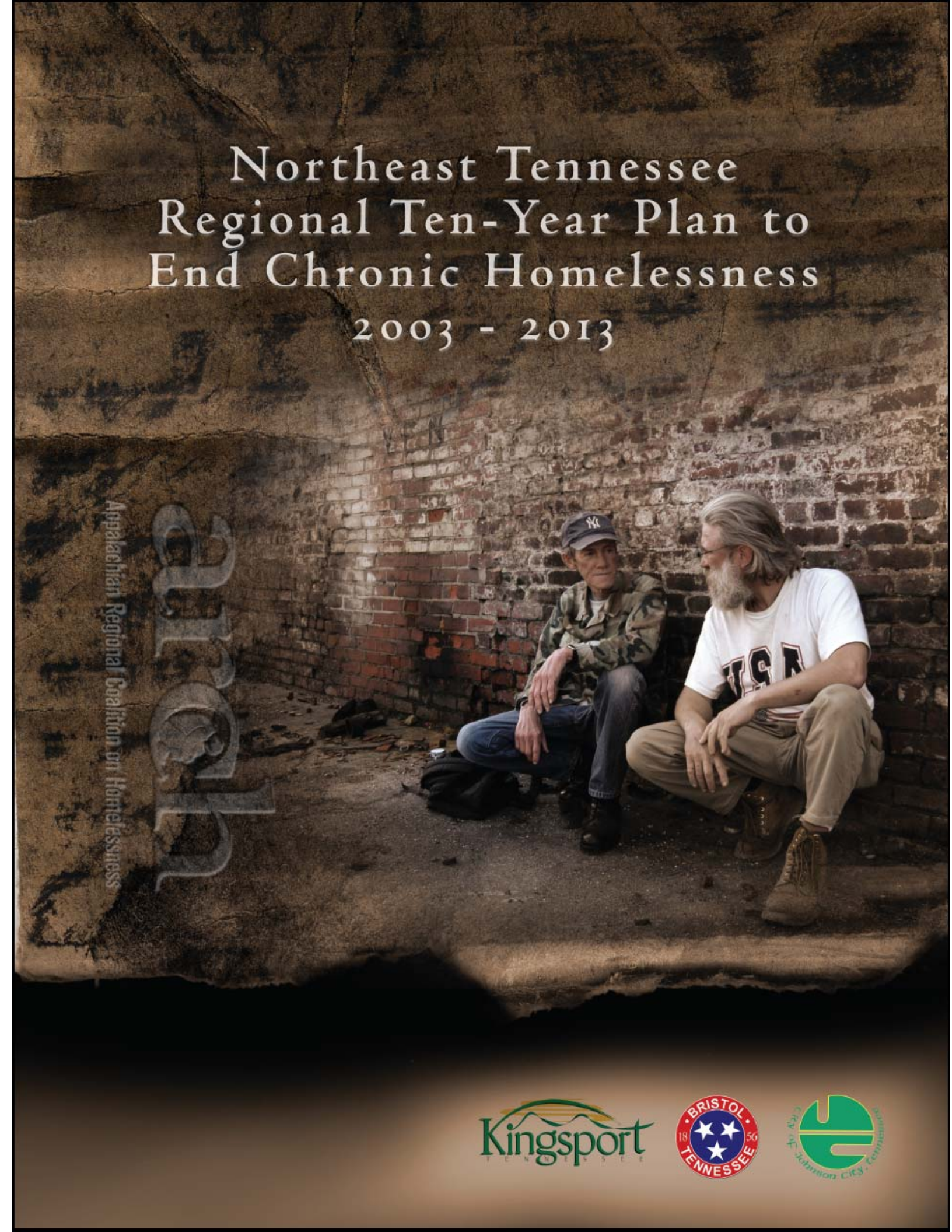
Northeast Tennessee Regional Ten-Year Plan to End Chronic Homelessness

2003 - 2013



Appalachian Regional Coalition on Homelessness

Kingsport

BRISTOL TENNESSEE 18 56

City of Johnson City, Tennessee

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INTRODUCTION

In 2003, President George W. Bush set forth a goal to end chronic homelessness nationwide in ten years. The U. S. Department of Housing and Urban Development defines a chronically homeless person as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years." To be considered chronically homeless, a person must have been on the streets, living in a place not meant for habitation, or in an emergency shelter during these stays.

The Cities of Bristol, Johnson City and Kingsport have been charged with creating a Ten-Year Plan to End Chronic Homelessness. We are extremely fortunate in this region to have the Continuum of Care, Appalachian Regional Coalition on Homelessness, which serves the upper eight counties of Northeast Tennessee. The Community Development staffs of the three cities have worked in conjunction with ARCH to create a regional document that covers not only the cities, but the counties as well.

The Ten-Year Plan to End Chronic Homelessness in the Northeast Tennessee region covers the time period 2003-2013. This time period has been selected, even though the plan is being finalized in 2007, in part because of the vast amount of research, documentation and statistical data provided by the Appalachian Regional Coalition on Homelessness (ARCH). Through a series of public meetings in 2003, ARCH developed a very broad strategy to address homelessness from a regional perspective among the eight counties and municipalities of Northeast Tennessee. That plan, and the information gathered as part of working that plan, formed the foundation for this more specific look at chronic homelessness and strategies to break the cycle of homelessness.

On any given night in Northeast Tennessee, approximately 603 people are literally homeless—in emergency shelters, transitional or permanent supportive housing facilities for homeless people, or on the streets. Approximately 276 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. Sheltered individuals number 327. During 2003, no fewer than 603 unduplicated people were literally homeless during one specific 24-hour period, receiving shelter, housing, and/or services from the local network of service providers. Included in this number were 36 homeless families with children. These numbers represent a partial figure being simply those who the roughly 20 to 30 volunteers conducting the count were able to locate in the more than 2500 square miles of predominantly rural

Appalachian terrain encompassed by this region during this 24-hour period. The true number is not known and these figures should be treated as minimal or “best case.”

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 there are 25,738 low and very-low income households in the region—the population most at risk of homelessness—have housing needs that are defined as paying more than 30% of their income for housing and/or living in substandard, overcrowded housing.

This plan will present information about the current situation in this region surrounding homelessness in general and chronic homelessness in particular along with suggested strategies and specific actions that can be taken to mitigate the risk factors, provide opportunities for exiting homelessness, and to specifically target those experiencing extended or repeated episodes of homelessness.

CONTRIBUTORS TO THE PLAN

The following is a list of agencies and individuals who participated in the creation of the Ten-Year Plan to End Chronic Homelessness in the upper eight counties of Northeast Tennessee. The Plan was prepared by the Community Development offices of the Cities of Bristol, Johnson City and Kingsport and the Appalachian Regional Coalition on Homelessness.

APPALACHIAN REGIONAL COALITION ON HOMELESSNESS

Abuse Alternatives
AIDS Advocate
Alliance for Business & Training
AmSouth Bank
American Red Cross
Americorps/VISTA
Appalachia Service Project
Associated Builders
Bank of Tennessee
Benefits to Work Project
Boones Creek Christian Church
Bristol Tennessee Housing Authority
BWSC (Architects)
Catholic Charities
Charity Check
CHIPS
Contact Concern
Contact Ministries
Creating Homes Initiative
Creating Jobs Initiative
Creative Energy Group
Eastern Eight CDC
ETSU BSW Department
ETSU Psychology Department
ETSU Service Learning
First Tennessee Development District
First Tennessee Human Resource Agency
Frontier Health
General Public
Good Samaritan Ministries
Habitat for Humanity
Hope for Tennessee
Horizon CDC
Interfaith Hospitality Network
Johnson City Downtown Clinic Day Center
Job Corps
King College
Kingsport City Schools (Homeless Ed)
Kingsport Housing & Redevelopment
Legal Services of East Tennessee
Manna House
Milligan College
Mountain States Health Alliance
NAMI Tennessee
Northeast Tennessee Career Center
Northeast Community Service Agency
Of One Accord
Regional SETH Committee
Region's Bank
Ryan White
Safe House
Safe Passage
Salvation Army/Bristol, Kingsport & Johnson City
Second Harvest Food Bank
State of Franklin Savings Bank
The River
Timber Creek Properties
Timber Ridge Presbyterian Church
TN Dept. of Labor & Workforce Dev.
TN. Dept. of Mental Health & Dev. Disabilities (Recovery Services Division)
Tennessee Vocational Rehabilitation
Tusculum College
University of Tennessee Corporate Connections
Upper East TN Human Dev. Agency
USDA
Veterans Affairs Medical Center

COMMUNITY DEVELOPMENT ADVISORY BOARD (JOHNSON CITY, TENNESSEE)
COMMUNITY DEVELOPMENT ADVISORY COMMITTEE (BRISTOL, TENNESSEE)
FIRST TENNESSEE DEVELOPMENT DISTRICT
MEMBERS OF THE GENERAL PUBLIC
NORTHEAST TENNESSEE/VIRGINIA HOME CONSORTIUM

MEETINGS, SUPPORT AND APPROVAL OF THE PLAN

Community Development staff from the Cities of Bristol, Johnson City and Kingsport, along with staff from the Appalachian Regional Coalition on Homelessness, met on numerous occasions from November 2006 through April 2007 to compile data and solicit input from regional governments, nonprofit service providers and the public in the creation of a Ten-Year Plan to End Chronic Homeless in the Northeast Tennessee region. Staff also followed guides provided by the U. S. Interagency Council on Homelessness and the National Alliance to End Homelessness. Data was used from the ARCH 2003 Continuum of Care Exhibit One submitted to the U. S. Department of Housing and Urban Development. Ten-year plans from other cities in Tennessee and across the country were reviewed. Staff members are:

Steve Baldwin, City of Johnson City
Jan Detrick, City of Bristol, Tennessee
Mark Haga, City of Kingsport
Todd Barkman, ARCH Director of HMIS Services
Jeanne Price, CHI Regional Housing Facilitator
Dreama Shreve, ARCH HMIS Specialist

The Northeast Tennessee Regional Ten-Year Plan to End Chronic Homelessness was presented to the following entities to solicit input and then to request their approval and support:

February 13, 2007	ARCH Meeting	Request Input on Draft Plan
March 7, 2007	First TN Development District Board County Mayors	Request Input on Draft Plan
March 13, 2007	ARCH Meeting	Request Input on Draft Plan
March 13, 2007	Bristol CDAC Meeting	Request Input on Draft Plan
March 28, 2007	First Tennessee Human Resource Agency County Mayors	Approval of Final Plan
March 29, 2007	Johnson City Advisory Committee	Approval of Final Plan
April 10, 2007	Bristol CDAC Meeting	Approval of Final Plan
April 10, 2007	ARCH Meeting	Approval of Final Plan
April 18, 2007	NE TN/VA HOME Consortium	Approval of Final Plan
April 19, 2007	Johnson City Commission	Approval of Final Plan
May 1, 2007	Bristol City Council	Approval of Final Plan
May 1, 2007	Kingsport Board of Mayor and Aldermen	Approval of Final Plan

CURRENT SITUATION

Chronic Homeless Count

In 2003, the Appalachian Regional Coalition on Homelessness (ARCH) was formed as a regional homeless Continuum of Care serving eight counties (Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Washington, and Unicoi) and the municipalities of Northeast Tennessee. At that time, ARCH conducted the first ever regional Point-in-Time Count and shelter inventory according to standards established by the U. S. Department of Housing & Urban Development (HUD).

During a 24-hour period on April 23rd and 24th of 2003, teams of volunteers fanned out over the eight counties covering more than 2,500 square miles of predominantly rural Appalachia terrain visiting emergency shelters, congregate meal sites (soup kitchens), other service locations, camps, under bridges, abandoned buildings, and other street locations. Surveys, developed in collaboration with local colleges and universities, were used to identify persons who met HUD's definition of homelessness and to gather demographic information.

As a result of this count, 603 homeless men, women, and children were identified. Of this, 352 were identified as being chronically homeless with 121 chronically homeless persons identified as being unsheltered.

Update: In November of 2005 ARCH conducted a Point-in-Time count for which full demographic data is available. During that count, ARCH identified 522 homeless men, women, and children in the region. Of those, 169 were identified as being chronically homeless with 117 being identified as being unsheltered.

Update: In January 2007, ARCH conducted the most recent Point-In-Time count for which full demographic data is available. During that count, ARCH identified 557 homeless men, women and children in the region. Of those only 89 were chronically homeless.

Housing Resources

In conjunction with the 2003 Point-in-Time Count, ARCH conducted a regional resource inventory of emergency shelter beds, transitional housing beds, and permanent housing units dedicated to homeless individuals or families. ARCH identified a total of 21 beds of transitional housing in the eight-county region. Those beds were dedicated exclusively to single unaccompanied males. There were ZERO units of permanent housing in the eight counties identified as being dedicated to homeless or chronically homeless persons.

Update: As of February 2007, there are now 67 units of transitional housing in the eight counties. These units are divided into 21 beds specifically for single unaccompanied men, 36 beds for either unaccompanied men or women; and 10 units of housing for families (scattered site rental of homes or apartments). Through the Shelter Plus Care grant program, there are now 75 units of permanent supportive housing dedicated exclusively to chronically homeless unaccompanied individuals with disabilities. The Shelter Plus Care grant provides housing vouchers whose value must be matched, dollar for dollar, by supportive services from within the community to ensure that clients who enter the program receive the help they need to successfully retain their housing. In addition, there are 50 units of housing available in the eight counties that are specifically dedicated to providing housing opportunities for persons with AIDS (HOPWA) that, while not specifically set aside for homeless persons, are available to homeless persons who have an HIV/AIDS diagnosis.

In 2003, the cities of Bristol, Tennessee, Bristol, Virginia, Bluff City, Tennessee, Johnson City, Tennessee, and Kingsport, Tennessee (later joined by Sullivan and Washington County, Tennessee) established a HOME Consortium to access HOME funds directly from HUD. The Consortium members were among the founding participants in the regional homeless Continuum of Care, the Appalachian Regional Coalition on Homelessness (ARCH). The Consortium, through its Consolidated Plan, identified lack of affordable housing as a critical need.

ARCH has identified a persistent and severe shortage of safe, decent, and affordable housing as a significant contributing factor to the creation of newly homeless persons and a serious barrier to exiting homelessness within the region.

Economic Resources

The eight counties of this region are predominantly rural Appalachia in nature. The poverty rate in this region is an average of 13% with Hancock County (the seventh poorest county in the nation) averaging 33%. Household incomes in all eight counties are below, and in some cases, significantly below the average for the state according to 2003 census data.

Most counties still rely on agriculture-related activities as primary economic generators, particularly as manufacturing jobs have tended to relocate overseas. There are some significant exceptions in communities that have experienced success in diversifying economic activity. Many individuals and families, however, are precariously housed, living one paycheck or illness from losing their housing and becoming homeless.

Other Factors

Transportation

Surveys of homeless persons conducted by students of East Tennessee State University (ETSU) and service providers participating in the ARCH network have consistently identified lack of a coordinated regional public transportation network as a barrier to accessing services by people who are homeless.

While the three largest cities (Bristol, Johnson City, and Kingsport) have public transportation networks, there is no overlap or simple connection between the networks where persons could easily move from one to another. Additionally, given the predominantly rural nature of the region, the public transportation networks based in the three largest urban areas cover less than 20% of the total square miles contained within the eight counties.

Substance Abuse Inpatient Treatment and Follow-Up

The Northeast Tennessee Regional Alcohol, Tobacco and Other Drugs Coalition has declared a critical lack of long-term inpatient detox options within the region to be a significant barrier to effectively treating substance abuse disorders. Given the role of substance abuse and self-medicating within the chronically homeless population, this shortage plays an important role in perpetuating chronic homelessness within the region.

In late 2006, a new and bold initiative was begun to develop Transitional Housing specifically targeted towards homeless and chronically homeless individuals with substance abuse issues. This program, the Willow House, operates in partnership with Magnolia Ridge, an in-patient substance abuse treatment facility located in Johnson City.

The lack of a "Safe Haven" facility anywhere in the region has also been identified as a matter of urgent concern. In public meetings held by the Johnson City Downtown Chronic Homeless Task Force, beginning in late 2006, members of the general community, business leaders, city leaders, law enforcement, representatives of the faith community, and service providers came together in a series of meetings facilitated by ARCH. The need was identified for an alternative shelter equipped to meet the unique and specialized needs of persons who are intoxicated or "high" to keep them off the street, to provide a measure of safety for them and the community, and to help them begin the process of detoxification to qualify for more standard shelter and housing programs.

Veterans

This region hosts one of the largest Veterans Administration Medical Centers in the nation at Mountain Home located in the heart of Johnson City. The VAMC at Mountain Home

serves those who have honorably served our nation in time of need, working to preserve our freedoms and independence. The VAMC serves a five-state area and receives veterans from across the nation due to its connection with the College of Medicine at East Tennessee State University and the leading edge quality of care available here.

One-third of adult homeless men and nearly one-quarter of all homeless adults have served in the armed forces. While there is no true measure of the number of homeless veterans, it has been estimated that more than 200,000 veterans across the nation may be homeless on any given night and that twice as many veterans experience homelessness during a year. Many other veterans are considered at risk because of poverty, lack of support from family and friends and precarious living conditions in overcrowded or substandard housing. Ninety-seven percent of homeless veterans are male and the vast majority are single. About 45 percent of homeless veterans suffer from mental illness, and slightly more than 68 percent suffer from alcohol or drug abuse problems. Thirty-three percent have both psychiatric and substance abuse disorders. The Department of Veterans Affairs (VA) is the only federal agency that provides substantial hands-on assistance directly to homeless people. Last year, the VA provided services to over 77,000 veterans in its specialized homeless programs. Although limited to veterans and their dependents, VA's major homeless programs constitute the largest integrated network of homeless assistance programs in the country, offering a wide array of services and initiatives to help veterans recover from homelessness and live as self-sufficiently and independently as possible. Nearly one-quarter of homeless veterans have said they have used VA homeless services and 57 percent have said they have used VA health-care services.

Safe Haven

What is a Safe Haven? It is a facility specifically designed and staffed to provide a safe place for persons who cannot be admitted to a traditional emergency shelter due to their level of intoxication, untreated/destabilized mental illness, or other health or behavioral issues that must be addressed and stabilized before entering the service mainstream. It is an alternative to having people sleeping in doorways, in bushes, and behind dumpsters as well as providing an alternative for law enforcement to incarceration for people who are homeless but cannot enter regular emergency shelter facilities. Currently there is no such facility in the region.

One hurdle that faces many chronically homeless persons, particularly those dealing with substance abuse disorders, is the fact that in most traditional shelter programs the requirement is that you sober up before they can help you. Yet, most chronically homeless persons with substance abuse disorders cannot sober up without help, especially when the substance abuse is

part of self-medicating to treat the symptoms of a mental illness. This "catch-22" leaves our most needy and vulnerable people caught in a "gap" where they become not only homeless but ultimately hopeless as well.

A Safe Haven Facility has been identified by the regional Continuum of Care (ARCH), as well as by individual communities such as Johnson City and Bristol, as being a priority need. This is based upon information gathered on the number of chronically homeless persons struggling substance abuse as either a primary illness or as a co-occurring disorder in conjunction with severe and persistent mental illness. The Johnson City Homeless Coalition (one of the forerunners to the Appalachian Regional Coalition on Homelessness, the regional CoC) had prioritized the need for such a facility some seven years ago specifically in Johnson City. The City of Bristol has identified the lack of shelter space capable of dealing with the unique and intensive needs of this population as being a gap in the services available in that community, as has the City of Kingsport. ARCH, in its role as a regional entity, has also identified lack of a Safe Haven as a significant and persistent gap in the resources available on a regional basis to address and better manage the issue of homelessness.

Discrimination

Discrimination, particularly based on mental and physical impairment and the perception thereof, continues to play a role in both causing and perpetuating homelessness. While Legal Services of East Tennessee and other service providers work to reduce or eliminate housing and economic discrimination, particularly that due to disability status, race, gender, or age, discrimination still happens and is a contributing factor to some persons entering homelessness or remaining homeless for an extended period of time.

STRATEGIES FOR ENDING CHRONIC HOMELESSNESS

Prevention

Close the Front Door

The homeless assistance system ends homelessness for thousands of people every day, but they are quickly replaced by others. People who become homeless are almost always clients of public systems of care and assistance. These include the mental health system, the public health system, the welfare system, and the veterans system, as well as the criminal justice and the child protective service systems (including foster care). The more effective the homeless assistance system is in caring for people, the less incentive these other systems have to deal with the most troubled people and the more incentive they have to shift the cost of serving them to the homeless assistance system.

This situation must be reversed. The flow of incentives can favor helping the people with the most complex problems. As in many other social areas, investment in prevention holds the promise of saving money on expensive systems of remedial care. The old adage "an ounce of prevention is worth a pound of cure" is particularly true when it comes to preventing an individual or a family from becoming homeless. The longer someone has been homeless the more difficult it is for them to successfully exit homelessness and the more likely they are to return to homelessness; preventing them from becoming homeless in the first place is far more effective and far more likely to be successful the first time around.

Prevention traditionally has meant emergency assistance with rent or utilities, but there is a growing recognition that prevention encompasses a much broader scope and requires a more holistic approach to maximize success. Other areas of preventative activities include financial management training (budgeting, managing credit wisely and practical debt reduction strategies), job skills training, education, community and economic development, and creation of affordable housing opportunities, along with education and enforcement of the Fair Housing Act. This is how we "Close the Front Door."

Open the Back Door

Most people who become homeless enter and exit homelessness relatively quickly. Although there is a housing shortage, they accommodate this shortage and find housing. There is a much smaller group of people who spend more time in the system. The latter group, the majority of whom are chronically homeless and chronically ill, virtually live in the shelter system and are heavy users of other expensive public systems such as hospitals and jails.

People should be helped to exit homelessness as quickly as possible through a Housing First approach. For the chronically homeless, this means permanent supportive housing (housing with services). This is a solution that will save money as it reduces the use of other public systems. For families and less disabled single adults, it means getting people very quickly into permanent housing and linking them with services. People should not spend years in homeless systems, either in shelter or in transitional housing.

As with prevention, other, more nontraditional areas of impact are also being recognized. Increasing educational opportunities can help persons exit homelessness. The creation of affordable housing units and bringing new jobs to a region, along with addressing discrimination, through expansion of existing companies or development of new locally-owned businesses can be integral components of moving people off the streets and into their own safe, decent, and affordable permanent housing. This is how we "Open the Back Door."

HMIS

The Homeless Management Information System (HMIS) is a key component of the strategy to end chronic homelessness in this region. HMIS stands for Homeless Management Information System. It is both software and a data-management approach to gathering accurate information about the nature of homelessness in a community and the outcomes of the programs currently in place.

This information allows individual agencies to examine their own programs to see where they are missing opportunities for service and, in an aggregate form, allows the group to do the same on a regional level. HMIS allows us to see how we are doing, what we are doing well and what we need to change. It tells us what needs we are not serving and what the outcome of all these programs really is. In other words, when a homeless individual or family enters our network of care, are they better off when they leave it? Why? Why not?

The HMIS, when fully implemented, will be the single most effective means to both evaluate the impact of prevention activities/funding but will also allow for targeted interventions to prevent persons who have already been homeless from beginning the cycle again.

Housing

Safe Haven

Realizing that there are a significant number of chronic homeless according to surveys conducted through ARCH over the past three years, the need for a Safe Haven that could help provide a facility to move the street homeless in to warm and dry shelter with some level of basic services such as food, clothing, and some intake assessment for further referral capabilities is

well documented. This facility may need to be looked at as regional in geographic terms rather than just a local Safe Haven facility. Additionally, there are resources in the area with the Downtown Clinic in Johnson City, Good Samaritan Ministries in Johnson City, non-profit community service agencies such as the First Tennessee Human Resources Agency and Upper East Tennessee Human Development Agency, as well as churches throughout the Northeast Tennessee Region. These agencies could provide significant levels of support services to a Safe Haven facility, such as food commodities, clothing, transportation to and from the Safe Haven for clients (a key service for assuring that clients can have access to the Safe Haven and the support services that could be linked with it), first month's rent and utility deposit assistance and other basic services that would be needed once client assessments could be completed at the Safe Haven and referrals made to other service providers in the region.

Ex-Convict Reintegration

For clients coming out of incarceration for criminal offenses, the area provides several programs that offer both housing opportunities and support services for successful re-entry into the community. These include:

- The ACCP Community Probation Services Program through the First Tennessee Human Resources Agency, a region-wide program based in Johnson City
- True to Life Ministries based in Johnson City that provides connections to housing, counseling, food and medical support and group support for families of re-entry clients
- Kairos Inside and Outside, a ministry to incarcerated persons both inside prison and those who return to the area and their families sponsored through the United Emmaus Community, a regional faith-based non-profit that provides connections to housing, food and medical support , counseling, and on-going treatment services for those incarcerated and their families

Emergency Shelter

Emergency Shelter is short-term immediate entry temporary housing typically offered through service providers such as the Salvation Army, a rescue mission, or other similar entity. The average length of stay at an emergency shelter in this region is five days. Emergency Shelters are intended for people who only need very short-term assistance to stabilize or to allow time for entry into a longer term program such as a Transitional Housing program or a Permanent Supportive Housing program (Shelter Plus Care, HOPWA, SHP, or similar program). Currently there is a minimally sufficient level of emergency shelter overall in the region but there is a lack of coordinated use and of transportation assets to access available shelter.

Transitional Housing

Transitional Housing (TH) is intended to be an intermediate step between life on the street and the return to permanent housing. TH programs can work with individuals or families for up to 24 months with 6 months being the average length of stay in this region. Programs such as the Manna House, Catholic Charities, Salvation Army, and Willow House provide HUD-funded TH in this region. Transitional housing is a "hand up" not a "handout" with three main program goals common to all TH programs:

- Increase the income/resources of clients
- Increase client independence/self reliance
- Obtain and remain in permanent housing

Transitional housing programs in this region have been dramatically successful. Statistics from the Annual Performance Reports of two TH programs show that nearly half of the persons served through TH in 2006 were chronically homeless. Out of the total number of homeless served by these two programs (160 men, women and children), 93 had no income at program entry, while only 26 had no income at exit; 61 clients had jobs at program exit, while only 18 individuals left the programs and returned directly to the streets.

Transitional Housing works; however, this region still averages only one transitional housing unit for every eight homeless persons. Many people remain homeless due to a lack of capacity in programs with demonstrated effectiveness. Additional community resources should be targeted to increasing the capacity of existing programs through creative and innovative strategies.

Permanent Housing

Affordable permanent housing for those persons and families coming out of homelessness, shelters and transitional housing continues to be a challenge in the Northeast Tennessee Region, but one in which this region is making steady progress. Primary efforts have been in the area of rental housing rehabilitation and development, single-family rehabilitation and single-family homeownership opportunities. Over the past five years, these efforts have been helped by additional funding from entities such as:

- Local HUD CDBG Programs (homeownership assistance, multi-family rehabilitation and single-family owner-occupied rehabilitation).
- HOME Program funding primarily through the First Tennessee Development District to Counties and smaller towns and through the Northeast Tennessee/Virginia HOME

Consortium which includes seven local jurisdictions including four HUD/CDBG Entitlement Communities.

- Federal Home Loan Bank funding through local lenders for homeownership opportunities for low-income persons and households in partnerships with local non-profit housing developers and local governments.
- HUD Section Eight Rental Vouchers to very low, low and moderate income persons and households for affordable rental housing. (Regional Program through local Public Housing Authorities).
- HUD Section Eight to Homeownership Vouchers to low and moderate income persons and households for homeownership opportunities. (This is provided through Kingsport and Johnson City Housing Authorities and has multi-jurisdictional coverage in the region).
- HUD Supportive Permanent Housing through ARCH Continuum of Care Grant Program in partnership with local nonprofit housing providers. (This program also includes needed support services for eligible clients in addition to the affordable multi-family or single-family housing provided).
- Eastern Eight Community Development Corporation and Horizon Community Development Corporation, both nonprofit community-based housing development corporations work diligently to create new affordable housing opportunities, both rental and homeownership throughout all eight counties.
- Some private for-profit entities, most notably Timber Creek Properties, Inc. and Owen Property Management, LLC have recognized the need for affordable housing and made commitments to developing such housing in collaboration with ARCH and local faith/community-based service providers.
- Habitat For Humanity has several local chapters in the region.

The Appalachian Regional Coalition and the Northeast Tennessee/Virginia HOME Consortium, along with the First Tennessee Development District, continue to work together to coordinate programs and resources to help plan and develop permanent affordable housing opportunities for very-low, low and moderate income persons and households in the Northeast Tennessee region through a network of key housing assistance providers. This network includes local governments, local Housing Authorities, regional housing nonprofits, and local lending institutions. This network continues to create partnerships that are absolutely necessary to the planning and development of affordable housing opportunities for the at-risk very low, low and

moderate income persons and households in our region, particularly those persons and households that have experienced homelessness and are trying to move from transitional to permanent housing and long-term stability and higher quality of life for themselves and their families.

To open existing housing opportunities to the homeless, education about and enforcement of the Fair Housing Act is also necessary.

Homeownership

The question is, "Does homeownership really belong in a homeless plan?" The answer is YES! The steps are: emergency/temporary shelter, transitional housing, permanent supportive housing and ultimately homeownership. It is understood that the goal of homeownership will not be reached by all; however, each step on the ladder will bring us closer to ending chronic homelessness.

The Cities of Johnson City and Bristol, Tennessee, have provided homeownership assistance through their Community Development Block Grant programs for more than ten years. Hundreds of individuals and families have purchased homes through this program. The Northeast Tennessee/Virginia HOME Consortium also has provided homeownership assistance since 2003 to over 200 families. Eligibility for the program is determined by HUD Income Guidelines that are based on the number in the household and the annual gross income of all members of the household. Homebuyer education classes are offered at no charge in order to better prepare a family for the possibility of homeownership. Funds are provided for down payment and closing cost assistance in the form of a due-on-sale second mortgage.

The Holston Habitat for Humanity was founded in 1985 and has also provided homeownership assistance to low-income families in Kingsport, Johnson City, Bristol, Bluff City, Piney Flats, Carter County, Unicoi County and Gray, Tennessee.

HMIS

By tracking use of services, the HMIS system will not only be able to measure the impact and effectiveness of prevention activities but will allow more targeted interventions for people who are identified as being chronically homeless. As the HMIS gathers service use data, providers will be able to quickly identify individuals who have not only previously received services from their organization but who have received services from other providers in the region who are participating in the HMIS program. Once a client has been identified as being chronically homeless (continuously homeless for one or more years OR homeless four or more times in a three-year period), case managers and other staff will be alerted to provide more

intensive and escalated services to identify the underlying reasons for being chronically homeless. They will work with the individual to develop a plan to effectively address not only the immediate need but the underlying or more long-term issues that have caused this individual to remain homeless. Additionally, the HMIS will allow service providers to reserve housing (on a space-available basis) in programs targeted specifically to this population (such as Shelter Plus Care and some SHP programs) as well as in Transitional Housing programs with a broader focus.

Health & Behavioral Health

Chronic homelessness results in increased costs, both direct and indirect, to the community in the form of passed-along charges by hospitals and higher insurance costs to businesses and individuals. "Housing is healthcare" is a statement that has been repeatedly proven to be true as individuals who go from living on the street into a housing program see significant health and quality of life benefits.

Access to health care is a vital issue for homeless individuals and families. According to a study released in 2005 by the National Health Care for the Homeless Council, homelessness has a significant impact not only on access to health care and quality of life but also on length of life. Some important findings include:

- Premature Mortality – between 3 and 4 times the national average*
- Risk is equal between warm and cold months
- Average age at death 42-52 vs. 80 national average*
- Most common causes of death* :
    - Injuries
    - Heart disease
    - Liver disease
    - Poisoning

* O'Connell, J Premature Mortality in Homeless Populations: A Review of the Literature
Nashville: National Health Care for the Homeless Council, Inc. December 2005

One reason for these figures is that persons who are homeless are also likely to not have access to preventative or primary health care which could reduce or eliminate visits to the emergency room, provide support for ongoing health issues such as diabetes, high blood pressure, heart disease, cancer, etc, and education on proper personal health care. Another contributing factor is lack of access to safe water and safe food which, in turn, lead to additional costly and complicated health issues. Housing with supportive services (see Case Management)

is a critical tool for reducing health issues and increasing access to mainstream health resources as opposed to emergency or crisis health services.

Substance Abuse Treatment

Presently, there are limited resources for persons struggling with substance abuse disorders. Magnolia Ridge is a treatment program in Johnson City while Indian Path Pavilion is located in Kingsport. These programs are for all alcoholics and addicts that are unable to get clean and sober without a 24/7 level of care. These programs accept people from all over the region; however, space is very limited with extensive waiting lists for both facilities.

Willow Ridge treatment program, a unit of Magnolia Ridge, is a residential treatment program for those clients in need of a longer-term residential program.

Magnolia House is a Transitional Housing program for clients coming into the program from homelessness and who have co-occurring disorders, are needing psychotropic medications, and are presently homeless or are chronically homeless. This program is presently housed within the Willow Ridge treatment program and is intended to help ensure that clients do not simply return to the streets and to the same addictive behaviors. Again, space is very limited with only 12 spots to serve all eight counties.

Intensive Outpatient Programs are available in Bristol, Kingsport and Johnson City. These programs are offered four days a week for three hours to support those individuals who are new to sobriety.

Regional Substance Abuse Coalition

A Regional Anti-Drug Coalition was created to address regional issues of substance abuse, primarily through education. The Washington County Anti Drug Coalition works to develop prevention strategies focused in that county. The Anti-Drug Coalition plan for the next ten years is to:

- Expand homeless co-occurring beds to 20
- Offer a 8 to 12-bed women's residential treatment center within the scope of the Magnolia Ridge treatment program
- Offer a professional track within the Magnolia Ridge treatment program to ensure professionals do not lose jobs due to untreated addictions.

They have identified the following needs:

- Respite beds for individuals struggling with maintaining sobriety in home environment or due to circumstances that the individual is unable to control that a short-term stay such as 72 hours could give a breather

- Step House – for those individuals who need a structured environment to learn sobriety. Most have been in active addiction so long they do not understand or know how to deal with sobriety.
- Sober House – for those individuals who do not need a structured environment but need a sober place to live to work on life skills of recovery.
- Business Plan – that involves getting business in the habit of looking at how they contribute to the drug epidemic:
  - teaching convenience stores not to sell drug paraphernalia
  - helping clients learn to accept and excel at a job
  - teaching job skills
  - teaching resume writing
  - teaching interviewing skills
  - teaching dealing with authority figures
- Spiritual Plan – getting churches involved in basic teaching of survival skills for our kids. Not just saying NO but learning how to say no, learning how to deflect pressure from others, teaching how to help those friends in trouble where to go, who to call, at what point do you have to tell an adult?

Regional Substance Abuse Transitional Housing

At present, the only Transitional Housing specifically for homeless individuals recovering from substance abuse disorders is Willow House that operates in conjunction with Magnolia Ridge which is an in-patient detox and treatment facility. It is operated by Frontier Health, the regional behavioral health services provider. Willow House currently houses both men and women with a total capacity of 12 beds. Other TH programs have substance abuse components as part of their operation, with Manna House being particularly successful, but Willow House is the only TH program limited to persons recovering from substance abuse as a sole focus.

Regional Safe Haven

The process for the planning and development of a Safe Haven for the region should be facilitated and guided by ARCH due to the fact that they are the regional Continuum of Care agency for the region and the fact that many of ARCH's members are service providers and providers of housing that could offer needed support services to the Safe Haven. There would be

agencies that could provide additional resources to clients being referred by the Safe Haven for housing and ongoing support services in local communities.

Case Management

Case Management is designed as a tool to provide the vital link between a homeless person and the various resources that may be necessary in assisting them in their journey to recovery. A Case Manager acts as an advocate to ensure that the individuals and families with whom they are working are referred to or receive the information they need from any professionals or information sources necessary, i.e. therapists, doctors, attorneys, financial advisors, etc. Case Managers are the arms and legs of a community's social service network. Case Managers can:

- Help in identifying early warning signs of problems with illness before a catastrophe occurs.
- Provide compassionate and honest feedback on perceptions of reality.
- Assist with problem-solving techniques to prevent them from feeling so overwhelmed.
- Assist in accomplishment of Daily Living Activities, i.e. shopping, medication, setting appointments, paying bills, etc.
- Referrals for "entitlements" (services that a person has qualified for) to help in making their money go farther.
- Home visits if wanted/needed.
- Referral assistance with legal questions, money management, job placement and housing issues.
- Act as a link between crisis response teams, doctors and the consumer or consumer's family.
- Assist in the filing of Social Security Insurance (SSI) paperwork (but with little impact on whether the consumer receives it).
- Provide guidance for the development of skills often needed to develop healthy relationships with family members, friends, co-workers, or community.

Case management for at-risk and homeless individuals and families has been listed as a top priority service in every major needs survey and analysis in the provision of services in the First Tennessee region for at least seven years or longer. It is the key to ensuring long-term success in ending the vicious cyclical problems that cause homelessness which include lack of stable employment, permanent housing, health issues, education, etc.

Most major service providers that are providing temporary, transitional or permanent housing also provide some level of case management services. However, due to case management being so labor intensive and spanning a significant period of time (at least six months to two years under most service programs), it is difficult to provide the adequate staffing in many cases with service providers to maintain this level of effective case management.

Most case management provided by major homeless service providers in the region involves a strengths assessment review followed by a "Goals and Objectives Plan." The individual or family then begins to implement the plan over a several weeks or months period until all goals and objectives have been met and they are ready to live again at least semi-independently from the shelter and support services that have been provided. In many cases however, extended time support services must be put into place, even if permanent housing is achieved by the individual or family.

Providing a "connection point" for individuals and families through extended case management is a critical factor in sustaining the job, housing, and educational successes that are achieved during the formal case management period. It is usually what makes the difference between long-term success and short-term or partial success in individuals and families living independent lives in the community.

Case management will remain a critical and top priority segment of the overall services that must be in place throughout the Continuum of Care in the Northeast Tennessee region for us to have any hope of breaking the cycle of chronic homelessness within a ten-year period, or ever, for the people of this region.

Medical Care

Our region has two main health care systems: Mountain States Health Alliance and Wellmont Health Systems. Both systems operate a number of community-based hospitals and specialty hospitals throughout the eight counties. Frontier Health is the region's largest provider of behavioral, developmental disabilities and vocational rehabilitation services. They are a private, not-for-profit organization with more than 85 programs. Their diverse array of services includes treatment for family violence, mental illness, mental retardation, dual diagnosis and substance abuse for children, adolescents, adults, aging adults and families. Their services are provided on a sliding-scale basis.

The ETSU Johnson City Downtown Clinic is a community designated nurse-practitioner operated outpatient health care center with locations in Washington County, Hawkins County, and Johnson County. The primary clientele of the clinic are low income/indigent (no income)

persons and homeless individuals. The clinic is funded through a series of grants. The focus of the medical clinic is primary medical care but, over the past two years, mental and behavioral health trained nurse-practitioners and social workers have been added to the clinic along with a case manager focused on housing issues. The clinic has also developed and implemented a Day Center/Day Shelter in a separate facility to provide a place for homeless persons to come during the times when they are not able to be at the shelters, thus providing a safe place for homeless persons to be during the day as well as providing outreach services, and acting as a gatekeeper for the medical services offered by the clinic proper. Emergency shelter programs have both a curfew and a time that persons using that service must be out of the shelter during the daytime. All services provided to homeless individuals are free of charge, including medication, through grants and community donations.

Economic Stability/Self Sufficiency

A plan to address homelessness, particularly on a regional level, is worth its salt only insofar as it looks beyond the temporal solutions which address the immediate needs of homeless individuals, food, clothing, emergency shelter and even transitional housing, and toward the more permanent actions which provide lasting growth. The old proverb teaches, "Give a man a fish and you feed him for a day; teach a man to fish and you will feed him for a lifetime." This regional plan refers to some solutions which, of course, provide emergency needs (give a man a fish). It also addresses programs which provide some skill development which instill tools for social and economic improvements for homeless persons (teach a man to fish). Teaching a man to fish, though, is for naught if the man has no water in which to cast his line or schools of fish to catch. This section enumerates actions which must be undertaken to provide the arenas in which homeless persons may find economic advancement, giving self-sufficiency a chance to succeed.

Most, if not all, of the governmental entities in the region pursue policies and opportunities that provide their citizens with economic as well as social stability. Each local jurisdiction undertakes its own efforts to recruit, retain and expand its economy and jobs base. Economic development boards, chambers of commerce and other local committees act to provide resources necessary to maintain their economies. However, the modern and most effective trend is for these local entities to form partnerships among themselves. The following is a list of partnership efforts that endeavor and, in many cases, succeed in economic development efforts:

- First Tennessee Development District – From its inception in 1966, the FTDD has functioned as a regional planning and economic development tool for its membership

which includes each county and municipality in the eight-county region. The eight counties include Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington. Staff of the FTDD provide technical assistance to member governments in economic development planning as well as preparation and administration of grants from Federal and State sources. These programs address the economic needs of the entire region, including those who are ready to make the transition from chronic homelessness to socially and economically improved permanence.

- NETWORKS – NETWORKS Sullivan Partnership is a county-wide partnership of governments which acts as the economic development entity for those members. Activities include industrial recruitment, land development and marketing. These activities are geared toward expanding the jobs base in the region's most populous county.
- Northeast Tennessee Valley Regional Industrial Development Association – Since the mid-1990's RIDA has served as the State of Tennessee's effort to support industrial development in the Tennessee Valley area of Northeast Tennessee and Southwest Virginia. The Tennessee Valley Authority also participates in and supports RIDA in its efforts. Member governmental jurisdictions served by RIDA benefit from jobs development, which has traditionally supported stable employment opportunities for regional citizens, including homeless persons.
- Regional Alliance for Economic Development – The Regional Alliance for Economic Development is a partnership among the region's private industries and commercial interests. This alliance undertakes those economic development activities geared toward industries which support their own interests, as well as those which provide jobs especially available for entry-level workers.

These efforts, among others, are seen as providing lasting solutions for those chronic homeless who have the desire to move toward permanency in successful living.

Re-entry Programs

The need for re-entry programs for the at-risk and homeless population are well documented as part of the efforts by ARCH to identify contributing factors to the causes for repeated instances for homelessness among our at-risk population. Re-entry clients who access our housing and support services programs here in Northeast Tennessee usually are in one of two categories:

- Those clients with serious and usually chronic substance abuse and alcohol abuse histories who are coming back to the community or are coming out of an extended local treatment program.
- Those who are coming out of or are continuing mental health treatment for one or more mental health diagnoses by a mental health care professional, or those who are coming back into the area from having been incarcerated either locally or in a facility outside our region.

In the cases involving clients who are coming out of treatment for substance and alcohol abuse or coming out of or continuing to be treated for a mental health diagnosis, the area provides re-entry programs through Frontier Mental Health, our regional mental health and substance abuse provider, Al-Anon for recovering alcoholics, and Narc-Anon for substance abuse clients. Also available to those coming from alcohol and substance abuse treatment programs are the following residential treatment facilities in the region: Magnolia Ridge operated by Frontier Health in Johnson City, The Manna House (male clients only) operated by Fairview Housing in Johnson City, the Hay House and Link House operated by Frontier Health in Kingsport, and Hope Haven (female only) and Haven of Rest (male only) in Bristol.

There are currently no housing facilities in the region that specifically are designed to house and provide support services beyond the shelter and transitional housing stage for re-entry clients. ARCH is actively involved through their housing task force to look at the provision and development of more transitional and permanent housing for this segment of the at-risk population in our region, as well as education and enforcement regarding discrimination under the Fair Housing Act.

CORDINATION OF SYSTEMS AND SERVICES

HMIS

HMIS stands for Homeless Management Information System. It is both software and a data management approach to gathering accurate information about the nature of homelessness and housing resources in a community and the outcomes of the programs currently in place.

This information allows individual agencies to examine their own programs to see where they are missing opportunities for service and, in an aggregate form, allows the group to do the same on a regional level. HMIS allows us to see how we are doing, what we are doing well and what we need to change, what needs we are not serving, and what the outcome of all these programs really is. In other words, when a homeless individual or family enters our network of care are they better off when they leave it? Why? Why not?

HMIS is a requirement that must be maintained in order to continue accessing HUD funding through the CoC grant process. HMIS is designed to allow service providers to share information with the goals of:

- Reducing or eliminating duplication of services;
- Providing outcome measurements (are the programs working as intended?);
- Provide more accurate information about the homeless population to allow for more effective planning of services to meet needs efficiently;
- Provide information for gaps analysis to identify new programs or expansions of existing programs that are needed to keep people from falling through the cracks in the system and returning to the streets;
- Provide information needed for service providers to access state and Federal funding as well as information helpful for accessing funding from private foundations and corporate funding sources.

Continuum of Care

The **Continuum of Care (CoC)** is a process sponsored by the U. S. Department of Housing & Urban Development (HUD) and has been created to address the needs of homeless individuals and families across the nation. Groups of faith-based and/or community-based organizations, service providers, businesses, housing authorities, healthcare entities, government entities, and individuals join together in coalitions from geo-areas of their own choosing to address the issue of homelessness across their self-defined region and in their communities. As a group, they work to understand:

- What is “homelessness”?

- How many people are homeless in their defined region?
- What agencies exist that can address the shelter, food and other needs of the homeless?
- How many homeless people are now served by these agencies?
- What is the GAP – the number of unserved homeless individuals?
- What services are not available or not sufficiently available?
- What services are duplicated?
- What resources are available to meet the defined needs?
- What resources need to be mobilized within the community or through grants?
- What can be done to raise the education level of the general public regarding the challenges facing homeless individuals and families in their communities?

The Continuum (CoC) then uses this information collectively to plan activities to deal with the specifics of the homeless situation in their area. Every year in the spring**,** HUD issues a SuperNOFA (Notice of Funding Availability) in the Federal Register. As part of that SuperNOFA**,** the Continuum of Care grant is offered to those coalitions that choose to apply. It is expected that the funds that are offered under the Continuum of Care grant be used to ***supplement*** other ongoing efforts being made through the coalitions' ongoing activities. The ultimate goal of these efforts is to move homeless individuals and families into stable, permanent shelter and to assist them in accessing mainstream and preventative resources, as opposed to emergency services, thus reducing the overall cost of services to the community.

The Appalachian Regional Coalition on Homelessness assumes the responsibility of compiling the annual CoC grant application to the U.S. Department of Housing & Urban Development (HUD). In essence, the application describes the extent of homelessness in the area, and the full "continuum of care" available to combat homelessness through local agencies and the participating organizations of the coalition including: street outreach, emergency shelter, transitional housing, permanent housing**,** case management, drug treatment**,** psychological counseling and medication**,** and more.

In the grant application, gaps in the existing service system are identified that fail to address the needs of homeless persons in the community. Based upon this analysis of the availability of services, the individual agencies apply for specific new programs, primarily transitional housing or permanent supportive housing, that can fill identified needs; programs that need continuation funding to maintain the current level of service; and programs that need to

be expanded to meet the actual level of need. Awardees work directly with HUD to administer the funds.

The domain, as presently defined by ARCH, consists of the following counties and communities:

Carter County, TN	Johnson County, TN	City of Bristol, TN
Greene County, TN	Sullivan County, TN	City of Johnson City, TN
Hancock County, TN	Unicoi County, TN	City of Kingsport, TN
Hawkins County, TN	Washington County, TN	

Northeast Tennessee/Virginia HOME Consortium

The Northeast Tennessee/Virginia HOME Consortium is authorized under Title I of the Housing and Community Development Act of 1974, as amended. The Consortium includes the Cities of Bluff City (TN), Bristol (TN), Bristol (VA), Johnson City (TN), Kingsport (TN), Sullivan County (TN) and Washington County (TN). The Consortium was originally created and funded effective July 1, 2003. Prior to this time, HOME funds were received from the Tennessee Housing Development Agency (THDA). The Mission of the Northeast Tennessee/Virginia HOME Consortium is to identify gaps in housing and homeless services to determine the projects for which the Consortium will use its resources to address priority needs.

The 2005-2009 Consolidated Plan prepared for the U. S. Department of Housing and Urban Development identifies the following Affordable Housing priorities within the NE TN/VA Consortium area:

- The expansion of first-time homeownership opportunities for very low, low and moderate income households;
- Expand opportunities for very low to moderate income homeowners to rehabilitate their homes to correct major code violations and thus preserve their housing;
- Expand rental housing opportunities for very low to moderate income households;
- Develop transitional and special needs housing for at-risk households;
- Develop new single-family housing units within the Consortium;
- Assist in the expansion of support services for the at-risk population;
- Assist with economic development opportunities through the creation or expansion of job opportunities for low and moderate-income individuals.

The Office of Community Development for the City of Bristol, TN serves as the Lead Entity for the Consortium and is responsible for overseeing the development and implementation of the Consolidated Plan for the Consortium. Additionally, all members of the Consortium, as well as the First Tennessee Development District (FTDD), which acts as the administrative agent, provide information and feedback for the Plan.

Veterans

The Veterans Administration has spent several billion dollars from its health care and benefit assistance programs to assist tens of thousands of homeless and at-risk veterans across the nation. To increase this assistance, VA conducts outreach to connect homeless veterans to both mainstream and homeless-specific VA programs and benefits. These programs strive to offer a continuum of services that include:

- Aggressive outreach to veterans living on the streets and in shelters who otherwise would not seek assistance;
- Clinical assessment and referral for medical treatment of physical and psychiatric disorders, including substance abuse;
- Long-term transitional residential assistance, case management and rehabilitation; and,
- Employment assistance and linkage with available income supports and permanent housing.

The VA has awarded more than 300 grants to public and nonprofit groups to assist homeless veterans in 50 states and the District of Columbia to provide transitional housing, service centers, and vans to provide transportation to services and employment.

The VA sponsors and supports national, regional and local homeless conferences and meetings, bringing together thousands of homeless providers and advocates to discuss community planning strategies and to provide technical assistance in such areas as transitional housing, mental health and family services, and education and employment opportunities for homeless veterans.

The VA's Health Care for Homeless Veterans Program (HCHV) operates at 134 sites across the nation, including Mountain Home located in our region, where extensive outreach, physical and psychiatric health exams, treatment, referrals, and ongoing case management are provided to homeless veterans with mental health problems, including substance abuse. This program assesses more than 40,000 veterans nationally each year.

The VA's Domiciliary Care for Homeless Veterans (DCHV) Program provides medical care and rehabilitation in a residential setting on VA medical center grounds to eligible

ambulatory veterans disabled by medical or psychiatric disorders, injury or age and who do not need hospitalization or nursing home care. There are more than 1,800 beds available through the program at 34 sites across the nation, including more than 100 at Mountain Home in Johnson City. The program provides residential treatment to over 5,000 homeless veterans across the nation each year. Each domiciliary conducts outreach and referral; admission screening and assessment; medical and psychiatric evaluation; treatment, vocational counseling and rehabilitation; and post-discharge community support.

The Veterans Benefits Assistance at VA Regional Offices is provided by designated staff members who serve as coordinators and points of contact for homeless veterans. Homeless coordinators at VA regional offices provide outreach services and help expedite the processing of homeless veterans' claims. The Homeless Eligibility Clarification Act allows eligible veterans without a fixed address to receive VA benefits checks at VA regional offices. VA also has procedures to expedite the processing of homeless veterans' benefits claims. Last year over 25,000 homeless veterans received assistance and more than 3,800 had their claims expedited by VBA staff members.

The VA's Supported Housing Program allows VA personnel to help homeless veterans secure long-term transitional or permanent housing. They also offer ongoing case management services to help the veterans remain in housing they can afford. VA staff work with private landlords, public housing authorities and nonprofit organizations to find housing arrangements. Veteran service organizations have been instrumental in helping VA establish these housing alternatives nationwide. VA staff at 23 Supported Housing Program sites across the nation helped homeless veterans find over 1,600 transitional or permanent beds in the community.

GOALS AND OBJECTIVES

In 2003, the following goals to address chronic homelessness were identified by the Appalachian Regional Coalition on Homelessness:

- Develop a financially stable and effective regional Continuum of Care addressing homeless issues in a coordinated regional manner as part of a partnership between the public and private sectors;
- Implement an HMIS system across the region to coordinate shelter activities, gather data vital to planning and program performance evaluation, target services, and to remain competitive for HUD funding;
- Bring the total number of Transitional Housing units to 100;
- Create 100 Permanent Housing units dedicated to homeless persons;
- Promote a holistic approach to homelessness encompassing not only shelter/housing but also supportive services, prevention, employment, education, transportation, health care, discrimination, and other issues acting as either contributing factors or as barriers;
- Increase public awareness of homelessness in this region
- Reduce the number of chronic homeless individuals by half within 5 years, not by relocation but by moving persons into safe, decent, and stable housing

SUMMARY

While the systems can be changed to prevent homelessness and shorten the experience of homelessness, ultimately people will continue to be threatened with instability until the supply of affordable housing is increased; incomes of the poor are adequate to pay for necessities such as food, shelter and health care and disadvantaged people can receive the services they need. Attempts to change the homeless assistance system must take place with the context of larger efforts to help very poor people.

The U. S. Department of Housing and Urban Development identifies the Objective of Suitable Living Environment and the Outcome of Availability/Accessibility when addressing funding to alleviate homelessness.

While it may not be possible to end homelessness entirely, it is possible to, as stated in the mission statement of the Appalachian Regional Coalition on Homelessness, “End homelessness, *as currently experienced*, in our region”. (emphasis added) It has been demonstrated time and time again that when we as a region decide that something is important to us and we come together and work together towards a common goal that we not only achieve that goal but do so very successfully. The challenge, then, is to make the issue of homelessness and particularly chronic homelessness such an issue and such a decision.

As part of this commitment to end chronic homelessness, to break the cycle of homelessness and move people from hopelessness and despair back into housing and opportunity, we will:

- Nurture and grow ARCH as a regional coalition,
- Support the implementation of a regional HMIS system,
- Promote development of affordable housing
- Encourage economic development
- Meet the challenge of homelessness
- Educate the general public about homelessness
- Develop new and innovative strategies to address homelessness
- Increase the Transitional Housing and Permanent Housing across the region

HOMELESS SERVICES

Homelessness – For families and individuals who, for any number of reasons, may find themselves without shelter, the City of Bristol, Tennessee is a member of the Appalachian Regional Coalition on Homelessness, the regional Continuum of Care, whose mission is "working to end homelessness as currently experienced in our region."

Agencies serving the homeless or potentially homeless are:

The Salvation Army of Bristol
P. O. Box 887, Bristol, Tennessee 37621
423-764-6156

Abuse Alternatives, Inc.
104 Memorial Drive, Bristol, Tennessee 37620
423-652-9093

Bristol Faith In Action
703 Chester Street, Bristol, Virginia 24201
276-466-8292

Haven of Rest Rescue Mission, Inc.
624 Anderson Street, Bristol, Tennessee 37620
423-968-2011