

A Vision to Effectively End and Prevent Homelessness in the State of Tennessee

Created by Tennessee Interagency Council on Homelessness

SUMMER 2017





**BILL HASLAM**  
GOVERNOR  
STATE OF TENNESSEE

June 7, 2016

Fellow Tennesseans:

The Tennessee Interagency Council on Homelessness is charged with coordinating the State's efforts to effectively address the challenge of ending homelessness in Tennessee. On May 25, 2016, the Council—which includes representation of numerous state and local agencies and providers in the community—adopted the State Plan to End Homelessness.

In 2015, an estimated 9,123 individuals were identified as homeless in Tennessee. While the state has made progress in reducing this number, the rate of homelessness remains too high.

The Plan will increase collaboration, improve access to housing and healthcare, and increase the economic security and education of Tennessee's citizens, while ensuring that state and local resources are utilized effectively and responsibly. Specifically, the Plan sets out key measures of success and 43 action steps to end veteran and chronic homelessness, homelessness for families with children and youth, and all other categories of homelessness.

The Department of Mental Health and Substance Abuse Services is spearheading this effort to develop, enhance, and coordinate the efforts and strategies to more effectively address the challenges of homelessness in Tennessee. The Council recognizes that decisions are often best made at the local level and hopes the sharing of information and best practices will leverage the successes of communities throughout the state.

I look forward to receiving regular updates from the Council regarding the progress towards achieving the goal of eliminating homelessness in our state.

I thank the Council for serving as a model of how different departments and agencies of government can unite and work with other important stakeholders to tackle a common goal. The Council's efforts will help make Tennessee a better place to live, work, and raise a family.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bill Haslam".

Governor Bill Haslam





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# VISION AND GOALS

The long-term vision of Tennessee’s Interagency Council on Homelessness is to effectively end and prevent homelessness in the State of Tennessee. Through the coordination of services and housing at the state and local levels, we believe we can bring an end to homelessness.

In concert with *Opening Doors*, the United States Interagency Council on Homelessness’ (USICH) plan to end homelessness, we have created a statewide plan to end homelessness.

The Tennessee State Plan to End Homelessness has specified the following goals:

- **To end veteran and chronic homelessness by the end of 2017**
- **To end homelessness for families with children and youth by the end of 2020**
- **To end all other homelessness by the end of 2025**

The Plan is organized around five main themes and the ten objectives of *Opening Doors*. It includes Tennessee’s measures of success for the first year of plan implementation. It is the hope of the Council that the Plan will be used as a road map for all Tennesseans interested in preventing and ending homelessness. Measurements have been created and will be assessed annually to ensure progress towards our goals.

*“An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience.”*

United States Interagency Council on Homelessness

# History of Interagency Council on Homelessness

On December 9, 2004, former Tennessee Governor, Phil Bredesen, signed Executive Order No. 21 establishing the Governor's Interagency Council on Homelessness. At that time, the Council included a designee from the following: the Governor's office, Department of Children's Services, Department of Correction, Department of Veteran's Affairs, Department of Education, Department of Health, Department of Human Services, Department of Mental Health and Developmental Disabilities, Tennessee Board of Probation and Parole, the Tennessee Housing Development Agency, the Bureau of TennCare, and three (3) representatives of Tennessee's Continuum of Care (CoC), appointed by the Governor.

Additional, non-appointed stakeholders volunteered to assist in this effort. The group eventually grew to include 41 individuals from state and local agencies across the State of Tennessee. Led by a Governor-appointed chairperson from the Department of Veteran's Affairs, the Council provided a forum for sharing promising practices, addressing local challenges, and discussing homelessness related policy issues. In 2009, near the end of the Bredesen administration, the Council stopped meeting.

In early 2014, the office of Substance Abuse and Mental Health Services Administration (SAMHSA) put forth a Request for Applications (RFA) for the Cooperative Agreement to Benefit Homeless Individuals - States (CABHI) grant. This RFA included a requirement to establish or coordinate with an existing state interagency council on homelessness to develop an annually updated statewide plan that ensures sustained partnerships among state-level housing and support service systems for, at least, homeless veterans and other chronically homeless living with serious mental illness, substance use disorders, or co-occurring mental illness and substance use disorders.

Tennessee’s Department of Mental Health and Substance Abuse Services (TDMHSAS) received the CABHI grant, which allowed for the hiring of a staff person who would oversee grant implementation, including the Council. In the fall of 2014, the Council was re-energized under the leadership of E. Douglas Varney, Commissioner of Mental Health and Substance Abuse Services, and included the following representatives as required in the RFA:

- The Department of Mental Health and Substance Abuse Services;
- The Bureau of TennCare;
- The Department of Health;
- The Department of Veterans Services;
- The Tennessee Housing Development Agency;
- Shelby County Government, as a CABHI grant recipient;
- Metropolitan Government of Nashville-Davidson County, as a CABHI grant recipient;
- A person who has experienced homelessness and/or mental illness or substance use disorder;
- A veteran;
- SSI/SSDI Outreach, Access, and Recovery state lead; and
- The Grant Project Officer from Substance Abuse and Mental Health Services Administration

As the planning process to end homelessness began to take shape over the course of the first year, the following representatives were added to the Council:

- Representatives from all 10 of the Continua of Care (CoCs) which oversee U.S. Department of Housing and Urban Development (HUD) funding for homeless services;
- The Department of Correction;
- The Department of Education;
- The Department of Children’s Services; and
- The Department of Human Services.

In addition, the following federal agency representatives volunteered to join the Council:

- Directors of HUD’s East, Middle, and West Tennessee Field Offices; and
- U.S. Department of Veterans Affairs Homeless Services Office Director

In September 2015, Governor Bill Haslam signed Executive Order No. 49 reconstituting the Governor’s Interagency Council on Homelessness as the Tennessee Interagency Council on Homelessness (Appendix A). This Executive Order continued the process already in place through the CABHI grant and attached the Council to TDMHSAS for administrative purposes. Additionally, Executive Order No. 49 added the following representatives:

- Representatives from three, additional local CABHI provider sites not previously represented; and
- The Governor’s designee, to be selected by the Governor.

During the writing of and finalizing of the first version of the Plan, it was recognized that the Department of Labor and Workforce Development (DLWD) was also needed on the Council to effectively meet the goal of ending homelessness. In August 2016, a representative from the DLWD was added to the Council and became an active participant in several workgroups.



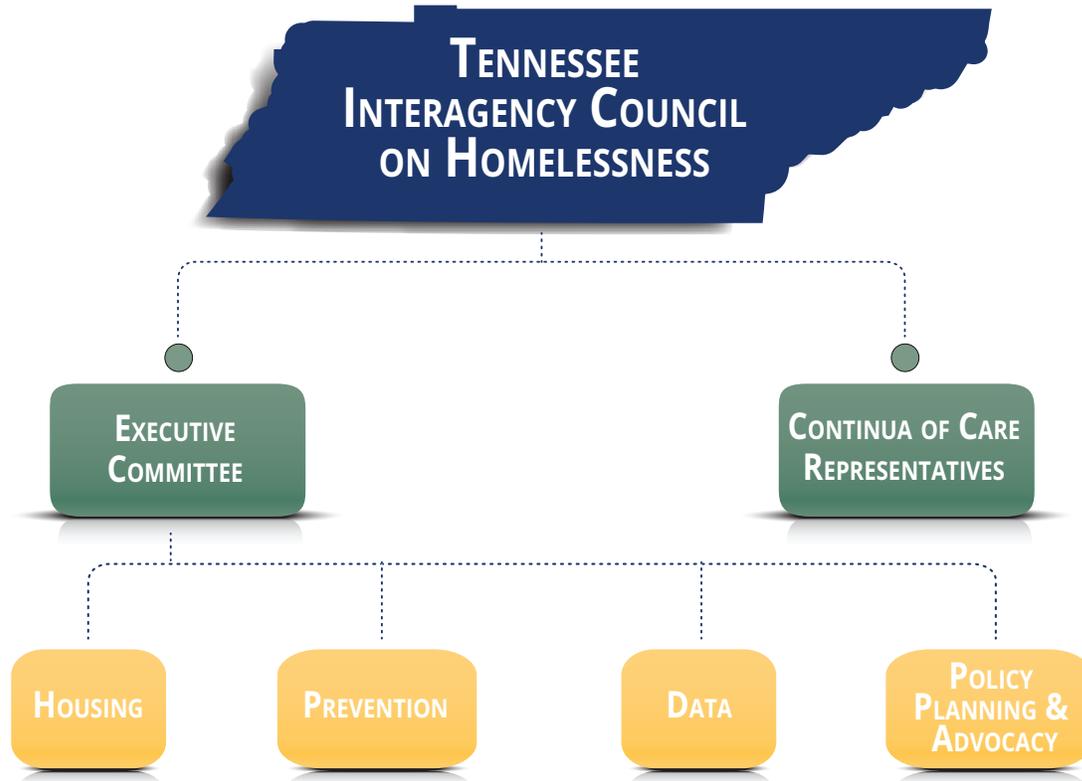
## State Plan Creation Process

The process of identifying the needs of homeless individuals and the barriers to ending homelessness began with the members of the Council. Through brainstorming activities the identified needs and barriers were grouped together, and the Council formulated a plan to create four (4) workgroups, which would allow even greater input from across the state. The four (4) workgroups include Data, Prevention, Housing, and Policy/Planning and Advocacy.

With the implementation of the workgroups and the support of the Governor’s Office, a timeline was developed and placed into action at the November 2015 Council meeting. This timeline included bi-monthly meetings of the workgroups, monthly meetings of a state agency sub-group, quarterly meetings of the Council, and bi-monthly meetings with representatives from each CoC. See Figure 1 for the planning process organization chart.

**Figure 1**

## Tennessee Interagency Council on Homelessness Organizational Chart



During the November 2015 Council meeting, it was decided that the Plan will follow the same outline provided by USICH in *Opening Doors*. This means that the Plan uses the same overarching goals, the five (5) themes and the ten (10) objectives. This would allow for the Plan’s goals to be coordinated with USICH’s goals to end homelessness and all the state and federal resources deployed to meet these goals. The Council also reviewed several other state plans and incorporated Tennessee-specific action steps that represent our state’s specific needs.

During January 2016, the workgroups and CoCs went through a brainstorming activity to develop potential action steps for each of the five (5) themes. The 300-plus action steps generated by this process were then grouped and assigned to the ten (10) objectives. The state sub-group then met to further develop and refine the different action steps. At the end of February 2016, the Council reconvened to discuss the draft action steps. During this meeting, the Council identified 11 action steps considered priorities for our state. The Council also identified several action steps requiring greater detail and further definition.

In March 2016, the workgroups, CoC group, and state sub-group reconvened to address information requested from the Council, and to determine who should take the lead on each action step. During these meetings several action steps were further refined to ensure measurability and the ability of our state to complete the step.

After clarifying the action steps, key measures of success were identified for each objective and the next draft was sent to the Council for review and final comments. The final draft of the Plan was approved by the Council at the May 2016 meeting.

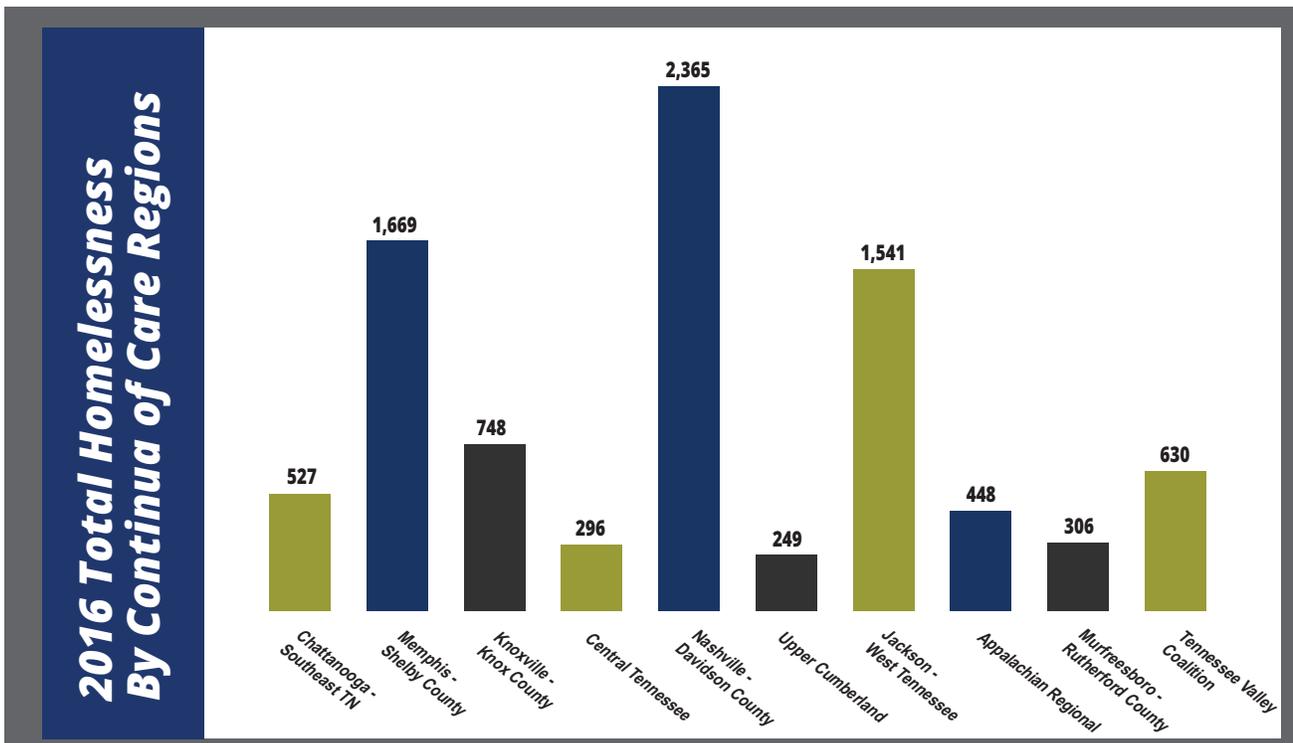
Over the course of this first year of implementation, the state’s plan has been shared with State leadership (Executive and Legislative), county and city leaders, faith-based communities, housing developers, and service providers. Through the continuing meetings of the Council and workgroups, progress on implementation of each action step has been tracked and four action steps have been completed. An exciting outcome of the different workgroups and Council meetings has been the sharing of information and problem-solving between the different state departments as well as between the state departments and the Continua of Care. The process has proven to be a truly productive, collaborative effort toward reaching our common goals.

Working through the action steps and implementation process, it was determined that the original plan’s system of lead partners and tracking were too cumbersome and inefficient. At the November 2016 meeting of the Council it was voted that each action step be assigned to a workgroup as opposed to one or several individual agencies. Pertinent state agencies or CoC representatives were added to each workgroup based on their assigned action steps. Another component that was implemented mid-year was to assign a co-chair for each workgroup and the Council. Having co-chairs is expected to provide a greater level of sustainability and broader membership investment in the Council and the Plan.

# Who We Serve

The 2016 Point in Time Count (PIT) in Tennessee identified an estimated 8,779 homeless individuals. For a breakdown of the number of homeless individuals by CoC region (see Figure 2). This number includes an unduplicated count of individuals who are sheltered (emergency shelter or transitional housing) and unsheltered as reported by each of the CoCs as part of the CoC's annual funding application process required by HUD. Approximately twenty-four percent (24%) of the 8,779 homeless individuals counted included individuals in households with at least one (1) child.

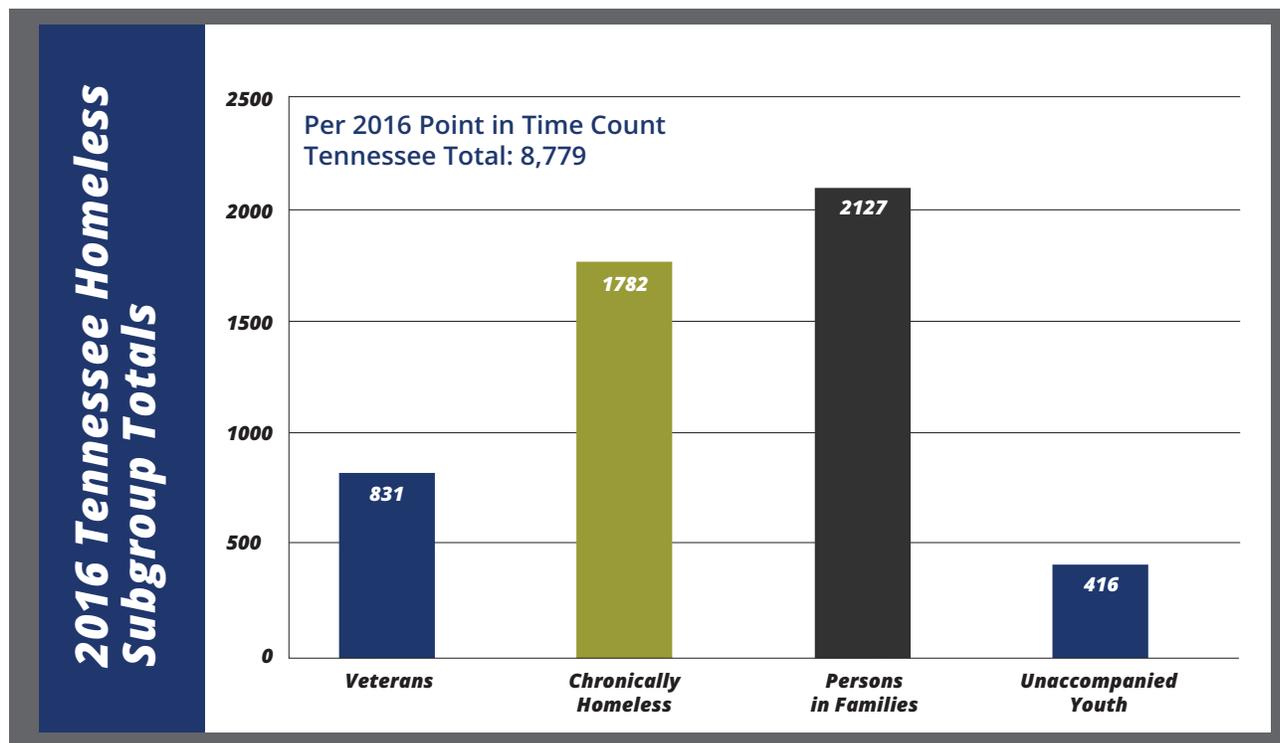
Figure 2



Of the 8,779 individuals identified, twenty percent (20%) were chronically homeless according to HUD's definition, nine (9%) were veterans, twenty percent (20%) persons in families, and five percent (5%) unaccompanied youth (See Figure 3).

Tennessee is primarily made up of rural counties. Of the State's ninety-five (95) counties, seventy-eight (78) are considered rural and encounter different barriers to ending homelessness from the urban areas. Differences include barriers to transportation, employment options, housing resources, support services access and availability, and cultural issues.

**Figure 3**



# Plan Implementation

During the first year of implementation, the Council as a whole, the four (4) workgroups, the Executive Committee, and CoC representatives have worked to facilitate the implementation and execution of the action steps outlined in the Plan, subject to available resources, appropriations, and potential legislation.

As noted in the Plan, the Council will utilize measurements and indicators defined by USICH to determine when veteran’s homelessness has been eliminated. These same criteria will be applied to measure whether chronic homelessness and homelessness of families with children and youth has ended. The detailed criteria can be found in Appendix B.

The workgroups and Council identified several action steps to be considered top priorities upon plan implementation. Each of the identified action steps are considered building blocks to other action steps or a step that is currently in process and needs additional attention to see through to completion. It is the intention of the Council to focus on facilitation and implementation of these priority steps upon approval of the Plan.

## Organization of the Document

The Plan is organized around five (5) thematic areas and the ten (10) objectives of *Opening Doors*. These objectives emphasize the areas that need to be addressed to effectively strengthen working relationships, successfully and efficiently reach those most in need, improve service delivery and effectiveness, and otherwise takes steps towards stronger outcomes for those at risk of or already experiencing homelessness.

Under each theme area, the objectives, measures of success and action steps are shown. To ensure progress for each action step, one or more leads have been identified in addition to a target date for implementation and completion. The Council will also be responsible for monitoring implementation progress. The Plan will be reviewed annually by the Council and updates made as needed. Annual review results will be reported to the Governor in accordance with Executive Order No. 49.



# Priority Action Steps

1. Make “ending homelessness” a goal of the State. (Action Step 1.2)
2. Create and operate a statewide homeless data repository with sustainable data collection and dissemination processes to increase understanding of the nature and extent of homeless in Tennessee as well as the resources and impact of efforts to prevent and address homelessness. (Action Step 1.4)
3. Create a public communications campaign to raise awareness of homelessness, its impact, and efforts to address it. Expand awareness of the state’s Plan to end homelessness through focus groups, publicity, and community forums; convene statewide events on ending homelessness, inviting policy makers, mayors, and state leaders, subject to available resources. (Action Step 2.3)
4. Increase housing availability for veterans experiencing homelessness, individuals experiencing chronic homelessness, families experiencing homelessness, unaccompanied youth, and those at-risk of homelessness. (Action Step 3.1)
5. Work to identify available funding within state agency budgets that can be used for housing services or state-sponsored reimbursements (for example, Tennessee Department of Correction’s three (3) month transitional housing program). (Action Step 3.3)
6. Increase job opportunities for homeless individuals through the development and increased availability of job training programs and the provision of education and training opportunities for employment. (Action Step 5.3)
7. Expand SSI/SSDI Outreach, Access, and Recovery (SOAR) access in Tennessee. (Action Step 6.1)
8. Create a single resource guide including multiple State agency programs providing benefits to assist individuals in securing benefits when they are eligible and interested. (Action Step 6.3)
9. All action steps for Objective 8: Advance health and housing stability for unaccompanied youth/young adults (18-24) experiencing homelessness and transition-age youth having to leave a stable environment or aging out of systems such as foster care and juvenile justice. (Objective 8)
10. Evaluate current state department structures and interdepartmental coordination to create a better transition facilitation and re-entry structure for those coming out of institutions (e.g., hospitals, prisons, etc.). (Action Step 9.1)
11. Conduct a statewide housing needs assessment that identifies groups at greatest risk for homelessness and those with greatest housing need. (Action Step 9.2)

The eleven (11) priority action steps are identified in the Plan with an asterisk and footnote.

# TENNESSEE'S STATE PLAN TO END HOMELESSNESS



## *Increase Leadership, Collaboration, and Civic Engagement*

**Objective 1:** Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Tennesseans to commit to preventing and ending homelessness.

### **Key Measures of Success:**

- The state will have met USICH's criteria for ending homelessness for veteran or chronic homelessness by June 2018.
- The Homeless Data Repository will be established and include data contributed from at least three (3) local homeless service systems (Continua of Care/CoCs) by June 2018.

### **Action Step 1.1:**

**Encourage and assist interested Continua of Care and communities to achieve national certification as having ended veteran homelessness, chronic homelessness, and homelessness of families with children and youth by meeting the criteria and benchmarks provided by USICH which can be seen in Appendix B.**

**Lead Workgroup:** CoC Learning Community

**Target Date for Implementation:** September 2016

**Target Date for Completion:**

December 31, 2017 for veterans and chronically homeless; December 31, 2020 for families with children and youth

### **\*Action Step 1.2:**

**Make “ending homelessness” a goal of the State.**

**Lead Workgroup:** Governor’s Office

**Target Date for Completion:** May 2016

**Completed:** May 2016

### **Action Step 1.3:**

**Increase state interdepartmental communication through quarterly meetings of the Council and create a communications campaign to increase awareness of homelessness and the Plan.**

**Lead Workgroup:** Executive Committee

**Target Date for Implementation:** May 2016

**Target Date for Completion:** Ongoing

### **\*Action Step 1.4:**

**Create and operate a statewide homeless data repository with sustainable data collection and dissemination processes to increase understanding of the nature and extent of homeless in Tennessee as well as the resources and impact of efforts to prevent and address homelessness.**

**Lead Workgroup:** Data

**Target Date for Implementation:** July 2016

**Target Date for Completion:** Ongoing

*\*Priority action step, as identified by the Council.*

**Objective 2: Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness.**

## **Key Measures of Success:**

- Media events including a network of homeless service providers and advocates as well as state and local government stakeholders will be held by 3 CoCs or communities to share the Plan or the Plan accomplishments by June 2018.

### **Action Step 2.1:**

**Improve communication between state and local entities regarding homelessness and local efforts to address this issue through regular communication between HUD, State, CoC leads, and city/county leaders.**

**Lead Workgroup:** Policy/Planning and Advocacy

**Target Date for Implementation:** July 2016

**Target Date for Completion:** Ongoing

### **Action Step 2.2:**

**Promote and facilitate a CoC Lead learning community to convene at least quarterly during the initial implementation period to share best practices, successes, and solutions to challenges.**

**Lead Workgroup:** Housing

**Target Date for Implementation:** September 2016

**Target Date for Completion:** Ongoing

**Completed Implementation:** July 2016

### **\*Action Step 2.3:**

**Promote and increase communication between (1) state and local government leaders and (2) public and private homeless service providers and advocates through a public communications campaign and increased regional communications from CoCs engaging leadership to increase awareness of homelessness, understand and address barriers to reducing homelessness, and promote improved public/private systems coordination to implement effective and efficient solutions to end homelessness.**

**Lead Workgroup:** Prevention

**Target Date for Implementation:** August 2016

**Target Date for Completion:** Ongoing

*\*Priority action step, as identified by the Council.*



## *Increase Access to Stable and Affordable Housing*

**Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness**

### **Key Measures of Success:**

- Move at least 700 homeless veterans, chronically homeless individuals, families with children, and/or unaccompanied homeless youth into permanent housing between July 2017 and June 2018.
- Implement 2017's identified, interdepartmental project for housing or housing services by December 2017
- Identify at least one new interdepartmental project for housing or housing services by July 2018.

### **\*Action Step 3.1:**

**Increase availability and access to housing for veterans experiencing homelessness, individuals experiencing chronic homelessness, families experiencing homelessness, homeless youth and those at-risk of homelessness. This can be done through, but is not limited to, the education of developers, providers, and state and local leaders on homelessness in our state and high impact homelessness prevention models, the exploration of ways in which communities can create or locate low cost housing alternatives, and the coordination of rental assistance programs with housing development programs.**

**Lead Workgroup:** Housing

**Target Date for Implementation:** August 2016

**Target Date for Completion:** Ongoing

*\*Priority action step, as identified by the Council.*

### **Action Step 3.2:**

Utilizing TNHousingSearch.org, determine how we can best identify which units are of high quality or have been inspected. This same platform would identify properties available to specific groups of homeless such as veterans, families, ex-felons, mentally ill, etc.

**Lead Workgroup:** Housing

**Target Date for Implementation:** November 2016

**Target Date for Completion:** December 2017

### **\*Action Step 3.3:**

Work to identify available funding within state agency budgets that can be used for housing services or state-sponsored reimbursements (for example, Tennessee Department of Correction's three (3) month transitional housing program).

**Lead Workgroup:** Executive Committee

**Target Date for Implementation:** August 2016

**Target Date for Completion:** July 2017

### **Action Step 3.4:**

Increase landlord and service provider education opportunities with respect to fair housing laws, legal aid services, tenant rights and responsibilities, housing individuals with felonies, housing registered sex offenders, homelessness prevention services, referral processes between different agencies, and the utilization of the TNHousingSearch.org.

**Lead Workgroup:** Housing

**Target Date for Implementation:** August 2016

**Target Date for Completion:** July 2017

*\*Priority action step, as identified by the Council.*

## **Objective 4: Provide permanent supportive housing to prevent and end chronic homelessness.**

### **Key Measures of Success:**

- Between July 1, 2017 and June 30, 2017, TDMHSAS will attend 12 certified recovery congregation or faith-based organization events to share the Plan and garner support to end homelessness.
- Commitments from 24 congregations or faith-based organization will be secured by TDMHSAS to implement at least one activity to assist their CoC in their efforts to end homelessness.

#### **Action Step 4.1:**

**Promote development, dissemination, and availability of evidence-based best practice housing models for different needs and populations in Tennessee.**

**Lead Workgroup:** Housing

**Target Date for Implementation:** August 2016

**Target Date for Completion:** July 2017

#### **Action Step 4.2:**

**Increase housing supports needed for stable housing placements. This can include, but is not limited to: increased access to services from recovery certified peer specialists as housing support specialists for the newly housed either through TennCare benefits, TDMHSAS, and other programs; an increase in coordination with faith-based groups on how they and CoCs can work together; an assessment of the effectiveness of mental health supports for TennCare members accessing the supportive housing benefit; an assessment of support services available in housing for people with behavioral health disorders.**

**Lead Workgroup:** Housing

**Target Date for Implementation:** August 2016

**Target Date for Completion:** August 2018

#### **Action Step 4.3:**

**Explore the use and possibilities of Social Impact Bonds; gather information about successful examples of their use for serving the homeless population.**

**Lead Workgroup:** Housing

**Target Date for Implementation:** Spring 2017

**Target Date for Completion:** Ongoing



## *Increase Economic Security*

**Objective 5: Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.**

### **Key Measures of Success:**

- Expand current number of Individual Placements and Supports (IPS) employment service sites by two (2) and serve an additional 100 people in FY18 (July 2017 – June 2018). Both sites will be trained to serve homeless individuals.

#### **Action Step 5.1:**

**Advocate for, research, and publicize options to incentivize employers to hire individuals with specific vulnerabilities: homelessness, felony convictions, mental illness, and substance abuse.**

**Lead Workgroup:** Policy/Planning and Advocacy

**Target Date for Implementation:** Spring 2017

**Target Date for Completion:** Ongoing

#### **Action Step 5.2:**

**The Department of Human Services Vocational Rehabilitation (VR) Program will work collaboratively with the Department of Mental Health and Substance Abuse Services to develop and execute a memorandum of understanding to enhance and expand the supportive employment program Individual Placement and Supports (IPS) for eligible individuals throughout the state. VR will continue to have collaborative training on IPS with Community Rehabilitation Providers (CRPs) and VR employees.**

**Lead Workgroup:** Prevention

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2018

### **\*Action Step 5.3:**

Increase job opportunities for homeless through the development and increased availability of job training programs and the provision of education and training opportunities for employment.

**Lead Workgroup:** Prevention

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2017

### **Action Step 5.4:**

Increase access to educational opportunities for homeless and recently housed, e.g., high school equivalency (HiSET®, GED), Drive to 55, Post-Secondary Education Initiative for youth experiencing homelessness with intellectual or developmental disabilities, and Read to be Ready.

**Lead Workgroup:** Policy/Planning and Advocacy

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2017

### **Action Step 5.5:**

Increase collaboration between school systems and CoCs to increase access of homeless services to students and families.

**Lead Workgroup:** Policy/Planning and Advocacy

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2017

### **Action Step 5.6**

In alignment with the Workforce Innovation and Opportunities Act (WIOA) regional and local workforce boards will utilize WIOA-funded programs to improve job opportunities and support increased job training programs for those with significant barriers to employment.

**Lead Workgroup:** Policy/Planning and Advocacy

**Target Date for Implementation:** July 2017

**Target Date for Completion:** Ongoing

**Objective 6: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.**

## **Key Measures of Success:**

- At least 300 individuals will be assisted in applying for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) through the SSI/SSDI Outreach, Access and Recovery (SOAR) during FY18 (July 2017 – June 2018).

*\*Priority action step, as identified by the Council.*

### **\*Action Step 6.1:**

Expand SOAR access in Tennessee.

**6.1.1 Network active SOAR Specialists, U.S. Social Security Administration (SSA), and Disability Determination Services (DDS) to improve quality and access to SSI/SSDI for homeless people.**

**Lead Workgroup:** Prevention

**Target Date for Implementation:** July 2016

**Target Date for Completion:** September 2017

### **Action Step 6.2:**

Identify and promote strategies to improve financial and residential stability of SSI recipients.

**Lead Workgroup:** Prevention

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2017

### **\*Action Step 6.3:**

Create a single resource guide including multiple State agency programs providing benefits to assist individuals in securing benefits when they are eligible and interested.

**Lead Workgroup:** The Council

**Target Date for Implementation:** August 2016

**Target Date for Completion:** August 2018

### **Action Step 6.4:**

Assess effectiveness of current state-funded employment programs to serve the homeless and direct resources to programs and models with best outcomes.

**Lead Workgroup:** Policy/Planning and Advocacy

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2017

### **Action Step 6.5:**

Create partnerships between local transportation agencies, authorities, and homeless service providers to enhance federal, state, and local transportation programs and services in rural and urban areas to improve access to stable employment and needed resources for individuals experiencing homelessness.

**Lead Workgroup:** Policy/Planning and Advocacy

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2019

*\*Priority action step, as identified by the Council.*



## *Improve Health and Stability*

**Objective 7: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people’s vulnerability to and the impacts of homelessness.**

### **Key Measures of Success:**

- During FY18, at least one (1) of the three (3) TennCare contracted Managed Care Organizations (MCOs) will meet with and initiate partnerships with at least five (5) CoCs.

#### **Action Step 7.1:**

**Increase education to homeless individuals on healthy living, primary and behavioral healthcare systems and available resources.**

**Lead Workgroup:** Prevention

**Target Date for Implementation:** July 2016

**Target Date for Completion:** December 2017

**Completed:** January 2017

#### **Action Step 7.2:**

**Screen and connect potentially eligible homeless individuals to Health Link as a routine part of providing any homeless services.**

**Lead Workgroup:** Policy/Planning and Advocacy

**Target Date for Implementation:** October 2016

**Target Date for Completion:** July 2017

#### **Action Step 7.3:**

**Establish data collection system and use data to track primary and behavioral health utilization, health care access, and unmet healthcare needs of individuals experiencing homelessness and those recently housed.**

**Lead Workgroup:** Data

**Target Date for Implementation:** July 2016

**Target Date for Completion:** December 2016

## Action Step 7.4:

Increase Federally Qualified Health Centers (FQHC) participation in local CoCs.

**Lead Workgroup:** CoCs

**Target Date for Implementation:** September 2016

**Target Date for Completion:** September 2017

**\*Objective 8: Advance health and housing stability for unaccompanied youth/young adults (18-24) experiencing homelessness and transition-age youth leaving a stable environment or aging out of systems such as foster care and juvenile justice.**

## Key Measures of Success:

- Create partnerships between the West Tennessee and Southeast Tennessee CoCs and the TDMHSAS Healthy Transition sites to better coordinate referrals and services of homeless youth.
- The Tennessee Commission on Children and Youth will provide Adverse Childhood Experiences (ACEs) training to 150 individuals providing services to homeless youth between July 1, 2017 and June 30, 2018

## Action Step 8.1:

Ensure Runaway Homeless Youth (RHY) data and/or youth at risk for adult homelessness will be included in the data repository.

**Lead Workgroup:** Data

**Target Date for Implementation:** July 2016

**Target Date for Completion:** December 2016

## Action Step 8.2:

Increase outreach through the identification of outreach providers in each CoC to effectively identify and engage youth at risk for or experiencing homelessness and connect them through a coordinated entry and exit systems to trauma informed, culturally appropriate, and developmental and age appropriate interventions.

**Lead Workgroup:** Prevention

**Target Date for Implementation:** January 2017

**Target Date for Completion:** January 2018

*\*Priority action step, as identified by the Council.*

### **Action Step 8.3:**

**Enhance current low barrier emergency, crisis services and housing services for homeless youth and children in homeless families.**

**Lead Workgroup:** Prevention

**Target Date for Implementation:** January 2017

**Target Date for Completion:** January 2018

**Objective 9: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.**

### **Key Measures of Success:**

- During FY18, 850 Individuals will be stably housed upon discharge from an institution

### **\*Action Step 9.1:**

**Evaluate current state department structures and interdepartmental coordination to create a better transition facilitation and re-entry structure for those coming out of institutions (hospitals, prisons, etc.).**

**Lead Workgroup:** Policy/Planning and Advocacy

**Target Date for Implementation:** August 2016

**Target Date for Completion:** February 2017

### **\*Action Step 9.2:**

**Conduct a statewide housing needs assessment that identifies groups at greatest risk for homelessness and those with greatest housing need.**

**Lead Workgroup:** Housing

**Target Date for Implementation:** July 2016

**Target Date for Completion:** Initial assessment complete  
November 2017

*\*Priority action step, as identified by the Council.*

### **Action Step 9.3:**

**Facilitate development of local systems that help hospitals and healthcare systems link homeless individuals to support and homeless prevention services including housing plus behavioral and physical health services.**

**Lead Workgroup:** Prevention

**Target Date for Implementation:** August 2016

**Target Date for Completion:** August 2017

### **Action Step 9.4:**

**Provide model policies for implementation at the community/local level advocating approaches that facilitate individuals' access to outreach, housing navigation, and other services and that promote the safety of communities and individuals experiencing homelessness.**

**Lead Workgroup:** Policy/Planning, and Advocacy

**Target Date for Implementation:** August 2016

**Target Date for Completion:** November 2017



## *Retool the Homeless Crisis Response System*

**Objective 10: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.**

### **Key Measures of Success:**

- Based on current HUD funding estimates, homeless prevention and rapid rehousing assistance will serve at least 2,000 individuals throughout the state between July 1, 2017 and June 30, 2018.

#### **Action Step 10.1:**

**Implement a coordinated entry system through each Continuum of Care throughout the state.**

**Lead Workgroup:** CoCs and TDMHSAS

**Target Date of Implementation:** July 2016

**Target Date for Completion:** December 2016

**Completed:** July 2016

#### **Action Step 10.2:**

**Create or enhance a coordinated and integrated homeless crisis response system in each CoC.**

**Lead Workgroup:** CoCs Prevention Workgroup, and the Council

**Target Date for Implementation:** September 2016

**Target Date for Completion:** September 2017

#### **Action Step 10.3:**

**Increase homeless outreach in every CoC where needed to raise awareness among individuals experiencing homelessness of existing homeless crisis resources.**

**Lead Workgroup:** Policy/Planning and Advocacy

**Target Date for Implementation:** September 2016

**Target Date for Completion:** September 2019



# Appendix A:



STATE OF TENNESSEE  
**EXECUTIVE ORDER**  
BY THE GOVERNOR

No. 49

**AN ORDER RECONSTITUTING THE GOVERNOR'S INTERAGENCY COUNCIL ON HOMELESSNESS AS THE TENNESSEE INTERAGENCY COUNCIL ON HOMELESSNESS**

**WHEREAS**, the problem of homelessness has long plagued both our nation and State; and

**WHEREAS**, the existence of homelessness impacts not only those citizens who do not have access to housing, but also the economic condition and quality of life of all Tennesseans; and

**WHEREAS**, Governor Phil Bredesen established the Governor's Interagency Council on Homelessness in Executive Order No. 21, dated December 9, 2004, for the purpose of coordinating the State's efforts to address homelessness in the State of Tennessee; and

**WHEREAS**, my Administration is committed to continuing the efforts to reduce and eliminate homelessness and chronic homelessness amongst veterans, adults, families, youth and children in Tennessee; and

**WHEREAS**, the Department of Mental Health and Substance Abuse Services established the Tennessee Interagency Council on Homelessness (the "Council") in August 2014, in connection with the Tennessee Cooperative Agreement to Benefit Homeless Individuals; and

**WHEREAS**, the Council includes representatives of state, federal, and local agencies and other community representatives that will participate in developing, enhancing, and coordinating the State's efforts and strategies to more effectively address the challenges of homelessness in Tennessee.

**NOW THEREFORE**, I, Bill Haslam, Governor of the State of Tennessee, by virtue of the power and authority vested in me by the Tennessee Constitution and other applicable law, do hereby order and direct the following:

1. The Governor's Interagency Council on Homelessness is reconstituted as the Tennessee Interagency Council on Homelessness, as established by the Department of Mental Health and Substance Abuse Services. The Tennessee Interagency Council on Homelessness shall coordinate the State's efforts to effectively address the challenge of homelessness in Tennessee. It shall specifically focus on reducing homelessness among veterans and other chronically homeless individuals and assist in the development and implementation of a statewide plan to identify, develop, and ensure sustained partnerships among agencies, service providers, and advocates.
2. The members serving on the Council as of the date of this Executive Order No. 49 shall continue to serve in that capacity, and the Commissioner of the Department of Mental Health and Substance Abuse Services shall fill vacancies as they arise in consultation with the Governor. The Council may include representatives that the Commissioner of Mental Health and Substance Abuse Services deems necessary, including, but not limited to, representatives of the following:
  - a. Department of Mental Health and Substance Abuse Services,
  - b. TennCare,
  - c. Department of Health,
  - d. Department of Veterans Services,
  - e. Tennessee Housing Development Agency,
  - f. Shelby County government,
  - g. Metropolitan Government of Nashville-Davidson County,
  - h. Person who has experienced homelessness,
  - i. Person in recovery from serious mental illness, substance use disorders, or co-occurring substance use and mental disorders,
  - j. SSI/SSDI Outreach, Access, and Recovery state lead,
  - k. Community-based CABHI services provider,
  - l. Substance Abuse & Mental Health Services Administration, and
  - m. Governor's designee, to be selected by the Governor.
3. The Council shall make an annual progress report to the Governor at the end of each fiscal year.
4. The Council shall be attached to the Department of Mental Health and Substance Abuse Services for administrative purposes.
5. Members of the Council shall receive no compensation for their service but may be reimbursed for those expenses allowed by the provisions of the comprehensive travel regulations as promulgated by the Department of Finance and Administration and approved by the Attorney General and Reporter.
6. All Executive Branch departments, agencies, boards and commissions shall fully cooperate with the Council in carrying out the mandates of this Order and shall provide reasonable staff support and other assistance as requested. The Council may consult with service providers and other professionals and organizations

with expertise in the issues surrounding homelessness to assist in carrying out its duties.

7. The Council shall exist for so long as resources are available, as determined by the Commissioner of Mental Health and Substance Abuse Services in consultation with the Governor.
8. This Executive Order No. 49 supersedes and rescinds all other Executive Orders and implementing directives concerning the Governor's Interagency Council on Homelessness, including Governor Bredesen's Executive Order No. 21, dated December 9, 2004.

IN WITNESS WHEREOF, I have subscribed my signature and caused the Great Seal of the State of Tennessee to be affixed this 20<sup>th</sup> day of September, 2015.

  
GOVERNOR

ATTEST:

  
SECRETARY OF STATE



## Appendix B:

# USICH'S CRITERIA AND BENCHMARK FOR ENDING HOMELESSNESS

1. The community has identified all Veterans, Chronically Homeless Individuals, and families with children and youth experiencing homelessness.
2. The community provides shelter immediately to anyone experiencing unsheltered homelessness who wants it.
3. The community has capacity to assist homeless individuals to swiftly move into permanent housing.
4. The community has resources, plans, partnerships, and system capacity in place should anyone become homeless or be at risk of homelessness in the future.
5. For Veterans Only: The community provides service-intensive transitional housing only in limited instances for Veterans.
6. For Chronically Homeless Individuals: The community has implemented a community-wide Housing First orientation and response that also considers the preferences of the individuals being served.
7. The community uses coordinated entry processes to effectively link families experiencing homelessness to housing and services solutions that are tailored to the needs of all family members.
8. For Youth: The community uses prevention and diversion strategies whenever possible, and otherwise provides immediate access to low-barrier crisis housing and services to any youth who needs and wants it.

**For further information and detail regarding the Criteria and Benchmarks, please go to [www.USICH.gov](http://www.USICH.gov).**

## Appendix C:

# ACRONYMS

**CABHI:** Cooperative Agreement to Benefit Homeless Individuals  
**CoC:** Continuum of Care  
**DDS:** Disability Determination Services  
**FQHC:** Federally Qualified Health Centers  
**GPO:** Government Project Officer  
**HEARTH:** Homeless Emergency Assistance and Rapid Transition to Housing  
**HMIS:** Homeless Management Information System  
**HUD:** United States Department of Housing and Urban Development  
**IPS:** Individual Placement and Support  
**MCO:** Managed Care Organization  
**PATH:** Projects for Assistance in Transition from Homelessness  
**PIT:** Point in Time Count  
**RFA:** Request for Application  
**RHY:** Runaway Homeless Youth  
**SAMHSA:** Substance Abuse and Mental Health Services Administration  
**SOAR:** SSI/SSDI Outreach, Access, and Recovery  
**SPMI:** Severe and Persistent Mental Illnesses  
**SSA:** Social Security Administration  
**SSDI:** Social Security Disability Insurance  
**SSI:** Supplemental Security Income  
**USICH:** United States Interagency Council on Homelessness  
**VA:** United States Department of Veterans Affairs

# AGENCY ACRONYMS

**TDCS:** Tennessee Department of Children’s Services  
**TDHS:** Tennessee Department of Human Services  
**TDOE:** Tennessee Department of Education  
**Council:** Tennessee Interagency Council on Homelessness  
**TLWFD:** Tennessee Department of Labor and Workforce Development  
**TAHRA:** Tennessee Association of Housing and Redevelopment Authorities  
**TDHA:** Tennessee Housing Development Agency  
**TDMHSAS:** Tennessee Department of Mental Health and Substance Abuse Services  
**TDOC:** Tennessee Department of Corrections  
**TVS:** Tennessee Department of Veterans Services  
**TennCare:** Bureau of Tennessee Medicaid

## Appendix D:

# GLOSSARY

### **CABHI: Cooperative Agreement to Benefit Homeless Individuals-States**

A jointly funded federal program administered by the Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA). The State of Tennessee has received two funding awards from this program –Tennessee CABHI (TN-CABHI) and Tennessee CABHI Enhancement (TN-CABHI Enhancement). This program’s purpose is to develop and enhance the infrastructure and direct services in Tennessee to address homelessness including increasing the capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent housing; peer support; and other critical services for the (service recipients) and their families with social, emotional, and behavioral needs, in addition to developing a model for possible replication in other parts of Tennessee.

### **CPRS: Certified Peer Recovery Specialist**

Peer Recovery Support Specialists are individuals who are in recovery from substance use disorders, mental health disorders, or both, and meet additional background, education, and training requirements as certified by State of Tennessee, and use their life experience and training to provide peer support to others. <http://www.naadac.org/NCPRSS>

### **CoC: A Continuum of Care**

A regional or local planning body that coordinates housing and services funding for homeless families and individuals, primarily using funding received through U.S. Department of Housing and Urban Development (HUD). See Appendix map for Tennessee CoC regional division.

### **Coordinated Entry System**

Coordinated entry is a process that ensures that all people experiencing a housing crisis in a defined geographic area (CoC) have fair and equal access, are quickly identified, assessed, referred, and connected to housing and homeless assistance based on their needs and strengths, no matter where or when they present for services. It uses standardized tools and practices, incorporates a system-wide Housing First approach, participant choice, and coordinates housing and homeless assistance such that housing and homeless assistance is prioritized for those with the most severe service needs.

### **Drive to 55 Alliance**

A combination of state initiatives intended to increase the number of Tennesseans with a postsecondary degree or credential to 55% by 2025.

**1) Tennessee Promise** - Youth experiencing transition will have access to social supports needed to apply and achieve success in the Tennessee Promise Scholarship program.

**2) Tennessee Reconnect** - Adult youth experiencing transition will have access to the social supports needed to apply for the Tennessee Reconnect programs.

**3) Tennessee LEAP** - Post-secondary institution in collaboration with the Labor Education Alignment Program (LEAP) will receive support in eliminating skill gaps across state in a proactive, data-driven, and coordinated manner through focused interagency collaboration. <http://driveto55.org/>

### **FQHC: Federally Qualified Health Centers**

Include all organizations receiving grants under Section 330 of the Public Health Service Act. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.

<http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html>

### **Functional Zero**

The act of providing housing for every individual experiencing homelessness, with the exception of (1) any homeless individuals who have been identified and offered a permanent housing intervention, but who have either not yet accepted or not yet entered housing, and (2) any homeless individuals who have been offered a permanent housing intervention but have chosen to enter service-intensive transitional housing prior to entering a permanent housing destination. Furthermore, a system should be in place to offer permanent housing within 90 days or less for any future individuals who become homeless.

### **Health Link:**

Tennessee Health Link is a team of professionals associated with a mental health clinic or other behavioral health provider who provides whole-person, patient-centered, coordinated care for an assigned panel of members with behavioral health conditions.

<http://www.tn.gov/hcfa/article/tennessee-health-link>

### **Housing First**

An evidence-based practice that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness.

**HMIS: A Homeless Management Information System**

A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, reporting standards, and collecting data, at a minimum, on people served by HUD funding through the CoC.

**IPS: Individual Placement and Support**

An evidence-based approach to supported employment for people who have a severe mental illness. IPS supports people in their efforts to achieve steady employment in mainstream competitive jobs, either part-time or full-time. This stands in contrast to other vocational rehabilitation approaches that employ people in sheltered workshops and other set-aside jobs. <http://www.dartmouthips.org/>

**MCO: Managed Care Organization**

A health care delivery system, including behavioral health, consisting of affiliated and/or owned hospitals, physicians and others which provide a wide range of coordinated health services; an umbrella term for health plans that provide health care in return for a predetermined monthly fee and coordinate care through a defined network of physicians and hospitals. People enrolled in TennCare are members of one of the three statewide MCOs which are responsible for providing services to their enrolled members.

***Opening Doors: Federal Strategic Plan to Prevent and End Homelessness***

In June of 2010, the U.S. Interagency Council on Homelessness (USICH) released a new federal strategic plan geared toward preventing and ending homelessness. The Secretaries of the Departments of Housing and Urban Development, Health and Human Services, Labor, and Veterans Affairs unveiled this first comprehensive federal plan developed to prevent and end homelessness at a White House ceremony on June 22, 2010. The Plan is focused on four (4) key goals: (1) Finish the job of ending chronic homelessness in five (5) years; (2) Prevent and end homelessness among Veterans in five (5) years; (3) Prevent and end homelessness for families, youth, and children in ten (10) years; and (4) Set a path to ending all types of homelessness.

<https://www.usich.gov/opening-doors>

**Permanent Supportive Housing**

An evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities. Research has proven that supportive housing is a cost-effective solution to homelessness, particularly for people experiencing chronic homelessness.

**PIT: The Point-in-Time Count**

A count of sheltered and unsheltered homeless persons conducted at least every other year during the last ten (10) days of January. HUD requires that Continuums of Care conduct this count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally.

**Rapid Re-Housing**

An intervention designed to help individuals and families quickly exit homelessness and return to permanent housing by providing assistance for a limited time until the household regains self-sufficiency. Rapid re-housing assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — and the resources and services provided are tailored to the unique needs of the household.

**Read to be Ready**

A state initiative administered by the Department of Education, whose purpose is to assist children and youth experiencing transition in accessing books, materials, and tutors to assist with closing the achievement gap and increasing literacy skills. Community supports can assist with ensuring all shelters and other transitional housing facilities have libraries, designated spaces and books donated to all children and youth an opportunity to read. <http://tn.gov/readtobeready>

**RFA: Request For Applications**

A type of solicitation notice in which a funding organization, announces that grant funding is available, and allows researchers and other organizations to present bids on how the funding could be used. The RFA will typically outline what types of programs are eligible to apply, what the expectations are, the amount of funding and number of expected awards, and how applications are to be submitted and reviewed. Funding Opportunity Announcement (FOA) is another term with the same meaning.

**SOAR: SSI/SSDI Outreach, Access, and Recovery**

A program designed to increase access to SSI/SSDI for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder by providing assistance with benefit applications, either on initial application or appeal, and linking applications to expedited processing. <https://soarworks.prainc.com/>

**SSDI: Social Security Disability Insurance**

A federal Social Security Administration benefit program that provides limited income to people with disabilities who previously worked and contributed through payroll taxes. After receiving SSDI for two years, a disabled person will become eligible for Medicare. Under SSDI, a disabled person's spouse and children dependents are eligible to receive partial dependent benefits, called auxiliary benefits. However, only adults over the age of 18 can receive the SSDI disability benefit.

**SSI: Supplemental Security Income**

A federal Social Security Administration benefit program that provides limited income to people with disabilities who are unable to work. SSI is called a “means-tested program,” meaning it has nothing to do with work history, but strictly with financial need. Disabled people who are eligible under the income requirements for SSI are also able to receive Medicaid in the state they reside in. Most people who qualify for SSI will also qualify for food stamps, and the amount an eligible person will receive is dependent on where they live and the amount of regular, monthly income they have.

**TennCare**

Tennessee Medicaid Insurance Program <http://www.tn.gov/tenncare/>

**TNHousingSearch.org**

TNHousingSearch.org is a housing locator service, launched across the State of Tennessee in April 2008. Sponsored by the Tennessee Housing Development Agency, TNHousingSearch.org provides detailed information about rental properties and helps people find housing to best fit their needs. The service can be accessed at no cost online 24 hours a day or through a toll-free, bilingual call center at 1-877-428-8844, available Monday-Friday, 8:00 am - 7:00 pm CDT.

<http://tnhousingsearch.org/index.html>

**Trauma Informed Care**

Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment. <http://www.samhsa.gov/nctic>

**USICH: The United States Interagency Council on Homelessness**

An independent establishment in the federal Executive Branch that promotes and coordinates Executive Branch activities to assist homeless persons. The Council consists of 20 agencies, and the positions of chairperson and vice chairperson rotate among the agencies on an annual basis. USICH has various duties, including (1) review of all federal activities and programs to assist the homeless; (2) development of a comprehensive approach to end homelessness; (3) taking actions to reduce duplication among such programs and activities; and (4) preparing an annual report on homeless programs and activities. <https://www.usich.gov/>

# HOMELESS DEFINITIONS BY AGENCY

## Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH)

### Ending Homelessness:

Anyone who becomes homeless returns to being housed within 30 days. The HEARTH Act as recently amended provides an operational definition of the end of homelessness as being when a community has a systematic response in place to ensure homelessness is rare, brief and non-recurring.

## Projects for Assistance in Transition from Homelessness (PATH), Substance Abuse and Mental Health Services Administration (SAMHSA)

### Homelessness:

An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing.

### Imminent Risk of Becoming Homeless:

The definition of imminent risk of homelessness commonly includes one or more of the following criteria: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an evictions notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live.

## United States Department of Education (USDOE)

### Homeless Youth:

The U.S. Department of Education defines homeless youth as youth who “lack a fixed, regular, and nighttime residence” or an “individual who has a primary nighttime residence that is:

- a) a supervised or publically operated shelter designed to provide temporary living accommodations;
- b) an institution that provides a temporary residence for individuals intended to be institutionalized including welfare hotels, congregate shelters, and transitional housing for the mentally ill; or
- c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”

This definition includes both youth who are unaccompanied by families and those who are homeless with their families.

**United States Department of Housing and Urban Development (HUD),  
United States Interagency Council on Homelessness (USICH)**

**Chronic Homelessness:**

1. A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11360(9)), who: [An individual who can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability]
  - i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - ii. Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months [one year] or on at least 4 separate occasions in the last 3 years,[where each homeless occasion was at least 15 days] as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1) (i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

**United States Department of Housing and Urban Development (HUD),  
United States Interagency Council on Homelessness (USICH)**

**Homelessness:**

- 1) People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days), and were in shelter or a place not meant for human habitation immediately prior to entering that institution.
- 2) People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless.
- 3) Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two (2) or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
- 4) People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

**United States Interagency Council on Homelessness (USICH)**

**Ending Homelessness:**

An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience.

Specifically, every community will have the capacity to:

- 1) Quickly identify and engage people at risk of and experiencing homelessness.
- 2) Intervene to prevent the loss of housing and divert people from entering the homelessness services system.
- 3) When homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.

## United States Department of Housing and Urban Development (HUD)

### Homeless Children and Youth:

According to section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), the term “homeless children and youths”—

(A) means individuals who lack a fixed, regular, and adequate nighttime residence...;  
and

(B) includes—

- (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Children and youth are considered homeless if they fit both part A and any one of the subparts of part B of the definition above.

## **Appendix E:**

# **REFERENCES**

- Figure 1:** **Tennessee Council on Homelessness Organizational Chart**  
Tennessee Department of Mental Health and Substance Abuse Services
- Figure 2:** **2016 Homelessness by Tennessee Region**  
HUD 2016 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations: Point in Time Count
- Figure 3:** **Tennessee Homeless Subgroup Totals**  
HUD 2016 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations: Point in Time Count
- Figure 4:** **Homeless Children and Youth in Tennessee**  
2017 U.S. Department of Education’s EDFacts Initiative <https://www.ed.gov/>
- Map 1:** **Tennessee Continuums of Care**  
Tennessee Housing Development Agency, April 2016
- Map 2:** **Census Urbanized Areas by County**  
Tennessee Department of Economic and Community Development  
Data Source: US Census Bureau 2015

## Appendix F:

# MEMBERS OF THE TENNESSEE INTERAGENCY COUNCIL ON HOMELESSNESS

### State Agencies

Abigail Dowell, Tennessee Department of Mental Health and Substance Abuse Services  
Alyson Lerma, Tennessee Department of Education  
Annette M. Haley, Tennessee Department of Health  
Benjamin Passino, Tennessee Department of Labor and Workforce Development  
Bob Currie, Tennessee Department of Mental Health and Substance Abuse Services  
Brian Stephens, Tennessee Department of Children's Services  
Don Watt, Tennessee Housing Development Agency  
Jenifer Robl, Tennessee Department of Mental Health and Substance Abuse Services  
John Alexander, Tennessee Department of Labor and Workforce Development  
Justin Singleton, Tennessee Department of Education  
Lorrie Shearon, Tennessee Housing Development Agency  
Marie Williams, Tennessee Department of Mental Health and Substance Abuse Services  
Mary C. Shelton, Bureau of TennCare  
Matt Yancey, Tennessee Department of Mental Health and Substance Abuse Services  
Michael Cull, Tennessee Department of Children's Services  
Michael Leach, Tennessee Department of Children's Services  
Michael Myszka, Bureau of TennCare  
Michael Needel, Tennessee Department of Labor and Workforce Development  
Sejal West, Tennessee Department of Mental Health and Substance Abuse Services  
Stephanie Jarnagin, Tennessee Department of Human Services  
Todd Skelton, Governor's Administration Designee  
Whitney Page, Tennessee Department of Human Services

### Federal Partners

Daniel A. Heim, U.S. Department of Veteran's Affairs  
Edward D. Ellis, Housing and Urban Development Field Office  
Michael A. Salazar, Housing and Urban Development Field Office  
Michelle Daly, Substance Abuse and Mental Health Services Administration  
Sernorma Mitchell, Housing and Urban Development Field Office

### **Continuum of Care Representatives**

Amanda Wood, Nashville – Davidson County  
Anne Cooper, Appalachian Regional  
Cheré Bradshaw, Memphis – Shelby County  
Scott Foster, Murfreesboro, Rutherford County  
Debbie Hillin, Central Tennessee  
Melanie Cordell, Morristown/Blount, Sevier, Campbell, Cocke Counties  
Mike Dunthorn, Knoxville - Knox County  
Steve Wright, Chattanooga – Southeast Tennessee  
Suzie Tolmie, Nashville – Davidson County  
Terry Burdett, Homeless Advocacy for Rural Tennessee (HART)  
Wayne Snelling, Jackson – West Tennessee

### **Local Provider Representatives**

Anthony Daston, Frontier Health  
Ashley Blum, Park Center  
Candace Allen, Helen Ross McNabb Center  
Dorcas Young, Shelby County Government  
Ginger Naseri, Frontier Health  
James Catlett, Volunteer Behavioral Health Care System  
Jessica Carlton, Helen Ross McNabb Center  
Judith Tackett, Metropolitan Homelessness Commission  
Kathryn Mathes, Centerstone Research Institute  
Marisa Whitsett, Alliance Healthcare Services  
Martha Lott, Shelby County Government  
Nikki Edney, Centerstone Research Institute  
Susan Bell, Alliance Healthcare Services  
Sydne Doyle, Community Alliance for the Homeless  
Valerie Arrington, Frontier Health  
Vickie Harden, Volunteer Behavioral Health Care System

### **Consumer Representatives**

Clarkton Harrison, Veteran  
Steven Samra, Formerly Homeless

## Appendix G:

# WORKGROUP PARTICIPANTS

### Data Workgroup

1. Abigail Dowell, Tennessee Department of Mental Health and Substance Abuse Services
2. Amanda Wood, Metropolitan Housing Development Agency
3. Betty Teasley-Sulmers, Tennessee Housing Development Agency
4. Bob Currie, Tennessee Department of Mental Health and Substance Abuse Services
5. Brian Stephens, Tennessee Department of Children’s Services
5. Cassandra Haley, Tennessee Valley Healthcare Systems
6. Don Watt, Tennessee Housing Development Agency
7. Heather Hoffman, City of Chattanooga
8. Jenifer Robl, Tennessee Department of Mental Health and Substance Abuse Services
9. Lisa Higginbotham, Knox County Continuum of Care
10. Suzie Tolmie, Metropolitan Housing Development Agency
11. Tanyce Davis, Memphis – Shelby County Continuum of Care
12. Wayne Snelling, Jackson – West Tennessee Continuum of Care

### Housing Workgroup

1. Abigail Dowell, Tennessee Department of Mental Health and Substance Abuse Services
2. Anne Cooper, Appalachian Regional
3. Ashley Blum, Park Center
3. Bob Currie, Tennessee Department of Mental Health and Substance Abuse Services
4. Caitlin Powers, Tennessee Valley Healthcare Systems
6. Cheryl Jett, Tennessee Housing Development Agency
7. Daniel Heim, U.S. Department of Veteran’s Affairs
8. Don Watt, Tennessee Housing Development Agency
9. Jada Lattimore, Tennessee Housing Development Agency
10. Jeanne Price, Frontier Health
11. Jenifer Robl, Tennessee Department of Mental Health and Substance Abuse Services
12. Judith Tackett, Metropolitan Homelessness Commission
13. Ken McKnight, Park Center
14. Laura Alvarez, Tennessee Department of Corrections
15. Melanie Cordell, Morristown/Blount, Sevier, Campbell, Cocke Counties Continuum of Care
16. Natlin Bauer, Alliance Healthcare Services
17. Susan Greene, AIM Center Inc.
18. Suzie Tolmie, Metropolitan Housing Development Agency
19. Tammy Lynn, Ridgeview Behavioral Health Center

### **Prevention Workgroup**

1. Abigail Dowell, Tennessee Department of Mental Health and Substance Abuse Services
2. Annette M. Haley, Tennessee Department of Health
3. Brian Stephens, Tennessee Department of Children’s Services
4. Bob Currie, Tennessee Department of Mental Health and Substance Abuse Services
5. Jenifer Robl, Tennessee Department of Mental Health and Substance Abuse Services
6. Judith Tackett, Metropolitan Homelessness Commission
7. Kim Dunlap, Alliance Healthcare Services
8. Laura Alvarez, Tennessee Department of Corrections
9. Michael Cull, Tennessee Department of Children’s Services
10. Michael H. Leach, Tennessee Department of Children’s Services
11. Misty Goodwin, Knox County Community Action Committee
12. Stephanie Jarnagin, Tennessee Department of Human Services
13. Stephen Samra, Consumer Representative
14. Whitney Page, Tennessee Department of Human Services

### **Policy/Planning and Advocacy Workgroup**

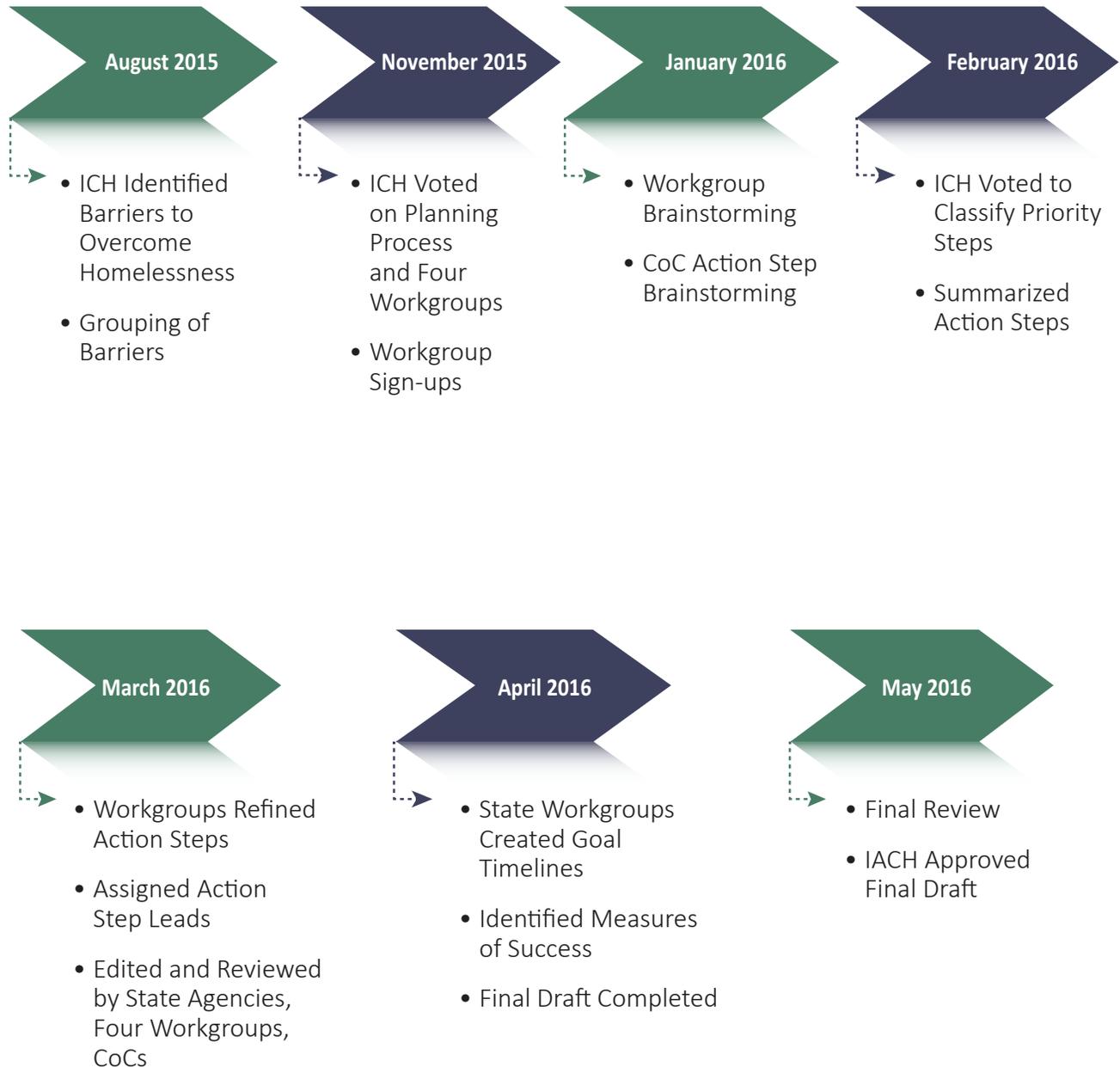
1. Abigail Dowell, Tennessee Department of Mental Health and Substance Abuse Services
2. Alyson Lerma, Tennessee Department of Education
3. Bob Currie, Tennessee Department of Mental Health and Substance Abuse Services
4. Connie Farmer, Volunteer Behavioral Health Care System
5. Elizabeth Fletcher, Alliance Healthcare Services
6. Jenifer Robl, Tennessee Department of Mental Health and Substance Abuse Services
7. Jennifer Reason, Safe Haven Family Shelter
8. John Alexander, Tennessee Department of Labor and Workforce Development
9. Justin Singleton, Tennessee Department of Education
10. Laura Alvarez, Tennessee Department of Corrections
11. Marisa Whitsett, Alliance Healthcare Services
12. Mary C. Shelton, Bureau of TennCare
13. Melanie Cordell, Morristown/Blount, Sevier, Campbell, Cocke Counties Continuum of Care
14. Michael Myszka, Bureau of TennCare
15. Michael Needel, Tennessee Department of Labor and Workforce Development
16. Mike Dunthorn, Knox County Continuum of Care
17. Robyn Butterfield, Alliance Healthcare Services
18. Tammy Lynn, Ridgeview Behavioral Health Center
19. Todd Skelton, Governor’s Administration Designee
20. Wayne Snelling, Jackson – West Tennessee Continuum of Care

### **Continuum of Care Workgroup**

1. Amanda Wood, Nashville – Davidson County
2. Anne Cooper, Appalachian Regional
3. Cheré Bradshaw, Memphis – Shelby County
4. Dana Brooks, Memphis – Shelby County
5. Debbie Hillin, Central Tennessee
6. Dena Zipp, Region 6 Housing Facilitator
7. Jeanne Price, Region 1 Housing Facilitator
8. Ken McKnight, Region 4 & 5 Housing Facilitator
9. Lawrence Wilson, Region 7 Housing Facilitator
10. Lisa Higginbotham, Knoxville-Knox County
11. Melanie Cordell, Morristown/Blount, Sevier, Campbell, Cocke Counties
12. Mike Dunthorn, Knoxville - Knox County
13. Rachel Goddard, Homeless Advocacy for Rural Tennessee (HART)
14. Scott Foster, Murfreesboro, Rutherford County
15. Steve Wright, Chattanooga – Southeast Tennessee
16. Susan Greene, Region 3 Housing Facilitator
17. Suzie Tolmie, Nashville – Davidson County
18. Tammy Lynn, Region 2 Housing Facilitator
19. Terry Burdette, Homeless Advocacy for Rural Tennessee (HART)
20. Wayne Snelling, Jackson – West Tennessee

## Appendix H:

# PLAN CREATION TIMELINE





# CONTINUA OF CARE CONTACT INFORMATION

## Community Alliance for the Homeless

cafh.org  
44 North Second Street, Suite 302  
Memphis, TN 38103  
Office: 901-527-1302

## Tennessee Homeless Solutions

tnhomelessolutions.org  
**Help Line:** 866-307-5469  
60 Natchez Trace South  
Lexington, TN 38351

## Buffalo Valley - Homeless No More

buffalovalley.org/homeless.html  
**Help Line:** 800-447-2766  
Hohenwald, TN 38462  
Office: 615-975-0196

## Nashville/Davidson County Metro Development and Housing Agency

nashville-mdha.org/homelessness  
**Help Line:** 211 or 615-862-6432  
P.O. Box 846  
Nashville, TN 37202  
Office: 615-252-8574

## Murfreesboro/Rutherford County

murfreesborotn.gov/index.aspx?NID=671  
211 Bridge Avenue, Room 136  
Murfreesboro, TN 37129  
Office: 615-898-0771

## Homeless Advocacy for Rural Tennessee

hartn.org  
**Help Line:** 844-556-7626  
P.O. Box 3311  
Crossville, TN 38557  
Office: 931-484-3207

## Chattanooga Regional Homeless Coalition

homelesscoalition.org  
**Help Line:** 423-265-5708  
600 N. Holtzclaw Avenue  
Chattanooga, TN 37404  
Office: 423-710-1501

## Knoxville/Knox County Continuum of Care

sites.google.com/site/kkchcoalition  
**Help Line:** 866-588-4211  
400 Main Street, Rm 520  
Knoxville, TN 37902  
Office: 865-215-3103

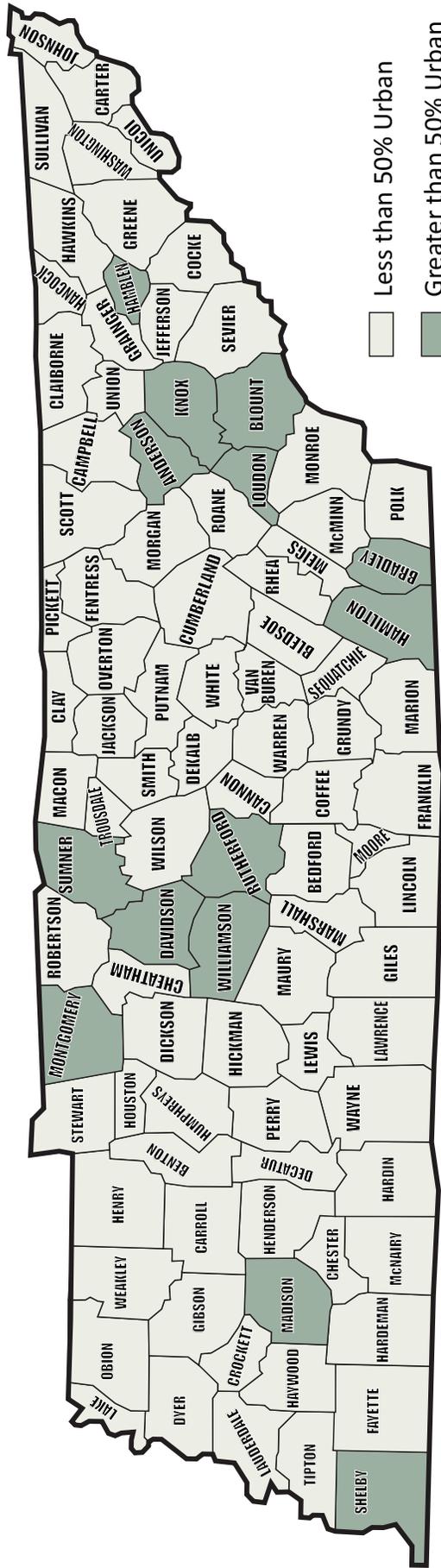
## Tennessee Valley Coalition for the Homeless

tvhomeless.org  
**Help Line:** 888.556.0791  
PO Box 1015  
Jacksboro, TN 37757  
Office: 423-494-0173

## Appalachian Regional Coalition on Homelessness

appalachianhomeless.org  
**Help Line:** 844-989-CARE (2273)  
P.O. Box 3797  
Johnson City, TN 37602  
Office: 423-928-2724

# Appendix J: URBAN VS. RURAL COUNTIES



## Census Urbanized Areas by County

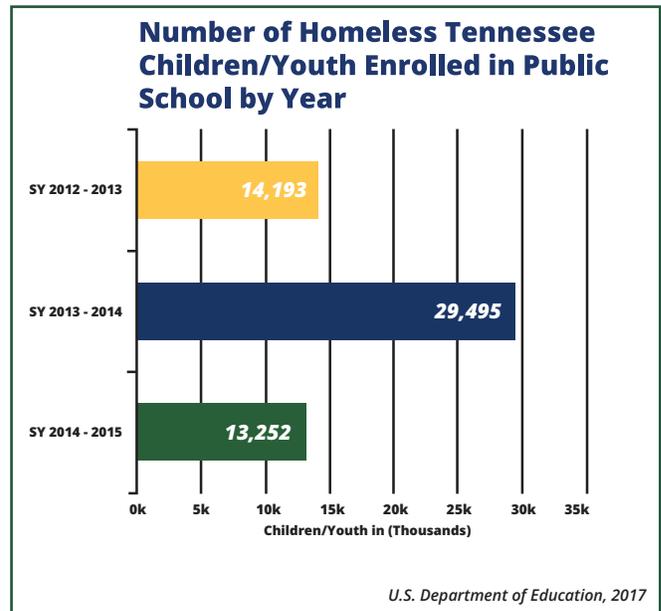
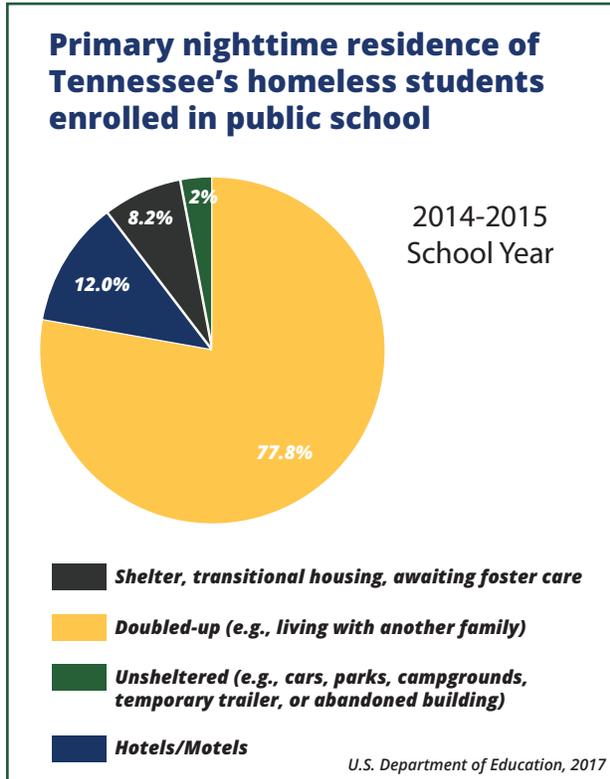
Prepared by: Tennessee Department of Economic Community Development

Prepared: 11/9/2015

Data Source: U.S. Census Bureau

## Appendix K:

# DATA OF HOMELESS CHILDREN AND YOUTH



**Subgroups of Homeless Tennessee Children/Youth**

Number of homeless children/youth enrolled in public schools

Subgroup Type	SY 2012-2013	SY 2013-2014	SY 2014-2015
Migratory children/youth	49	0	17
Unaccompanied homeless youth	497	1,247	617
Children with disabilities (IDEA)	2,237	5,147	2,357
Limited English Proficient (LEP) students	559	1,088	629

Note: These subgroups are not mutually exclusive. It is possible for homeless students to be counted in more than one subgroup.

U.S. Department of Education, 2017

## Appendix L:

# AT A GLANCE: GOALS, THEMES & OBJECTIVES

## GOALS

1. To end veteran and chronic homelessness by the end of 2017.
2. To end homelessness for families with children & youth by the end of 2020.
3. To end all other homelessness by the end of 2025.



## THEMES

1. Increase Leadership, Collaboration, and Civic Engagement
2. Increase Access to Stable and Affordable Housing
3. Increase Economic Security
4. Improve Health and Stability
5. Retool the Homeless Crisis Response System

## OBJECTIVES

1. Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Tennesseans to commit to preventing and ending homelessness.
2. Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness.
3. Provide affordable housing to people experiencing or most at risk of homelessness.
4. Provide permanent supportive housing to prevent and end chronic homelessness.
5. Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.
6. Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.
7. Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.
8. Advance health and housing stability for unaccompanied youth/young adults (18-24) experiencing homelessness and transition-age youth leaving a stable environment or aging out of systems such as foster care and juvenile justice.
9. Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.
10. Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

*\*For action steps, lead agencies, target dates, and Key Measures of Success, see the full Plan.*



Tennessee  
State Government

For more information, contact the Office of Housing and Homeless Services  
Department of Mental Health and Substance Abuse Services

Phone: 800-560-5767 | Email: [End.Homelessness@tn.gov](mailto:End.Homelessness@tn.gov)  
Website: [tn.gov/EndHomelessness](http://tn.gov/EndHomelessness)