

**Memphis/Shelby County
Mayors' Task Force on Homelessness**

**Blueprint To Break the Cycle of Homelessness
And Prevent Future Homelessness**

***MEMPHIS AND SHELBY COUNTY
MAYORS' TASK FORCE ON HOMELESSNESS***

August 2002

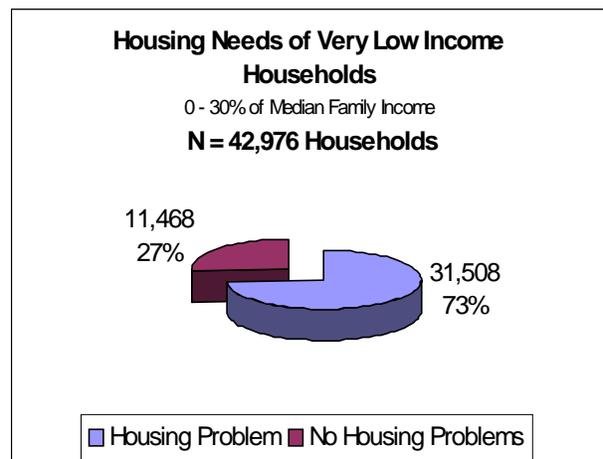
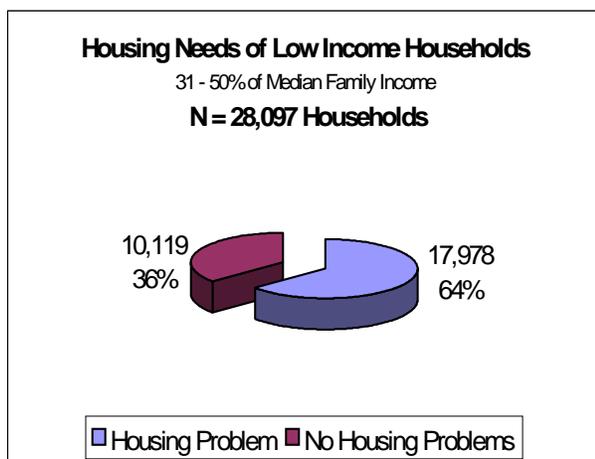
Blueprint prepared by Partners for the Homeless, Pat Morgan, Executive Director

Introduction

On any given night in Memphis/Shelby County, Tennessee, approximately 2,000 people are literally homeless--in emergency shelters, transitional or permanent supportive housing facilities for homeless people, or on the streets. Approximately 250 of those men and women can be found sleeping on park benches, under bridges and viaducts, behind dumpsters, in doorways of businesses, or in nooks and crannies called “catholes” by homeless people who know far too well how dangerous it can be to sleep outdoors in urban areas. Included in the 2,000 are approximately 150 homeless men and women who are estimated to be in jail, in the hospital, or short-term mental health facilities.

Those numbers can be misleading, however. During 2001, no fewer than 7,000 unduplicated people were literally homeless for some period of time, receiving shelter, housing, and/or services from the local network of service providers. Included in this number were 741 families with approximately 1,700 children -- enough children to fill three large elementary schools. In addition to these numbers, another 1,309 individuals and 2,349 families with an estimated 5,400 children requested, but did not access, emergency shelter or transitional housing.

Unfortunately, the numbers seeking shelter or housing represent only the tip of the iceberg for housing needs. The U.S. Department of Housing and Urban Development estimates that 49,486 low and very-low income households in Memphis/Shelby County -- the population most at risk of homelessness -- have housing needs, defined as paying more than 30% of income for housing and/or living in substandard, overcrowded housing.



The Cycle of Homelessness

The cycle of homelessness for most individuals and families begins with a “spiraling down” to the streets and shelters from a well-worn circuit of temporary, overcrowded, and extremely tenuous housing arrangements. When family members, significant others, friend -- or landlords -- are no longer willing or able to tolerate the overcrowding, the added dependency on already overwhelmed resources, or unacceptable behaviors resulting from mental illness or substance abuse, these precariously housed individuals and families resort to the homelessness assistance system. Some never return; others find it more difficult to secure and retain jobs that pay enough to obtain and remain in decent, affordable housing and find themselves repeating the “cycle.” For far too many individuals who are disabled by mental illness and/or alcohol and other drug abuse, the cycle includes jail and repeated and costly visits to the hospital -- and rarely, if ever, includes steady employment and decent, permanent housing.

Breaking that cycle and preventing future homelessness are of critical importance to Memphis/Shelby County because, to some extent, homelessness hurts us all. It hurts our community when men and women, most of whom could be productive, valued employees, and all of whom have something to offer to society, cycle in and out of streets, shelters, hospitals and jails instead of contributing to this community’s economy. It hurts our community’s future when families cycle from one overcrowded, overwhelmed, temporary housing arrangement to another, unable to secure for their children the most basic of necessities: a place to live and play and study and grow into healthy, productive adults. It hurts our businesses when potential customers turn away to avoid homeless people or panhandlers who may or may not be homeless, but who prey on the public’s compassion for homeless people. It hurts taxpayers who pay the enormous costs accrued by the health care and criminal justice systems when appropriate treatment is not available and accessible for mentally ill or chemically addicted men and women -- treatment that could have prevented them from becoming homeless. Most of all, it hurts the homeless people who pay enormous human costs in fear, despair, and the loss of human dignity that go hand in hand with homelessness.

That’s the bad news.

The good news is that these numbers are not so overwhelming as to be insurmountable. The vast majority of low and very low income households are

not homeless. More than half of the people counted in the 2002 “point-in-time” or “snapshot” count were in transitional housing programs where they were receiving the services and treatment, if needed, that can help them break the cycle of homelessness. The local “Continuum of Care” system of services and housing includes an impressive array of treatment and transitional programs for individuals in recovery from substance abuse, model transitional housing programs for families with children, and nationally recognized programs for homeless, mentally ill people.

Recent cost-benefit studies reflect that programs such as these are not only effective for the clients served, but are cost-effective for taxpayers as well. A rigorous, longitudinal California study reflected that every \$1 spent on treatment for substance abuse resulted in a savings of \$7 in the criminal justice system, along with a one-third decrease in the use of emergency room services. In addition, a study of the cost-benefits of permanent supportive housing projects by the highly respected Corporation for Supportive Housing reflected a similar decrease in emergency room visits by residents of supportive housing programs, and an even more significant decrease in the number of residents admitted to residential mental health facilities and institutions. The cost-benefits to the criminal justice system were negligible in this study inasmuch as the clients that were tracked in the study had not been incarcerated for long periods of time, primarily since arrests of homeless people tend to be for misdemeanor charges which are often a direct result of untreated mental illness and/or substance abuse.

Locally, the most effective programs were made possible by the extraordinary dedication of some of the most sophisticated and effective providers of services in the country with a mix of funding from the public and private sectors. And while not enough is known about the conditions or circumstances of the individuals and families who are turned away, we are well on our way to systematically collecting the information that we need to more effectively prevent homelessness. In addition, Memphis/Shelby County’s planning process for developing the “Continuum of Care” system has earned a “best practice” award from the U.S. Department of Housing and Urban Development (HUD). However, we cannot afford to rest on our laurels so long as serious gaps in the system exist and individuals and families continue to find themselves homeless. This Blueprint, which builds on, yet goes beyond the Continuum of Care planning process, represents this community’s movement to the next level.

The Memphis/Shelby County Mayors' Task Force on Homelessness

In recognition of the tremendous short- and long-term consequences and costs of allowing homelessness in Memphis and Shelby County to continue, and in the sure knowledge that this community can -- and must -- marshal the resources necessary to reverse that trend, City of Memphis Mayor W.W. Herenton and Shelby County Mayor Jim Rout jointly appointed the Mayors' Task Force on Homelessness in July 2001. The mission of the Task Force is "to act as Memphis/Shelby County's designated entity for planning and facilitating implementation of a more comprehensive, more highly coordinated system of services and housing options to break the cycle of homelessness and prevent future homelessness." To accomplish that mission, the Task Force assumed responsibility for development of a "Blueprint" to guide the community in coordinating and developing programs and initiatives to break the cycle of homelessness and prevent future homelessness. The Task Force also assumed responsibility for facilitating implementation of the "Blueprint" through coordination and accessing of various private and public resources, including "mainstream" resources and for monitoring progress in meeting the goals and objectives outlined in the Blueprint. This Blueprint is the direct result of those efforts.

The Mayors' Task Force on Homelessness, co-chaired by Robert Lipscomb, Director of the City's Division of Housing and Community Development and the Memphis Housing Authority, and Peggy Edmiston, Director of Shelby County's Community Services, consists of senior-level public and private policy makers, grantmakers, directors of vital mainstream programs for disadvantaged people, and representatives of providers of services to homeless people, the faith community, and business leaders. In a "bottom up" approach to development of the "Blueprint," key stakeholders, including numerous providers of services to homeless and other disadvantaged people participated in focus groups and working groups designed to solicit recommendations for addressing the structural issues and individual risk factors that create and perpetuate homelessness.

Members of the Mayors' Task Force on Homelessness are:

Tom Baker, Executive Vice President for Corporate Real Estate and Administrative Services at First Tennessee Bank and Chair of Partners for the Homeless' Board of Directors

Ruby Bright, Executive Director of the Women's Foundation for a Greater Memphis

Debra Brown, Deputy Director of the City of Memphis' Division of Housing and Community Development

Karen Coleman, Director of Human Services for Memphis Housing Authority

Margaret Craddock, Executive Director of Metropolitan Inter-Faith Association (MIFA)

Barry Flynn, Executive Director of the Assisi Foundation of Memphis, Inc.

Brenda Harper, Community Lending Development Manager, Union Planters Mortgage

Wilbur Hawkins, Director of Outreach Ministries, Mount Vernon Baptist Church

Noris R. Haynes, Jr., Executive Director, the Plough Foundation, and former chair of Partners for the Homeless' Board of Directors

Deborah Hester, Director, Workforce Development Agency

Odell Horton, Jr., Vice Chancellor of University Relations, University of Tennessee, Memphis

Dottie Jones, Administrator, City of Memphis Intergovernmental Relations

June Chinn-Jones, Board Chair, Memphis Health Center

John A. Keys, Manager of Veterans Services, Shelby County Government, and Chair of the Greater Memphis Interagency Coalition for the Homeless' Board of Directors

Craig Kibbe, Community Builder, U.S. Department of Housing and Urban Development

Nancy Lawhead, Shelby County Mayor Rout's Special Assistant for Health Policy

Yvonne Leander, Area Coordinator, U.S. Department of Housing and Urban Development

Yvonne Madlock, Director, Memphis & Shelby County Health Department

Rev. Brandon Porter, Senior Pastor, Greater Community Temple COGIC

Bill Powell, Criminal Justice Coordinator, Shelby County

Willie Slate, Director of Family Support and Home Involvement, Memphis City Schools

Cordell Walker, Executive Director of Alpha Omega Veterans Services and Representative of Service Providers Group of the Greater Memphis Interagency Coalition for the Homeless

G. Bradley Wanzer, Senior Vice President, Fund Distribution, United Way of the Mid-South, and Partners' Board Member

Linda Williams, Executive Administrator, Tennessee State Department of Human Services, Memphis Office

Marie Williams, Director, Housing Planning and Development, Tennessee State Department of Mental Health and Developmental Disabilities

Partners for the Homeless, a public-private partnership dedicated to breaking the cycle of homelessness and preventing future homelessness, provides administrative support to the Task Force. Serving as advisors to the Task Force are **Pat Morgan**, Partners' Executive Director; **Mary-Knox Lanier**, Manager of Compliance for the City of Memphis' Division of Housing and Community Development, and **Constance Graham**, Executive Director of the Greater Memphis Interagency Coalition for the Homeless.

Along with many of those who now serve on the Mayors' Task Force, participating in the focus groups conducted in the early stages of development of the Blueprint and/or in working groups established by the Task Force were:

Meghan Altimore, Director of Social Services, Housing, Metropolitan Inter-Faith Association (MIFA)

June Averyt, M.S.W., Director of Social Services, Salvation Army

Dr. Debra Bartelli, Director, Memphis HIV Family Care Network

Scott Bjork, President and Chief Executive Officer, Memphis Union Mission

Tim Bolding, Executive Director, United Housing, Inc.

Chere' Bradshaw, Regional Facilitator, Tennessee State Department of Mental Health and Developmental Disabilities, Office of Housing Planning and Development

Scottie Brafford, Director, Final Net, First United Methodist Church

Johanna Burgess, Homeless Coordinator, Memphis and Shelby County Schools

Stephen Bush, Public Defender, Shelby County Public Defender's Office

Dorothy Cleaves, Community Builder, U.S. Department of Housing and Urban Development

Lt. Sam Cochran, Director, Crisis Intervention Team, Memphis Police Department

Mary Cole-Nichols, Executive Director, YWCA of Greater Memphis

Debra Dillon, Director of Housing, Southeast Mental Health Center

Laura Downey, Memphis Housing Authority

Dr. Randolph DuPont, Associate Professor, Department of Psychiatry, University of Tennessee, and Director of the Regional Medical Center's Psychiatric Emergency Services

Mary Foehr, Executive Director, Family Services of the Mid-South

Donna Fortson, Executive Director, Memphis Family Shelter

Verlon Harp, Executive Director, HopeWorks

Aubrey Howard, Executive Director, Midtown Mental Health Center

Tracey Johnson, Director, Women's Oasis, World Overcomers

Mary Jordan, Director, Genesis House and Dozier Assessment

Beatrice Kimmons, Calvary Street Ministry

Marjean Kremer, Founding Director of the Memphis Coalition for the Homeless, now the Greater Memphis Interagency Coalition for the Homeless

Kaye Lawler, Manager, Shelby County Community Services Agency and member Families First/Temporary Assistance to Needy Families (TANF) statewide planning group

Conrad Lehfeldt, Program Executive, Metropolitan Inter-Faith Association (MIFA)

Spring Love, Outreach Worker, VA Medical Center

Nancy McGee, Executive Director of The Grant Center

Malcolm McRae, Executive Director, Downtown Memphis Ministries, Inc., d/b/a Calvary Street Ministries

Vicki Miller-Brown, Youth Opportunity (YO)

Corky Neale, Advanced Planning

Alma Prather-Sledge, Whitehaven-Southwest Mental Health Center

Joyce Rayner, Director, Barron Heights Transitional Center

Bud Reese, Executive Director, Case Management, Inc.

Jeff Sanford, President of the Center City Commission

Katy Schwarz, Program Associate, the Plough Foundation

Dr. Herschel Schwartz, private consultant

Denise Shumaker, Executive Director, Hope Health Center

Erin Skaff, Research Assistant, Shelby County Detoxification Assessment Center, Regional Medical Center

Bobbie Thompson, Homelessness Coordinator, Tennessee State Department of Human Services, Memphis Office, and Secretary, Greater Memphis Interagency Coalition for the Homeless

Jodie Vance, Publisher, *The Downtowner*

Jim Vasquez, Deputy Administrator, Shelby County Housing and Community Development

Jean Wannage, Director of Homeless Programs, Associated Catholic Charities

Eric Whittington, Case Manager, New Directions

Mary Winters, Case Manager, Dozier House

Adding immeasurably to the development of the Blueprint was the regular input of a broad cross-section of service providers, grassroots community groups and activists, and formerly homeless and homeless people who contribute regularly to Continuum of Care planning through participation in the Greater Memphis Interagency Coalition for the Homeless' Service Providers Association and ad hoc working groups coordinated and facilitated by Partners for the Homeless.

The Root Causes of Homelessness

Homelessness is the result of a combination of structural issues and individual risk factors, far too complex for a “one-size-fits-all” solution. Strategies to break the cycle of homelessness and prevent future homelessness must be based on a common understanding of the root causes of homelessness, the degrees of homelessness that exist, and the factors that cause homelessness to persist. In addition, it is necessary to define the range of services and housing options available to ensure the development of more effective measures to prevent homelessness from occurring.

Structural Factors

Conditions beyond an individual or family’s direct control that act to create and/or perpetuate homelessness include:

- The critical lack of affordable housing, including a significant reduction in public housing units;
- Fragmented, under-funded mental health and substance abuse treatment system;
- **Low-wage jobs that do not pay enough for a worker, working 40 hours a week, to afford decent housing;**
- Limited or non-existent transportation to better-paying jobs in suburbs; and
- An educational system that leaves many unprepared for the job market.

Individual Risk Factors

Conditions or characteristics that make it difficult for an individual to function well enough to meet his or her housing needs or meet the housing needs of children in their care, and often lead to homelessness include:

- Substance abuse/addiction;
- Severe and persistent mental illness and mental disorders, such as post-traumatic stress disorder, that impair an individual’s ability to function well enough to work and/or remain appropriately housed without supportive services;
- Histories of abuse as children and/or as adults;
- Learning disabilities;
- Low educational levels;
- Poor financial management and resultant bankruptcy/credit issues;
- Poor job skills;

- Poor job histories;
- Histories of dependence on public assistance.

Nationally, statistics reflect that 86% of all homeless adults self-report a history, at some point in their lifetime, of alcohol, drug, or other mental health problems. When one extrapolates the statistics for individuals unaccompanied by children from the statistics of adults heading families with children, who are less likely to exhibit these specific risk factors, the rates are even higher. Locally, one has only to look at the list of residential treatment and recovery/transitional housing for homeless individuals and listen to providers of emergency shelter and “working ministry” programs to grasp the staggering level of disabling conditions that must be overcome by homeless men and women unaccompanied by children.

Adults, usually single women, who are heading homeless families with children are more likely to report homelessness resulting from overcrowding, domestic disputes (resulting from that overcrowding and poverty), and domestic violence. However, a local study, conducted as part of a national survey by the Institute for Children and Poverty, the research arm of Homes for the Homeless in New York, reflected that 37 percent of the 93 homeless women with children surveyed in Memphis self-reported problems with substance abuse.

Homelessness, therefore, is not the problem. It is a symptom of underlying problems.

The following definitions were adopted by the Mayors’ Task Force on Homelessness as a starting point towards developing realistic strategies to break the cycle of homelessness and prevent future homelessness. They draw heavily from the Greater Memphis Interagency Coalition for the Homeless/Quality Standards of Care as well as definitions established by the U.S. Department of Housing and Urban Development modified for local use. They are working definitions, however, and recognize that there continues to be great variability in the range of service and housing groupings as providers adjust programs in an effort to effectively meet the changing needs of clients and the system.

The Degrees of Homelessness:

Literally Homeless

Individuals or families that are:

- a) literally sleeping or living on the streets or in places not meant for human habitation (abandoned buildings, cars, etc.);
- b) in emergency shelters and/or transitional housing; or,
- c) in permanent supportive housing facilities for persons who were literally homeless. (If people have been residentially stable in permanent supportive housing facilities for significant periods of time, they are no longer considered to be homeless.)

Episodically Homeless

Individuals and families experiencing one or more episodes of “literal” homelessness over the course of a stated period of time. For example, an individual or family may spend one or more nights in an emergency shelter twice over the course of three years.

Chronically Homeless

The U.S. Department of Housing and Urban Development currently defines chronically homeless as “an unaccompanied, disabled individual who has been persistently homeless for more than a year or who has been homeless for four or more episodes in the prior three years.” This definition, recently adopted after extensive debate within the Federal government, appears to acknowledge that chronically homeless people are highly likely to “cycle” in and out of housing, the streets, emergency shelters, hospitals, mental health facilities, and jail for varying periods of time.

Temporarily Displaced

Individuals and families that usually manage to maintain residential stability but are temporarily displaced from permanent housing due to a variety of factors and simply need temporary shelter/housing assistance to regain residential stability. Displacing factors may include a sudden loss of income, a medical emergency, a catastrophic illness, a fire, or other destabilizing situation.

Precariously or Marginally Housed

Individuals or families who lack a permanent residence and are most often living doubled-up or tripled-up with other family members or friends, and who are subject to having to leave that housing in the very near future. Others are living more or less independently on extremely limited income, often in sub-standard housing, with a high potential for eviction due to non-payment of rent, utility cutoff, or condemnation of the property due to the condition of the property.

Housing Options

Emergency Shelter

Temporary shelter provided as an alternative to sleeping in places not meant for human habitation. Emergency shelter provides a place to sleep, humane care, a clean environment and referrals to other agencies. Length of stay is typically limited to 60 days, and there are generally no minimal criteria for admission (*i.e.*, mental illness, alcohol and/or drug addicted). Shelter is usually free for some period of time, with clients required to pay for additional nights of shelter depending on client's income and circumstances.

Emergency Shelter/Quasi-“Working Ministry”

Combines some features of emergency shelter but is generally not time-limited so long as the individuals pay a nominal fee to help offset costs of shelter, food, and services and abide by the rules of the shelter/ministry. Anecdotal reports indicate that some persons remain in the shelter/ministry for months and that a few stay there for years.

“Working Ministry” Programs

Time-limited, quasi-transitional programs providing a bed, food, and some level of assessment and spiritual counseling to participants who are required to work and to pay a daily or weekly fee to offset cost of shelter, food, and services, which may include transportation to employment. Clients are also required to participate in religious services. Individual is assessed for willingness to commit to, and participate in program. Since the level and appropriateness of services is not known, these programs are not presumed to meet the criteria for transitional programs.

Transitional Housing Programs

Temporary housing situations that offer opportunities and comprehensive services for up to 24 months in an effort to assist homeless persons in obtaining

a level of self-sufficiency. Residential facilities for providing drug and/or alcohol treatment or treatment and supportive services for persons with mental illness and/or dual diagnoses are included in this category if the population served is homeless.

Permanent Supportive Housing

Safe, decent, affordable housing that provides the necessary support services to enable formerly homeless persons with special needs to live independently. Permanent supportive housing options are designed to meet the specific needs of clients based on the client's level of functioning. Housing options typically range from group homes to single-room occupancy units to apartment units and include a range of service options such as:

- 24-hour (awake), seven days per week supervision by staff;
- 24-hour (peak hours awake) seven days per week supervision by staff;
- Supervision by staff during peak hours only;
- Supervision on-site part-time as needed;
- No staff on site, but extensive services provided by project sponsor or collaborating agency.

Safe Haven

A specialized facility for providing shelter and services to chronically homeless, mentally ill individuals who are unable or unwilling, because of their illness, to comply with the rules of traditional shelters and transitional housing programs. Safe Havens are “low-demand — high expectation” with few requirements other than the client abstain from alcohol or other drug use on the premises and not exhibit threatening behavior. “High expectations” reflect the fact that operators of these facilities recognize that with time and appropriate, non-threatening services, clients often become more amenable to accepting medications and other stabilization services as a first step toward obtaining appropriate housing, services and benefits.

Quantifying and Classifying Memphis/Shelby County's Homeless Population

Developing a successful strategy to break the cycle of homelessness and prevent future homelessness requires accurate, unduplicated, reliable data on the numbers and needs of homeless individuals and families. Point-in-time, "snapshot" data is crucial to determining immediate unmet needs for services, shelter, and housing options and is helpful in identifying in-depth system weaknesses such as the need for shelter/housing options to meet the needs of treatment or service-resistant individuals or families who present special challenges. However, for truly effective planning, annualized, unduplicated data, including the numbers and needs of those turned away by providers, must be considered as well. This is particularly important in the development of prevention strategies.

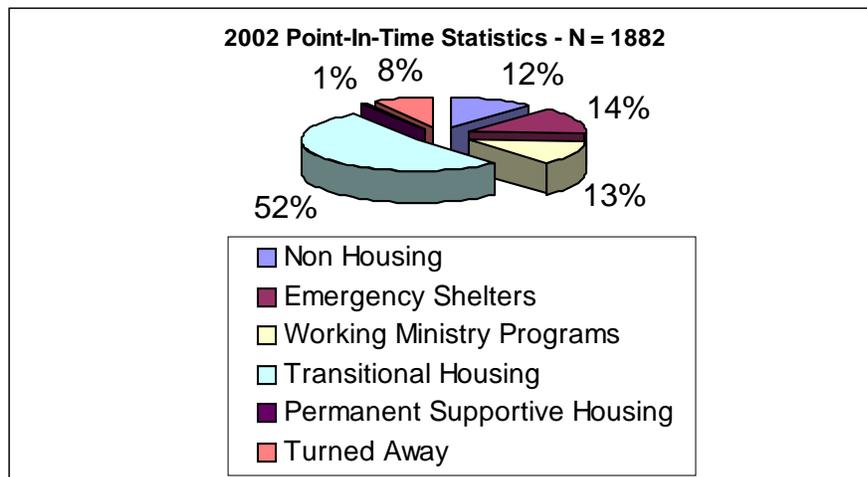
Point-in-Time Data:

Memphis/Shelby County conducts an annual point-in-time count of the homeless population. This involves simultaneously counting of individuals/families both on the streets and in shelter facilities. Partners for the Homeless (Partners) conducts the shelter/facility count and the Greater Memphis Interagency Coalition for the Homeless (GMICH) conducts the street count after shelters and facilities have closed for the evening.

The most recent count took place on January 22, 2002. This count located a total of 1,725 people who were literally homeless on that night. Of that number:

- 222 were located on the streets;
- 259, including 36 families with 59 children, were in emergency shelters;
- 238 were in "working ministry" programs;
- 992, including 121 families with 248 children, were in transitional housing facilities; and
- 14 were in a permanent supportive housing program specifically for homeless people with HIV/AIDS.

In addition, a total of 167 persons, including 39 families with 69 children, requested shelter or transitional housing, but were turned away.



Similar numbers were reflected in the 2001, 2000, and 1999 counts conducted by Partners and GMICH, and the 1995, 1996, and 1997 population surveys conducted by Thomas J. Barth, Ph.D., University of Memphis.

Annualized, Unduplicated Data:

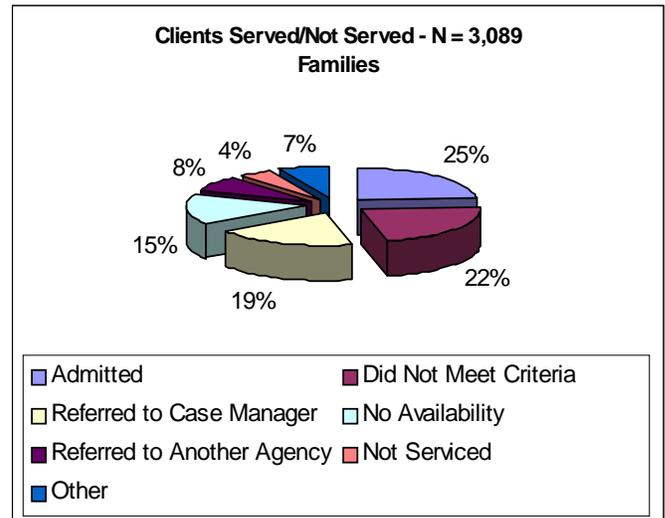
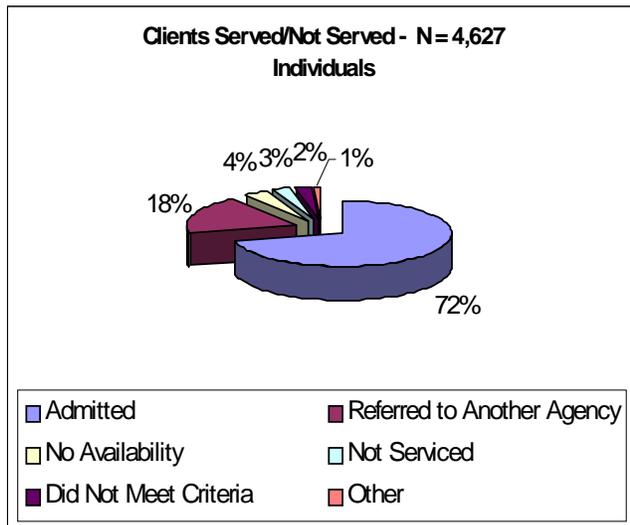
Annualized, unduplicated data for Memphis/Shelby County are collected in a service provider database, called the Intake Database System, administered by Partners for the Homeless. The vast majority (83%) of local providers of services, shelter, and housing specifically for homeless people participate in this system. Data are collected monthly from providers, and are de-duplicated and analyzed yearly as part of Partners’ preparation of the annual Homeless Needs Assessment and Gaps Analysis for the city’s HUD-required Consolidated Plan, to which Shelby County defers.

According to the 2001 data 7,123 unduplicated (different) men, women and children were sheltered or housed by agencies participating in the homelessness system-wide database for some period of time, at some point in time, between November 15, 2000, and November 15, 2001. Of this total:

- 3,318 individuals, unaccompanied by children, were admitted to participating programs.
- 741 families with an estimated total of 1,704 children were admitted to emergency shelters and transitional housing programs. Inasmuch as the number of children was not recorded for every family, the total number of children was calculated at 2.3 per family based on the average of the actual numbers of children per family reported by participating agencies.

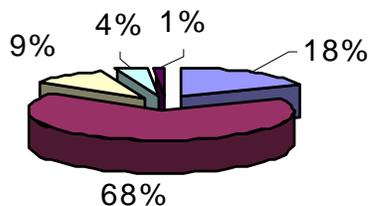
- 185 families with an estimated 425 children were being sheltered/housed by participating agencies on November 15, 2000.
- 750 individuals unaccompanied by children were being sheltered/housed by participating agencies on November 15, 2000.

Participating programs also reported that, during this same timeframe, shelter or housing was requested by or for -- but not accessed -- by a total of 9,058 persons, including 1,309 unduplicated individuals unaccompanied by children and 2,349 unduplicated families with an estimated 5,400 children. Primary reasons recorded for non-admittance to shelters or transitional housing facilities included lack of availability (of beds/units) and “did not meet (eligibility) criteria.”



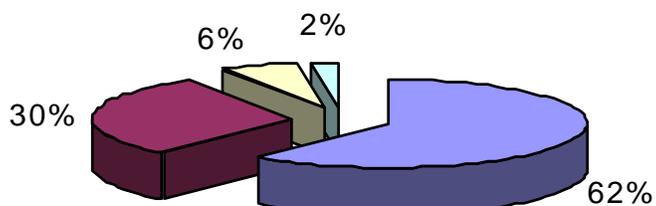
Statistics for the 4,627 individuals unaccompanied by children who sought or received shelter or transitional housing in 2001 reflect that 85 percent were male, 68 percent were between the ages of 31-50, 62 percent were black, and 45 percent had never married. Of the 3,089 adult caregivers in homeless families with children who sought or received shelter or housing in 2001, 95 percent were female, 44 percent were between the ages of 18-30, 65 percent were black, and 52 percent had never married.

Age of Individuals - N = 4,627



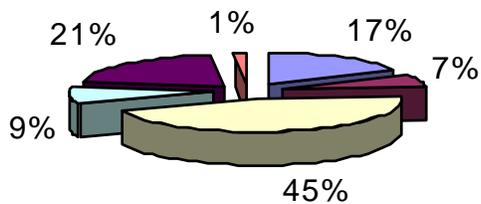
■ 18 to 30 ■ 31 to 50 ■ 51 to 61 ■ Unknown ■ Other

Race of Individuals - N = 4,627



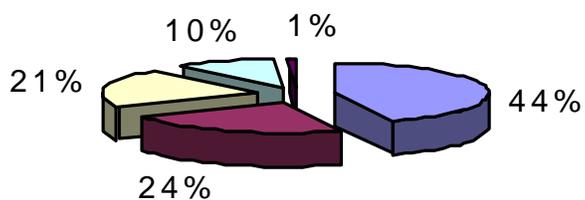
■ African American ■ Caucasian ■ Unknown ■ Other

Marital Status of Individuals - N = 4,627



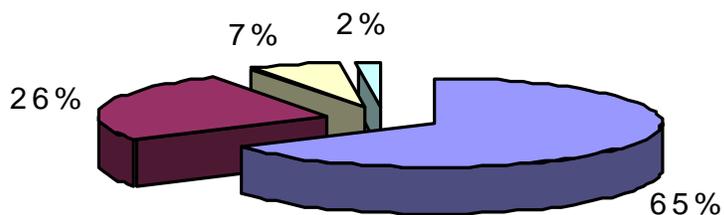
■ Divorced ■ Married ■ Never Married
■ Separated ■ Unknown ■ Widowed

Age of Adults in Families - N = 3,089



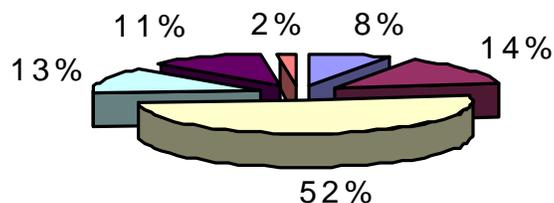
■ 18 to 30
 ■ 31 to 50
 ■ 51 to 61
 ■ Unknown
 ■ Other

Race of Adults in Families - N = 3,089



■ African American
 ■ Caucasian
 ■ Unknown
 ■ Other

Marital Status of Adults in Families - N = 3,089



■ Divorced
 ■ Married
 ■ Never Married
 ■ Separated
 ■ Unknown
 ■ Widowed

The Data Combined:

Combined, the statistics reflect that shelter/housing was received or requested by or for a total of 16,181 unduplicated persons during the year. This number includes:

- 4,627 individuals unaccompanied by children who requested or were admitted to shelters or transitional housing between November 15, 2000, and November 15, 2001;
- 3,089 families with an estimated 7,105 children who requested or were admitted to shelters or transitional housing facilities during that same period; and
- 1,360 people estimated to have been sheltered/housed on November 15, 2000.

Homeless Subgroups and Special Characteristic Categories

In order to utilize population data to effectively address structural and individual factors creating and perpetuating homelessness, further classification and categorization is required. A more deliberate, effective plan is possible if we focus on distinct sub-populations (sub-groups) as well as on categories of individuals that cut across these distinct subgroups. This is especially true since, in reality, there are separate programs and continuums of services and housing options, for each major subgroup. Providers have also developed separate programs for categories of individuals that cross subgroups.

The three major subgroups of Memphis/Shelby County's homeless population are:

- 1) substance abusers (alcohol and other drugs (A&D));**
- 2) persons with serious mental illness (SMI) and/or dual diagnoses of mental illness complicated by substance abuse (DD); and**
- 3) families with children.**

The major categories of homeless people that are included in these subgroups are veterans, persons with HIV/AIDS, and victims of domestic violence.

Veterans

Annualized statistics reflect that veterans constitute approximately 19 percent of the homeless male adult population. However, those most knowledgeable about the numbers and needs -- service providers -- feel strongly that the numbers are under-reported, citing many veterans' disenchantment with the "system," and

resultant unwillingness to accurately report their veterans status. Underscoring their belief is the fact that the three transitional housing programs that serve only veterans, or primarily serve veterans, consistently operate at capacity with a steady flow of homeless veterans entering the homelessness assistance system via triage by outreach workers for the VA Hospital, which is located in Memphis. In addition, all local shelters and transitional housing programs accept veterans as clients as part of the specific sub-group each facility serves.

Domestic Violence

Local providers of services, shelter and transitional housing for families with children report that approximately half of those served have experienced some level of domestic violence. While most of these families with children are served as part of the general sub-group, there are specialized facilities as well. Female victims of domestic violence, with and without children, who are escaping from immediate life-threatening situations and have filed petitions requesting restraining orders in an effort to prevent the batterer from continuing the abuse -- or worse -- find refuge at a secure emergency facility at a carefully guarded, undisclosed location that offers extra protection. Another specialized transitional housing facility provides treatment and supportive services to homeless women, along with their children, who are in recovery from the effects of domestic violence exacerbated by substance abuse.

Persons with HIV/AIDS

All local homeless assistance programs that participate in local planning activities and/or coordinate their services to some degree with other agencies report serving people with HIV-AIDS as part of the sub-group served by the program. These providers of services estimate that approximately 5 percent of the adults served are infected with the AIDS virus. An emergency/transitional facility for individuals with HIV/AIDS and a 16-unit permanent supportive housing program are also available specifically for this population. While people with HIV/AIDS present special challenges and have special needs for health care and nutritional supplements, experienced providers report that efforts to assist this troubled population must include addressing underlying conditions that contributed significantly to homelessness, *i.e.*, substance abuse/addiction, severe and persistent mental illness such as schizophrenia and bi-polar disorder (manic-depression), and/or other mental disorders.

Inventorying Our Resources

Devising successful, cost-effective strategies for the future requires an inventory of available housing options and services that offers a full understanding of the resources of this community. Resources of significance to breaking the cycle of homelessness and preventing future homelessness in Memphis/Shelby County can be grouped into five (5) categories:

- 1) Programs specifically developed to serve homeless individuals and families;
- 2) Programs that serve non-homeless as well as homeless people that can be more effectively used to prevent homelessness;
- 3) Consistent, strong leadership and support of the public sector;
- 4) Committed, visionary leadership and support of the private sector; and
- 5) Dedicated providers of services.

Available Programs

As indicated in the following tables, homeless people in Memphis/Shelby County benefit from a wide array of programs available to provide emergency shelter, services and housing designed to help them make the difficult transition from streets and/or shelters to jobs, permanent housing, and self-sufficiency to the maximum extent possible. Sorely lacking at this time is the array of permanent supportive housing options needed for those individuals who may never, because of the level of disability, be able to achieve self-sufficiency or residential stability without supportive services.

**Table 1: Beds for Homeless Individuals
Unaccompanied by Children**

<i>Agency</i>	<i>Population</i>	<i>Inventory</i>
Assessment/Emergency		
<i>Dozier Assessment Center</i>	<i>A&D, SMI, DD; Men & Women (30 days)</i>	<i>10 Beds</i>
<i>Peabody House-WSWMHC</i>	<i>HIV/AIDS; Men & Women, (6 months max.)</i>	<i>12 Beds</i>
<i>Salvation Army-Purdue Center of Hope – The Zone</i>	<i>Women</i>	<i>20 Beds</i>
<i>*YWCA Abused Women’s Shelter</i>	<i>*Women (also serves women w/children)</i>	<i>*9 Beds</i>
<i>Total Assessment/Emergency:</i>		<i>51 Beds</i>
Emergency Shelter		
<i>House of Prayer Outreach Mission</i>	<i>Women</i>	<i>5 Beds</i>
<i>Memphis Union Mission-Men Shelter</i>	<i>Men</i>	<i>41 Beds</i>
<i>*Missionaries of Charity</i>	<i>*Women (& women w/children, demand</i>	<i>*9 Beds</i>
<i>*Seek for the Old Path</i>	<i>*Women (also serves women/children)</i>	<i>*9 Beds</i>
<i>Total Emergency Shelter:</i>		<i>64 Beds</i>
“Working Ministries”		
<i>Calvary Rescue Mission</i>	<i>Men</i>	<i>46 Beds</i>
<i>HOPE Center</i>	<i>Women</i>	<i>10 Beds</i>
<i>Lighthouse Ministries</i>	<i>Men</i>	<i>158 Beds</i>
<i>Living for Christ</i>	<i>Men</i>	<i>45 Beds</i>
	<i>Women</i>	<i>10 Beds</i>
<i>Mission Global Ministry</i>	<i>Women</i>	<i>10 Beds</i>
<i>Second Chance Outreach Ministries</i>	<i>Men</i>	<i>31 Beds</i>
<i>Total Working Ministries:</i>		<i>310 Beds</i>
Transitional Housing (TH) - Alcohol & Drug (A&D) Recovery		
<i>Alpha Omega Veterans Services</i>	<i>Veterans only; Men and women</i>	<i>82 Beds</i>
<i>Barron Heights</i>	<i>Veterans (75%); Men</i>	<i>40 Beds</i>
<i>C.A.A.P., Inc.</i>	<i>Veterans (75%); Men</i>	<i>72 Beds</i>
	<i>Veterans - Women</i>	<i>8 Beds</i>
<i>Dismas House</i>	<i>Ex-offenders; Men and Women</i>	<i>12 Beds</i>
<i>Downtown Memphis Ministries-(DBA Calvary Street Ministry Halfway House)</i>	<i>Men</i>	<i>44 Beds</i>
<i>Karat Place, Inc.</i>	<i>Women Ex-offenders</i>	<i>4 Beds</i>
<i>Memphis Union Mission-Awareness</i>	<i>Men</i>	<i>22 Beds</i>
<i>Memphis Union Mission-Transitional</i>	<i>Men</i>	<i>25 Beds</i>
<i>Memphis Union Mission-Calvary Colony</i>	<i>Men</i>	<i>40 Beds</i>
<i>*Memphis Union Mission – Moriah House</i>	<i>Women</i>	<i>9 Beds</i>
<i>Salvation Army Adult Rehab. Center</i>	<i>Men</i>	<i>78 Beds</i>
<i>Total TH - A&D Recovery:</i>		<i>436 Beds</i>

<i>Agency</i>	<i>Population</i>	<i>Inventory</i>
Licensed Treatment & Recovery/Transitional Housing Specifically for Homeless People		
<i>Genesis House</i>	<i>SMI Men and Women (based on demand)</i>	<i>29 Beds</i>
<i>Dozier House</i>	<i>A&D Men and Women (based on demand)</i>	<i>29 Beds</i>
<i>Total Licensed Treatment/Transitional A&D:</i>		<i>29 Beds</i>
<i>Total Licensed Treatment/Transitional SMI/Dually Diagnosed:</i>		<i>29 Beds</i>
Permanent Supportive Housing Specifically for Homeless People		
<i>Aloysius Home/Friends for Life</i>	<i>Men and Women (HIV/AIDS) (1 BR. apts.)</i>	<i>16 Beds</i>
<i>Calvary Street Ministry (Court St.)</i>	<i>Men and Women (SMI)</i>	<i>16 Beds</i>
<i>**Calvary Street Ministry (Poplar)</i>	<i>Men (SMI) **Under construction</i>	<i>16 Beds</i>
<i>*City of Memphis/Family Services. of the Mid-South</i>	<i>Men & Women (SMI) *Estimate-based on demand</i>	<i>15 Beds</i>
<i>Total Permanent Supportive Housing:</i>		<i>63 Beds</i>
<i>Total Inventory Individuals Unaccompanied by Children:</i>		<i>982 Beds</i>

Table 2: Programs Serving Significant Numbers of Homeless People

<i>Agency</i>	<i>Population</i>	<i>Inventory</i>
Licensed Alcohol & Drug Treatment & Recovery/Transitional Housing – Not Specifically for Homeless		
<i>C.A.A.P., Inc.</i>	<i>Men</i>	<i>29 Beds</i>
	<i>Women</i>	<i>8 Beds</i>
<i>Grace House of Memphis</i>	<i>Women</i>	<i>25 Beds</i>
<i>Harbor House, Inc.</i>	<i>Men</i>	<i>50 Beds</i>
<i>Memphis Recovery Center</i>	<i>Men and Women</i>	<i>24 Beds</i>
<i>New Directions</i>	<i>Men and Women</i>	<i>30 Beds</i>
<i>Serenity House</i>	<i>Men</i>	<i>24 Beds</i>
	<i>Women</i>	<i>16 Beds</i>
<i>Synergy Foundation, Inc.</i>	<i>Men</i>	<i>69 Beds</i>
	<i>Women</i>	<i>55 Beds</i>
<i>Total:</i>		<i>293 Beds</i>
<i>Total Estimated Beds Occupied by Homeless Individuals (50%):</i>		<i>147 Beds</i>

Table 3: Beds/Units for Families with Children

<i>Agency</i>	<i>Population</i>	<i>Inventory</i>
Emergency Shelter/Assessment		
**Memphis Interfaith Hospitality Network	Families with Children (single caregivers or couples)	**4 Units
Salvation Army	Women with Children	20 Units
*YWCA Abused Women's Services	Female Victims of Domestic Violence, with and without Children	*9 Units
Emergency Shelter		
*Seek for the Old Path	Women, with and without Children	*9 Units
*Missionaries of Charity	Women, with and without Children	*9 Units
*Missionaries of Charity-Gift of Mary	HIV Women, with and without Children	*2 Units
<i>Total Emergency Shelter:</i>		*53 Units
Transitional Housing (TH)		
Family Haven Apartments-WSWMHC	SMI Parent/caregiver with Children	6 Units
*Family Services of the Mid-South	A&D, SMI, HIV-AIDS, Domestic Violence	57 Units
Memphis Family Shelter	Women with Children	20 Units
*Memphis Union Mission-Moriah House	Women, with and without Children	9 Units
Memphis Union Mission-Intact Families	Two-parent (married) families with Children	4 Units
MIFA-Estival Communities	Families with Children (female/male headed/couples)	77 Units
Salvation Army – Renewal Place	Women (A&D), with their children	15 Units
Women's Oasis	Women with Children	24 Units
<i>Total Non-Licensed Transitional Housing:</i>		212 Units
Licensed Transitional Housing		
Agape Child & Family Service, Inc.	Pregnant/Postpartum Women w/infant & children	6 Units
Bethany Home	Pregnant/Postpartum Women w/infant, toddlers	5 Units
Sophia's House	Substance Abusing Victims (women) of Domestic Violence, with their children	9 Units
<i>Total Licensed Transitional Housing:</i>		20 Units
<i>Total Transitional Housing:</i>		232 Units
Permanent Supportive Housing		
*City of Memphis/ Family Services of the Mid-South	Families with Children in which parent/primary caregiver is seriously mentally ill	20 Units
<i>Total Permanent Supportive Housing:</i>		20 Units
<i>Total Units for Families With Children:</i>		305 Units

* Indicates estimate of usage of beds by families with children, based on demand

** Indicates families are sheltered at various churches, not in traditional shelters.

Programs for Non-Homeless and/or Homeless Individuals and Families

Federal “Mainstream” Programs Include:

- The U.S. Department of Agriculture Food and Nutrition Services’ Food Stamp program
- The U.S. Department of Labor’s Workforce Investment Act program, providing an orientation to services offered; updates on available jobs; computers for researching job opportunities and self-assessment of work interests; assistance with transportation to apply for jobs, and assistance with transportation until the client receives his/her first paycheck.
- The U.S. Department of Housing and Urban Development’s Community Development Block Grant (CDBG); HOME program; Housing Opportunities for Persons with AIDS (HOPWA) program; Section 8 housing program; and public housing program.
- The Social Security Administration’s Supplemental Security Income (SSI) program and the Social Security Disability Insurance Program.
- The U.S. Department of Justice’s program for victims of domestic violence.
- The U.S. Department of Health and Human Services’ Temporary Assistance for Needy Families (TANF); Social Services Block Grant program; Alcohol, Drug and Mental Health Block Grant program; Ryan White Program; Women, Infants and Children (WIC) nutrition program, and the Children’s Health Insurance Program.

Federal Programs Providing Funding for Local Homeless Assistance Programs:

- The U.S. Department of Housing and Urban Development’s “Continuum of Care” program.
- The Federal Emergency Management Agency’s (FEMA) Emergency Food and Shelter Program.
- The Veterans Administration’s per diem program; veterans reintegration program; and permanent housing voucher programs for homeless veterans.
- The U.S. Department of Labor’s Homeless Veterans Reintegration Program
- The U.S. Department of Health and Human Services’ Health Care for the Homeless and Projects to Assist in Transition from Homelessness (PATH) programs.
- The U.S. Department of Education’s Homeless Children’s Program.

State Administered Programs:

- The Tennessee State Department of Mental Health and Developmental Disabilities’ Office of Housing Planning and Development’s “Creating Homes Initiative” to develop permanent supportive housing for people with severe and persistent mental illness and/or dual diagnoses.
- The Tennessee State Department of Human Services (DHS) Families First Program (Tennessee’s program for administering the U.S. Department of Health and Human Services’ (HHS) Temporary Assistance for Needy Families (TANF) program) and Women, Infants, and Children’s (WIC) nutrition program.
- TennCare and TennCare Partners, Tennessee’s program for providing medical and mental health coverage for low-income, and/or disabled individuals and families, and persons uninsurable through other sources for medical reasons (includes Medicaid and the Federal Children’s Health Insurance Program).
- Tennessee Housing Development Agency: Housing assistance programs.

Strong Public Sector Leadership

In addition to existing federal, state, and local programs, this community has benefited from strong public sector leadership in support of homelessness-related concerns. This consistent support and leadership have engendered a culture of collaboration among those involved with the homeless population. These broad-based, community-wide planning activities have taken place over the years in a continuing effort to develop more effective programs and a more comprehensive, coordinated, collaborative and effective system of health and mental health care, social services and housing. As a result, Memphis has, for decades, been on the “cutting edge” of planning and development of an effective system of services and housing for homeless people.

HOMELESS-RELATED PLANNING EFFORTS

- 1) City-wide, Strategic Planning conducted by the City in collaboration with the University of Memphis to identify resources, barriers, and make recommendations for action in specific areas such as health and human services, housing and infrastructure, education and workforce development, information sharing, etc.
- 2) The Mental Health Summit, an initiative of the Shelby County Medical Society and the Bluff City Medical Society, which includes development of a strategic plan for the mental health and substance abuse treatment systems.
- 3) The Task Force on Permanent Supportive Housing, established by the Tennessee State Department of Mental Health and Developmental Disabilities’ Office of Housing Planning and Development. The Task Force, consisting of a broad-based group of local funding sources, providers, and other key stakeholders, works to identify inventory, assess needs, and spur development of permanent supportive housing through the State’s Creating Homes Initiative for people with severe and persistent mental illness, often complicated by substance abuse.
- 4) The Shelby County Jail Mental Health Committee, a broad-based group that works to ensure that mentally ill people, many of whom are homeless, are diverted from the jail to hospitals and treatment facilities whenever possible, and to help ensure that those who are arrested receive mental health care and are not inappropriately detained in the Shelby County jail.

Committed Private Sector Support

Memphis and Shelby County-based foundations have contributed expertise, visionary thinking, and millions of dollars to support programs for homeless people and the organizations that work to make these programs part of a comprehensive system.

Included in the list of major donors are:

- ▶ Plough Foundation
- ▶ United Way of the Mid-South
- ▶ Assisi Foundation of Memphis, Inc.
- ▶ J.R. Hyde Family Foundation
- ▶ Elvis Presley Foundation
- ▶ Community Foundation of Greater Memphis
- ▶ Women's Foundation
- ▶ Briggs Foundation
- ▶ Knapp Foundation
- ▶ Menke Foundation

The area's business community continually sets an example for private sector giving through financial support and by lending the expertise and committed involvement of senior level staff to assist with planning and program initiatives.

Especially supportive are:

- ▶ First Tennessee Bank/First Tennessee Foundation\
- ▶ Federal Express
- ▶ National Bank of Commerce
- ▶ Hilton Hotels Corporation
- ▶ The Crompton Corporation
- ▶ Union Planters National Bank
- ▶ Baptist Memorial Health Care Corporation
- ▶ Schilling Enterprises

Taken as a whole, a significant array of resources is available to combat homelessness -- resources that have allowed us to get where we are now -- resources that have combined efforts to produce:

- an impressive inventory of transitional housing/residential treatment and services for individuals in recovery from substance abuse;
- model transitional housing programs for families;

- a fledgling central assessment/intake/referral process to assess and assist women, with and without children, in accessing shelter, housing, and services;
- a model treatment/transitional housing program for homeless people with severe and persistent mental illness, often complicated by substance abuse; and
- more than 100 new units of permanent supportive housing in the past year alone for homeless and/or extremely precariously housed, mentally ill people.

Providers of Services

Last, but by no means least in this community's list of assets and resources is the small army of dedicated people, paid and volunteer, who serve in the trenches of homelessness, providing food, shelter, housing, treatment, and a myriad of supportive services and referrals to those homeless men, women and children for whom this Blueprint came into being.

These resources and assets form a solid foundation for planning and implementing this Blueprint — an aggressive plan to take Memphis/Shelby to the next step in our journey to break the cycle of homelessness and prevent future homelessness.

DEVELOPING OUR BLUEPRINT

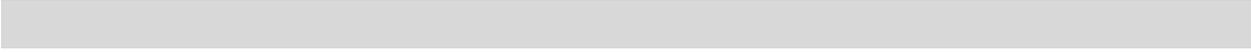
Working together over the past year, the Mayor’s Task Force on Homelessness developed the strategies for this Blueprint. It is based on a thorough assessment of needs and available resources. It incorporates recommendations from community-wide focus groups, as well as from working groups of providers of services, treatment, and housing for the local homeless and “at-risk” population. It is grounded in the philosophy that, in order to successfully break the cycle of homelessness, those who are homeless must be assisted to identify and address their own individual risk factors, not simply be served in crisis situations. It is built upon the belief that the long-term solution is to ensure the development of more effective measures to prevent homeless from occurring. It will guide our efforts and lead us in new directions to break the cycle of homelessness and prevent future homelessness in Memphis and Shelby County.

The finished Blueprint, contained on the following pages, provides goals and strategies to address the following five priority needs as critical to break the cycle of homelessness and prevent future homelessness:

- 1) The need to fill gaps in services and housing options for homeless individuals and families;
- 2) The need to ensure that homeless people, and the agencies that serve them, make full use of all public mainstream programs for which they are eligible;
- 3) The need to increase and improve efforts to prevent homelessness from occurring;
- 4) The need to better leverage and work with members of our strong faith community; and
- 5) The need to better leverage resources and expertise of our corporate community.

The task force also identified the following structural issues beyond immediate, local control as barriers that will impede our ability to break the cycle of homelessness and prevent future homelessness:

- Limited program funding, especially for homeless-specific programs;
- A fragmented, poorly funded mental health “system”;
- *De facto* incentives for precariously/marginally housed individuals to become/be labeled “homeless” in order to gain admission to long-term transitional housing programs, which are, in effect, longer-term residential treatment and recovery programs for alcohol and drug addiction and severely mentally ill;

- An under-funded, often inflexible “safety net” of social services, locally, regionally, statewide, and nationally, that fails to reach the most vulnerable of our citizens;
 - Impaired ability, due to mental illness/disorders and substance abuse of homeless individuals to take advantage of existing services and housing; and
 - Migration of homeless people from the region and other cities to Memphis, where emergency shelters, soup kitchens, and temporary labor pools are available.
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The Blueprint for Breaking the Cycle of Homelessness and Preventing Future Homelessness in Memphis/Shelby County, TN

Goal A: Maximize Use of Mainstream Programs by Homeless and Precariously Housed People and Providers of Services

The issue:

The U.S. Department of Housing and Urban Development (HUD) provides approximately half the total funding of services and operations of most of the local transitional housing programs specifically for homeless people. HUD's effort to return to its core mission of housing includes a strong emphasis on requiring grantees to help offset service and operating costs by ensuring that clients access the mainstream benefits for which they are eligible, including Medicaid, Supplemental Security Income (SSI), Workforce Investment job training programs, Temporary Assistance for Needy Families (TANF), Food Stamps, and the Children's Health Insurance Program (CHIP).

Strategy A1: Execute memorandums of understanding to ensure that providers of services make full use of "One-Stop Shopping" opportunities for their clients through the Workforce Investment Board's Career Center by sending all case managers through the Career Center's orientation to thoroughly familiarize themselves with the resources of this multi-purpose site for accessing job training and for helping clients enroll in the mainstream programs for which they are eligible.

Strategy A2: Out-station DHS eligibility caseworkers at all remaining mental health centers (eligibility caseworkers already out-stationed at the Career Center, Memphis Health Center, and two local mental health centers) and outstation one eligibility caseworker in the homeless assistance community to ensure prompt enrollment of homeless individuals and families in programs for which they are eligible. This will ensure that providers of services make full use of the State Department of Human Services' "One-Stop Shopping" opportunities for enrolling eligible clients in Families First, Food Stamps, TennCare/ TennCare Partners, Medicaid, the Children's Health Insurance Program, and the Women, Infants, and Children's nutrition program.

Strategy A3: Link the Salvation Army’s fledgling Central Assessment/ Intake/Referral project for women and women with children — a telephone needs assessment and referral system — to the eligibility caseworker assigned to the homeless assistance community (see strategy A2 above).

Strategy A4: Identify and showcase local “Best Practice” programs that maximize access to mainstream programs and develop an incentive program to encourage all agencies, particularly those seeking or receiving HUD funding, to follow their example. “Best Practice” programs systematically and proactively identify clients who are eligible for mainstream programs, refer them to the appropriate resources, follow up to ensure that their clients receive the benefits to which they are entitled, and then incorporate those resources into their programs. These programs use mainstream resources to help offset operating costs and/or help the client achieve a greater measure of self-sufficiency by saving to pay for rent and utility deposits and/or paying off old debts to establish or re-establish creditworthiness.

Strategy A5: Continue to strongly encourage applicants for the Emergency Shelter Grant (ESG) and Housing Opportunities for People with AIDS (HOPWA) programs to assist all clients in accessing all mainstream resources for which they are eligible.

Strategy A6: Work with the State’s Department of Human Services to strengthen relationships between case managers for homeless-specific programs and the Department’s eligibility case workers, case managers and case management specialists to reduce duplication of services, help ensure prompt enrollment of clients in Families First/TANF of eligible clients, and enhance and support the work of those assigned with the responsibility for enrolling and case managing Families First clients.

Strategy A7: Offer bonus points to agencies seeking funding through HUD’s Continuum of Care Competition who follow through with certifications to integrate and coordinate mainstream resources with homelessness-specific programs.

Strategy A8: Provide technical assistance to agencies, as needed, to help ensure that agencies utilize client benefits to help offset operating costs and/or to help clients in achieving self-sufficiency to the maximum extent possible.

Strategy A9: Provide technical assistance to not-for-profit providers of shelter and housing in applying for certification as eligible retailers by the Food and Nutrition Service to maximize use of client's food stamps in payment for prepared food, thereby offsetting operating costs of the program-and reducing the need to request funding for food from HUD and other sources.

Goal B: Increase Efficiency and Coordination of Service Delivery Among Service Provider Organizations

The issue:

Many local providers of services to homeless people set measurable goals for their programs and for their clients. However, no mechanism is currently in place to measure the long-term outcomes for homeless people or for the effectiveness of the system of services and housing as a whole, locally or nationally. The U.S. Department of Housing and Urban Development (HUD) is the major funding source for many of the more well-established and successful programs for homeless people. As a condition of that funding, HUD is now requiring that localities applying for funding of those programs through the "Continuum of Care" competition implement a Homeless Management Information System. The system is designed to provide a standard but extensive intake/assessment tool, produce more accurate information on the numbers and needs of homeless people, locally and nationally, track homeless people as they move through the system of services and housing, and foster improved communication, coordination, and efficient practices through "real-time" information sharing by agencies and organizations serving homeless people.

Experienced providers understand that each adult experiencing homelessness presents a unique challenge based on the particular set of circumstances and individual risk factors that caused that person, with her or his children when applicable, to become homeless. While many, if not most homeless people are willing, or more than willing, to tell the story of how they came to be homeless, those stories must often be told to different caseworkers at the myriad of agencies that may well be involved in providing shelter, services or housing — a time-consuming and costly duplication of effort. In addition, providing information over

and over about one's disabilities, particularly histories of health and/or mental health problems, including substance abuse, experience with the criminal justice system, and any other risk factors, can be painful as well as frustrating for a homeless man or woman seeking help.

As in any system of services and housing, some providers are more experienced and sophisticated than others, and, as a result, some programs are more effective than others. To help ensure that all programs for homeless people meet minimum quality standards for services, facilities and fiscal accountability, the City of Memphis, Partners for the Homeless, and the Greater Memphis Interagency Coalition for the Homeless collaborate in a joint initiative, the implementation of the Quality Standards of Care. The Standards were developed by the Shelter Standards Committee of the Greater Memphis Interagency Coalition for the Homeless in strong collaboration with the City of Memphis and a local expert retained by the city to formalize the Standards and assist GMICH in providing training and technical assistance to agencies in meeting the requirements. To help ensure objectivity in the process, the on-site monitoring and evaluation of agencies is conducted by an expert retained by Partners for the Homeless.

Strategy B1: Implement a new, web-based, real-time Homeless Management Information System and work to maximize service provider participation by encouraging private grantmakers to consider participation in the system by providers of shelter, transitional housing, and permanent supportive housing for homeless people as a criteria for funding. Note: a "real-time" web-based, Homeless Management Information System (HMIS) is expected to be implemented by Partners for the Homeless in 2003 and will replace the current Partners' Intake Database System.

Strategy B2: Ensure that all programs for homeless people meet minimum Quality Standards of Care.

Strategy B3: Ensure that programs meeting the Standards are fully utilized through improved coordination.

Goal C: Fill Gaps in Services and Housing Options for Chronically Homeless Individuals with Mental Illness and/or Chemical Dependencies

The issue:

Approximately two-thirds of the individuals living on the streets are chronic substance abusers, many of whom have simply given up hope of ever breaking the hold of addiction. The majority of the other one-third suffers from severe and persistent mental illness, often complicated by substance abuse. These extremely vulnerable men and women cycle through the streets, shelters, jail, hospitals, and institutions at enormous and unwarranted cost in financial resources and incalculable costs in human suffering. No Blueprint for breaking the cycle of homelessness in our community would be complete without a major effort to ensure that these men and women are not relegated to sleeping on the streets, in parks, abandoned buildings -- or jails, which for far too many in our community and our nation, have become *de facto* mental institutions.

Strategy C1: Develop a comprehensive, coordinated outreach program, which will include intensive, aggressive street outreach to locate, engage and assist individuals whose mental illness and/or substance abuse has rendered them unable, reluctant or unwilling to accept shelter, treatment, recovery services and supportive housing, as appropriate.

Strategy C2: Facilitate broader participation by, and closer coordination of, outreach with grassroots groups and the faith community.

Strategy C3: Encourage/facilitate relationships between HIV/AIDS housing programs and criminal justice system to promote alternatives to incarceration for non-violent, seriously mentally ill offenders with HIV/AIDS.

Strategy C4: Include in outreach efforts, proactive identification and triage to mental health services homeless persons who are enrolled in TennCare/Medicaid but who are not receiving case management services.

Strategy C5: Develop a 25-bed “Safe Haven” facility specifically for homeless men and women with severe and persistent mental illness. Facility or facilities should be designed to provide low-demand

services and shelter to no more than 25 chronic street and shelter-dwelling, treatment-resistant individuals with mental illness.

Strategy C6: Identify an individual/agency to coordinate an effort to improve the substance abuse treatment/recovery system by working with local officials and key stakeholders. This effort should include development and implementation of a cooperative effort between The MED psychiatric room detoxification assessment center, the center's case managers, local providers, and the community of recovering substance abusers. This effort should also include review and/or incorporation of best practice initiatives such as the buddy system initiated by the U.S. Department of Veterans Affairs.

Strategy C7: Establish/develop a Forensics Assertive Community Treatment (FACT) team to take advantage of leverage by the criminal justice system in helping to ensure compliance with treatment plans of mentally ill individuals being released from the criminal justice system.

Strategy C8: Establish/develop a Program for Assertive Community Treatment (PACT) team to ensure that mentally ill individuals with histories of non-compliance with medications and/or treatment plans receive the level of services necessary to ensure residential stability and compliance with treatment plans.

Strategy C9: Facilitate development of additional units/beds of assessment/emergency shelter specifically for chemically dependent persons who have received detoxification assessment and/or detoxification and are awaiting admittance to treatment and transitional programs.

Strategy C10: Facilitate development of emergency shelter beds for medically fragile, chemically dependent persons.

Strategy C11: Facilitate access to funding from appropriate sources to help local agencies coordinate/provide intake after hours and on weekends.

Strategy C12: Develop and implement a more effective system for ensuring

prompt transportation of chemically dependent persons to treatment and recovery services and other social services.

Strategy C13: Explore feasibility of development of a primary health care clinic (based on the Church Health Center model) specifically or primarily for homeless and other low-income people with chemical dependencies and/or mental illnesses.

Strategy C14: Work with appropriate officials to ensure that persons with dual diagnoses are able to access detoxification services even if they are not enrolled in TennCare under current guidelines.

Goal D: Improve/Increase Efforts to Prevent Homelessness

The issue:

The structural causes of homelessness include an inadequate, often inflexible, under-funded “safety net” of social services for individuals and families with multiple risk factors for homelessness. Unknown at this time is how many of the individuals and families who request, but do not access shelter or housing assistance could be effectively assisted without having to resort to the homelessness assistance system. Adequate mental health services and appropriate supportive housing for those mentally ill individuals who are most at risk for homelessness could prevent homelessness from occurring for this highly vulnerable population, and improved discharge planning for mentally ill individuals being released from mental health facilities and the criminal justice system, coupled with adequate services and appropriate housing, would also prevent homelessness.

In addition, data and information to be obtained by the Central Assessment/Intake program is expected to result in a much better understanding of the needs of precariously housed families with children and women unaccompanied by children, and result in improved efforts to prevent -- not just forestall -- homelessness through closer coordination with Families First, the state’s program for administering Temporary Assistance to Needy Families. A 1998 survey of 99 homeless and formerly homeless families in Memphis reflected that of the families surveyed:

- only 16% had never received Families First/TANF;
- 14% had moved 4-5 times in the last year;
- 78% had moved 2-3 times in the last year;
- 33% reported last location as living with family or friends;

- 25% reported they left their last residence due to overcrowding/disagreement;
- 37% self-reported histories of substance abuse;
- 37% had been homeless twice or more; and
- 37% of the children had witnessed domestic violence.

Strategy D1: Expand Salvation Army’s Central Assessment/Intake/Referral line program to provide mediation services as appropriate to help forestall or prevent homelessness and to coordinate services, particularly services provided by Families First/Temporary Assistance for Needy Families, to help families secure and retain appropriate housing. Continue the system’s existing “no wrong door” practices to avoid creating a bottleneck to admission of families when units/beds are available at appropriate facilities.

Strategy D2: Develop a central housing information center to help individuals and families locate available rental housing and assist them in becoming responsible renters.

Strategy D3: Expand crisis services to include intervention services for those persons assessed by mobile crisis team as not requiring hospitalization but in need of intervention services.

Strategy D4: Increase/improve coordination of homelessness-specific programs and housing resources of the Memphis Housing Authority.

Strategy D5: Develop additional units of subsidized housing for working women with children, perhaps through public-private partnerships with religious congregations, faith-based organizations, and/or Community Development Corporations (CDCs) in neighborhoods such as Orange Mound, and in strong coordination with the Section 8 program.

Strategy D6: Identify (or create) a property management company specifically for managing single-family or multi-family residences belonging to individuals, families, and/or faith-based or other organizations willing to rent that housing to families so long as landlords can be assured of case management services for the families,

maintenance services, and steady reasonable rents (including rents subsidized by the Section 8 program).

Strategy D7: Facilitate development of additional units of emergency shelter for families with children (specifically including male children over the age of 10).

Strategy D8: Facilitate more coordinated and active involvement of the faith community in developing and operating emergency shelter and transitional housing programs for families with children.

Goal E: Improve Coordination and Increase Involvement of the Faith Community in Developing More Comprehensive and Effective Measures to Break the Cycle of Homelessness and Prevent Future Homelessness

The issue:

The faith community has been in the forefront of providing assistance to homeless and at-risk individuals and families not only in Memphis/Shelby County, but nationwide. In fact, the majority of the most successful programs specifically for homeless people in Memphis/Shelby County were developed and are operated by faith-based groups. Many other faith-based organizations are providing some level of assistance and very much need to be part of an organized and highly coordinated outreach effort. Unfortunately, some or many of these organizations are not coordinated with or even aware of the resources that exist, resulting in duplication of effort or worse, well-meaning but counter-productive assistance that undermines more structured efforts to provide appropriate services -- services that would result in better outcomes for those who are most in need.

Strategy E1: Conduct surveys and focus groups community-wide to assess the level of services and assistance being provided by the faith community to homeless and at-risk individuals and families and solicit recommendations for improving coordination and increasing involvement to the degree possible and practicable.

Strategy E2: Engage the community of faith in the development of expanded, coordinated outreach to homeless and precariously housed individuals and families.

Strategy E3: Coordinate/conduct workshops on the basics of accessing funding and providing social services.

Strategy E4: Identify and connect existing faith-based efforts with those of other experienced providers

Strategy E5: Identify landlords within congregations who could and would rent to homeless individuals and families if assured that agencies would provide supportive services to help ensure positive outcomes for the landlord and the renter.

Strategy E6: Develop and implement a wide-scale “Adopt-a-Family” program that pair churches, synagogues and mosques with formerly homeless or at-risk families being assisted by case managers from experienced agencies.

Goal F: Leverage the Expertise and Resources of the Business/Corporate Community

The issue:

This community has been blessed with the vision, expertise, and financial support of many representatives of the business and corporate community. However, many businesses and corporations have yet to grasp the importance of private sector involvement in efforts to more effectively address homelessness.

Strategy F1: Using as models studies from other localities that reflect the cost-effectiveness and improvement in quality-of-life issues for communities resulting from effective programs for homeless people, develop a convincing case for private sector involvement. Conduct studies that accurately reflect the costs of homelessness to the business community in negative effects on business, taxpayers, and workforce development, and the positive results of supporting effective programs and development of a more effective system of services and housing.

Strategy F2: Increase involvement of the business/corporate participation in addressing those homelessness issues that affect the business community directly, *i.e.*, workforce development and efforts to reduce the numbers of persons living on and/or panhandling on the streets.

Strategy F3: Increase private sector resource allocation to programs that are effective in helping homeless people break the cycle of homelessness, and to programs that help to prevent -- not just forestall -- homelessness.

Strategy F4: Enlist the support of the business community in helping to address the structural issues that create and perpetuate homelessness.

Goal G: Address Remaining Structural Barriers to Breaking the Cycle of Homelessness and Preventing Future Homelessness

The issue:

Reality forces us to acknowledge that limited funding and inflexible statutory requirements are at the heart of many of the barriers to breaking the cycle of homelessness and preventing future homelessness and that those barriers can only be overcome by increasing funding and improving flexibility of programs.

Strategy G1: Seek Legislative and/or Private Sector Support for Additional Program Funding

Strategy G2: Work with State and Federal legislators to allocate additional funds to alcohol and drug block grant programs so that funds from these programs will be available and accessible to agencies currently using HUD funds to provide treatment and case management.

Strategy G3: Seek/secure increased funding for additional liaisons to assist with release planning of mentally ill, homeless inmates of the Shelby County jail.

Strategy G4: Seek/secure increased funding for day treatment programs for people with severe mental illness.

Strategy G5: Seek/secure increased funding (double the existing funding level) for assistance with security deposits, first month's rent, moving costs, and costs of acquiring basic household needs -- furniture, etc.).

Strategy G6: Seek/secure increased funding for more effective transportation services.

Strategy G7: Work with appropriate officials to bring about changes to ensure that TennCare/Medicaid is suspended rather than terminated when an individual with SPMI is incarcerated, thereby providing for prompt reinstatement.

Conclusion

The Blueprint to Break the Cycle of Homelessness and Prevent Future Homelessness is the first of its kind in Memphis/Shelby County. It is ambitious. It is necessary. With your support, it WILL succeed.

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