

City of Knoxville Office on Homelessness

Quarterly Report

October to December, 2014

Introduction

The Mayor's Roundtable on Homelessness met on December 11, 2014 and discussed several key issues, which will be summarized in this report.

KnoxHMIS

The Knoxville Homeless Management Information System is a multi-agency data management and coordination resource operated by the University of Tennessee College of Social Work on behalf of the service providers in this community. During this quarter KnoxHMIS surveyed Roundtable member agencies to examine what sorts of information is being or can be collected and what outcomes can thus be measured in order to better understand what's needed, what's currently being provided, and ultimately what areas need improvement. A copy of the summary HMIS report is attached to this document. Further work will be done to develop an HMIS "Dashboard" outcomes report, so that individual providers and the community as a whole can continue to track progress in our efforts to prevent, reduce and end homelessness in Knoxville.

Family Homelessness

The Knoxville-Knox County Homeless Coalition's "Networking Committee" presented the Roundtable with a report on the status of family homelessness in Knoxville. That report is attached to this one.

There were a number of key takeaways from the Coalition's report. First is the challenge of accurately assessing the extent of family homelessness. Traditional counts of homelessness exclude those who are "couch homeless," which refers to people who have lost their own housing and are staying on a temporary basis with family or friends. These arrangements are usually not ideal, and are in fact disruptive to the lives of all involved, and are ultimately not sustainable.

Next, when considering more typical shelter and transitional housing programs, challenges continue to arise. Even when beds are available in emergency and transitional housing, they may be a mismatch to the makeup of individual families in need. Some programs can't or won't allow families to stay together. In some cases, it is an issue if parents are unmarried. In others, close quarters with multiple families means, in the interest of the safety of women and female

children, fathers and even teenage male children are not allowed to stay with their families. These circumstances can then either act as a disincentive for some families to seek shelter or can add additional stress to struggling families that must break up in order to access needed shelter and resources.

With these issues in mind, the Coalition report indicates a deficit of appropriate emergency shelter and transitional housing available for families experiencing homelessness in this community. Finally, long waiting lists exist for subsidized housing for families, whether it's public housing, subsidized apartment complexes or the 'Section 8' rent voucher program.

The Coalition report offers a number of recommendations for the expansion of temporary and affordable permanent housing resources for families in Knoxville. The Roundtable will take up this report for further review.

Community Standards of Care

The Homeless Coalition is also, at the request of the Roundtable, preparing recommendations for a set of community-wide standards of care in the areas of homeless outreach, case management, and housing placements. The coalition's work to develop these standards are well under way and will be presented to the Roundtable at a future meeting.

Public Housing Update

KCDC is developing new minimum rent requirements for public housing tenants in response to requirements from the US Department of Housing and Urban Development. KCDC is attempting to minimize the impact of these requirements on very low income and no-income tenants in order to prevent a subsequent increase in homelessness. Further details will be forthcoming as plans are developed.

KUB *Round it Up* program

The Knoxville Utilities Board is rolling out a new program to provide additional funding for weatherization of affordable housing in Knoxville. CAC is the weatherization provider. This program is in response to the City of Knoxville's Office of Sustainability's effort with community partners like KUB and CAC to improve energy efficiency in affordable housing in Knoxville. Making these homes more energy efficient will make them more truly affordable, and in turn prevent homelessness that can be caused when home heating and cooling bills become unsustainable. Under the *Round it Up* program, KUB will round up individual utility bills to the nearest dollar, with the difference being used to fund the weatherization program. Customers

will be able to opt out of the program at any point if they don't wish to contribute, but participation is anticipated to remain high enough to collect an estimated \$600,000 annually.

Medical Inpatient Discharge

Knox County Health Department Director Dr. Martha Buchanan is convening a working group to examine the issues surrounding the discharge of hospital inpatients who are experiencing homelessness. The group will work to better understand the issues and limitations of resources, and will look for opportunities to improve outcomes through better communication and coordination.

Veterans' Housing

In mid-December, Helen Ross McNabb Center opened *Cedar Crossing*, eight new units of permanent supportive housing for military veterans, located in the Inskip community. This small apartment building was rehabbed with support from the United Way, Knox County and others, as part of this community's commitment to seek an end to homelessness among military veterans. McNabb is working on an additional 15-unit location for veterans, with an expected completion date in Spring of 2015.

Conclusion

As always, work to implement *Knoxville's Plan to Address Homelessness* is steady but incremental. This work continues to bring together people from all parts of this community in an effort to do the right thing in an open, effective and collaborative way.

INTRODUCTION

The Networking Committee of the Homeless Coalition is asked “to identify gaps and barriers to housing and services and to foster collaborative community partnerships and working among, with and for agency providers to respond to those gaps and barriers.” In March 2014, the group invited service providers and community members to a brainstorming session to identify gaps and barriers in our homeless service provision network. From this session, it became clear that while the group was able to identify many gaps, there was a need to more clearly quantify which additional services would adequately address the unmet needs.

The most recent biennial study on Homelessness in Knoxville/Knox County indicated a growing number of homeless families. In addition, data from the Knoxville Homeless Management Information System (HMIS) shows that a full 17% of homeless individuals served between 7/1/13 and 7/1/14 were families, including 937 children under the age of 18 (See Knox County Families Served: At a Glance). For these reasons, the committee elected to focus on shelter and housing resources for this population.

The committee compiled a list of emergency shelter, transitional housing and subsidized permanent housing available in Knoxville. Interviews were conducted with the shelter and housing providers to accurately identify program capacity and requirements. A survey of local case managers who serve families was conducted in June, with a repeat survey in October to confirm that numbers were consistent. The goal of the survey was to obtain data on the composition of homeless families, what barriers they face in getting into housing, where they are staying while homeless, and how long it takes for them to achieve housing. The numbers from the June and October surveys did not indicate any large fluctuations in the numbers of families experiencing homelessness in Knoxville. Because a more comprehensive selection of providers responded to the June survey, including case managers from community mental health centers that do not participate in HMIS, those numbers are used in this report.

RESULTS

Results from the June survey documented Knox County providers served 198 families. Significantly, of these, 60 families or 30% were unable to stay together while in shelter due to reasons listed in the next paragraph. Of the 198 families served, 97 were headed by single adult mothers, 43 were headed by single adult fathers, and 18 were two parent families (not all survey respondents indicated type of family). In our community's homeless families, 53 families contained girls under the age of 12, 44 contained boys in this age range, 12 families contained girls age 12-17 and 17 families contained boys age 12-17 (meaning they are not eligible to stay in dormitory style emergency shelters). The fact that nearly 50% of identified homeless families achieved some type of permanent housing during the month of June means 50% did not. Early partial data from the Knoxville/Knox County Homeless Coalition survey indicates that the average length of time a family remains homeless before securing permanent housing is four months. (See Knox County Families Served: At a Glance and June 2014 Knoxville/Knox County Homeless Families Survey)

There are a number of considerations in identifying and addressing family homelessness. A family unit may be a two parent family (with or without a marriage license), a single parent (male or female) with children, or a multigenerational unit. Male children age 12 and over may not stay in most “dormitory style” shelters with a female parent. Single fathers cannot be housed in traditional shelters with children under age 12, male or female. Teenage boys cannot stay with a single mother. Moms and dads are separated at night. In a society that purports to value families, there is no place for homeless

families. Families rarely go from losing housing directly into street homelessness. They first spend time “couch homeless” bunked with others, or sleeping in their cars or in motels that quickly deplete resources. When finally seeking shelter services the options are very few in number. In Knox County options include:

Emergency Shelter options:

KARM – women and children only (no boys over the age of 11); capacity of 16 beds/7 families

Salvation Army – women and children only (no boys over the age of 13); capacity 28 individuals/7 families; 30 day time limit

Family Promise – custodial adult(s) w/ minor children; 4 families, but can't exceed 14 individuals; 90 day time limit

Family Crisis Center – women fleeing domestic violence and their children; 20 individuals (including children); 30 day time limit

At any given time in our community, we have shelter capacity to serve only 18 homeless families (and no more than 58 individuals) if those families became homeless for reasons other than domestic violence. HMIS data indicate that while 20% of families become homeless due to domestic violence, 80% are homeless for other reasons. Our capacity to serve is reduced to only 4 families in situations that include fathers or teenaged male children. Again, survey data show that in the month of June, service providers encountered 198 families. Of those families, many move from place to place, staying with family or friends and moving frequently (24%), staying in hotels until money runs out (7%) or even staying in vehicles (6%).

Transitional Housing options:

Elizabeth Homes – custodial adults w/ minor children who are referred by case manager; 9 families; 2 year time limit

Hope House/Evergreen House – single mothers w/ minor children; 3 families; 90 day time limit

Restoration House – single mothers with young children; 5 families; 2 year time limit

Family Crisis Center transitional living – single women and women with children who are survivors of domestic violence or sexual assault; 7 families (including single women); 2 year time limit

Again, the transitional housing capacity for families is only 17 if the cause of homelessness was something other than domestic violence. This number is reduced to 9 if there are adult males in the family composition or if there are older male children.

Permanent Housing options (subsidized):

KCDC public housing: 3 month wait at a minimum to over 4 years wait, depending on size and location of apartment

HUD subsidized apartment complexes: applicants must pass credit check and have landlord reference; there are 11 complexes designated for families, of these, at least 5 have waiting lists that are either completely closed or over 1 year long

Section 8 voucher program: waiting list was last open in April 2014 and is currently closed

Over half of the homeless families that service providers are engaged in June of 2014 are on the waiting list for KCDC public housing (54%). Stricter requirements for credit, rental and legal history mean that a smaller percentage of families are on waiting lists for HUD subsidized housing (26%). 21% of families working with providers were able to get on the waiting list for section 8 vouchers before it closed.

Families frequently apply for every housing option they qualify for, so many of those on the HUD and section 8 waiting lists will also be on KCDC's public housing waiting list.

Those families who are not on waiting lists for housing often face numerous barriers such as past legal history (19%), debt owed to KUB or another utility (24%), past evictions (16%), or debt owed to a housing authority (8%). Often, these problems take many months to address and families would be better served in a transitional setting in which they could be assured a reasonable level of continuity and security. Significantly, the number one barrier to achieving permanent housing for homeless families is low income (80%) and poor credit (47%). According to the US Census, 16% of Knoxville families lived below the poverty level between the years 2008-2012. Using the 2012 population estimate of 182,200, approximately 13,393 families (defined as two adults with two dependent children) are living at or below the federal poverty level of \$23,850 per year.

RECOMMENDATIONS

An effective community response must involve a spectrum of services beginning with emergency shelter space for families of all types. Our current system of emergency shelter required 60 families to split up in order to receive shelter. Emergency shelter gives families time to stabilize from the event that led to homelessness and begin to plan for rehousing. The family must be willing to face head on the barriers to their rehousing such as outstanding utility debt, prior evictions and debt, poor credit, a criminal record, mental health diagnosis and addictive behavior. For most, these barriers are extremely challenging to overcome in emergency shelter. Time limits and the disruption inherent in a dormitory/shared living environment make overcoming such barriers unrealistic while in emergency shelter. Transitional programs and housing are essential to assist a family on a journey from homelessness to permanent and sustainable housing with the ultimate goal of self-sufficiency. However, while approximately 50 families would be better served in transitional programs to allow them time to adequately address past legal history and debt, our current system provides space for only 17 families. Permanent, affordable housing must also be expanded. Our survey results indicate that for at least 100 families in our community, homelessness could be ended and possibly avoided all together with adequate subsidized housing stock. As a community we cannot expect transformational change within the homeless and recently homeless population unless we are willing to provide basic needs in emergencies and during a reasonable period of transition. Available housing and programs are lacking on all levels in Knoxville.

Effective responses should not be based on the clock but rather, on benchmarks to reaching established goals. In order to apply for housing, families must have birth certificates and Social Security cards for all family members and state issued photo identification for all family members age 16 or older. Obtaining these documents can require up to 8 weeks of waiting. Families who have become homeless often struggle with finding reliable childcare and ensuring that school-aged children remain enrolled. Homeless families usually have quite limited access to transportation and so, routine tasks often take much longer than for those with their own reliable vehicles. Many homeless families are eligible for TANF benefits, which provide some financial support. However, to be successful in housing, families will need a sustainable source of income. Completing job applications and interviewing for jobs is that much more difficult for those in a shelter setting.

The community response must look at some "Band-Aids" because of the enormity of the crisis. This means providing and supporting more shelter and transitional programs to get families off the street and able to move forward together as a family unit. Our goals however, should be both short term and

long term. Affordable housing is simply not available in sufficient numbers to address the need. In addition, consideration must be given to the 25% of homeless families who report the reason for their homelessness as under/unemployment (See Knox County Families Served: At a Glance). Tennessee's state minimum wage is \$7.25/hr, yet it requires a wage of \$13.84/hr to rent an average 2 bedroom apartment according to the recently released national report on child homelessness (See America's Youngest Outcasts). This same report shows that, statewide, 20% of housed families are paying more than 50% of their income toward rent although HUD guidelines recommend that households spend no more than 30-40% in order for housing to be sustainable. In order to adequately address the problem of homeless families in Knoxville, we must ensure that living wage jobs are available for those pursuing employment.

Knoxville Homeless Management Information System

website: <https://knoxhmis.sworps.tennessee.edu>

call: (865) 974 9142

email:

hmissupport@utk.edu

Knox County Families Served: At-A Glance

9,420 individuals were served in Knox County between 7/1/13 and 7/1/14, of which 17% were in a family household. For this report, families are defined as households containing children younger than 18. During the report period, 937 individuals served were children.

Within families served, 502 individuals identified as head of household. Figure 1-1 displays frequency of "Primary Reason for Homelessness" as reported by the head of household.

Head of Household Primary Reason for Homelessness

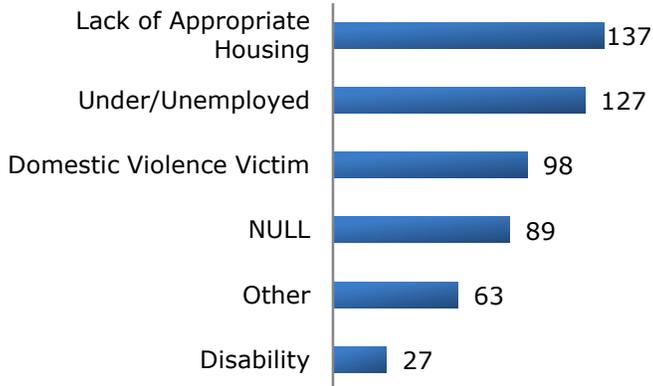


Figure 1-1 'Lack of Appropriate Housing' includes: eviction, no affordable housing, substandard housing, mortgage foreclosure. 'Under/Unemployed' includes: loss of job, unemployment/low income. 'Disability' includes: mental health, medical, substance abuse. 'Other' includes: utility shutoff, criminal activity, loss of transportation, health/safety. NULL is uncollected data.

Figure 1-3 displays percentages of family household type.

Types of Family Households

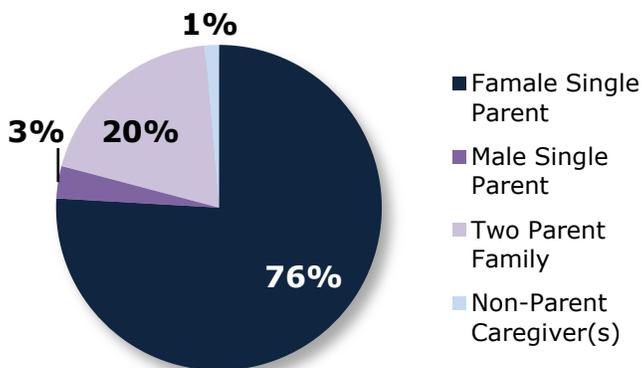


Figure 1-3 Non-Parent Caregiver(s) includes Grandparent(s) and child & Non-Custodial caregiver(s).

Figure 1-2 displays the "Residence Prior" of individuals in families.

Residence Prior to Homelessness

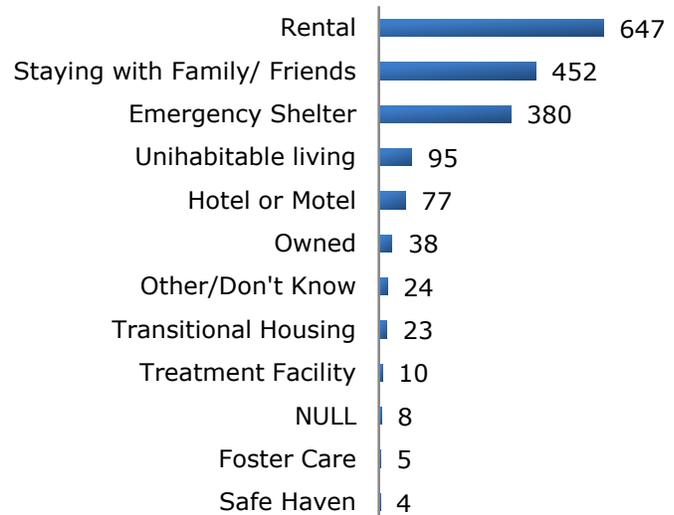


Figure 1-2 There are more reports of residence prior than individuals due to multiple program entries. 'Treatment Facility' is the combined count of 'psychiatric hospital' and 'substance abuse facility'. NULL is uncollected data.

Figure 1-4 shows the number of family households created during each year, starting 7/1/08.

Households Created

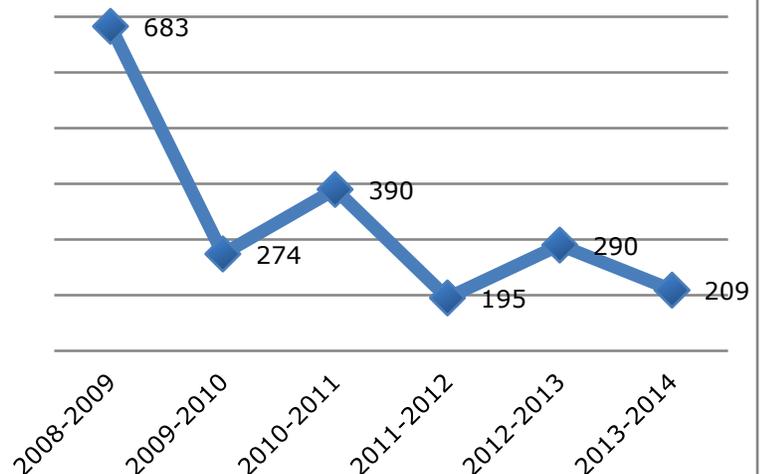


Figure 1-4 A total of 518 families served during report period; 209 were newly created in KnoxHMIS during report period.

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 hmisupport@utk.edu

call: (865) 974 9142 email:

Figure 2-1 displays housing program exit destination outcomes (positive or negative)* compared with length of stay. This data seems to suggest positive housing outcomes are associated with longer program service.

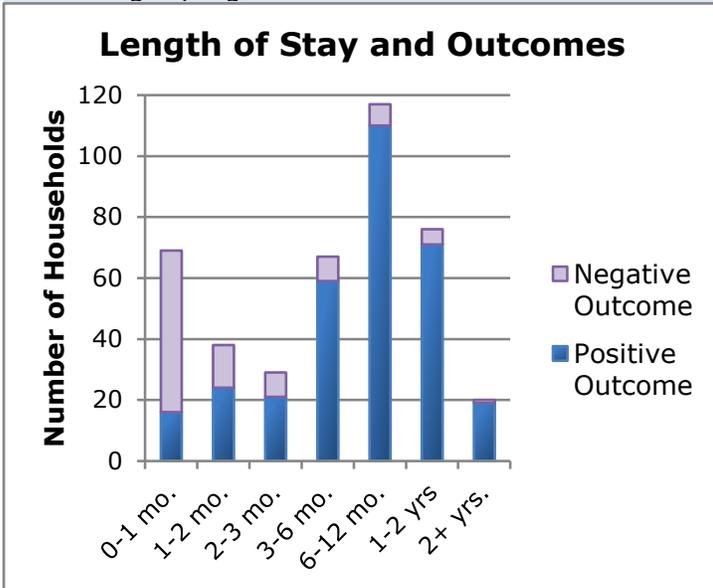


Figure 2-1 *Positive Exit Destination= Owned, Rental, or PSH. Negative Exit Destination= Staying with family/friends, temporary housing, emergency shelter, foster home, treatment facility, don't know, jail, safe haven, or hotel/motel.

46% of family head of households reported having at least one disability. Figure 2-3 lists disabilities reported by family of household.

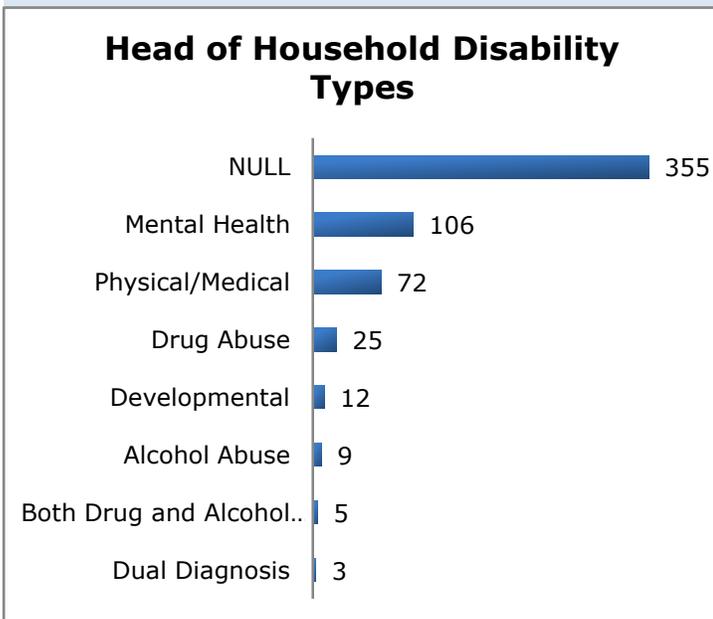


Figure 2-3 Chronic Health Condition combined with Physical/Medical. NULL represents uncollected data on disability type for clients who answered 'yes' to having a disability.

Figure 2-2 represents positive and negative outcomes to provide a more detailed account of Figure 2-1.

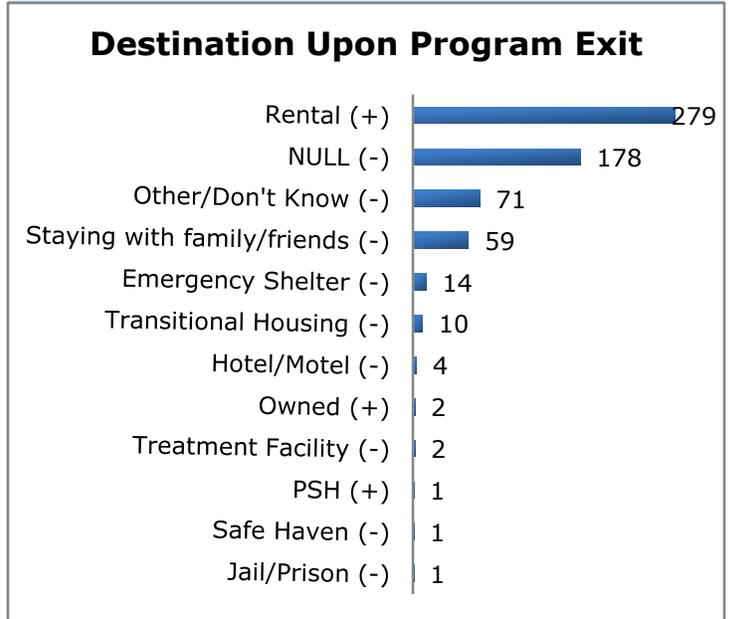


Figure 2-2 NULL represents active households which do not have an exit destination. (+) is a positive exit destination and (-) is a negative exit destination.

Children define the category "family," and during this report period 937 were entered into KnoxHMIS, which is a 62% decrease compared to July 2012-2013. Figure 2-4 represents ages at entry of the 937 children, separated by gender.

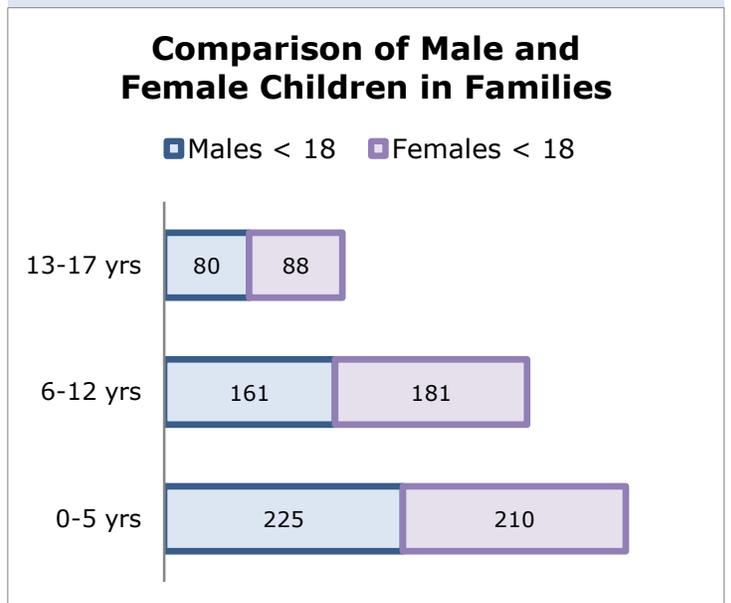


Figure 2-4 945 children reported in this figure because some had multiple KnoxHMIS entries.

Knoxville Homeless Information System (KnoxHMIS): an empirical window into homelessness in Knoxville-Knox County

MRT: Roundtable Survey



- Survey administered in November 2014
- 9 questions asked:
 - Name
 - Agency
 - Is your agency an HMIS partner?
 - If not an HMIS partner, please list reason(s):
 - Which goal(s) is (are) your agency most capable of effecting?
 - For the goal(s) selected above, list the outcome(s) for which your agency can currently report?
 - By what means does your agency currently report outcomes?
 - From the list below, select all outcomes that your agency is willing to measure.
 - What tools do you have to promote the measurement of meaningful outcomes and utilization of information to further the goals of the Roundtable?

Results: Summary

- 70% participation (n=26)
- 83% responded that they are a KnoxHMIS partner; 17% are not.
- 60% (n=26; 15 responses) utilize KnoxHMIS for reporting outcomes
- Goals agencies are capable of effecting include:
 - 47% responded with *improve crisis response*

Results: Current Capabilities

For the goals selected...list the outcomes...your agency can currently report.

	Health and Stability:	<ul style="list-style-type: none"> • Health Status • ER Utilization/Volume • Hospital Admissions • Mobile Crisis Response Time • GAF 	<ul style="list-style-type: none"> • # SO accessing MH Care • # Residents Accessing Medical • # Dental Services • HEDIS Metrics • HIV Viral Load • BMI
	Housing:	<ul style="list-style-type: none"> • # Special Populations Housed • # Placements in Section 8 and LIPH • Bed Utilization • LOS 	<ul style="list-style-type: none"> • PIT • # Coordinated Services • Homeless Prevention • Housing Retention 6mos—1 yr • Goal Attainment • NBN Emergency Shelter
	Crisis Response:	<ul style="list-style-type: none"> • # Alternative Sentencing • # Diversion • Frequency of Recidivism 	<ul style="list-style-type: none"> • ER Utilization/Volume • Hospital Admissions
	Economic Opportunity:	<ul style="list-style-type: none"> • # Job Referrals • # Employed • Income • Attainment of Benefits 	<ul style="list-style-type: none"> • # Rent/Utility Assistance • # Enhanced Self-Sufficiency

Results: Top Outcomes

- Person(s) employed/receiving or seeking disability
- Person(s) with mental health issues engaged in supportive services
- Person(s) without insurance benefits*
- Person(s) engaged in case management
- Person(s) placed in permanent supportive housing and maintain that housing for six months

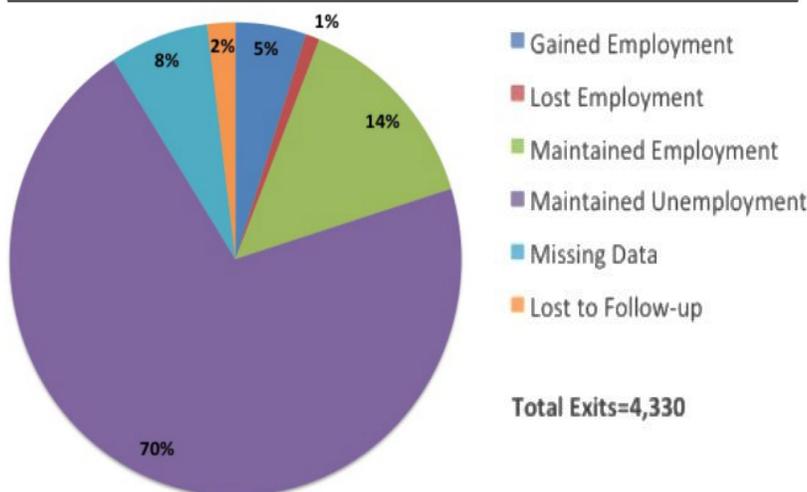
* Note: KnoxHMIS recently added the capture of insurance benefits and will have reporting available as data is collected.

KnoxHMIS: Engaged in Case Management



23% of clients (n=1,033) actively engaged in case management (n=4,538), have case notes recorded in KnoxHMIS.

KnoxHMIS: Employment Outcomes



KnoxHMIS: SSI/SSDI

42% of individuals experiencing homelessness who are enrolled in programs (n=4,330) report having a disability.

Persons Receiving Disability Benefits			
Population	Receiving Benefit	SSI	SSDI
Reporting Disability (n=1,853)	45% (n=840)	59%	41%
Mental Health Disability (n=1,054)	56% (n=589)	58%	42%
Chronic Homelessness & Disability (n=1,132)	24% (n=277)	62%	38%

When asked, "If not receiving Social Security Benefits (SSI/SSDI), specify reason:" there were:

- 2% "Not applicable Income Source"
- 2% "Client Did Not Apply"
- Less than 1% who "Applied: Not Eligible" or "Applied: Pending"
- 96% Null Data



50% of those reporting mental health disability(n=1,080) are enrolled in housing programs.

90% of those reporting mental health disability are enrolled in supportive services programs.



Knoxville Homeless Information System (KnoxHMIS): an empirical window into homelessness in Knoxville-Knox County

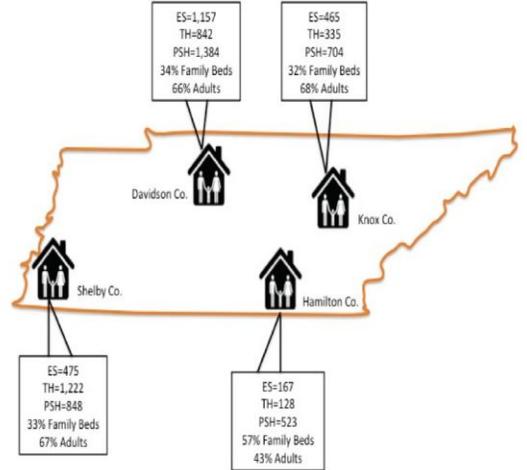
Housing Outcomes: Context

Housing Inventory Count for Knoxville, Tennessee, and the United States

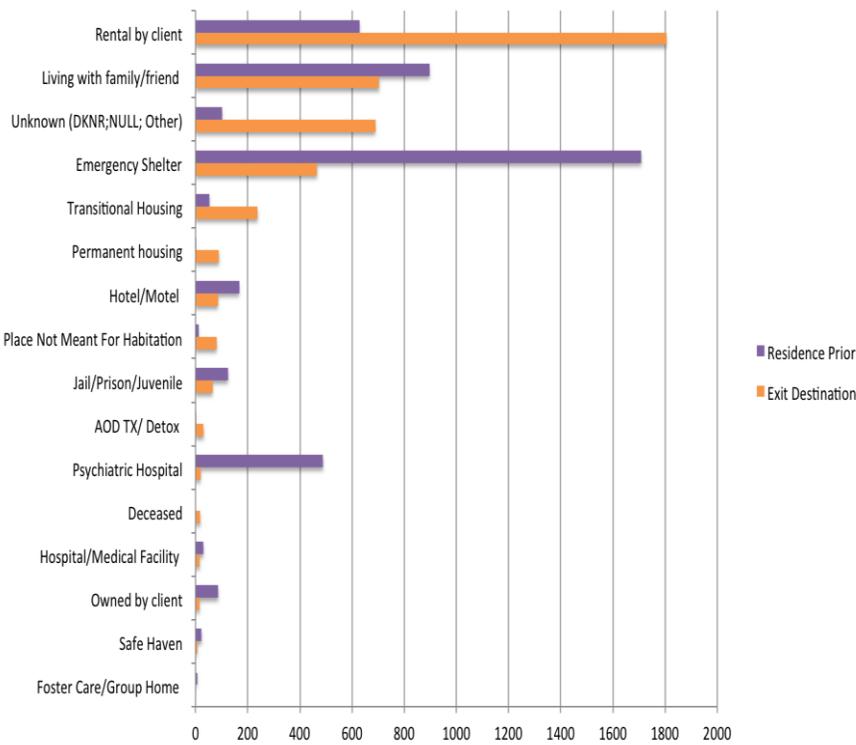
	Knoxville/ Knox County	Tennessee	National
Family Beds	477	4,459	366,580
Adult Only Beds	1,018	7,269	401,461
Child Only Beds	9	43	4,747
Total Year-Round Beds	1,504	11,771	772,788
Seasonal Beds	0	722	22,399
Overflow Beds	73	569	28,331
Chronic Homeless Beds	171	1,407	94,282
Veteran Beds	166	1,937	90,271
Youth Beds	58	93	14,229

*Information retrieved from:
https://www.hudexchange.info/reports/CoC_HIC_State_TN_2014.pdf
https://www.hudexchange.info/reports/CoC_HIC_NatTerrDC_2014.pdf

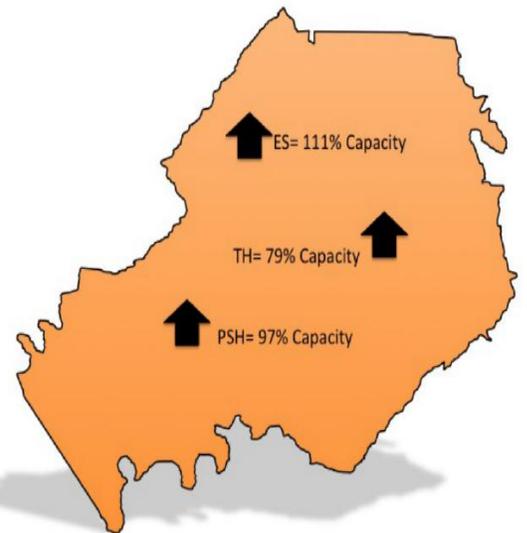
Statewide Housing Inventory Coverage



KnoxHMIS Entry_Exit Comparison



Knoxville-Knox County Capacity



*Note: Data is pulled from the 2014 HIC report, which is based on the 2014 Point-In-Time (PIT) count conducted on 1/30/14.
**Note: ES capacity is over 100% due to use of overflow beds during the PIT.

Housing Outcomes at Program Exit

Housing Outcomes at Program Exit

Program Type	Total Clients w/ Exit	Total Exits	% Positive Exits	Positive AV LOS(Days)	% Negative Exit	Negative AV LOS(Days)	% Unknown Exit	Unknown AV LOS(Days)	% Multiple Exits
ES	767	904	16%	54	70%	26	14%	23	18%
TH	527	557	31%	243	48%	130	21%	115	6%
PH	67	67	22%	704	54%	644	24%	606	0%
RRH	217	217	93%	199	6%	105	1%	104	0%
HP	898	938	48%	206	34%	79	18%	134	4%
SSO	1,317	1,442	58%	340	30%	82	12%	69	9%

- 83% of clients in PH (new and continuing clients) (n=277) have maintained housing for 6 months or longer.
- 51% of clients placed in PH during report period (n=77) have maintained housing for 6 months or longer.