

A Strategic Framework for Ending Involuntary Homelessness in Rutherford County

Presented by the Mayor's Task Force on Homelessness

March 2015

Executive Summary

Vision

To end involuntary homelessness by integrating and coordinating service-delivery systems that provide a range of housing options and a set of services that address the underlying issues of poverty that often lead to homelessness or places people in danger of homelessness.

Having a range of public and private service-providers collaborate on this common issue will allow for a collective impact that will lead to community-wide change.

Goals

- Develop an integrated service-delivery system to provide housing and services for those who are homeless or at imminent risk of becoming homeless;
 - To prevent involuntary homelessness with a range of “housing-focused” solutions (accompanied by supportive services) ranging from emergency shelter housing to affordable home ownership;
 - Develop, maintain, and publicize a network of services for those who are homeless or in danger of becoming homeless; and
 - Educate and engage the community to enrich their understanding of the homelessness and make people aware of the services that our community provides to the homeless (and ways they can help).
- [211]

Overall introduction:

Since our last ten-year plan, the population growth in the county has been significant [specific numbers?] and has been accompanied by a similar growth in the population of Middle Tennessee State University in Murfreesboro, together these demographic shifts have led to significant new housing construction. This means that most of the county's housing has been built in the last 10 years [was this the statistic that was shared at the Mayor's meeting?], making it significantly different from most housing markets, which usually have significant portions of housing that are older and often less expensive. This has resulted in a significant shortage of affordable housing (defined by HUD) for those in the lower socio-economic ranges of our communities, including not only those in poverty but those on fixed incomes and those who were displaced by the recent economic recession. It has also led to a redefinition of who the homeless are in our county and elsewhere—with women, children, and those facing homelessness for the first time as a result of economic crisis constituting a growing proportion of our homeless community.

However, the capacity of our county to assist those who are involuntarily homeless has also grown during this same period (though not as quickly). Having a Veterans Administration (VA) hospital in our county as well as a range of public agencies and private 501(c)(3) organizations have provided significant new sources of assistance to those facing involuntary homelessness in our community. See Appendix I for list of current organizations providing assistance to our homeless. Additionally, what started as a small monthly meeting of the Mayor's Taskforce on Homelessness has now grown to a larger body including agencies across the county and the homeless and formerly homeless advocating on behalf of themselves in the Consumers' Council. This continuum of care meets quarterly with working groups meeting monthly, and it was recently granted incorporation? and is now seeking 501(c)(3) status in order to better leverage the strengths of the constituent agencies and to better provide for those facing homelessness in order to eliminate involuntary homelessness over the next ten years.

This strategic framework is an effort to do several things:

- Combine and integrate the previous plans developed for several groups, including the chronic homeless and homeless families;
- Provide a document that can guide our city and county and our business and philanthropic leaders as they develop plans for our community's development;
- Recognize that it is in the community's best interest to help those in danger of becoming homeless from losing and having to entirely reassemble the assets that they currently have;
- Recognize that those who are homeless and in danger of becoming homeless often need a variety of services and types of assistance over an extended period of time (combined into a case management system) in order to become stably and sustainably housed as well as contributing members of our community;

Goal 1: Develop an integrated service-delivery system to provide housing and service referrals for those who are homeless or at imminent risk of becoming homeless.

Introduction:

Homelessness impacts the whole being of a person. Homeless persons often face co-occurring or multiple health, behavioral health, and addiction problems. Providing health care treatment for homeless individuals is difficult; however, health care services are markedly less effective when delivered to persons who are suffering some type of addiction and/or living unprotected from the elements in unsanitary conditions, without refrigeration for food or medicines.

In Murfreesboro/Rutherford County, the Rutherford County Health Department, Primary Care/Hope Clinic, St. Thomas Rutherford Hospital, St. Louise Clinic, and Greenhouse Ministry's Nursing Center provide health care for homeless persons. The VA Tennessee Valley Health Care System, Pathfinders, and The Guidance Center provide addiction treatment services, and Alcoholics Anonymous and Narcotics Anonymous are available. The Guidance Center's PATH Program helps the homeless who suffer from severe and persistent mental illness to receive health and mental health services, obtain and maintain an income, and locate appropriate housing. Trustpoint provides in-patient facilities and services for mentally ill patients. Also, faith-based organizations, such as the Hope Center, have programs geared toward those with addiction problems.

Existing Gaps/Barriers:

Although several providers of health and behavioral healthcare serve the homeless population, the following barriers to care and gaps in the health care delivery systems that prohibit or limit homeless persons from receiving proper health care must be addressed:

- Growth in prescription-drug abuse? (prevents, for example, some from staying with the Salvation Army)
- New laws that bar public housing for certain types of criminal convictions
- How do we house those on the sexual offender registry in ways that are safe for the community and respect the human dignity and needs of those so identified?
- Many of the health problems of the homeless are directly related to an insufficient amount of permanent supportive housing and a total lack of transitional housing.
- Lack of access to health providers exists because there is a limited system of public transportation (limited routes and no service on nights and weekends?), and many of the homeless cannot afford personal transportation.
- Criminal sanctions of behavior related to a mental health or substance abuse disorder are ineffective and do not help resolve underlying health problems.
- Because there is limited treatment for addiction and co-occurring disorders, the service system is not always responsive to the needs of the homeless in a timely manner.
- Certain services are not available to meet the needs of homeless and other poor persons (e.g., in-patient detoxification services, day shelters, outpatient services for those without insurance, job training, financial planning, and education).
- There can be better awareness, coordination with, and involvement of the faith community in developing more comprehensive and effective ways to break the cycle of

homelessness, particularly for those individuals who do not meet the criteria for government programs.

- There has been a lack of private and government funding for shelters and health care for the homeless with addiction or health issues.
- Affordable child care, especially within DHS payment range and guidelines, for non-standard work shifts

Best Practices:

Recommendations:

- Create a single location/campus/center/area where those who are homeless and precariously or marginally housed can provide their information and access services without facing the difficulties of limited transportation. Preparatory to this, create a central intake center and common policies/procedures and transportation.
- Create a center where homeless service-providers can enjoy affordable rents and efficiencies of scale through shared space, information technology services (including HMIS), utilities, volunteers, client transportation, and commercial liability insurance.

Goal 2: Develop a range of housing options to prevent involuntary homelessness and prevent individuals and families from becoming homeless.

Introduction:

Most individuals in our community do not chose homelessness but are confronted with homelessness due to illness, job loss, or other unforeseen circumstance. Others confront homelessness when released from foster care, incarceration, or hospitalization.

While these circumstances apply to citizens of every community, Murfreesboro—due to its recent rapid increase in population and housing stock—faces some unique challenges as well. Specifically, there is a relative lack of affordable housing in our community as defined by HUD.¹

Statistics from HUD’s 2013 Annual Homeless Assessment Report indicate that in the January 2013 point-in-time count veterans made up 57,849 of the 610,042 homeless. The number of homeless veterans declined by 24 percent (17,760) between 2009 and 2013; and it declined by percent from 2012 to 2013. For both the veterans and the ex-offenders, ensuring the availability of stable housing at time of discharge through discharge planning is critical.

Currently, the Tennessee Valley Healthcare System offers several programs to assist homeless and displaced veterans. These programs include:

- HUD/VASH: A long-term intensive case management program for homeless Veterans. Eligible Veterans receive Section 8 housing choice vouchers allocated specifically to Veterans. This voucher is used to subsidize the cost of housing based on the Veteran’s income. Veterans receive direct and indirect assistance with case management services, such as life skill training, advocacy, clinical assessment and referrals, support and linkage to and coordination with community providers and/or resources. Counties served include: Davidson, Rutherford, Montgomery and Hamilton counties in Tennessee. The program will expand to counties in Georgia and Kentucky in the near future.
- Grant Per Diem - The mission of the VA Grant & Per-Diem program is to establish transitional housing and support services to homeless veterans, through partnerships with community agencies. The program assists homeless veterans in achieving residential stability, while increasing their skill levels and obtaining greater self-determination. Programs are recovery based (although Veterans do not have to be in recovery to participate) and assist veterans in transitioning from homelessness to an independent living environment. Services are provided in several counties in Tennessee and Kentucky. A new program will be offered soon in several counties in Georgia.
- Veteran’s Justice Outreach programs – assists Veterans who have pending legal issues. Among the services offered is a Veterans’ Court program in which Veterans convicted of minor offences receive mentoring and support services needed to address their problems and issues. The program currently exists in Davidson and Montgomery counties.

¹ Provide HUD definition of affordable housing.

- Veterans Re-entry Program – a collaborative effort between the Department of Corrections, the Division of Parole and Pardons and the Department of Veterans Affairs. The goal is to assist Veterans in federal, state, and county institutions in achieving a successful re-entry, becoming productive members of the community and reducing homelessness. The program provides comprehensive services to Veterans who are within six months of release, including transition planning prior to release, assistance in accessing services upon re-entry into the community, ongoing support and limited case management.
- Compensated Work Therapy - several programs are offered under the CWT umbrella designed to assist Veterans with employment. The programs include: (1) a vocational training program in which Veterans with a limited or poor work history are placed in temporary jobs at the VA Medical Center to help them acquire the skills and habits needed to be successful in the workplace; (2) a supported employment program that places with local employers Veterans with a diagnosed severe mental illness that limits their skills and ability to work; and (3) a community-based program that assists Veterans in finding jobs in the local community. A vocational rehabilitation counselor works with the Veteran and assists with resume preparation, job search, soft skills and interview preparation. The counselor also meets with local employers to educate the employer about the benefits of hiring Veterans and to advocate on behalf of the Veteran in an effort to place the Veteran in an employment position.
- State of Tennessee Department of Labor and Workforce Development’s Veterans Workforce Services program: works specifically with veterans to assist them in finding jobs.
- Supportive Services for Veteran Families (SSVF) – assists veterans who are homeless or in danger of becoming homeless by providing temporary financial assistance and case management services. The program assists previously homeless Veterans who are moving into housing by paying for utility and rental deposits and assisting with the first month’s rent. It assists Veterans who are in danger of becoming homeless by paying outstanding utility and rent fees. The program is funded through a VA grant and is administered by local non-profit agencies. At the moment, there are four agencies serving 50 Tennessee counties in the TVHS service area and several agencies serving counties in Kentucky and Georgia.

Continuum:

- Seasonal Emergency Shelter
- Permanent Emergency Shelter
- **Housing First entry**
- Motels (de facto)—marginally and precariously housed
- Transitional housing
- Permanent supportive housing
- Subsidized housing (voucher) or Public Housing
- Affordable Permanent Housing (Rentals)
- Home ownership (Habitat for Humanity, tiny homes, etc.)

Existing Gaps/Barriers:

- Women who are homeless in our county (with or without children) face the most significant housing gap currently. The Way of Hope facilitates emergency overnight shelter for homeless women and children through local churches. Room in the Inn provides a small number of beds for homeless families/women [is this right?]. Although there is an established program/facility for homeless men at First Baptist Church during “coldest nights” (when the temperature is below freezing), there is no such additional, unconditional capacity for homeless women.
- To successfully engage veterans and ex- offenders in accessing and managing public benefit programs and job readiness/employment-related activities, the following gaps and/or barriers must be addressed:
- Misperceptions and lack of knowledge about veterans and ex-offenders who are homeless leave the community unaware of how the needs of these groups can be met.
- The business community has not been sufficiently engaged in effectively developing job training and employability programs for difficult-to-serve populations.
- Local employers lack knowledge about incentive programs for training and hiring veterans or ex-offenders.
- There is no VA Grant-Per-Diem transitional housing in Rutherford County at the moment. Any Veteran who desires to participate in GPD programs must be willing to go to Davidson, Montgomery or another county where the program is offered.

Best Practices:

See websites on New York Housing First Program; Housing First Doesn't Work, the Homeless Need Community Support

Recommendations:

- Integrate private housing providers into the Mayor's Taskforce on Homelessness.
- Create incentives to private housing providers to integrate affordable housing units into all housing development.
- Ensure a continuum of housing that ranges from emergency shelters and transitional housing to permanent supportive housing and affordable private housing options in our community.

Goal 3: Develop, maintain, and publicize a network of services for those who are homeless or in danger of becoming homeless.

Introduction:

The recent financial and housing crises revealed that almost all members of our community are in danger of becoming homeless in case of sustained job loss and resulting loss of income. Additionally, there are those in our community who live in an interconnected web that we often term “poverty” that consists of multiple layers, often including lack of education, lack of access to medical services for physical and/or mental health, lack of transportation, and lack of mainstream benefits. Efforts to change their life circumstances require a coordinated and sustained effort from the community.

The recent economic crises also revealed how much is lost when individuals and families become homeless and how much effort is required to help that individual/family regain stable living circumstances. Our community and families will be stronger if we can work with people in danger of becoming homeless BEFORE they actually become homeless. However, these are often the people least likely to be aware of available community resources and sometimes the least likely to ask for help.

Existing Gaps/Barriers:

There is a growing population of people who are unable to access mainstream benefits due to registration on the sex offender list and/or convictions for meth production.

There is not a systematic program that provides assistance to those who are being released from institutions, including foster care, incarceration, and hospitalization. A number of agencies provide services to these groups, including Doors of Hope (men and women being released from incarceration at the Rutherford County Correctional Work Facility who have participated in its program during incarceration), St. Thomas Rutherford County social workers [is this true?], and [what organization helps our children aging out of foster care?]. Limited educational/programming space in the Adult Detention Center at 940 New Salem Highway places physical limits on the agencies that would help those in their reintegration into society.

Best Practices:

Recommendations:

- Construction of an educational annex for the men and women incarcerated at the Rutherford County Adult Detention Center to allow greater opportunity for programming that will allow them to successfully reintegrate into our community without becoming homeless or returning to incarceration.

Goal 4: Educate and engage the community to enrich their understanding of the homelessness and make people aware of the services that our community provides to the homeless (and ways they can help).

Introduction:

Existing Gaps/Barriers:

Best Practices:

Recommendations: