Support

24. Is there a sense of shame or a stigma around being homeless? How do/did you cope?
25. Do/Did you receive support or friendship from other homeless individuals?
26. What are the ways we can get community support around the homelessness issue in Chattanooga?

### Concluding Remarks

27. Is there anything else you would want community leaders to know about experiencing homelessness in the City of Chattanooga?

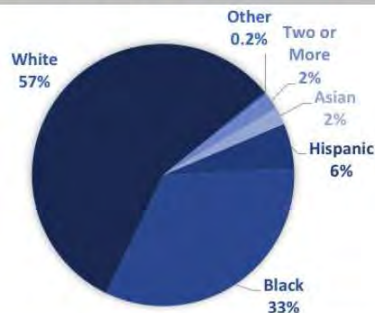




## H.APPENDIX B: STRATEGIC PLANNING SESSIONS MATERIALS



**Population:** 177,582  
**Median Age:** 37  
**Number of Households:** 70,730  
**Household Median Income:** \$41,278  
**Median House Value:** \$152,000



Cost of living index = 89.7  
Poverty Rate = 20.2%



Per 100,000 Individuals...  
106 Primary Care Physicians  
71 Dentists  
172 Mental Health Professionals  
138 Other Providers



Average cars per household = 2  
Average commute time = 18 minutes

Current Mayor  
**Andy Berke**

### HOMELESSNESS IN CHATTANOOGA

There is a high need for  
low-barrier **emergency  
shelter**

There is a high need for  
**increased coordination.**



#### PAST EFFORTS

##### ❖ 2004 Blueprint

The Blueprint to End Chronic Homelessness in the Chattanooga Region in 10 years – A collaborative initiative between the City & the Chattanooga Regional Homeless Coalition

##### ❖ 2007 Update

##### ❖ 2009 Update

##### ❖ 2012 Update





## Preventing Homelessness

### 2017 Tennessee Statistics

Total Homeless Population **8,309**  
 Total Family Households Experiencing Homelessness **655**  
 Persons Experiencing Chronic Homelessness **1,484**  
 Unaccompanied Young Adults (Aged 18-24) Experiencing Homelessness **457**  
 Rate of Homelessness per 100,000 Population **125**



**Homelessness:** Individuals who lack a fixed, regular, or adequate nighttime residence.

**Chronic Homelessness:** Individuals that experience long-term or repeated times of homelessness.

### Causes of Homelessness



Substance Abuse and Mental Health Service Providers					
CADAS	Mental Health Co-Op	Erlanger Behavioral Health	Memorial Hospital	Veteran Affairs (VA)	AIM Center
Homeless Healthcare	Helen Ross McNabb Center	Parkridge Valley	Adult & Teen MidSouth	VBHC – Johnson Mental Health	Moccasin Bend
Treatment Centers					
<ul style="list-style-type: none"> <li>➤ Focus Treatment Center</li> <li>➤ Volunteer Comprehensive</li> <li>➤ Chattanooga Drug &amp; Alcohol Treatment Center</li> <li>➤ Drug Abuse Action Addiction</li> </ul>			<ul style="list-style-type: none"> <li>➤ Buffalo Valley</li> <li>➤ Samaritan House</li> <li>➤ Assertive Community Treatment Team (ACTT)</li> </ul>		



### Drug Prevention and Cessation Services Include:

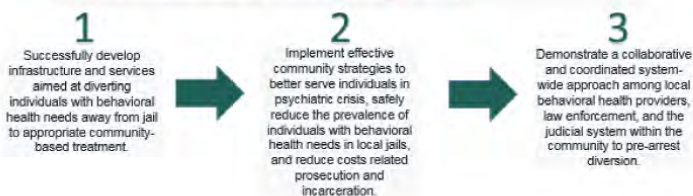
Residential Treatment • Intensive Outpatient Services • Detox Services  
 • Case Management • Day School • Relaxation Classes • Sober Living Home • Transportation • Group and Individual Therapy • Therapeutic Outings • Prevention Programs • Addiction Recovery Programs • Supportive Housing

### Mental Health Services Include:

Supportive Housing • Residential Treatment • Intensive Outpatient Services • Intensive In-home Treatment • Case Management • Crisis Stabilization • 24-hour CRISIS Hotline • Psychiatric Medication Management • Psychological Evaluations • Psychosexual Evaluations • Continuous Treatment Care

### Pre-Arrest Diversion Program

*"The primary goal of the TDMHSAS (Tennessee Department of Mental Health and Substance Abuse Services) Pre-Arrest Diversion Infrastructure Project is to reduce or eliminate the time individuals with mental illness, substance use, or co-occurring disorder spend incarcerated by redirecting them from the criminal justice system to community-based treatment and supports. Through enhanced collaboration among local behavioral health providers, law enforcement, and the judicial system, the Pre-Arrest Diversion Infrastructure Project aims to transform the way behavioral health services are delivered to individuals with low-level offenses who have behavioral health needs."*



### Homeless Individuals Arrested in Hamilton County Over A 10-Day Period in September



■ Substance-Related ■ Non-Substance Related

*"Now the officers will be able to be participant in – they will be that individual that helps them begin the process to change the direction of where they are headed and put them in a new direction"*



# Housing

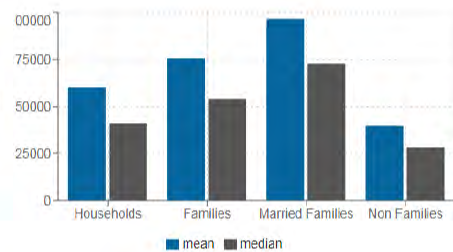
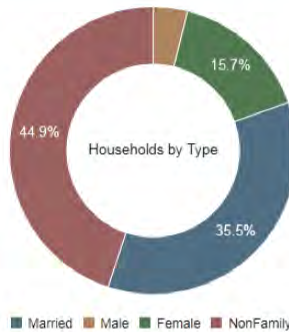


The Chattanooga Housing Authority currently manages  
**3,445** active Housing Choice Vouchers

Average Voucher Waitlist  
Time = **16 Months**

Eligibility of Vouchers Based on Income level		
# In Household	1 = \$21,600	2 = \$24,700
	3 = \$27,800	4 = \$30,850
	5 = \$33,350	6 = \$35,800
	7 = \$38,300	8 = \$40,750

**Household Statistics from 2016:**  
Median household income = \$41,278  
Median house or condo = \$152,000  
Median Gross Rent = 781  
Homeownership = 53.2%



The Homelessness Prevention and Rapid Re-Housing Program (HPRP)	
<b>What HPRP Does</b>	The Chattanooga Regional Homeless Coalition is the area grant recipient and has contracted with the Chattanooga Community Kitchen and the AIM Center Inc. to provide case management services for those seeking assistance. Additionally, the grant provides rental assistance and assistance with rent and utility deposits.
<b>Who HPRP Helps</b>	Families and individuals who: <ol style="list-style-type: none"> <li>1. Would otherwise become homeless without the assistance and intervention of this grant;</li> <li>2. Have a household income at or below 50% of the area median income;</li> <li>3. Have no other housing options;</li> <li>4. And have insufficient funds to obtain or remain in housing.</li> </ol>

Public Housing Program	
<b>What the Public Housing Program does</b>	The Chattanooga Housing Authority Resident Outreach Programs provide dedicated Community Managers, Customer Service Specialists and Maintenance Teams. It is their job to provide dependable and caring outreach services to our residents.
<b>Who Benefits</b>	<ol style="list-style-type: none"> <li>1. Low-income families;</li> <li>2. Disabled individuals;</li> <li>3. And elderly individuals.</li> </ol>

## Options for Low-Income Individuals and Families

Approx. 30 affordable apartments and low-income housing. Some apartments require income eligibility requirements and other guidelines specific to a housing authority.

1. HUD apartments
2. Section 8 apartments
3. Public Housing apartments
4. Non-profit senior and family low-income apartments
5. Low-income tax credit apartments (LIHTC)

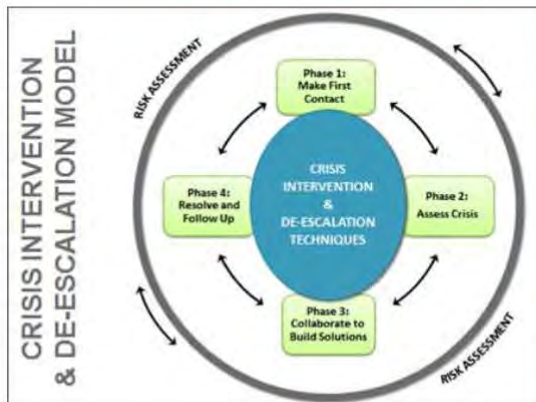
**Supportive Housing Providers:**







# Improving Responsiveness to Homelessness



## CRISIS INTERVENTION TRAINING

The Crisis Intervention Team (CIT) program is an innovative, proactive law enforcement-based approach to addressing issues surrounding the treatment of persons with mental health issues. It is a collaborative effort and partnership between law enforcement, the mental health community, consumers, and consumer advocates that trains and equips officers to respond effectively to individuals with mental illness. The CIT Curriculum is delivered over a 40-hour week of intensive training provided by volunteer mental health professionals, advocates, and CIT trained law enforcement officers.



Since its 2009 inception in the Hamilton County and Chattanooga area, the OCHS Center for Metropolitan Studies in Chattanooga has confirmed the achievement of some of the major objectives of the CIT program:

1. Decrease in use of force, especially SWAT;
2. Decrease in officer, consumer, and civilian injuries;
3. Decrease in arrest rates for individuals with mental illness and
4. Securing outpatient treatment for the consumer.



SAMHSA offers grants and programs to support the goal of ending homelessness among people with mental health or substance abuse disorders.

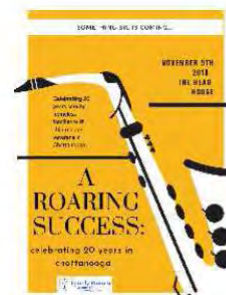
- Projects for Assistance in Transition from Homelessness (PATH)
- Grants for the Benefit of Homeless Individuals – Services in Supportive Housing (GBHI-SSH)
- SSSI/SSDI Outreach, Access, and Recovery (SOAR)

## EMERGENCY SHELTER • TRANSITIONAL HOUSING



Chattanooga Community Kitchen • Chattanooga Rescue Mission • Family Promise • CADAS - Family Way • Next Door Inc. Chattanooga • Parkridge Valley Hospital • Oxford House Locations

GET INVOLVED!





## Coordinated System

### Barriers to Coordination

#### 1. Organizations are siloed



#### 2. Perceived competition over funding

#### 3. Lack of confidence in sustainability and leadership



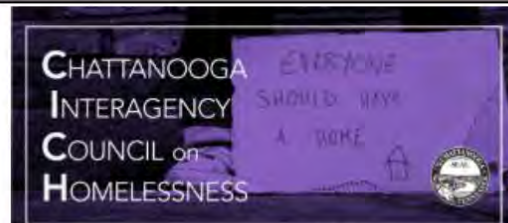
**“In order to move the mountain everyone needs to grab a shovel.”**

– Key Informant Interview

### Enhancing Coordination

Almost all stakeholders interviewed stated that there should be a central agency coordinating efforts.

All stakeholders interviewed indicated that they would be interested in legal data sharing with other organizations



A group of organizations and individuals appointed by the Chattanooga Mayor that **plan, coordinate, and accelerate** our city's response to ending homelessness.



#### Partners:

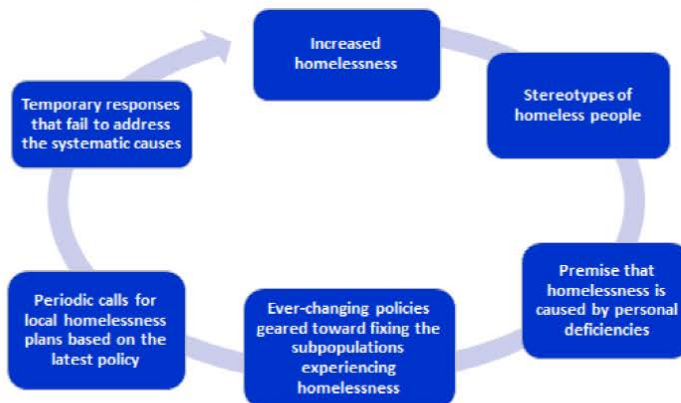
City of Chattanooga • City of Chattanooga Mayor's Office • City of Chattanooga Homeless Program • City of Chattanooga Community Development • City of Chattanooga Department of Economic and Community Development • Chattanooga Police Department • Hamilton County Sheriff's Department • Hamilton County Government • Abba's House • St. Paul's Episcopal Church • Maclellan Foundation • United Way of Greater Chattanooga • Chattanooga Regional Homeless Coalition • Southeast Tennessee Human Resource Agency (SETHA) • Volunteer Behavioral Health Care System – Johnson Mental Health • Community Kitchen • Erlanger Hospital • Parkridge Health Systems • CHI Memorial • Moccasin Bend Mental Health Institute • BlueCross BlueShield of Tennessee • United Health Group • RiverCity Company • Chattanooga Housing Authority • University of Tennessee Chattanooga • MILK Neighborhood Association • Fortwood Neighborhood Association • Member-at-large • Homeless Healthcare Center • CARTA • AIM Center • Rescue Mission • Room in the Inn • Metropolitan Ministries • Welcome Home of Chattanooga





## Business, Non-Profits and the Community Coming Together

### The Vicious Cycle of Bad Homelessness Policies



### East 11<sup>th</sup> Street Stigma

- People think anyone who is homeless “hangs out” on East 11<sup>th</sup> street near Community Kitchen – people experience homelessness in all parts of Chattanooga and Hamilton County
- People think that there is an overabundance of resources and shelter provided on East 11<sup>th</sup> street, but in reality many people experiencing homeless are sleeping in tents.

- Chattanooga has
- Over 900 Nonprofits
  - 4 Hospitals
  - Over 250 Faith-based organizations
  - Over 2,000 Private Businesses

TOGETHER WE CAN  
DO SO MUCH MORE.

