

**GOVERNOR'S
INTERAGENCY COUNCIL
ON HOMELESSNESS**

**REPORT TO THE GOVERNOR
2005**

EXECUTIVE SUMMARY

In response to Executive Order 21, this report represents a first step toward development of a comprehensive, collaborative, and effective State Plan to End Homelessness. Critical to development of such a plan is a full understanding of the dimensions, demographics and dynamics of homelessness. Therefore, the report marks a starting point for the development of a “statewide system for collecting, analyzing and disseminating reliable information” one of the five priority action steps developed by the state’s Policy Academy Team in 2004.

Pursuant to that action step, information was collected from the 2004 applications for funding of programs for homeless people submitted by ten of the eleven “Continuum of Care” (CoC) planning and development organizations throughout the state to the U.S. Department of Housing and Urban Development (HUD). The applications resulted in total awards of **\$14,535,652** for Tennessee programs for homeless people. Collectively, the CoCs encompass all major cities and all but three counties in Tennessee. Development of the state plan could and should incorporate information from these planning groups along with information from longer-range (ten-year) plans that have been, or are being developed by localities and regions.

Dimensions and Demographics

Information in the report includes statistics from **one-day, point-in-time, “snapshot” counts** conducted by the CoCs reflecting that no fewer than **7,832** unduplicated (different) people were homeless on the day of the count. Included in the 7,832 were 6,011 individuals unaccompanied by children, and 650 families with approximately 1,171 children. Of those persons who were located and counted on the day/night of the point-in-time counts:

- a total of 1,625 individuals were estimated to be chronically homeless (and, by definition, disabled);
- 1,364 people were estimated to have a severe mental illness;
- 2,987 people were estimated to be chronic substance abusers;
- 869 people were estimated to be veterans;
- 211 people were estimated to be living with HIV/AIDS;
- 660 people were estimated to be victims of domestic violence; and
- 84 people were estimated to be youth (not in families).

It is important to note that the number includes only those who were literally homeless according to HUD’s criteria (in emergency shelters or transitional housing, or sleeping/living on the streets or other places not meant for human habitation on the specific day of the count). The number **does not** include those homeless people who were in jails, hospitals, or acute care psychiatric facilities on the day/night of the count(s). **Nor does the number include the thousands** of Tennesseans who were precariously housed and would become literally homeless during the year. For example, Memphis/Shelby County’s point-in-time count in November 2003 located **1,672** people who were literally homeless. Over the course of the 2004 reporting year a total of **6,779**

unduplicated (different) people were literally homeless at some point in time, for some period of time. In addition, “turnaway” data reflected that an additional **2,512** families with children and **617** individuals unaccompanied by children sought, but did not, for a variety of reasons, access emergency shelter or transitional housing.

Annualized statistics were not required for the 2004 application. However, counts or estimates of the number of homeless people served by each continuum over the course of the year are expected to be available in 2005 and will be included in the next report.

2004 Inventory:

The data collected also reflects a total adjusted inventory of approximately 7,164 beds. Included with those beds are approximately 700 permanent supportive housing beds for homeless, disabled individuals unaccompanied by children, and approximately 276 beds of permanent supportive housing for homeless families with a disabled primary caregiver.

Dynamics:

The report also includes goals to meet the needs of homeless people as identified by each of the Continua along with perceived barriers to meeting those goals. The top five goals listed by a majority of the CoCs were:

- development of permanent supportive housing;
- ending chronic homelessness within ten years;
- enhancing data collection and analysis;
- increasing residential stability; and
- improving outreach programs.

Barriers to meeting those goals were also reported by the CoCs. The majority of the CoCs cited:

- lack of funding for services,
- lack of adequate and appropriate treatment for people with serious mental illness and/or chemical dependencies,
- limitation of mainstream services, and
- the lack of permanent supportive housing.