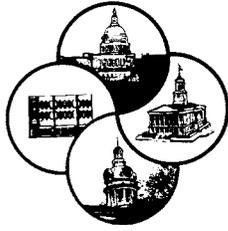# Improving Tennessee's Continua of Care with Flexible Funding, Better Data, and Greater Collaboration across the State

# TACIR
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# Improving Tennessee's Continua of Care with Flexible Funding, Better Data, and Greater Collaboration across the State

Michael Strickland, PhD
Research Manager

❖

Michael Mount, MA
Research Director

❖

Cameron Fox, MPPA
Research Associate

❖

Will Brennan, BS
Policy Research Intern

❖

Bob Moreo, MArch
Senior Research Manager

❖

Teresa Gibson
Web Development & Publications Manager

**February 2026**

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State of Tennessee
# Tennessee Advisory Commission on Intergovernmental Relations
226 Anne Dallas Dudley Boulevard, Suite 508
Nashville, Tennessee 37243

February 13, 2026

The Honorable Randy McNally
Lieutenant Governor and Speaker of the Senate

The Honorable Cameron Sexton
Speaker of the House of Representatives

Members of the General Assembly
State Capitol
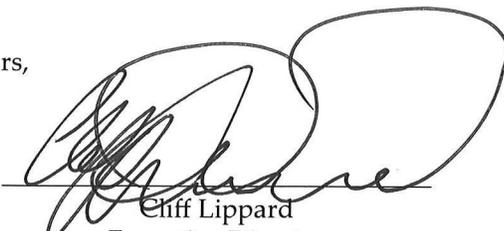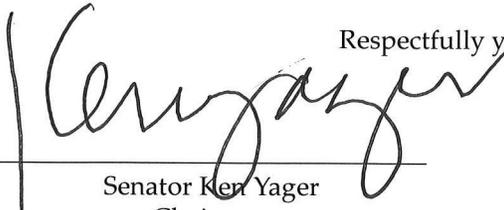Nashville, TN 37243

Ladies and Gentlemen:

Transmitted herewith is the commission's report in response to Public Chapter 445, Acts of 2025, which requested a study of the Continua of Care (CoCs) in Tennessee that pertain to homelessness services, how they might be improved, and how they compare to CoCs in other states. The commission finds that there are numerous harms associated with homelessness for those who experience it, costs to communities, and a complex variety of services required that can involve multiple state agencies. Based on these and other findings, the commission recommends

- the General Assembly appropriate funding to CoCs that may be used to cover expenses that conventional HUD CoC grants do not;

- the General Assembly appropriate funding to cover the Homeless Management Information System (HMIS) end user licenses of service providers to incentivize participation in the system by those who are not obliged to report their data by federal grant requirements;

- the General Assembly appropriate funds for the University of Tennessee's Social Work Office of Research and Public Service (SWORPS) for aggregating HMIS data from all 10 Continua of Care in the state;

- SWORPS use the data to produce dashboards that make data on homelessness more accessible, including a dashboard to display aggregated data of service needs collected by Coordinated Entry systems;

- the state reestablish a state interagency council on homelessness with representation from all 10 Continua of Care in the state as well as state agencies including, at a minimum but not limited to, the Department of Labor and Workforce Development, the Department of Mental Health and Substance Abuse Services, Department of Human Services, Department of Education, Department of Children's Services, Department of Correction, TennCare, and the Tennessee Housing Development Agency. The council would be charged with studying, testing, and promoting best practices among homelessness service providers; collating and publishing data on homelessness around the state; and facilitating communication between service providers and government agencies to streamline the provision of services to those in need; and

- the state interagency council on homelessness, once established, redevelop and streamline the state's websites for linking people to homelessness services, while also working with the CoCs to develop a common, agreed upon set of measures for Coordinated Entry to test how quickly people in need can locate, reach, and receive services, and then use that information to continually improve Coordinated Entry procedures.
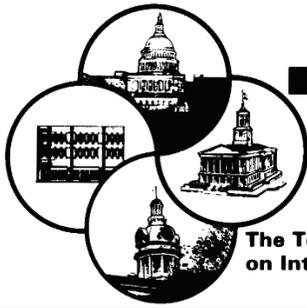
The commission approved the report on February 13, 2026, and it is hereby submitted for your consideration.

Respectfully yours,

_____
Senator Ken Yager
Chairman

_____
Cliff Lippard
Executive Director

# MEMORANDUM

**TO:** Commission Members

**FROM:** Cliff Lippard
Executive Director

**DATE:** 30 January 2026

**SUBJECT:** Public Chapter 445, Acts of 2025 (Continua of Care)—Final Report for Approval

The attached commission report is submitted for your approval. It was prepared in response to Public Chapter 445, which requested a commission study of the Continua of Care in Tennessee, how they might be improved, and how they might compare to Continua of Care in other states.

The draft report was presented for your review and comment at the December 2025 meeting. Staff has added appendix H, providing further data on Point-in-Time counts in other states, but no other significant revisions were made to the report, and the recommendations remain unchanged:

- Homelessness is associated with numerous harms to those who experience it, including deteriorations in health and an increased risk of suicide. For communities, the costs of either housing people who are homeless in emergency shelters or holding them in detention can run into the tens of thousands of dollars per person. Preventing people from losing their housing in the first place is usually far more cost-effective and beneficial for all involved, but regulations generally prohibit CoC funding from HUD being used for this purpose. Therefore, **the commission recommends the General Assembly appropriate funding to CoCs that may be used to cover expenses that conventional HUD CoC grants do not.**

- Each CoC maintains a database, called HMIS, that can help provide a fuller understanding of homelessness in a community, shedding light on such issues as

how long households are left homeless, how often they might lapse back into homelessness, or what services are used.  That information is vital for effective planning and strategizing around homelessness.  But not every local service organization can or will contribute data to HMIS, potentially leaving gaps in understanding.  To use the database, service organizations require end user licenses, which can sometimes come with a fee of up to a few hundred dollars.  Stakeholders report that where CoCs have been able to cover these license costs, they have been able to improve reporting, ensuring better data coverage.  For this reason, **the commission recommends the General Assembly appropriate funding to cover the HMIS end user licenses of service providers to incentivize participation in the system by those who are not obliged to report their data by federal grant requirements.**

- Some states have also implemented a single, statewide HMIS for all their CoCs, but Tennessee's CoCs currently operate 10 separate systems.  Stakeholders say it would be invaluable to have more integrated, state-level data on homelessness, but converting to a single HMIS comes with several costs and challenges.  As an alternative, **the commission recommends the General Assembly appropriate funds for the University of Tennessee's Social Work Office of Research and Public Service (SWORPS) for aggregating HMIS data from all 10 Continua of Care in the state.**

- Additionally, **the commission recommends SWORPS use the data to produce dashboards that make data on homelessness more accessible, including a dashboard to display aggregated data of service needs collected by Coordinated Entry systems.**

- Meeting the needs of people who are homeless requires the coordination of many stakeholders, including government agencies, and where communities elsewhere in the country have made progress on homelessness, it has often been attributed to just such coordination.  One approach for building such coordination that has been used in other states—and in Tennessee in the past—is an interagency council on homelessness (ICH).  An ICH would assemble representatives of CoCs, homelessness service organizations at large, and state agencies, and in so doing it would give them the opportunity to communicate, identify gaps in services, review data on homelessness in different corners of the state, eliminate duplication of effort, and agree on a common strategy.  **The commission recommends that the state reestablish a state interagency council on homelessness—with representation from all 10 Continua of Care in the**

**state as well as state agencies—charged with studying, testing, and promoting best practices among homeless service providers; collating and publishing data on homelessness around the state; and facilitating communication between service providers and government agencies to streamline the provision of services to those in need.**

- One of a CoC's functions is to connect people seeking help with the services appropriate for their individual needs, part of a process called Coordinated Entry. Anecdotally, though, it can be very difficult for people who are homeless to figure out where to first turn for help; websites may include erroneous links, and when calling service organizations, they may face long waits or being repeatedly referred to someone else. At least some CoCs are making efforts to try to improve their Coordinated Entry—such as refining their assessments for people's vulnerabilities and needs—but there are no commonly agreed upon or standardized measures for assessing how quick or effective the different channels for reaching Coordinated Entry are. **The commission recommends that the state ICH, once established, redevelop and streamline the state's websites for linking people to homelessness services, while also working with the CoCs to develop a common, agreed upon set of measures for Coordinated Entry to test how quickly people in need can locate, reach, and receive services, and then use that information to continually improve Coordinated Entry procedures.**

# Contents

# Summary and Recommendations:  Improving Tennessee's Continua of Care with Flexible Funding, Better Data, and Greater Collaboration across the State.

Whenever one of the thousands of Tennesseans who are homeless seeks help, there is a good chance that the service organization they are interacting with is part of a Continuum of Care (CoC).  CoCs are local or regional planning bodies of public and private service organizations established as part of a federal program overseen by the US Department of Housing and Urban Development (HUD).  They work to coordinate the efforts of homelessness service organizations, assemble data on those experiencing homelessness to track their needs, and channel funding from HUD to service organizations—in 2024, for example, CoC member organizations in Tennessee received $43.7 million in CoC funding.  Not every homelessness service provider is a member of a CoC—there are other governmental and nonprofit organizations that work in parallel with the CoC program.  But CoCs are the primary entities providing homelessness services in many parts of the state.

In the 114th General Assembly, a homelessness advocate from Maury County testified in a House committee that she had found the CoC in her area to be either difficult to reach or unresponsive, making it all the more challenging to help families get the services they needed to be rehoused.  In response, Public Chapter 445, Acts of 2025, directed the Tennessee Advisory Commission on Intergovernmental Relations to study the Continua of Care in Tennessee, how they might be improved, and how they might compare to Continua of Care in other states.  Tennessee's CoCs confront an enormous, shared challenge with limited resources and less coordination than may be needed.  As it is, CoCs are not able to fully meet the needs of every individual and family that becomes homeless, so greater coordination is essential to make the best use of the resources available.  With the support of the state, the CoCs could achieve more on homelessness prevention, share data more easily, streamline the provision of services, and collaborate with outside organizations and government agencies to align on strategies and priorities.

## Continua of Care operate within the bounds of HUD requirements.

Each CoC in the country covers a specific geographic area.  Tennessee has 10 CoCs, ranging in size from a single county (as in Davidson, Knox, Rutherford, and Shelby Counties) to 23 counties in the West Tennessee CoC (see map 1).  HUD gives the CoCs considerable leeway in deciding their own governance structures, but each is required to have one member organization that serves as the CoC's Collaborative Applicant, which assists

CoCs are local or regional planning bodies of public and private service organizations established as part of a federal program overseen by the US Department of Housing and Urban Development (HUD).

with the CoC's grant application process to draw down funding from HUD. There must also be an organization responsible for Coordinated Entry, a process of assessing each person that comes in seeking services so that, at least ideally, they can be referred to the appropriate services. And finally, an organization must manage the CoC's Homeless Management Information System (HMIS), a database for information about clients and the services they receive, so that the CoC can track how many people are in need of services. A single organization can serve all three roles, or they may be held by different organizations.

**Map 1. Tennessee's CoCs**
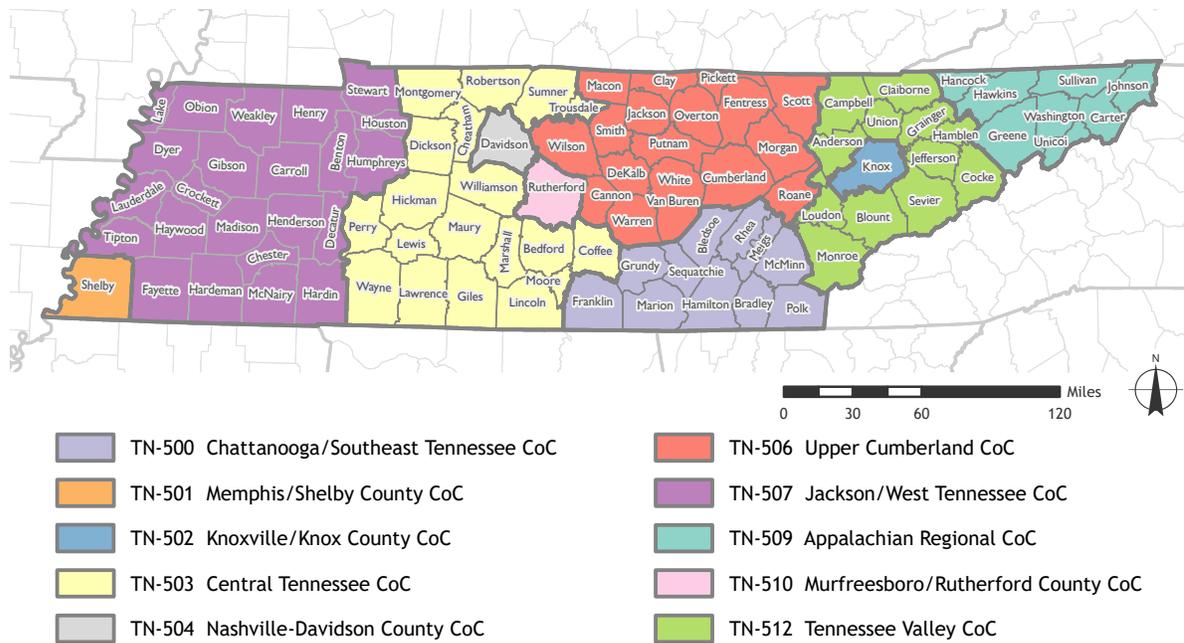


TN-500 Chattanooga/Southeast Tennessee CoC
TN-501 Memphis/Shelby County CoC
TN-502 Knoxville/Knox County CoC
TN-503 Central Tennessee CoC
TN-504 Nashville-Davidson County CoC
TN-506 Upper Cumberland CoC
TN-507 Jackson/West Tennessee CoC
TN-509 Appalachian Regional CoC
TN-510 Murfreesboro/Rutherford County CoC
TN-512 Tennessee Valley CoC

Source: TACIR staff analysis of data from the US Department of Housing and Urban Development.

**Strategies for Addressing Homelessness Beyond the CoCs**

The current study was directed to look at CoC operations and how they might be improved. But the mission of the CoCs, of course, is ultimately to effect a reduction in homelessness, and there are other measures that might be beneficial to that end but do not necessarily involve the CoCs. For example, past research suggests that housing affordability is the crux of the problem for many who become homeless, and as laid out in the commission's 2024 report *Reducing the Burden: Increasing Housing Supply to Lower Housing Costs*, the state and local governments have means for improving housing affordability by boosting the supply of housing, which would then directly slow the rate at which Tennessee households flow into homelessness. Stakeholders also shared other options, such as automatically sealing eviction records until cases are decided or expunging them after a set number of years.

## Additional funding could help Continua of Care prevent homelessness before it occurs.

Homelessness can exact a heavy toll, both on those who go through it and on their communities at large. Research has shown that when people become homeless, they are far more likely to succumb to substance abuse later on, suffer assault and traumatic brain injuries, develop age-related diseases at accelerated rates, and end up in an emergency room for attempted suicide. For communities, this can generate inordinate demands and costs for emergency shelters, hospitals, and other institutions—so much so that various studies have found that getting someone rehoused, even when it requires financial assistance, often saves a community money in the long term.

When possible, therefore, preventing someone from becoming homeless is better than trying to resolve it after the fact. As one CoC representative put it, helping someone who is falling behind on their rent before the problem balloons into an eviction order might mean the difference between $500 and $5,000 in final costs and is almost always less than the full costs of trying to help once they are homeless. Research indicates that providing financial assistance to prevent eviction can greatly reduce the rate at which households become homeless, with one study finding that it reduced the likelihood of a household entering an emergency shelter by 88% and another showing it made households that were vulnerable to eviction five times less likely to be homeless six months later.

But HUD's funding to CoCs generally cannot be used for homelessness prevention services. Only a select few other funding sources exist that can be applied to prevention, and they are generally much smaller and may be reserved for specific groups, like those leaving incarceration. In short, there is no significant federal or state source of funding for prevention efforts. Therefore, **the commission recommends the General Assembly**

> When possible, preventing someone from becoming homeless is better than trying to resolve it after the fact, but HUD's funding to CoCs generally cannot be used for homelessness prevention services.

**appropriate funding to CoCs that may be used to cover expenses that conventional HUD CoC grants do not.**

## *More complete data could provide a fuller picture of homelessness across the state.*

Effective planning for services around homelessness depends on having a clear, multidimensional picture of the population experiencing homelessness, and that is not easy to piece together. According to one commonly cited measure, for example, there were 8,280 people who were homeless in Tennessee in 2024—but that result comes from the Point-in-Time (PIT) count, which is a snapshot survey conducted on a single night each year. In reality, while some people may be homeless for years, others slip in and out of homelessness over shorter periods, and the data collected by CoCs in their HMIS databases show there are thousands more people who are homeless over the course of a year than are ever captured in the one-night PIT count. For 2024, in fact, HMIS data among Tennessee's CoCs showed 14,483 people who stayed in emergency shelters and were registered with their CoC.

This is just one example of how HMIS data can help to give a fuller understanding of the scale and nature of homelessness in a community— the data can also illuminate how many people are becoming homeless over time, how long it takes different types of households to get rehoused, and how often people relapse into homelessness, all of which can help policymakers identify patterns in homelessness and see where resources may be most needed. But, crucially, not every service organization participates in its CoC or reports data on whom it serves to an HMIS, which may leave gaps in the data. HUD does evaluate CoCs based on how many service organizations in their area participate in HMIS, so they are incentivized to encourage it. But to use an HMIS, service providers must obtain end user licenses, for which some CoCs charge fees to help defray the cost of the HMIS, and that may pose a barrier for some service organizations. Some CoCs in Tennessee and in other states cover the cost of end user licenses for service organizations and say that doing so helps to encourage more reporting, though state funding may be needed to achieve greater participation in Tennessee. For this reason, **the commission recommends the General Assembly appropriate funding to cover the HMIS end user licenses of service providers to incentivize participation in the system by those who are not obliged to report their data by federal grant requirements.** Using a combination of federal and state funds, the Oregon Housing and Community Services office got close to 100% participation by paying all the user licensing fees to the vendor for the HMIS.

Some states have implemented a single statewide HMIS for each of their CoCs to use. Stakeholders in these states report there is value for

For 2024, HMIS data among Tennessee's CoCs showed 14,483 people who stayed in emergency shelters and were registered with their CoC.

both service provision and for planning and evaluation at a state level in having a single statewide HMIS. But stakeholders also cite multiple challenges to getting every CoC to migrate to a new HMIS, including the expense and effort of migrating to a new system, the possible loss of customizability, and the need for service organizations to invest significant time in retraining for the new system. Pulling data from each CoC's HMIS while leaving each system separate would instead allow for greater data integration without the need to change the systems that CoCs currently use. The University of Tennessee's Social Work Office of Research and Public Service (SWORPS) already helps run Knox County's HMIS and is willing to integrate Tennessee's homelessness data; though they would not require additional staff, they say the task could require added funding. **The commission recommends**

- **the General Assembly appropriate funds for the University of Tennessee's Social Work Office of Research and Public Service for aggregating HMIS data from all 10 Continua of Care in the state and**

- **SWORPS use the data to produce dashboards that make data on homelessness more accessible, including a dashboard to display aggregated data of service needs collected by Coordinated Entry systems.**

## Continuum of Care effectiveness hinges upon the cooperation of all stakeholders in homelessness services.

The challenges facing CoCs and individual service organizations when helping those who are homeless are considerable. The population of those experiencing homelessness is varied, fluid, and has a multitude of layered needs that can range well beyond housing. They may have deferred medical needs. They may need assistance with finding employment or job training or with transportation to a job if they have one. They may need legal aid, help with childcare, new IDs or documents—because theirs have been lost or stolen—or help with necessities like clothing or toiletry items. Meeting these many sundry needs—and for CoCs to fulfill their mission—requires the involvement of a wide range of organizations, from clinics to public housing authorities to state agencies and more. Yet that alone is not enough. When looking at other places around the country that have made strides in reducing homelessness such as Houston or Salt Lake City, stakeholders say that the key to success is not just resources, or participation, or any one process, but something more abstract: political will, dynamic leadership, alignment on strategy, or just simply coordination.

Part of the CoCs' purpose, of course, is to bring some coherence to the efforts of so many different service organizations around a shared vision, and at least some of Tennessee's 10 CoCs have forged relationships with outside

*Meeting the needs of people experiencing homelessness requires the involvement of a wide range of organizations.*

groups, local governments, or regional organizations like the development districts. But all the same, the landscape of private organizations and government agencies that work on homelessness remains fragmentary, and there is no formalized state-level coordination.

One means for building such coordination that has been used in other states—and in Tennessee in the past—is an interagency council on homelessness (ICH). An ICH would assemble representatives of CoCs, homelessness service organizations at large, and state agencies, and in so doing, it would give them the opportunity to communicate, identify gaps in services, review data on homelessness in different corners of the state, eliminate duplication of effort, and agree on a common strategy. **The commission recommends that the state reestablish a state interagency council on homelessness with representation from all 10 Continua of Care in the state as well as state agencies including, at a minimum but not limited to, the Department of Labor and Workforce Development, the Department of Mental Health and Substance Abuse Services, Department of Human Services, Department of Education, Department of Children's Services, Department of Correction, TennCare, and the Tennessee Housing Development Agency. The council would be charged with studying, testing, and promoting best practices among homelessness service providers; collating and publishing data on homelessness around the state; and facilitating communication between service providers and government agencies to streamline the provision of services to those in need.**

Improvements to the Coordinated Entry process that CoCs use could also be beneficial. The service provider whose concerns led to the commission study was frustrated in part because she was unable to easily reach anyone when calling the Coordinated Entry hotline for her area. Anecdotally, it can be very difficult for people who are homeless to figure out where to turn for help; websites may include erroneous links, and when calling service organizations, they may face long waits or being repeatedly referred to someone else. Coordinated Entry, when done well, is intended to help individuals navigate the process of getting connected with services.

Stakeholders say that Coordinated Entry should ideally function as a form of triage, with intake specialists making immediate referrals for services rather than merely logging client information, but this does not always happen. And people who are either experiencing homelessness or on the verge of it are often in crisis and generally do not have the time or bandwidth to do meticulous research on different service options. As a result, there may be value in trying to improve Coordinated Entry: consolidating the hotlines and online portals for accessing it, redesigning those access points to make them easier to find as well as minimize the amount of time that people must spend on them, streamlining what may sometimes be confusing arrays of options, and reducing the number of

Stakeholders say that Coordinated Entry (i.e., entry into the services system) should ideally function as a form of triage, with intake specialists making immediate referrals for services rather than merely logging client information, but this does not always happen.

times that someone may be redirected elsewhere. At least some CoCs are making efforts to try to improve their Coordinated Entry—such as refining their assessments for people's vulnerabilities and needs—but there are no commonly agreed upon or standardized measures for assessing how quick or effective the different channels for reaching Coordinated Entry are. **The commission recommends that the state ICH, once established, redevelop and streamline the state's websites for linking people to homelessness services, while also working with the CoCs to develop a common, agreed upon set of measures for Coordinated Entry to test how quickly people in need can locate, reach, and receive services, and then use that information to continually improve Coordinated Entry procedures.**

### Uncertainty in Federal Policy over the CoC Program

Some stakeholders have also expressed concerns about potential changes being made to the CoC program or its funding at the federal level. Earlier in 2025 there were proposals to substantially cut HUD funding, which may have entailed the virtual elimination of the CoC program. Despite that, appropriations bills for HUD that have been filed in Congress largely maintain funding for the CoC program, though neither has advanced since the summer. A HUD notice for CoC funding released in November 2025 indicated that funding for permanent supportive housing—which is intended for those who are homeless and have disabilities—would be capped at 30% of the total, down from 87% in 2025. In December and following a lawsuit challenging those changes, HUD withdrew the notice. At the time of this report, however, a new notice has not been issued, and no statutory changes to the CoC program have been made.

## Analysis:  Continua of Care

When someone becomes homeless, they are immediately confronted with the crucial question:  Where can they turn to for help?  For many, often having little savings and perhaps not even any friends or family who can lend them support, their only option may be to seek out nonprofits or other organizations that assist those who are homeless.  And when they do, they may find themselves facing a bewildering patchwork of different organizations that, while eager to help, are often already stretched to capacity trying to serve some of the thousands of others across the state who are also homeless.  Meanwhile, as housing costs have swelled and pushed ever more households into precarious positions, the strain on the homelessness services system has only intensified.  The result is that, despite the best efforts of those on all sides, many Tennesseans every day are left homeless and struggling to get back on their feet.

Many of those who interact with homelessness service organizations will also be interacting with a Continuum of Care (CoC), a local or regional body of public and private service organizations established as part of a federal program overseen by the US Department of Housing and Urban Development (HUD).  The Continua of Care in Tennessee work to coordinate the efforts of homelessness service organizations, assemble data on those experiencing homelessness and track their needs, and act as channels for funding from HUD to service organizations.  With so many different homelessness service organizations scattered around the state and no one organization being able to fully meet the needs of every individual and family that becomes homeless, some form of coordination is essential to make the best use of the resources available.  Yet while the CoCs may be the largest programs for homelessness services in most communities, they are not the only ones.  There are other federal programs related to homelessness that work separately from the CoCs; state agencies and regional organizations like the development districts and Human Resource Agencies that sometimes deal with homelessness are not always closely connected with the CoCs; and many local nonprofits do not participate in their CoC.  In short, Tennessee's homelessness service organizations, including the CoCs, face an enormous, shared challenge with limited resources and less coordination than may be needed.

In the 114th General Assembly, a constituent from Maury County testified in a House committee that, while seeking to assist families who had become homeless, she had found the CoC for her area to be either difficult to reach or unresponsive, making it all the more challenging to help those families get the services they needed to be rehoused.[1]  In response, Public Chapter 445, Acts of 2025, directed the Tennessee Advisory Commission on

> Many of those who interact with homelessness service organizations will also be interacting with a CoC.

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[1]  Bethany Torino, executive vice president, Friend Foundation, testifying to the House Health Committee, March 4, 2025.

Intergovernmental Relations to study the Continua of Care in Tennessee, how they might be improved, and how they might compare to Continua of Care in other states (see appendix A).

## *Continua of Care are designed to provide community-level coordination around homelessness services.*

The generic term "continuum of care" is used in a number of contexts, especially in the medical field, but it is also the proper name for a federal program intended to address homelessness. And yet, as in those other contexts, the name implies a kind of integration or continuity among different services, and that is exactly what the CoC program was created for.[2] Around the country, support for those who become homeless is largely the work of non-governmental organizations, many of which may be quite small and only able to address a part of the needs that any given individual or family may have. A CoC is meant to bring coherence to these efforts by community-based organizations and ensure that, as someone who is homeless moves from an emergency homeless shelter to a clinic to some other organization, there is some coordination among those different service providers to help the whole process run smoothly.

For that reason, though, the structure of CoCs can be difficult to describe. They are not so much discrete organizations themselves as coalitions of independent organizations, and their membership may consist of

> nonprofit homelessness providers, victim service providers, faith-based organizations, governments, businesses and local Chambers of Commerce, advocates, public housing agencies, school districts, social service providers, mental health agencies, Tribes, hospitals and healthcare partners, people with lived experience of homelessness, culturally-specific organizations, universities, affordable housing developers, and law enforcement.[3]

Importantly, however, membership is voluntary. Only if an organization accepts or is seeking certain types of government funding will it be required to be a part of its local CoC; otherwise, there is no obligation that a nonprofit or other organization working on homelessness be involved, and many smaller nonprofits or faith-based groups around the state may opt not to participate in their CoC.[4] And although they are established under federal law,[5] overseen by HUD, and may sometimes involve state or local governments, CoCs are not government entities, either.

> A CoC is meant to bring coherence to the efforts of community-based organizations and ensure that there is some coordination among those different service providers to help the whole process run smoothly.

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[2] US Department of Housing and Urban Development "Continuum of Care (CoC) Program Eligibility Requirements."
[3] US Department of Housing and Urban Development "Membership."
[4] Interview with Vivian Walker, homeless programs advocate, Crossville Housing Development Corporation, June 17, 2025.
[5] Specifically, the HEARTH Act of 2009.

Rather, HUD defines the CoCs as regional or local planning bodies that are meant to

- "promote a community-wide commitment to the goal of ending homelessness";

- "provide funding for efforts . . . to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness";

- "promote access to and effective utilization of mainstream programs by homeless individuals and families"; and

- "optimize self-sufficiency among those experiencing homelessness."[6]

Every CoC has a defined geographic area that it covers. Nationally, there were 385 CoCs spread across all 50 states and US territories (see map 2) as of 2024.[7] Many are formed around cities and their nearby areas, though some are more rural. Seven states have no local CoCs, and so the entire state is a single CoC by default, and some of these states are quite large geographically, such as Wyoming and Montana.[8] Another 35 states have what in HUD's parlance are called Balance of State CoCs, where any parts of the state that are not claimed by a regular CoC are relegated into one unit. Alaska is a prime example of this, where there is a single CoC based around the city of Anchorage and the entire remainder of the state is combined into a Balance of State CoC. A Balance of State CoC does not need to be contiguous either; Louisiana's is broken into four parts, for instance. A small handful of CoCs also cut across state lines, as in Iowa and Missouri. See appendix B.

Every CoC has a defined geographic area that it covers, with 385 of them nationally as of 2024.

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[6] US Department of Housing and Urban Development "Community of Care Program."
[7] TACIR staff analysis of data from the US Department of Housing and Urban Development.
[8] Ibid.

## Map 2.  National Map of CoCs
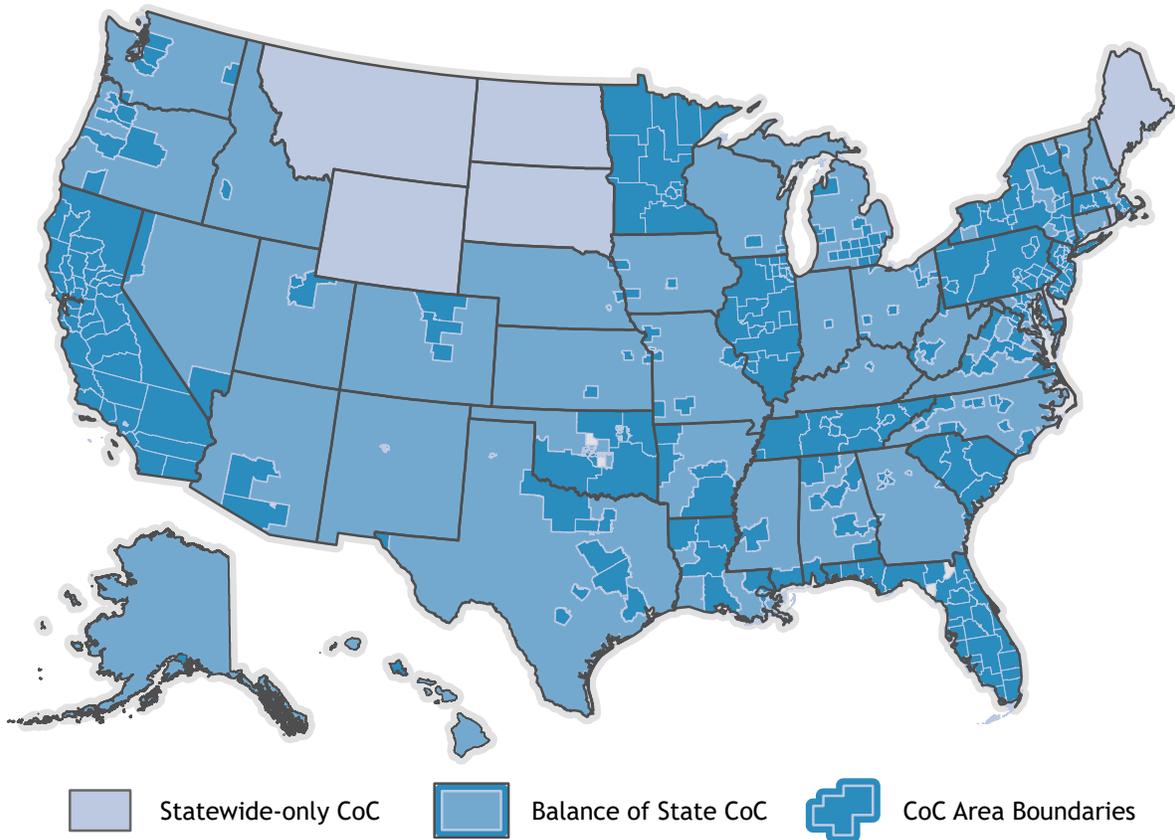


| | | |
|---|---|---|
| Statewide-only CoC | Balance of State CoC | CoC Area Boundaries |

Source:  TACIR staff analysis of data from the US Department of Housing and Urban Development.

Tennessee has 10 CoCs, four of which consist of a single county while the other six range in size from 8 to 23 counties (see map 1, reposted), and they are coded by the state abbreviation and then a number.  Which CoC each county in Tennessee belongs to is listed in appendix C.  Note that because of reconfigurations of the CoCs over time, the numbering is not sequential; therefore, there is currently no TN-505, TN-508, or TN-511.

**Map 1 (Reposted).  Tennessee's CoCs**
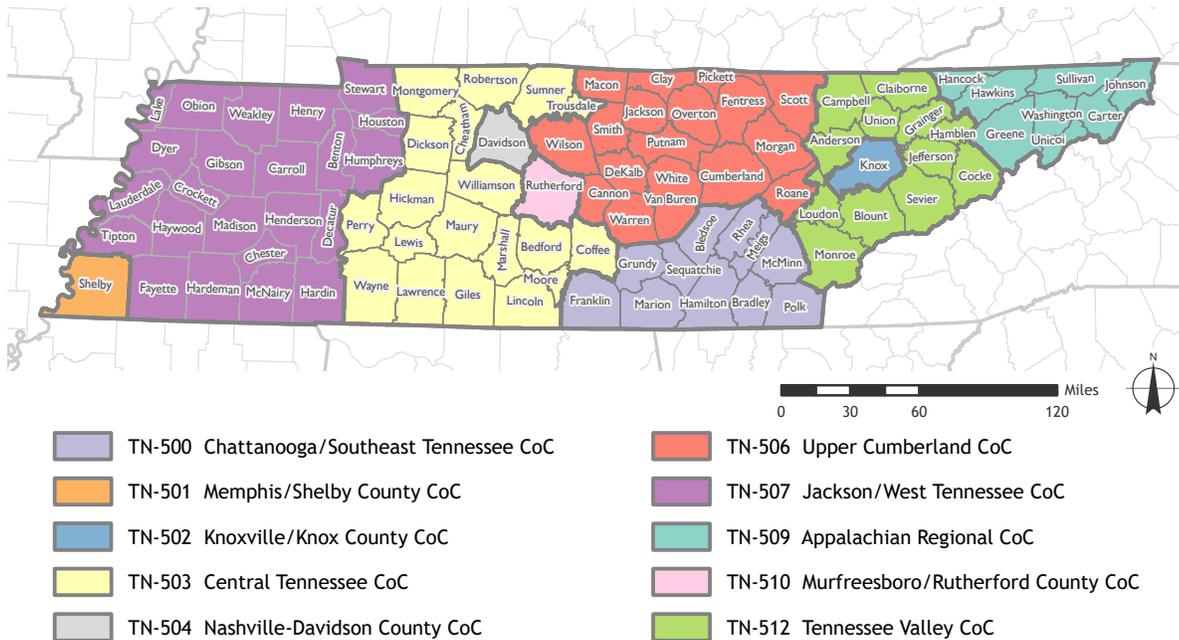


| | | | |
|---|---|---|---|
| TN-500 | Chattanooga/Southeast Tennessee CoC | TN-506 | Upper Cumberland CoC |
| TN-501 | Memphis/Shelby County CoC | TN-507 | Jackson/West Tennessee CoC |
| TN-502 | Knoxville/Knox County CoC | TN-509 | Appalachian Regional CoC |
| TN-503 | Central Tennessee CoC | TN-510 | Murfreesboro/Rutherford County CoC |
| TN-504 | Nashville-Davidson County CoC | TN-512 | Tennessee Valley CoC |

Source:  TACIR staff analysis of data from the US Department of Housing and Urban Development.

Federal law and HUD regulations give CoCs some leeway in deciding how to govern themselves, such as setting up committees as needed and establishing bylaws for their membership and boards.  Thus, there is no one standardized way in which CoCs operate or for how they are structured. Yet there are some requirements that all CoCs must fulfill, including several key roles that must be taken on by one member organization or another, notably the Collaborative Applicant, Coordinated Entry lead, and a lead for the Homeless Management Information System (HMIS).[9]

The Collaborative Applicant is a member organization appointed by and out of the CoC's general membership to apply for and manage the HUD grant for the CoC's planning purposes.  It is also entrusted with handling the grant applications of the other member organizations of the CoC. The CoC program provides competitive grants that nonprofits and other eligible organizations can apply for to support their homelessness services, and one of the duties of the Collaborative Applicant is to help compile and prioritize the funding applications of other member organizations and then submit them to HUD for consideration.[10]

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[9]  US Department of Housing and Urban Development "Continuum of Care (CoC) Program Eligibility Requirements."
[10]  24 CFR Part 578.

Beyond organizing funding, one of the other major functions of a CoC is to bring some coordination and cohesion to homelessness services provision, and to that end, every CoC is mandated to have a process for what is called Coordinated Entry. When an individual or family connects with a homelessness service organization, the intention is that their personal needs should be assessed, and they can then be prioritized and referred to appropriate services based on those needs.[11] Coordinated Entry (i.e., entry into the services system) means that no matter which organization someone connects with, they will be assessed and prioritized by a common set of standards and methods shared across the CoC.[12] One organization within the CoC must be appointed as the lead for Coordinated Entry, though it may be the same one that serves as the Collaborative Applicant.

Information collected on those who go through Coordinated Entry is then logged in a Homeless Management Information System (HMIS), a database that HUD requires each CoC to maintain. HUD has not actually built a database for CoCs to use, though.[13] Instead, it only sets certain data requirements and standards for how an HMIS must work. Private vendors have then produced HMIS software that meets those common data standards, and CoCs must contract with them to use that software. But despite the data standards laid out by HUD, there can be enough differences between vendors' software that the HMISs of separate CoCs cannot always connect directly or seamlessly.[14]

> **Coordinated Entry means that no matter which organization someone connects with, they will be assessed and prioritized by a common set of standards and methods shared across the CoC.**

## *The realities of homelessness create complexity for how Continua of Care and service providers operate.*

Because addressing homelessness is the CoCs' reason for being, understanding something of homelessness—the state of it in Tennessee, what drives it, what effects and costs it has on all sides—is necessary to understand why the work of the CoCs is so often more complex in practice than might be expected.

### The population of those experiencing homelessness is extremely fluid and difficult to measure.

One of the responsibilities that CoCs are charged with is to conduct an annual count of how many people are homeless within their area. Knowing

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[11] Interview with Gabe Cline chief clinical services and operations officer, Volunteer Ministry Center, Knoxville, July 31, 2025.

[12] Interviews with Beth Shinn, professor, Department of Human and Organizational Development, Vanderbilt University, May 8, 2025; and Gabe Cline chief clinical services and operations officer, Volunteer Ministry Center, Knoxville, July 31, 2025.

[13] US Department of Housing and Urban Development "Continuum of Care (CoC) Program Eligibility Requirements."

[14] Interview with Kevin Riggs, executive director, Williamson County Homeless Alliance, Eric Boucher, office manager, Williamson County Homeless Alliance, Deb Little, executive director, Pathways MISI, and Sherri Allen, community services specialist, Pathways MISI, May 14, 2025.

the size of the population is of course essential for proper planning and determining what funding and resources may be needed. And for years, the approach used nationwide has been the Point-in-Time (PIT) Count, which is conducted for a single night in January each year.[15] Emergency shelters and other places that provide accommodation to people who are homeless report head counts of how many people are staying with them that night to the local CoC, but accounting for those who may be sleeping elsewhere—on the street, in their cars, in abandoned buildings or secluded areas, and so forth—is much harder and requires mobilizing volunteers who will go out and try to identify as many people as they can.[16]

In 2024, the PIT count officially recorded 8,280 people as homeless in Tennessee.[17] But the PIT count only sets a lower bound, as many of those who may be sleeping unsheltered can be missed in the count.[18] An experiment in New York City some years ago sought to check the accuracy of the PIT count in two ways: first, by planting volunteers on the street to appear as homeless—although always in a visible location—to see whether the PIT counters would spot them and, second, by interviewing people at emergency shelters and soup kitchens to estimate how many had been sleeping in out-of-the-way locations on the night where they would have been missed. In the first case, 71% of the volunteers posing as homeless were spotted and counted, suggesting a sizable share of those sleeping on the street might be overlooked. In the second, only 70% of those interviewed reported having slept in an area where the volunteer counters might have found them; others had chosen less conspicuous places, such as abandoned buildings or behind bushes. Altogether, the researchers estimated that about half of those sleeping outside of emergency shelters could be missed in the PIT count.[19]

But even if the PIT count managed to capture everyone, it is only a snapshot based on a single night. In reality, there is a continual flow of people in and out of homelessness, and while some people may end up homeless for years, others may experience it for relatively brief (but sometimes recurring) episodes of a few months at a time.[20] As one national organization describes it: "Homelessness is a dynamic, person-specific problem that changes from night to night and from person to person."[21] Therefore, when CoCs tally up the number of those in their HMIS over a given year, it regularly exceeds the PIT count result and often by a wide margin. For instance, in 2024 Nashville had a PIT count of 2,094 in total, of which 1,369 were sleeping in some kind of emergency shelter for that night;

In 2024, the PIT count officially recorded 8,280 people as homeless in Tennessee. But the PIT count only sets a lower bound, as many of those who may be sleeping unsheltered can be missed in the count.

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[15] 24 CFR Part 578.
[16] US Department of Housing and Urban Development 2014.
[17] De Sousa and Henry 2024.
[18] Interview with Beth Shinn, professor, Department of Human and Organizational Development, Vanderbilt University, May 8, 2025.
[19] Shinn and Khadduri 2020.
[20] Ibid.
[21] Community Solutions 2019.

however, the HMIS count of those who stayed in an emergency shelter at any time over the entire year (and so excluding unsheltered homelessness) was 3,159, or more than twice as many.[22]  Similarly, while Knox County had a PIT count of 899 in 2024, the actual daily average of people who were homeless was again almost twice as high at 1,751.[23]  All told, HMIS counts totaled 14,483 people across Tennessee in 2024 (see appendix D).[24]

This difference between the snapshot of the PIT count and the overall flow in and out of homelessness is essential for understanding the true scale and nature of the issue, and homelessness will ultimately affect many more people over a lifetime than can be captured at any one point in time.[25]  A 2017 study found that among those aged 18 to 25 in the US, 5.2% were explicitly reported as homeless at some point over a 12-month period.[26]

There are still other difficulties, one of which is that the definition of who is or is not homeless is not so straightforward as it might seem.  HUD itself marks out four separate categories of homelessness:

- Category 1:  Literally homeless, defined as lacking a "fixed, regular, and adequate nighttime residence";

- Category 2:  Imminently homeless, meaning that someone will lose their housing within 14 days;

- Category 3:  Unaccompanied youth (those under 25 years of age) or families with children or youth who would be counted as homeless under one of several other federal statutory definitions; and

- Category 4:  Those who are rendered homeless because they are fleeing domestic violence.[27]

Each of those categories then has further layers of complexity to it.  What HUD terms literal homelessness, for instance, covers

- those staying at night in places "not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground";

- those residing in a homeless emergency shelter; and

> Homelessness, as defined by HUD, will ultimately affect many more people over a lifetime than can be captured at any one point in time.

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[22]  Megan Vickers, HMIS education, training, and oversight coordinator, Nashville Office of Homeless Services, speaking at the 2025 Nashville State of Homelessness Symposium; and HUD PIT count data 2024.

[23]  KnoxHMIS 2024.

[24]  TACIR staff analysis of US Department of Housing and Urban Development data.

[25]  Shinn and Khadduri 2020.

[26]  Morton et al. 2017.

[27]  24 CFR Part 578.

- those who are exiting an institution after a stay of no more than 90 days and who resided in either of the two conditions above before entering the institution.[28]

Within those three conditions there are still more qualifications and ambiguities that have to be parsed out. For example, the HUD definition does not count someone as homeless when they are living in a hotel or motel unless the cost is being paid by a government agency or charitable organization.[29] Otherwise, they are not considered to be homeless, even if the reason they are staying in a motel is because they do not have the economic means to secure regular rental housing (although they could be considered at risk of homelessness). Or, someone is counted as homeless if they are living in their car, but living in an RV or camper becomes a gray area and requires consideration of the exact living conditions.[30] There are also sometimes scenarios, especially in rural areas, where someone might be deemed homeless under the HUD definition because their lodging lacks electricity or running water (thus not meeting the condition of "adequate" housing), but they may not see themselves as homeless.[31]

As complex as it may be, HUD's definition is narrower than some others. The category 3 homelessness noted above alludes to other official definitions that can be more expansive. The McKinney-Vento Act, for instance, offers an alternative definition—though it does not apply to adults—that extends to those who, because of economic hardship, are either living in hotels or motels or are "doubled up," meaning that someone who has lost their own housing is temporarily residing with friends or relatives.[32] In Tennessee for the 2022-23 school year (the most recent year for which data is available), there were 22,567 students who were identified as homeless—far more than what the PIT count found across all age groups. Much of the reason for this difference appears to come down to the contrasting definitions, as under the McKinney-Vento student count, 90% of all students who were homeless were either doubled up or living in hotels or motels, suggesting that this is a far more common phenomenon than either staying in an emergency shelter or being left without shelter at all. See figure 1. (For a sample McKinney-Vento questionnaire for identifying students who may be homeless, see appendix E).

While Knox County had a PIT count of 899 in 2024, the actual daily average of people who were homeless as counted in the HMIS was almost twice as high at 1,751.

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[28] 24 CFR Part 578.
[29] Ibid.
[30] US Department of Housing and Urban Development 2019a.
[31] Interview with Rosanne Haggerty, president, and Melanie Lewis Dickerson, deputy chief program officer, Community Solutions, July 29, 2025.
[32] National Center for Homeless Education "The McKinney-Vento Definition of Homeless."

**Figure 1. McKinney-Vento Count of Students Who Were Homeless in Tennessee in School Year 2022-23 by Where They Resided**
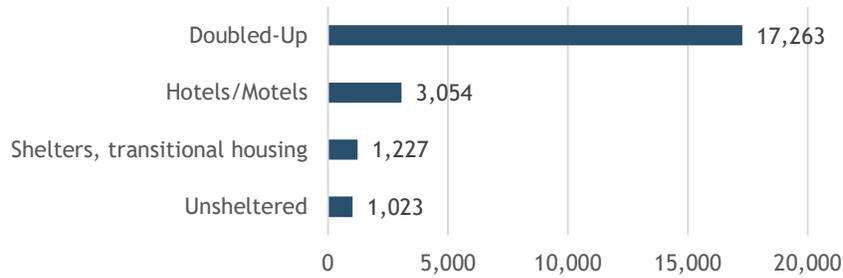


Source: TACIR staff analysis of McKinney-Vento data.

Although HUD's methodology does not allow for counting how many adults may be doubled up, one study estimated that in 2019 there may have been 3.7 million people nationally in doubled-up situations, or about 1.2% of the US population and considerably more than the 567,715 found in the PIT count for that year.[33] Doubling up may of course be preferable to either staying in an emergency shelter or being left unsheltered, and it could sometimes even be seen as a solution,[34] but it may also be untenable beyond the short term and create strains for both the host and guest.[35]

Yet the McKinney-Vento data on student homelessness in Tennessee shows a peculiar trend that illustrates a much deeper issue: For the 2022-23 school year, the number of students who were homeless broadly declined at higher grade levels (see figure 2).

**Figure 2. Number of Students in Tennessee Identified as Homeless by Grade Level under McKinney-Vento Count, School Year 2022-23**
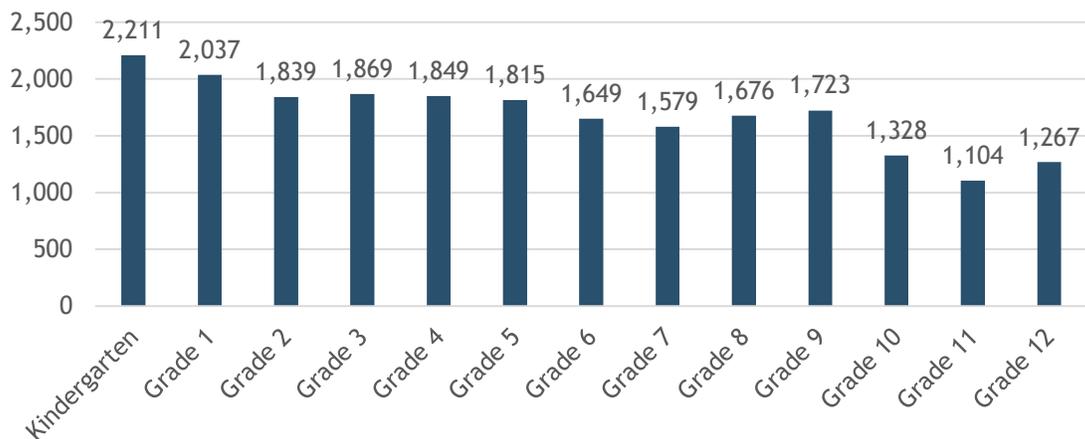


Source: TACIR staff analysis of McKinney-Vento data.

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[33] Richard et al. 2021.
[34] Interview with Ethan Frizzell, major, Salvation Army, July 8, 2025.
[35] Richard et al. 2021.

While it is impossible to verify, one suspicion is that as students grow older, they simultaneously become both more reluctant to admit that they are homeless and better at masking their homelessness.[36] As one in-depth study of homelessness among children and families put it: "Embarrassed about their homelessness, most homeless children are not open about their housing distress. Indeed, some go to great pains to deny it."[37] In fact, stakeholders reported that this is a common problem, and not just among children: Many who are homeless strive to be invisible, whether out of shame or fear. Those who have been through the foster care system and end up homeless can be very "streetwise" and know how to avoid being spotted.[38] And many adults will also conceal themselves or their homelessness, especially in rural areas where they might shelter in barns or sheds, making it easy to underestimate how widespread homelessness really is.[39]

## Homelessness affects very different subpopulations and is regularly accompanied by an array of needs beyond housing.

Everyone who becomes homeless has, by definition, a need for housing, but beyond that, everything else may be variable. Stakeholders noted that most people, if they should lose their housing, have personal supports such as family or friends that can help them to stay on their feet. Homelessness, then, is what results only when all of the safety nets someone might rely on have failed.[40] And with their personal savings likely depleted and lacking the stability of a fixed residence, otherwise manageable problems can quickly become unmanageable. For instance, when people are homeless it can be far more difficult to maintain any medications they might need,[41] and multiple studies have found that people who are homeless end up in emergency rooms much more frequently than people who are housed.[42] One stakeholder recounted a case of an individual who, while homeless, developed a staph infection; without stable housing, the condition proved

When someone becomes homeless, otherwise manageable problems can quickly become unmanageable.

[36] Interview with Vanessa Water, McKinney-Vento state coordinator, Tennessee Department of Education, July 7, 2025.

[37] Vissing 1995.

[38] Interview with Victoria Lake, director of the Community Health Institute, West Tennessee Healthcare, and Rozann Downing, consultant for the TN-507 CoC, June 10, 2025.

[39] Interviews with Kevin Riggs, executive director, Williamson County Homeless Alliance, Eric Boucher, office manager, Williamson County Homeless Alliance, Deb Little, executive director, Pathways MISI, and Sherri Allen, community services specialist, Pathways MISI, May 14, 2025; Anne Cooper, executive director, and Terry Burdett, HMIS Manager, Appalachian Regional Coalition on Homelessness, June 11, 2025; and Vivian Walker, homeless programs advocate, Crossville Housing Development Corporation, June 17, 2025.

[40] Interview with Rachel Hester, executive director, and Jeff Moles, director of formation, Room in the Inn, June 25, 2025.

[41] Interview with Rosie Cross, regional housing facilitator, Ridgeview Behavioral Health Services, July 21, 2025.

[42] Vohra, Paudyal, and Price 2022.

impossible to manage effectively, resulting in what eventually became a seven-figure medical bill.[43]

Moreover, at any given time and in any given community, those experiencing homelessness will include varying proportions of individuals and families, children and the elderly, runaway youth and those exiting foster care, those leaving the criminal justice system, people with complex mental health or other healthcare needs, domestic violence victims, and many others. And on top of these differences in personal circumstances can come differences in needs above and beyond housing that CoCs must be able to anticipate and respond to. For example, there has been a rising tide of homelessness among the elderly coinciding with the aging Baby Boomer population and with that comes a growing number of people who are not only homeless but have serious age-related health needs.[44]

The kinds of services that CoCs and their member organizations need to provide must often go far beyond just housing and can become exceedingly complex to coordinate.

For these reasons, the kinds of services that CoCs and their member organizations need to provide must often go far beyond just housing and can become exceedingly complex to coordinate. When someone goes through Coordinated Entry, they may have urgent health issues that need to be attended to, and so they may need to be referred to a free clinic or get help applying for TennCare. Someone else might need assistance applying to Temporary Assistance for Needy Families (TANF) or the Supplemental Nutrition Assistance Program (SNAP)—but before they can do that, they may also need help getting a new ID and other official documents, as these can often be stolen or lost when someone flees a domestic violence situation or has been sleeping in unsheltered areas. Many people who are homeless do hold jobs, but some may have lost their employment as well as their housing (and one may very well have contributed to the other), and then they may need help finding new employment or job training— as, of course, regaining housing can be virtually impossible without an income. If they do have a job or an offer for one but not a car, they may need help with transportation, and those with children may need childcare assistance. Some may also need legal aid or life skills training. And, not least, some may simply need clothing, toiletry items, or other basic essentials. Even housing needs can be variable, and where one household may only need some relatively short-term financial assistance to secure new rental housing on the private market (which is often done through a type of program called Rapid Re-Housing (RRH)),[45] another may require Permanent Supportive Housing (PSH), which is intended for those with disabilities and comes with longer term financial support as well as regular case management services.

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[43] Interview with Scott Foster, executive director, Janiece Milner, case management lead, Mike Dugan, director of operations, and Lance Anderson, social worker, The Journey Home, May 21, 2025.

[44] Culhane et al. 2019.

[45] US Department of Housing and Urban Development "Rapid Re-housing."

At some point, meeting these many different service needs may involve a whole slate of state agencies:

> There is an interdependence between housing, economic stability, and health. . . . There's a homeless component if you're talking to the Department of Correction or if you're talking to the Department of Mental Health and Substance Abuse Services, [if] you're talking to [the Tennessee Housing Development Agency], if we're talking to [the Department of] Disability and Aging.[46]

Yet moving and coordinating among all the different agencies and organizations is no simple task, even on the most practical level. Stakeholders quoted former Nashville Mayor Boner, who said that the job of people who are homeless is to walk:  They must cycle between so many locations, from an emergency shelter to one agency office and then another and another.[47]  This is a point that was emphasized at the commission's September 18, 2025, meeting by Representative Parkinson and Councilman Carlisle, and it is a fundamental challenge for both those experiencing homelessness and for CoCs and their member organizations.

There have been some efforts to find workarounds to this problem.  The Room in the Inn, a long-established homelessness nonprofit in Nashville with many on-site services, reported that the Tennessee Department of Safety had recently begun dispatching a "mobile unit" once a month to their location to help reissue IDs to those who had lost theirs, bringing the service to the people where they are.[48]  But it is unclear how well something like this might scale up to other places.  Relatedly, stakeholders at the Room in the Inn also reported difficulties with making SNAP applications.  A part of the application process requires scheduling an appointment through the state Department of Human Services (DHS)—another instance of having to travel, possibly on foot, to an office—but notifying applicants of their appointments can be problematic, especially for applicants who may not have a permanent address.  DHS is required by federal regulations to send appointment notices by mail; however, Room in the Inn staff say that such notices can arrive late, leading to the need to reschedule and delays.[49]  DHS staff say they are aware of the issue and have tried to simultaneously send out appointment notices by text message when possible.[50]  One option for resolving such issues would be for state agency offices to co-locate to

To reach the services they need, people who are homeless must cycle between many agency offices.

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[46]  Scott Foster, executive director, The Journey Home, speaking to the commission on September 18, 2025.
[47]  Interview with Rachel Hester, executive director, and Jeff Moles, director of formation, Room in the Inn, June 25, 2025.
[48]  Ibid.
[49]  Ibid.
[50]  Interview with Callon Baggett, assistant commissioner, External Affairs, Tennessee Department of Human Services, July 8, 2025.

make them more accessible,[51] although this may not always be feasible. DHS does try to offer a "warm handoff" and connect people with other departments when other services are needed,[52] but coordination among agencies and the many service needs of people experiencing homelessness nonetheless presents a perennial challenge.

## Other government programs that operate outside of the Continua of Care exist to address homelessness.

The beginnings of the CoC program trace back to 1994, but it was not until the 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act,[53] an amendment to the earlier McKinney-Vento Act, that it came into its modern form.[54] The HEARTH Act rolled several existing federal homelessness programs into the CoC program,[55] but in spite of that, the CoC program is still far from being the only federal program that aims to address homelessness today. These other programs in some ways complement the efforts of the CoCs, but because they all operate independently, many federally funded activities to address homelessness may not always work in concert.

Another program under HUD is the Emergency Solutions Grants (ESG) program, which disburses formula grants to states and some local governments that then award those funds to nonprofits for homelessness street outreach efforts, emergency shelters, rapid re-housing, and homelessness prevention, among some other things.[56] In Tennessee, administration of the bulk of ESG funds is through the Tennessee Housing Development Agency (THDA), with smaller portions going directly to three local governments as of 2024, namely the cities of Knoxville, Memphis, and Nashville.[57] HUD regulations stipulate that for a nonprofit to access ESG funds it must work with its local CoC and report data to its HMIS,[58] but even so, the program is technically separate from the CoC program. HUD also has other more specialized programs. HUD's Youth Homelessness Demonstration Program is designed specifically for the youth subpopulation.[59] Housing Opportunities for Persons with AIDS (HOPWA) provides grants for those with HIV and low incomes who may be experiencing homelessness,[60] while the HUD-Veterans Affairs Supportive

> Emergency Solutions Grants (ESG) is a HUD program administered by Tennessee Housing Development Agency (THDA) for emergency shelters, rapid re-housing, and homelessness prevention, among some other things.

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[51] Interview with Callon Baggett, assistant commissioner, External Affairs, Tennessee Department of Human Services, July 8, 2025.
[52] Ibid.
[53] Public Law 111-22.
[54] Blasco 2015.
[55] National Alliance to End Homelessness 2008.
[56] US Department of Housing and Urban Development "ESG Requirements."
[57] TACIR staff analysis of US Department of Housing and Urban Development 2024 funding data.
[58] 24 CFR Part 576 Subpart E.
[59] US Department of Housing and Urban Development "Youth Homelessness Demonstration Program."
[60] US Department of Housing and Urban Development "Housing Opportunities for Persons with AIDS (HOPWA) Program."

Housing (HUD-VASH) program is a partnership between HUD and the US Department of Veterans Affairs to offer housing vouchers to veterans who are homeless.[61]

HUD is not the only federal agency with homelessness service programs. Under the aforementioned McKinney-Vento Act is the Education for Homeless Children and Youth (EHCY) program that provides grants specifically for schoolchildren who are homeless.[62] Under the purview of the US Department of Education, this program requires each Local Education Agency (LEA) in Tennessee to have a homeless liaison to support students who are homeless.[63] The McKinney-Vento program recognizes that homelessness can be highly disruptive to a child's education and is intended to help remove any barriers that might prevent them from attending school. Such barriers can be small but still practically significant, as when a child might be spending nights somewhere they have no reliable access to electricity, which, among other things, might mean they cannot charge their phones and have no alarm to ensure they get to school on time.[64] One of the most commonly seen issues is transportation to and from school.[65] But there has been a recent proposal at the federal level to eliminate this program.[66] If that should happen, there would be no mandate for school districts in Tennessee to support students who are homeless, as the sole state statute on the matter is contingent on the federal code.[67]

Other programs include the Runaway and Homeless Youth program of the Family and Youth Services Bureau under the US Department of Health and Human Services,[68] as well as Projects for Assistance in Transition from Homelessness (PATH), a formula grant administered by the US Substance Abuse and Mental Health Services Administration, with grant money in Tennessee overseen by the state's Department of Mental Health and Substance Abuse Services.[69]

Among the various federal programs and funding sources that deal exclusively or mainly with homelessness, the CoC program is by far the largest as measured by funding, with some $43.7 million awarded to homelessness service organizations in Tennessee in federal fiscal year 2023-24 (see figure 3 and appendix F).

The McKinney-Vento program under the US Department of Education requires each Local Education Agency (LEA) in Tennessee to have a homeless liaison to support students who are homeless.

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[61] US Department of Veteran Affairs "VA Homeless Programs."

[62] US Department of Education "Education for Homeless Children and Youth."

[63] Interview with Vanessa Waters, McKinney-Vento state coordinator, Tennessee Department of Education, July 7, 2025.

[64] Ibid.

[65] Ibid.

[66] Ibid.

[67] Tennessee Code Annotated, Section 49-50-1702; and interview with Vanessa Waters, McKinney-Vento state coordinator, Tennessee Department of Education, July 7, 2025.

[68] Administration for Children and Families "Runaway and Homeless Youth."

[69] Tennessee Department of Mental Health and Substance Abuse Services "Projects for Assistance in Transition from Homelessness (PATH)."

**Figure 3. Comparison of Funding in Tennessee by Federal Program**
**Federal Fiscal Year 2023-24**
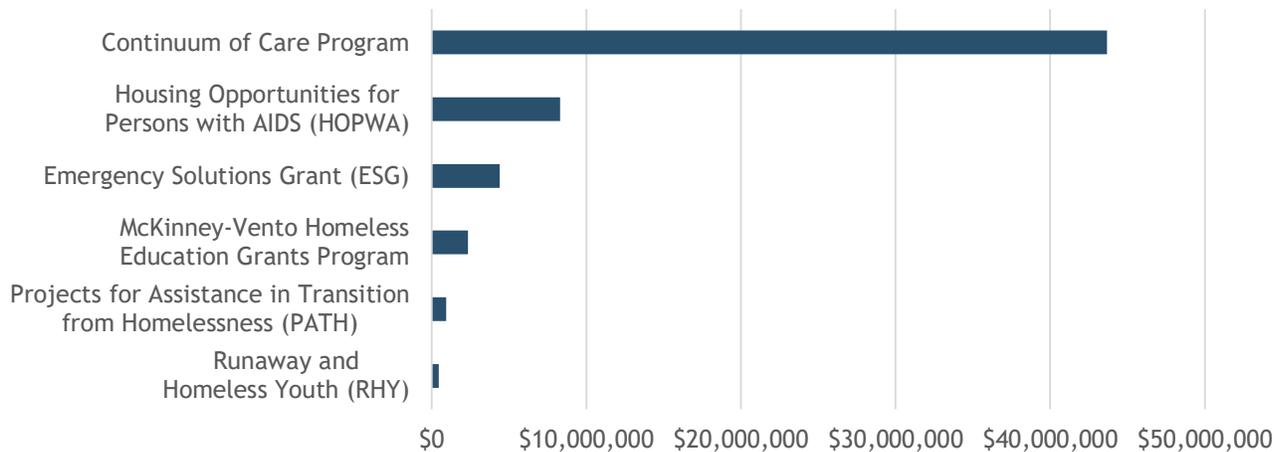


Source: TACIR staff analysis of data from US Department of Housing and Urban Development, McKinney-Vento Program, US Department of Health and Human Services, and the US Substance Abuse and Mental Health Services Administration.

A number of stakeholders, though, noted there is currently uncertainty over the future of federal policy around homelessness and proposed funding cuts.[70] One service provider, for example, said they stand to lose $100,000 in annual funding under proposed funding cuts.[71] Reduced in-kind aid is also a concern, as they reported that food donations from USDA have grown scarcer, and where food shipments traditionally were for staple items that could be used to produce meals, they are now more likely to be "walnuts or frozen apples."[72] Earlier in 2025 there were proposals to substantially cut HUD funding, which may have entailed the virtual elimination of the CoC program.[73] Despite that, appropriations bills for HUD that have been filed in Congress largely maintain funding for the CoC program, though neither has advanced since the summer.[74] A HUD notice for CoC funding released in November 2025 indicated that funding for permanent supportive housing—which is intended for those who are homeless and have disabilities—would be capped at 30% of the total, down from 87% in 2025.[75] Following a lawsuit in December, the notice was

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[70] Interviews with Erin Read, executive director, Arielle Benson, program manager, and Brittany Rosette-Jones, housing stability coordinator, Knoxville-Knox County Office of Housing Stability, May 16, 2025; and Anne Cooper, executive director, and Terry Burdett, HMIS Manager, Appalachian Regional Coalition on Homelessness, June 11, 2025.

[71] Interview with Rachel Hester, executive director, and Jeff Moles, director of formation, Room in the Inn, June 25, 2025.

[72] Ibid.

[73] Interview with Erin Read, executive director, Arielle Benson, program manager, and Brittany Rosette-Jones, housing stability coordinator, Knoxville-Knox County Office of Housing Stability, May 16, 2025.

[74] US Congress 2025a; and US Congress 2025b.

[75] Federal fiscal year 2025 Continuum of Care Competition and Youth Homeless Demonstration Program Grants Notice of Funding Opportunity, FR-6900-N-25.

withdrawn. At the time of this report, however, HUD has not issued a new notice, and no statutory changes to the CoC program have been made.

Within Tennessee there are also several state or local government entities that may have some involvement in homelessness services, though not necessarily as their central mission. The Human Resources Agencies, for example, sometimes touch on homelessness in their work,[76] as do state agencies like the Department of Correction or the Department of Human Services.[77] But most significantly, the Tennessee Department of Mental Health and Substance Abuse Services (MHSAS) has an Office of Housing and Homeless Services that operates 15 programs, supported by a mix of federal and state funding. One of its headline programs is the Creating Homes Initiative (CHI) for building permanent supportive housing. It is also responsible for the administration of PATH funds in Tennessee. Although MHSAS and other agencies have some contact with the CoCs, there is no formal or required coordination among them.[78]

## There are many drivers of homelessness, but incomes and housing costs are the leading factors.

While there may be a common perception that many people become homeless because of mental health or substance abuse problems, research has shown repeatedly that people become homeless when their income is low and homes are unaffordable. According to a survey of 1,784 homeless families across 12 communities in the United States, the most common problems for finding a place to live were not having enough income to pay rent (96.4% of respondents), not being able to pay a security deposit (93.3%), and not being employed (79.8%), while severe psychological distress (22.1%), post-traumatic stress disorder (21.6%), and drug or alcohol dependency (21.2%) were less common.[79] Similarly, when people in the Knox County CoC were asked what led to their homelessness, 41% said not being able to find affordable housing, 16% said eviction, and 11% said lack or loss of employment, while only 6% said mental health or substance abuse.[80]

Research has shown repeatedly that people become homeless when their income is low and homes are unaffordable.

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[76] Interview with Jane Hamrick, executive director, and Sharon McDaniel, community engagement lead, Mid-Cumberland HRA, July 10, 2025.

[77] Interviews with Jane Hamrick, executive director, and Sharon McDaniel, community engagement lead, Mid-Cumberland HRA, July 10, 2025; and Callon Baggett, assistant commissioner, External Affairs, Tennessee Department of Human Services, July 8, 2025.

[78] Neru Gobin, director, Office of Housing and Homeless Services, Tennessee Department of Mental Health and Substance Abuse Services, speaking to the commission on September 18, 2025.

[79] Gubits et al. 2016. The 12 communities were Alameda County, California; Atlanta, Georgia; Baltimore, Maryland; Boston, Massachusetts; Bridgeport and New Haven, Connecticut; Denver, Colorado; Honolulu, Hawaii; Kansas City, Missouri; Louisville, Kentucky; Minneapolis, Minnesota; Phoenix, Arizona; and Salt Lake City, Utah.

[80] KnoxHMIS 2024.

It is true that people experiencing homelessness have elevated rates of poor mental health and substance abuse. For example, people experiencing homelessness in California reported high lifetime rates of mental health and substance use challenges:

> The majority (82%) reported a period in their life where they experienced a serious mental health condition. More than one quarter (27%) had been hospitalized for a mental health condition; 56% of these hospitalizations occurred prior to the first instance of homelessness. Nearly two-thirds (65%) reported having had a period in their life in which they regularly used illicit drugs. Almost two-thirds (62%) reported having had a period in their life with heavy drinking (defined as drinking at least three times a week to get drunk, or heavy intermittent drinking).[81]

**Mental health or substance abuse issues may often arise as a symptom of homelessness, rather than a cause.**

But mental health or substance abuse issues may often arise as a symptom of homelessness, rather than a cause. TACIR staff analysis found that every additional 68 excessive drinkers was associated with an additional Tennessean being homeless.[82]

Other people who are at an elevated risk of homelessness include African Americans, children exiting foster care, LGBTQ youth, victims of domestic violence, people that lack social ties, and people with a physical disability or a history of homelessness or incarceration.[83] Even simple bad luck like a home being destroyed by a flood or fire can lead to homelessness.[84] But individual causes of homelessness do not explain why homelessness rates are higher in some places than others:

> In strikingly consistent fashion, none of these explanations (poverty, unemployment, mental illness, drug use, and race) explains regional variation in rates of homelessness. Homelessness is low where poverty and unemployment is greatest; neither drug use nor mental illness reliably explains regional variance; race remains an individual risk factor for homelessness that fails to explain city-to-city variation.[85]

Rather, places with greater rates of homelessness tend to combine low incomes with unaffordable housing. An analysis at the CoC level found that "housing market dynamics and the availability of affordable housing are closely tied to homelessness,"[86] and an evaluation of 53 factors found

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[81] Birkmeyer et al. 2023.
[82] TACIR staff analysis of data from the US Department of Housing and Urban Development, US Census Bureau American Community Survey 5-Year Population Estimates 2019-2023, and county health rankings. See also Heston 2023.
[83] Shinn and Khadduri 2020; McKinnon et al. 2023; and Lee, Price-Spratlen, and Kanan 2003.
[84] Shinn and Khadduri 2020.
[85] Colburn and Aldern 2022.
[86] Nisar et al. 2019.

that the ratio of median home price to median income was the best factor for predicting homelessness.[87] TACIR staff analysis seemed to confirm these results:

- A $1,000 increase in median home values was associated with an additional 46 Tennesseans being homeless.

- A $1,000 increase in median household income was associated with 361 *fewer* Tennesseans being homeless.

In addition, staff found that every additional 32 households with housing costs greater than 50% of their income (i.e., severely cost burdened) were associated with an additional Tennessean being homeless.[88]

The factors that were associated with the homelessness rate vary across Tennessee's 10 CoCs. For example, the Nashville/Davidson CoC had the highest median home value ($386,600) and the highest rate of excessive drinking (19%), the Memphis/Shelby CoC had the greatest percentage of households that are severely cost burdened (17%), and the Appalachian Regional CoC had the lowest median household income ($51,271). See table 1.

### Table 1. Continua of Care in Tennessee and Factors Associated with Greater Homelessness Rates

| Continuum of Care | Median Home Value | Median Household Income | Severe Housing Cost Burden (%) | Excessive Drinking (%) |
|---|---|---|---|---|
| Chattanooga/Southeast TN | $191,782 | $58,175 | 8.6 | 18.1 |
| Memphis/Shelby | $229,700 | $62,337 | 17 | 18 |
| Knoxville/Knox County | $279,700 | $71,662 | 11 | 18 |
| Central Tennessee | $258,237 | $68,885 | 9.1 | 18.4 |
| Nashville/Davidson | $386,600 | $75,664 | 14 | 19 |
| Upper Cumberland | $192,565 | $54,657 | 8.9 | 17.4 |
| Jackson/West Tennessee | $154,530 | $54,131 | 9.3 | 16.9 |
| Appalachian Regional | $174,338 | $51,271 | 9.4 | 17.4 |
| Murfreesboro/Rutherford | $346,400 | $82,588 | 10 | 18 |
| Tennessee Valley | $205,538 | $59,932 | 8.9 | 18 |

Note: Table presents averages of the data for each county within the given CoC.

Source: TACIR staff analysis of data from US Department of Housing and Urban Development, US Census, and Centers for Disease Control and Prevention.

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[87] Pinto, Peter, and Frizzell 2023.

[88] TACIR staff analysis of data from the US Department of Housing and Urban Development, US Census Bureau American Community Survey 5-Year Population Estimates 2019-2023, and county health rankings. See also Zillow Research 2018; and Glynn, Byrne, and Culhane 2021. All variables were significant at the 1% level. Staff also evaluated urbanicity, median rent, suicide rate, poor mental health days, and drug overdose mortality rate, but the associations were not as strong.

Other research confirms the association of housing cost burden with homelessness. Every increase in average rents of $100 in an area was associated with a 9% increase in homelessness, according to an estimate by the US Government Accountability Office.[89] Homelessness climbs with the share of income that people spend on rent and then rises even faster when the share of income spent on rent exceeds 22% and especially when it exceeds 32% of total income,[90] and median rent was better than drug use for predicting the number of homeless people in a community.[91]

In addition, some research suggests there may be a relationship between homelessness and the lack of social ties as a safety net. For example, one study found a link between homelessness and the share of single-person households in a community.[92]

## Homelessness can have a host of damaging and even fatal consequences for those who go through it.

Past research does show that substance abuse is more common among those who have become homeless, with drug overdoses being a leading cause of death,[93] many involving opioids and often in combination with other substances such as cocaine, alcohol, or heroin,[94] not to mention general increases in mortality from accidental drug and alcohol poisonings.[95] But substance abuse does not always precede homelessness; oftentimes, it follows from it. As a meta-analysis of several dozen US-based studies has shown, unstable housing or homelessness has often been found to predict later substance abuse.[96] Many of those who become homeless, after all, are fleeing traumatic experiences, but homelessness itself can also take a severe toll, both physically and psychologically.

For young people, for instance, experiencing homelessness in childhood was associated with greater odds of severe alcohol, tobacco, and cannabis use later on.[97] Children and youth who experience housing instability or homelessness are also more likely to engage in risky behaviors, to be the victims of abuse and sexual violence, and to attempt suicide.[98] For adults, there are also risks: Non-fatal injuries are more common for people experiencing homelessness, who visit the emergency room more often than low-income people who are not homeless, with falls, cold-related injury (hypothermia, frostbite), burns, poisoning (from medication and illicit substances), assaults, traumatic brain injuries, and self-harm being

Many of those who become homeless are fleeing traumatic experiences, but homelessness itself can also take a severe toll, both physically and psychologically.

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[89]  US Government Accountability Office 2020.
[90]  Zillow Research 2018; and Glynn, Byrne, and Culhane 2021.
[91]  Colburn and Aldern 2022.
[92]  Lee, Price-Spratlen, and Kanan 2003.
[93]  Baggett et al. 2013.
[94]  Ibid.
[95]  Bradford and Lozano-Rojas 2024.
[96]  Austin et al. 2021.
[97]  Moss et al. 2020.
[98]  McKinnon et al. 2023; Smith-Grant et al. 2022.

common concerns.[99]   The long-term stresses of homelessness are also associated with a broad, premature deterioration of health:  A sample of individuals who were homeless and had a median age of 58 had health conditions comparable to those aged almost 80 in the general population.[100]  And as one stakeholder noted, people living in homeless encampments often appear aged well beyond their years.[101]

Above all, homelessness is associated with greater mortality than for the general population.  A study in Boston found mortality rates among people experiencing homelessness were many times greater than for Massachusetts adults, 9 times greater for 25- to 44-year-olds, and 4.5 times greater for 45- to 64-year-olds.[102]  Younger people who are homeless die disproportionately from overdoses, suicide, and homicide, while older people who are homeless die from cancer or heart disease more than a decade earlier than for the general population.[103]  And as one large-scale study conducted through a Tennessee emergency room found, suicide is identified as a chief concern in 11% of emergency room patients who are housing insecure or homeless versus 1% for those with stable housing.[104]

### Letting people remain homeless can cost a community more than it does to rehouse them.

The costs of homelessness to individuals can then feed into costs to a community.  For example, in Rutherford County, a nonprofit reported that the county jail regularly houses about 100 homeless individuals, approximately 15% of all those detained, and this costs around $400,000 per month.[105]  In that same regard, Nashville-Davidson's jails report that approximately 20% of their detainees are homeless, costing the county $65,000 per day.[106]  Lacking an address at the start of one's probation and homelessness while on probation also account for 35% and 44% increases in recidivism risks, respectively.[107]  Similarly, the costs to a community for emergency shelter use and emergency medical care can be quite large, running into the tens of thousands of dollars per person.[108]

> The costs to a community for emergency shelter use and emergency medical care can be quite large, running into the tens of thousands of dollars per person.

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[99]   Fazel, Geddes, and Kushel 2014.

[100]   Brown et al. 2017.

[101]   Interview with April Calvin, director, and Marvin Trotter, assistant director of programs, Nashville Office of Homeless Services, July 22, 2025.

[102]   Baggett et al. 2013.

[103]   Ibid.

[104]   Ball et al. 2024.

[105] Interview with Scott Foster, executive director, Janiece Milner, case management lead, Mike Dugan, director of operations, and Lance Anderson, social worker, The Journey Home, May 21, 2025.

[106]   Correspondence with Karla West, chief of staff, Davidson County Sheriff's Office, June 16, 2025.

[107]   Jacobs and Gottlieb 2020.

[108]   Gubits et al. 2016.

In fact, the community costs of homelessness can be so high that simply paying for housing can be more cost effective. For example, with the increasing number of elderly people who are homeless and healthcare and other related service costs expected to rise, a 2019 study in Los Angeles estimated that for those 70 and older, up to $4,400 per person could be saved on service costs by placing people in housing.[109] The study also found that housing seniors who are homeless could see a 45% reduction in emergency room use and up to a 90% reduction in nursing home use in this group. Another study evaluating the effectiveness of a temporary financial assistance program administered to homeless individuals in Chicago found that one-time payments of up to $1,500 greatly reduced the likelihood of homelessness. It was also found that the estimated economic benefits exceeded the estimated costs, along with immeasurable psychological and physical benefits to the individuals.

In terms of the efficacy of different intervention types, a multi-site random assignment experiment designed by HUD to study the impact of various housing and service interventions for homeless families between 2010 and 2012, known as the Family Options study, found that a housing subsidy was more effective and less costly than providing emergency shelter ($1,172 per month versus $4,819 per month).[110] Providing housing services for homeless individuals, specifically with severe mental illness, has also proven to be less costly than providing emergency medical care and services or detaining them. A multi-system cost analysis of homelessness among individuals with severe mental illness in New York City examining the cost offsets of providing supportive housing found that, once housed, these individuals used on average fewer services (this includes health, corrections, and shelter services), for an average decline in costs of $16,200 from $40,500 initially.[111]

> Community costs of homelessness can be so high that simply paying for housing can be more cost effective.

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[109] Culhane et al. 2019.
[110] Gubits et al. 2016.
[111] Culhane 2008.

**Does Offering Homelessness Services Attract People to an Area?**

Stakeholders say there is a popular belief that if a community begins to provide services for homelessness, it will end up attracting people who are homeless from other regions or states to migrate to that community.[1]  But available evidence suggests that the great majority of people who experience homelessness remain in the same area where they lived before they lost their housing and do not move somewhere solely for the sake of potential services.

In a large-scale study in California—which has the largest population of people who are homeless in the country—it turned out that approximately 90% of those who were experiencing homelessness were already living in the state when they lost their housing, and in fact 75% had already been living in the same county.[2]  Nor is this peculiar to California.  The Southeast Tennessee CoC (TN-500) has collected data in its HMIS that shows 84.7% of its people experiencing homelessness are from the area.  Some people do move larger distances, though anecdotally this seems to usually be so that they can reunite with family and not because of any rumored quality of services.[3]  By and large, "homelessness is homegrown."[4]

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[1] Interviews with Vivian Walker, homeless programs advocate, Crossville Housing Development Corporation, June 17, 2025; and Mackenzie Kelly, executive director, and Jodie Legg, data analyst, Chattanooga Regional Homeless Coalition, June 18, 2025.
[2] Kushel et al. 2023.
[3] Interviews with Beth Shinn, professor, Department of Human and Organizational Development, Vanderbilt University, May 8, 2025; Victoria Lake, director of Community Health Institute, West Tennessee Healthcare, and Rozann Downing, consultant for the TN-507 CoC, June 10, 2025; and Gabe Cline chief clinical services and operations officer, Volunteer Ministry Center, Knoxville, July 31, 2025.
[4] Interview with Beth Shinn, professor, Department of Human and Organizational Development, Vanderbilt University, May 8, 2025.

## HUD uses PIT counts and System Performance Measures to evaluate Continua of Care.

Although HUD defines their official functions, ultimately the CoCs are in service of the goal of reducing homelessness—something that has perhaps grown increasingly challenging across the country as elevated housing costs have pushed ever more people out of their homes, ramping up the pressure on all homelessness service organizations.  And when CoCs' capacities are not a match for the rate at which people flow into homelessness, the most likely result is that homelessness increases.  In fact, the national PIT count for 2024 returned the highest number on record of people who were homeless at 771,480, an increase of 19% since 2007.[112]  Tennessee's CoCs have also come under this pressure, yet while there is room to improve, their overall performance in managing homelessness under these conditions seems to mostly be on par with other CoCs around the country.

HUD does compile data on CoCs' PIT counts and the number of beds available in their shelters, and with that basic information it's possible to

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[112] De Sousa and Henry 2024.

arrive at an estimated rate of how many people are homeless in a given CoC or state (see table 2 and appendix D).

**Table 2.  Summary Point-in-Time (PIT) and Bed Count Data for Tennessee Continua of Care as of 2024**

| CoC by Number | CoC by Name | Total Population | 2024 PIT Count | 2024 PIT Count per 10,000 Population | Total Year-Round Beds* |
|---|---|---|---|---|---|
| TN-500 | Chattanooga/Southeast TN | 716,335 | 975 | 14 | 283 |
| TN-501 | Memphis/Shelby | 922,195 | 784 | 9 | 868 |
| TN-502 | Knoxville/Knox County | 487,401 | 899 | 18 | 623 |
| TN-503 | Central Tennessee | 1,296,670 | 276 | 2 | 244 |
| TN-504 | Nashville/Davidson | 709,846 | 2,094 | 29 | 1,540 |
| TN-506 | Upper Cumberland | 618,212 | 594 | 10 | 307 |
| TN-507 | Jackson/West Tennessee | 670,076 | 819 | 12 | 32 |
| TN-509 | Appalachian Regional | 521,855 | 688 | 13 | 407 |
| TN-510 | Murfreesboro/Rutherford | 351,591 | 367 | 10 | 182 |
| TN-512 | TN Valley | 691,901 | 784 | 11 | 270 |

*In other words, beds in emergency shelters or transitional housing.

Source:  TACIR staff analysis of data from the US Department of Housing and Urban Development and US Census Bureau American Community Survey 5-Year Population Estimates 2023.

But again, the PIT count alone does not give a full picture of homelessness in a community, and for that reason, HUD also assesses CoCs based on a series of System Performance Measures (SPM).  There are seven topline SPMs, though each of them has multiple subparts that offer alternative measures of a single factor.  Notably, however, the sixth measure is not currently in use.  The seven overarching SPMs are summarized below (see table 3).  For further details on the SPMs and their sub-measures, see appendix G.

**Table 3.  Summary of CoC System Performance Measures (SPM)**

| SPM | Description |
|---|---|
| SPM 1 | The length of time that people are homeless. |
| SPM 2 | The rate at which people return to homelessness after finding housing. |
| SPM 3 | The number of people who are homeless. |
| SPM 4 | The rate of employment and income growth for people who are served by CoC-funded projects. |
| SPM 5 | The number of people who have become homeless for the first time in a given year.[1] |
| SPM 6 | Homelessness prevention and housing placement for those counted as "Category 3" homeless, i.e. youth or families who are *not* considered literally homeless by HUD's strict definition, but *are* counted homeless under another federal statute, like the McKinney-Vento definition that applies to homeless students.[2] |
| SPM 7 | Successful placements of people from street outreach into housing or the retention of permanent housing.[3] |

[1] "First time" is the phrasing used by HUD, but strictly speaking it counts those who have not been enrolled in the system within the last 24 months.  See appendix G for details on this and the other SPMs.

[2] However, no CoC has been authorized to serve Category 3 individuals, and data for this measure is therefore not included in HUD's annual summary of CoC SPMs. US Department of Housing and Urban Development "Category 3:  Homeless Under Other Federal Statutes."

[3] US Department of Housing and Urban Development 2019b.

Source:  Adapted from US Department of Housing and Urban Development "System Performances Measures."

The SPMs give some rough indication of a CoC's effectiveness in helping to get people back into housing and equip them with whatever they may need so that they can stay housed going forward.  For instance, a part of SPM 1 measures the average number of days that people stay in an emergency shelter, transitional housing, or supportive housing, which can be taken as a proxy for how quickly the CoC is able to help them get rehoused.  An elevated percentage of people who have been rehoused only to then lapse back into homelessness, as can be captured under SPM 2 (with different subparts considering the percentages at different time intervals), could give some indication that people have not received enough support to keep them stable in their new housing.  But the SPMs do have some limitations. For instance, the TN-507 CoC in West Tennessee noted that their measure of the average days spent homeless had recently hit 210.22, but this was because they had begun to work more aggressively to help chronically homeless individuals living on the street get rehoused, which brought an influx of people who had exceptional service needs into the system.[113]  In other words, there are ways that SPMs could move in seemingly the wrong direction simply by a CoC doing more proactive outreach and serving those in need.  Any standardized metrics for CoCs, like SPMs, should thus

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[113]  Victoria Lake, director of Community Health Institute, West Tennessee Healthcare, for the TN-507 Continuum of Care, speaking to the commission on September 18, 2025.

be viewed within a larger context and make allowance for the effects of on-the-ground realities that may not be easily quantifiable.

Below is a series of tables showing where each of Tennessee's CoCs stand on a sample of SPM sub-measures over a five-year period. For SPMs 1, 2, 3, and 5, lower values may be considered preferable, while for SPMs 4 and 7 higher values are. The tables are color-coded to reflect this, with green indicating better performance and yellow indicating poorer performance.

**Table 4. SPM 1, Average Days Spent in Shelter for Each Tennessee CoC Federal Fiscal Years 2020 to 2024**

|        | 2020 | 2021 | 2022 | 2023 | 2024 |
|--------|------|------|------|------|------|
| TN-500 | 89   | 49   | 45   | 52   | 64   |
| TN-501 | 111  | 65   | 69   | 78   | 76   |
| TN-502 | 89   | 73   | 81   | 91   | 86   |
| TN-503 | 148  | 105  | 80   | 108  | 83   |
| TN-504 | 197  | 171  | 91   | 88   | 96   |
| TN-506 | 80   | 70   | 162  | 94   | 168  |
| TN-507 | 95   | 66   | 116  | 20   | 34   |
| TN-509 | 42   | 59   | 49   | 48   | 52   |
| TN-510 | 71   | 60   | 63   | 177  | 158  |
| TN-512 | 85   | 33   | 58   | 53   | 63   |

Source: TACIR staff analysis of US Department of Housing and Urban Development data.

**Table 5. SPM 2, Percentage of People Who Return to Homelessness at 24 Months After Being Rehoused for Each Tennessee CoC Federal Fiscal Years 2020 to 2024**

|        | 2020  | 2021  | 2022  | 2023  | 2024  |
|--------|-------|-------|-------|-------|-------|
| TN-500 | 12.9% | 7.4%  | 14.3% | 11.7% | 10.3% |
| TN-501 | 18.2% | 31.0% | 18.7% | 24.3% | 20.8% |
| TN-502 | 13.9% | 13.1% | 12.7% | 12.5% | 13.8% |
| TN-503 | 21.6% | 12.0% | 12.4% | 6.5%  | 8.9%  |
| TN-504 | 16.5% | 13.0% | 11.4% | 14.2% | 14.6% |
| TN-506 | 5.9%  | 10.0% | 8.3%  | 4.6%  | 6.8%  |
| TN-507 | 9.2%  | 4.0%  | 7.8%  | 10.4% | 7.6%  |
| TN-509 | 14.0% | 13.0% | 15.0% | 17.4% | 10.1% |
| TN-510 | 1.3%  | 4.0%  | 1.5%  | 2.9%  | 0.0%  |
| TN-512 | 5.6%  | 8.2%  | 12.8% | 11.5% | 6.1%  |

Source: TACIR staff analysis of US Department of Housing and Urban Development data.

**Table 6. SPM 3, Count of People in HMIS
for Each Tennessee CoC
Federal Fiscal Years 2020 to 2024**

|  | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| TN-500 | 1,468 | 813 | 1,686 | 1,602 | 1,500 |
| TN-501 | 2,443 | 2,421 | 3,394 | 4,535 | 3,876 |
| TN-502 | 3,016 | 3,153 | 4,242 | 3,825 | 3,500 |
| TN-503 | 722 | 512 | 613 | 328 | 411 |
| TN-504 | 1,010 | 1,397 | 1,646 | 2,323 | 3,271 |
| TN-506 | 279 | 331 | 564 | 374 | 95 |
| TN-507 | 283 | 638 | 462 | 141 | 128 |
| TN-509 | 898 | 740 | 1,053 | 1,402 | 1,250 |
| TN-510 | 562 | 794 | 847 | 105 | 103 |
| TN-512 | 360 | 197 | 370 | 339 | 349 |

Source: TACIR staff analysis of US Department of Housing and Urban Development data.

**Table 7. SPM 4, Percentage of People Leaving
the CoC System Who Successfully Increased Their
Earned Income for Each Tennessee CoC
Federal Fiscal Years 2020 to 2024**

|  | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| TN-500 | 6.8% | 7.7% | 5.7% | 7.2% | 8.9% |
| TN-501 | 8.7% | 4.0% | 10.3% | 8.1% | 9.4% |
| TN-502 | 21.7% | 17.3% | 9.4% | 7.9% | 10.5% |
| TN-503 | 4.2% | 1.0% | 5.1% | 7.2% | 5.8% |
| TN-504 | 19.7% | 29.0% | 16.5% | 15.8% | 13.6% |
| TN-506 | 8.8% | 2.0% | 1.4% | 2.3% | 1.3% |
| TN-507 | 23.9% | 20.0% | 17.5% | 15.3% | 9.7% |
| TN-509 | 11.1% | 24.0% | 12.8% | 23.9% | 28.6% |
| TN-510 | 2.5% | 3.0% | 9.8% | 13.2% | 12.4% |
| TN-512 | 14.3% | 10.0% | 11.1% | 0.0% | 0.0% |

Source: TACIR staff analysis of US Department of Housing and Urban Development data.

**Table 8.  SPM 5, Number of People Who Were Homeless for the First Time\* in a Given Year in Each Tennessee CoC**
**Federal Fiscal Years 2020 to 2024**

|        | 2020  | 2021  | 2022  | 2023  | 2024  |
|--------|-------|-------|-------|-------|-------|
| TN-500 | 1,178 | 1,640 | 1,524 | 1,530 | 1,599 |
| TN-501 | 1,822 | 2,675 | 2,989 | 3,470 | 3,099 |
| TN-502 | 2,679 | 2,642 | 3,432 | 3,102 | 2,876 |
| TN-503 | 550   | 629   | 828   | 389   | 465   |
| TN-504 | 1,180 | 1,803 | 2,060 | 2,416 | 2,651 |
| TN-506 | 417   | 510   | 552   | 442   | 176   |
| TN-507 | 395   | 692   | 428   | 390   | 314   |
| TN-509 | 775   | 962   | 1,328 | 1,122 | 1,016 |
| TN-510 | 483   | 590   | 814   | 838   | 553   |
| TN-512 | 432   | 282   | 589   | 441   | 388   |

\*Note that "first time" only counts those who have not been enrolled in the CoC's system within the last 24 months.

Source:  TACIR staff analysis of US Department of Housing and Urban Development data.

**Table 9.  SPM 7, Percentage of People Leaving Emergency Shelter or Transitional Housing Who Went into Permanent Housing**
**Federal Fiscal Years 2020 to 2024**

|        | 2020  | 2021  | 2022  | 2023  | 2024  |
|--------|-------|-------|-------|-------|-------|
| TN-500 | 20.9% | 18.7% | 35.9% | 24.2% | 31.5% |
| TN-501 | 71.1% | 66.5% | 70.2% | 49.9% | 21.2% |
| TN-502 | 70.6% | 31.7% | 27.7% | 23.8% | 21.1% |
| TN-503 | 46.9% | 47.8% | 45.5% | 53.3% | 32.8% |
| TN-504 | 67.1% | 48.7% | 47.1% | 42.0% | 44.6% |
| TN-506 | 41.7% | 18.1% | 9.0%  | 6.0%  | 19.5% |
| TN-507 | 83.9% | 78.4% | 62.0% | 50.9% | 87.2% |
| TN-509 | 33.4% | 47.6% | 38.9% | 15.8% | 27.1% |
| TN-510 | 21.1% | 20.6% | 34.7% | 65.1% | 61.3% |
| TN-512 | 52.8% | 74.0% | 56.8% | 47.4% | 59.6% |

Source:  TACIR staff analysis of US Department of Housing and Urban Development data.

## Tennessee's Continua of Care do not appear to lag those in other states.

In Tennessee as a whole, roughly 12 people out of every 10,000 in the state were identified as homeless in the snapshot PIT count of January 2024.[114]  While this is higher than for many other states in the Southeast,

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[114]  De Sousa and Henry 2024.

it is more or less the same as the rates in Missouri and Kentucky (both had 12 people counted as homeless per 10,000 of total population under the PIT count), and it is still lower than the rate in more than half of other states nationwide, and lower than the national rate of 23 per 10,000 (see appendix H for further data on each state's PIT count for 2024).[115]

Because all CoCs in the country are assessed on the SPMs, this allows for comparisons between Tennessee's CoCs and all others in the country. Table 10 shows the ranks for the 10 Tennessee CoCs versus all CoCs in 2024 on a scale of 0 to 100, with green indicating more positive performance compared to all CoCs and yellow less positive. Based on these percentiles, in general the CoCs in Tennessee usually perform at or better than the median point of 50 for most measures, meaning that they perform better than most other CoCs on those points.

**Table 10.  Tennessee CoCs' Percentiles on SPMs\* Among All CoCs for 2024**

|  | SPM 1 (Days Spent Homeless) Percentile | SPM 2 (Return to Homelessness) Percentile | SPM 3 (HMIS Count) Percentile | SPM 4 (Income Increase) Percentile | SPM 5 (First Time Homeless) Percentile | SPM 7 (Permanent Housing Placement) Percentile |
|---|---|---|---|---|---|---|
| TN-500 | 87 | 77 | 48 | 28 | 40 | 38 |
| TN-501 | 78 | 23 | 22 | 31 | 19 | 14 |
| TN-502 | 68 | 60 | 24 | 39 | 21 | 14 |
| TN-503 | 70 | 83 | 85 | 20 | 82 | 41 |
| TN-504 | 57 | 56 | 25 | 54 | 23 | 68 |
| TN-506 | 17 | 91 | 98 | 11 | 96 | 10 |
| TN-507 | 98 | 88 | 96 | 33 | 91 | 99 |
| TN-509 | 94 | 79 | 54 | 93 | 54 | 27 |
| TN-510 | 19 | 100 | 97 | 47 | 76 | 90 |
| TN-512 | 87 | 93 | 87 | 0 | 87 | 89 |
| Tennessee CoCs >50 | 8 of 10 | 9 of 10 | 5 of 10 | 2 of 10 | 6 of 10 | 4 of 10 |

\*SPM 6 is not recorded for any CoC at present.

Note:  Percentiles show what percentage of the 385 CoCs in the United States perform worse than the Tennessee CoC. Numbers greater than 50 indicate better performance than the median performance of all US CoCs.

Source:  TACIR staff analysis of US Department of Housing and Urban Development SPM data.

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[115]  TACIR staff analysis of data from De Sousa and Henry 2024.

## *There are opportunities for Tennessee's Continua of Care to improve their performance with the help of additional funding, better data, and wider collaborations across the state.*

Homelessness remains an urgent issue for many Tennesseans.  Given the sheer complexity of the problem—the dynamic flows of people in and out of homelessness, the variable subpopulations and layered needs that they have, the patchwork of different organizations and agencies working on homelessness at every level from the local to the federal—there are many challenges and limitations to what can be done at either the state or local level.  Still, there are a select few areas where, with the concerted support of other stakeholders, the CoCs could improve their operations.

**With the concerted support of other stakeholders, the CoCs could improve their operations.**

### Homelessness prevention funding could alleviate some of the service demand on Continua of Care.

The single greatest challenge for CoCs is perhaps the sheer volume of people entering homelessness:  CoCs and their member organizations have finite resources, and even with their best efforts, if the need for services exceeds their capacity, then shortfalls are inevitable.  And, comporting with the research literature on what drives homelessness, stakeholders in Tennessee underscored time and again that housing affordability is a chief concern for addressing homelessness.[116]  As rents in even smaller cities around the state can now reach $1,800,[117] and in some places are still rising or even doubling,[118] many communities lack housing that is affordable to people with lower incomes.[119]  Indeed, it is estimated that for every 100 low-income households in Tennessee, there are only about 42 rental units within the range of what those households can afford, creating enormous pressure for all.[120]  Equally, there is often an acute lack of permanent supportive housing (PSH) for those who need on-site case management and support.[121]

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[116]  Interviews with Gabe Cline chief clinical services and operations officer, Volunteer Ministry Center, Knoxville, July 31, 2025; and Will Connelly, executive director, The Contributor, October 1, 2025.

[117]  Interview with Vivian Walker, homeless programs advocate, Crossville Housing Development Corporation, June 17, 2025.

[118]  Interview with Katelyn McGuire, executive director, Nikki Lynn, director of data management, and Kimberly Terry, administrative and data support coordinator, Tennessee Valley Coalition for the Homeless, June 17, 2025.

[119]  Interviews with Mackenzie Kelly, executive director, and Jodie Legg, data analyst, Chattanooga Regional Homeless Coalition, June 18, 2025; and Anne Cooper, executive director, and Terry Burdett, HMIS Manager, Appalachian Regional Coalition on Homelessness, June 11, 2025.

[120]  National Low Income Housing Coalition 2023.

[121]  Interview with Mackenzie Kelly, executive director, and Jodie Legg, data analyst, Chattanooga Regional Homeless Coalition, June 18, 2025.

One approach is to bolster CoCs' capacity to handle the inflow of people into homelessness. That means funding, and especially funding that can be applied to either homelessness prevention—thereby alleviating some of the pressure on CoCs from the inflow of people—or to minor, miscellaneous services not covered by other major funding sources.

Stakeholders say that funding for homelessness services is always short of the actual need, but of special concern is that most funding is dedicated for those who are already homeless, with very little available for prevention efforts.[122] Existing federal policy does not permit CoCs to use their funding on homelessness prevention unless they first qualify as a "high-performing community" (for the criteria to qualify as high-performing, see appendix I).[123] ESG funding can be used on prevention but is a much smaller total; at $4.39 million for all of Tennessee in federal fiscal year 2023-24, it was only about 10% of the state's CoC funding.[124] There have only been a handful of other federal and state funding sources that could be put towards prevention, but some of these, such as American Rescue Plan monies, have expired, while others, like Community Development Block Grants or the Tennessee Department of Correction's transitional housing program, are either only tangentially applicable or are restricted to certain subpopulations.[125] In short, there does not appear to be any significant federal or state source of funding for prevention efforts.

Whether and when to focus efforts more on "upstream" homelessness—assisting those who are at-risk of losing their housing—or on "downstream" homelessness—helping those who have been chronically homeless for years—is a fundamental policy question for homelessness services.[126] But the great majority of phone calls that CoCs receive can often be from people who are on the brink of homelessness and seeking help to keep their housing,[127] and preventing someone from becoming homeless may be a far more effective use of funds than trying to fix it after the fact.[128] As one CoC representative put it, helping someone who is falling behind on their rent before the problem balloons into an eviction order might mean

> Preventing someone from becoming homeless may be a far more effective use of funds than trying to fix it after the fact.

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[122] Interview with Katelyn McGuire, executive director, Nikki Lynn, director of data management, and Kimberly Terry, administrative and data support coordinator, Tennessee Valley Coalition for the Homeless, June 17, 2025.

[123] US Department of Housing and Urban Development "What is a High Performing Community?"

[124] TACIR staff analysis of data from the US Department of Housing and Urban Development; and US Department of Housing and Urban Development "Homelessness Prevention."

[125] Correspondence with Erin Read, executive director, Knoxville-Knox County Office of Housing Stability, TN-502 Continuum of Care, October 7, 2025.

[126] Interview with Joan Serviss, deputy director, Kirby Milner, housing strategist, and David Bridge, housing solutions specialist, Arizona Department of Housing, June 26, 2025.

[127] Interview with Vivian Walker, homeless programs advocate, Crossville Housing Development Corporation, June 17, 2025.

[128] Interview with Richard Beeland, economic development administrator, Chattanooga Office of Economic Development, and Sandra Gober, manager, Chattanooga Office of Housing and Community Investment, June 25, 2025.

the difference between $500 and $5,000 in final costs and is almost always less than the full costs of trying to help once they are homeless.[129]

One question in the past has been whether eviction prevention funding, specifically, is a worthwhile investment given that, even among those facing eviction, only a small percentage are likely to become homeless.[130] But research indicates that eviction prevention can cut the rate at which households become homeless down to a fraction.[131] One study found that financial assistance to prevent eviction reduced the likelihood of a household entering an emergency shelter by 88%.[132] Another study, which involved a randomized offer of eviction prevention assistance of about $2,000 to households who were deemed vulnerable but who were not categorized as high priority, found that six months later only 0.9% became homeless versus 4.1% of those who did not receive assistance, reducing the rate of homelessness from eviction to about a fifth of what it might have been otherwise.[133]

> Research indicates that eviction prevention can cut the rate at which households become homeless down to a fraction.

Beyond that, there are sometimes service needs that arise that are considered ineligible uses of CoC funding. These are often minor expenses, but for those who are homeless and have little to no money on hand, they can become obstacles. One stakeholder noted an example of a woman who was to start a new job, allowing her to support herself again, but was stymied by the need to pay $30 for a work uniform—and necessary though it may have been for her, this was not an eligible expenditure for CoC funding.[134] In cases such as this, some type of funding could help CoCs and their member organizations to close gaps in service needs.

## Improving Coordinated Entry would enhance Continuum of Care efficiency.

Coordinated entry is intended to act as a kind of triage process, with each person who approaches a CoC member organization for help only needing to be assessed once and then being immediately matched with and referred to the services that can best meet their individual needs.[135] But in practice, even though each person undergoes an assessment in Coordinated Entry,

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[129] Interview with Katelyn McGuire, executive director, Nikki Lynn, director of data management, and Kimberly Terry, administrative and data support coordinator, Tennessee Valley Coalition for the Homeless, June 17, 2025.
[130] Interview with Beth Shinn, professor, Department of Human and Organizational Development, Vanderbilt University, May 8, 2025.
[131] Phillips and Sullivan 2023.
[132] Evans et al. 2016.
[133] Phillips and Sullivan 2023.
[134] Interview with Carrie Patterson, manager, Louisiana Balance of State Continuum of Care, Louisiana Housing Corporation, July 17, 2025.
[135] Interviews with Beth Shinn, professor, Department of Human and Organizational Development, Vanderbilt University, May 8, 2025; and Gabe Cline, chief clinical services and operations officer, Volunteer Ministry Center, July 31, 2025.

the critical next step of matching them to services may not always happen.[136] Moreover, as the homelessness advocate who prompted the current study testified to the General Assembly, some of those seeking help may struggle to even reach homelessness service organizations on the phone, let alone get prompt access to services.[137]

Tennessee's CoCs are working to improve Coordinated Entry and ensure it fulfills its intended triage role.[138] Many have also been updating their assessment tools from an erstwhile assessment questionnaire known as the VI-SPDAT[139] to custom tools that are adapted for their local populations and their needs.[140] (For a sample Coordinated Entry form, see appendix J). They also actively seek out people who may be unsheltered and try to connect them with services (i.e., "street outreach"), even sometimes posting information in laundromats, bus stations, and other locations where people experiencing homelessness might pass through.[141]

Still, despite these efforts, many people may not know what organizations or resources exist in their community, and trying to find them can involve running into dead ends and redirection. THDA representatives, for example, say they often get contacted by people seeking help with homelessness even though it is not within THDA's remit, and so they must then refer them elsewhere.[142] And yet every "handoff" increases the risk that someone will disengage or give up.[143] As one stakeholder explained, her organization had at one point set up a table outside of their

> Many people may not know what organizations or resources exist in their community, and trying to find them can involve running into dead ends and redirection.

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[136] Interview with Gabe Cline, chief clinical services and operations officer, Volunteer Ministry Center, July 31, 2025.

[137] Bethany Torino, executive vice president, Friend Foundation, testifying to the House Health Committee, March 4, 2025.

[138] Interviews with Erin Read, executive director, Arielle Benson, program manager, and Brittany Rosette-Jones, housing stability coordinator, Knoxville-Knox County Office of Housing Stability, May 16, 2025; and April Calvin, director, and Marvin Trotter, assistant director of programs, Nashville Office of Homeless Services, July 22, 2025.

[139] The VI-SPDAT came under criticism from many sides because it had not been well designed for the actual purpose of assessing needs and inadvertently gave preference to some subpopulations over others. Interview with Beth Shinn, professor, Department of Human and Organizational Development, Vanderbilt University, May 8, 2025.

[140] Interviews with Kevin Riggs, executive director, Williamson County Homeless Alliance, Eric Boucher, office manager, Williamson County Homeless Alliance, Deb Little, executive director, Pathways MISI, and Sherri Allen, community services specialist, Pathways MISI, May 14, 2025; Erin Read, executive director, Arielle Benson, program manager, and Brittany Rosette-Jones, housing stability coordinator, Knoxville-Knox County Office of Housing Stability, May 16, 2025; Erin Floyd, director of grants and community initiatives, and Ella Weaver, vice president of collective impact, United Way of South Central Tennessee, July 15, 2025; and April Calvin, director, and Marvin Trotter, assistant director of programs, Nashville Office of Homeless Services, July 22, 2025.

[141] Interview with Kevin Riggs, executive director, Williamson County Homeless Alliance, Eric Boucher, office manager, Williamson County Homeless Alliance, Deb Little, executive director, Pathways MISI, and Sherri Allen, community services specialist, Pathways MISI, May 14, 2025.

[142] Interview with Jeremy Heidt, director of government affairs, Rebecca Carter, director of community services, Jodi Smith, housing program manager, Don Watt, chief programs officer, and Bill Lord, director of community housing, Tennessee Housing Development Agency, May 5, 2025.

[143] Interview with Lizzie Goddard, consultant, Goddard Consulting, July 24, 2025.

local eviction court to try to meet with people in urgent need of avoiding becoming homeless—only to find that people who have just received an eviction order are usually not in a state of mind to be able to even think about their next step.[144]  Simply put, people who are either experiencing homelessness or on the verge of it are often in crisis and generally do not have the time or "bandwidth" to do meticulous research on different service options.[145]

For all of these reasons, there may be value in trying to improve Coordinated Entry further:  consolidating the hotlines and online portals for accessing it, redesigning those access points to make them easier to find as well as minimize the amount of time that people must spend on them, streamlining what may sometimes be confusing arrays of options, and reducing the number of times that someone may be redirected elsewhere. And while there is no one way to achieve this, the techniques can be quite simple.  Louisiana's Balance of State CoC, for instance, has worked to simplify the ways in which people who are in need discover and reach them, and it has crafted its website to be clear and straightforward so that those who are searching online for help with homelessness know immediately that they are in the right place and can get directly to what they need without having to sift through copious overviews or wind their way through multiple page links on some larger site (see exhibit 1).[146]  The result is that the website has become their most effective tool for reaching the public.[147]

> People who are either experiencing homelessness or on the verge of it are often in crisis and generally do not have the time or "bandwidth" to do meticulous research on different service options.

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[144]  Interview with Gabe Cline chief clinical services and operations officer, Volunteer Ministry Center, Knoxville, July 31, 2025.

[145]  Interview with Elizabeth Talbert, assistant professor of sociology, Drake University, May 19, 2025.

[146]  Interview with Carrie Patterson, manager, Louisiana Balance of State Continuum of Care, Louisiana Housing Corporation, July 17, 2025.

[147]  Correspondence with Carrie Patterson, manager, Louisiana Balance of State Continuum of Care, Louisiana Housing Corporation, October 21, 2025.

**Exhibit 1.  The Louisiana Balance of State Continuum of Care Website Home Page**



I am...

experiencing or
at risk of
homelessness

a CoC member
or community
stakeholder
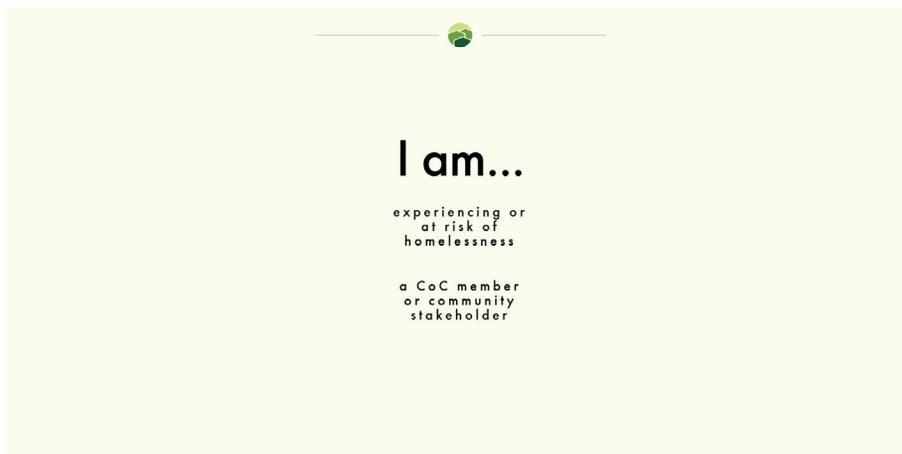
Source: Louisiana Balance of State Continuum of Care "Home Page."

## Data sharing and increased HMIS participation would better inform Continuum of Care operations and strategy.

Each CoC in Tennessee maintains its own HMIS,[148] allowing it to collect information on who is being served and how people flow through the complete system of services.  But that information stops at the CoC's boundaries:  the 10 systems across the state are not integrated, and that leaves certain blind spots in the data while also making coordination between CoCs more difficult.[149]  Yet many other states do not have this type of problem because they have a single HMIS that either covers the entire state or that is at least made available to all CoCs that wish to use it.  Georgia, Louisiana, Oregon, and Utah, for example, each have their own statewide HMIS, and Arizona is working towards one.[150]  Officials in these and other states say that having such a statewide system can be immensely valuable, in part because it allows for dashboards that can help policymakers and the public understand the state of homelessness,[151] and

> Each CoC in Tennessee maintains its own HMIS, allowing it to collect information on who is being served and how people flow through the complete system of services.  But that information stops at the CoC's boundaries:  the 10 systems across the state are not integrated, and that leaves certain blind spots in the data.

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[148]  Interview with Erin Read, executive director, Arielle Benson, program manager, and Brittany Rosette-Jones, housing stability coordinator, Knoxville-Knox County Office of Housing Stability, May 16, 2025.

[149]  Interviews with Kevin Riggs, executive director, Williamson County Homeless Alliance, Eric Boucher, office manager, Williamson County Homeless Alliance, Deb Little, executive director, Pathways MISI, and Sherri Allen, community services specialist, Pathways MISI, May 14, 2025; and Mackenzie Kelly, executive director, and Jodie Legg, data analyst, Chattanooga Regional Homeless Coalition, June 18, 2025.

[150]  Interviews with Beth Shinn, professor, Department of Human and Organizational Development, Vanderbilt University, May 8, 2025; Carrie Patterson, manager, Louisiana Balance of State Continuum of Care, Louisiana Housing Corporation, July 17, 2025; Caitlin Rodgers, assistant director of homeless performance and evaluation, and Angela Mullins, HMIS system administrator, Oregon Housing and Community Services, July 11, 2025; and Nick Coleman, assistant homelessness coordinator, Utah Office of Homeless Services, August 5, 2025.

[151]  Interview with Nick Coleman, assistant homelessness coordinator, Utah Office of Homeless Services, August 5, 2025.

because it resolves concerns about duplication of services among CoCs.[152] Within Tennessee, HMIS data has already been used to help local officials in planning and gauging the need for services and affordable housing,[153] and pooled HMIS data would help to provide a fuller picture of homelessness across the state and inform state-level strategies for addressing it.[154]

Attempting to unite all 10 of the state's CoCs under one statewide HMIS could present a number of difficulties, though. At least some CoCs would have to change HMIS vendors, and transferring data from one system to another can be a formidable, time-consuming, and expensive task.[155] It would also require each CoC to adopt a uniform set of policies and procedures for its HMIS while perhaps giving up the ability to customize their systems with features beyond the minimum HUD requirements.[156] And because nonprofits who use their HMIS must be trained on the particular system being used, any transition can come with costs for them as well. One CoC said that, based on their experience with having changed HMIS vendors in recent years, their member organizations would likely resist having to repeat the ordeal.[157] As an alternative to having a single HMIS, though, it is possible to create a data lake or something similar—essentially, a pooling of data from each system with no or minimal processing. That could achieve many of the same benefits of data sharing and aggregation across the state without the need for the CoCs to change their existing systems. The University of Tennessee's Social Work Office of Research and Public Service (SWORPS) already helps run Knox County's HMIS and is willing to integrate Tennessee's homelessness data; though they would not require additional staff, they say the task could require added funding.[158]

A related challenge for CoCs is that, while an HMIS may be the most comprehensive tool for understanding homelessness in a community, its data still might not be complete, because homelessness service organizations that are not part of the CoC might not report their data to

Within Tennessee, HMIS data has already been used to help local officials in planning and gauging the need for services and affordable housing, and pooled HMIS data would help to provide a fuller picture of homelessness across the state and inform state-level strategies for addressing it.

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[152] Interview with Brian Wilson, executive director, Alaska Coalition on Housing and Homelessness, July 8, 2025.

[153] Interviews with Erin Read, executive director, Arielle Benson, program manager, and Brittany Rosette-Jones, housing stability coordinator, Knoxville-Knox County Office of Housing Stability, May 16, 2025; and Gabe Cline chief clinical services and operations officer, Volunteer Ministry Center, Knoxville, July 31, 2025.

[154] Interview with Rosanne Haggerty, president, and Melanie Lewis Dickerson, deputy chief program officer, Community Solutions, July 29, 2025.

[155] Interview with Mackenzie Kelly, executive director, and Jodie Legg, data analyst, Chattanooga Regional Homeless Coalition, June 18, 2025.

[156] Interview with Katelyn McGuire, executive director, Nikki Lynn, director of data management, and Kimberly Terry, administrative and data support coordinator, Tennessee Valley Coalition for the Homeless, June 17, 2025.

[157] Interview with Mackenzie Kelly, executive director, and Jodie Legg, data analyst, Chattanooga Regional Homeless Coalition, June 18, 2025.

[158] Interview with Lisa Marie Higginbotham, director of field based services, Deidre Ford, director of technology and development, The University of Tennessee, Knoxville Social Work Office of Research and Public Service, and Nate First, program director, KnoxHMIS, November 8, 2025.

it, again leaving some blind spots on how many people receive which services. Although some such outside organizations do still volunteer to report their data,[159] not all can or do. For smaller nonprofits, collecting and handling the needed data can be difficult. One CoC has adapted to this by having a dedicated staff member who collects paper forms from these nonprofits and does their data entry for them.[160] At other times, small nonprofits may be put off by the cost, as HMIS access sometimes requires paying end user license fees that can amount to a few hundred dollars per year.[161] Some CoCs are able to cover at least a portion of end user license fees, though, making it essentially free for smaller service nonprofits to use the system, and those CoCs that do this report that it does help to boost participation in their HMISs.[162] Using a combination of federal and state funds, the Oregon Housing and Community Services office got close to 100% participation by paying all the user licensing fees to the vendor for the state's HMIS.[163]

## Greater coordination in and outside of the Continua of Care could enhance the effectiveness of all homelessness service organizations.

The issue of data sharing and HMIS participation is in a sense one variant of an overarching problem, which is coordination among so many stakeholders. With the legion of federal programs, state agencies, local government offices, nonprofits, faith-based institutions, charitable organizations, and so many other stakeholders that do work related to homelessness, coordinating and aligning around one strategy is a profound challenge. Yet stakeholders in and outside of Tennessee say that, where communities have made significant progress on homelessness, it is not necessarily because of any particular process or structural change, but because of the collaboration of a wide swathe of actors on a mutually agreed upon strategy and vision.[164] And for CoCs, building this kind of coordination has to take place on multiple axes: between CoC leadership and its member organizations, between CoCs and homelessness service organizations who are *not* members, and between CoCs and local and state government.

> With the legion of federal programs, state agencies, local government offices, nonprofits, faith-based institutions, charitable organizations, and so many other stakeholders that do work related to homelessness, coordinating and aligning around one strategy is a profound challenge.

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[159] The Nashville Rescue Mission, for example, which is the largest emergency shelter in the city, goes to some lengths to supply the local CoC with HMIS data. Correspondence with Joy Flores, vice president, Nashville Rescue Mission, September 11, 2025.

[160] Interview with Vivian Walker, homeless programs advocate, Crossville Housing Development Corporation, June 17, 2025.

[161] Correspondence with Nate First, program director, KnoxHMIS, September 3, 2025.

[162] Interview with April Calvin, director, and Marvin Trotter, assistant director of programs, Nashville Office of Homeless Services, July 22, 2025.

[163] Interview with Caitlin Rodgers, assistant director of homeless performance and evaluation, and Angela Mullins, HMIS system administrator, Oregon Housing and Community Services, July 11, 2025.

[164] Interviews with Beth Shinn, professor, Department of Human and Organizational Development, Vanderbilt University, May 8, 2025; and Carrie Patterson, manager, Louisiana Balance of State Continuum of Care, Louisiana Housing Corporation, July 17, 2025.

To some extent, coordination is what the CoCs are meant to provide, but multiple stakeholders noted that those who work in homelessness services tend to be "passionate" and differences of opinion can be hard to overcome.[165] Member organizations may have disagreements about CoC procedural requirements or how Coordinated Entry prioritization is handled.[166] There can be consternation over the scheduling of meetings or that CoC committees are not able to produce more decisive action.[167] And in some CoCs, there may quite simply be a perceived lack of cohesive planning and vision.[168] Still others have expressed frustration with CoC leadership that, now or in the past, they felt was not active or involved enough in on-the-ground work or that had not done enough outreach in their area.[169] Yet none of these issues is unique to Tennessee. Across the country, CoCs and homelessness service organizations work every day with people who are in dire circumstances and with resources that seem inadequate for the need. Not coincidentally, burnout is a serious issue for homelessness service organizations, as a 2023 survey reported 71% struggling with high turnover, and 69% cited worker stress from not being able to do enough to help those they were aiming to serve.[170]

CoCs are familiar with these issues and have taken some steps to try to resolve them. These include such things as reducing the number of committees to streamline operations[171] or CoC leadership taking the time to meet directly with nonprofit executives.[172] Others suggest that having one agency fill all three of the main CoC leadership roles—Collaborative Applicant, Coordinated Entry lead, and HMIS lead—helps with efficiency.[173] Another stakeholder suggested there may also be some benefit in having full-time staff working in those lead organizations rather

> To some extent, coordination is what the CoCs are meant to provide, but multiple stakeholders noted that those who work in homelessness services tend to be "passionate" and differences of opinion can be hard to overcome.

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[165] Interviews with Joan Serviss, deputy director, Kirby Milner, housing strategist, and David Bridge, housing solutions specialist, Arizona Department of Housing, June 26, 2025; April Calvin, director, and Marvin Trotter, assistant director of programs, Nashville Office of Homeless Services, July 22, 2025; and Rachel Hester, executive director, and Jeff Moles, director of formation, Room in the Inn, June 25, 2025.

[166] Interview with Scott Foster, executive director, Janiece Milner, case management lead, Mike Dugan, director of operations, and Lance Anderson, social worker, The Journey Home, May 21, 2025.

[167] Interview with Rachel Hester, executive director, and Jeff Moles, director of formation, Room in the Inn, June 25, 2025.

[168] Interviews with Beth Shinn, professor, Department of Human and Organizational Development, Vanderbilt University, May 8, 2025; and Will Connelly, executive director, The Contributor, October 1, 2025.

[169] Interviews with Gabe Cline, chief clinical services and operations officer, Volunteer Ministry Center, July 31, 2025; and Michelle Austin, director, Clarksville Neighborhood and Community Services, August 6, 2025.

[170] Moses 2023.

[171] Interview with April Calvin, director, and Marvin Trotter, assistant director of programs, Nashville Office of Homeless Services, July 22, 2025.

[172] Interview with Gabe Cline, chief clinical services and operations officer, Volunteer Ministry Center, July 31, 2025.

[173] Interviews with Anne Cooper, executive director, and Terry Burdett, HMIS Manager, Appalachian Regional Coalition on Homelessness, June 11, 2025; and Renee Cavazos, vice president of the Homeless Response System, Coalition for the Homeless of Houston/Harris County, July 18, 2025.

than part-time or volunteer workers who might get stretched thin.[174] And Houston, Texas, which has received national attention for its advances on reducing homelessness,[175] attributes part of its success to working cooperatively with member organizations to set performance standards and encourage them to concentrate on the services they do best, creating something of a division of labor.[176]

Yet internal coordination is only a part of it. Ultimately, what many stakeholders say is decisive for a CoC's success is something intangible: political will, dynamic leadership, or most simply the collaboration of a broad base of stakeholders across the community around a shared strategy.[177] CoCs are participatory entities, and there are many private and governmental organizations that work on homelessness in some fashion but do not have any affiliation with the CoC for their area. Many CoCs do try to forge connections where they can, though. They may embed homeless outreach teams in police departments[178] or offer training for sheriffs' offices on handling situations where someone is having a mental health crisis.[179] Outside of Tennessee, Utah's state Office of Homeless Services maintains an agreement with the Salt Lake City jail for data, so they can track how many inmates may be homeless and anticipate when they might be released.[180] Others communicate with public housing authorities on waitlists for housing or collaborate with Human Resource Agencies.[181] And many go to some lengths to reach out to nonprofits who are not members of the CoC. As one CoC representative said, even nonprofits that are not willing to join the CoC are usually happy to accept referrals of people needing help, and the CoC is happy to work with outside organizations in that way.[182] Tennessee's CoCs also maintain ties amongst

> Ultimately, what many stakeholders say is decisive for a CoC's success is something intangible: political will, dynamic leadership, or most simply the collaboration of a broad base of stakeholders across the community around a shared strategy.

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[174] Interview with Rosie Cross, regional housing facilitator, Ridgeview Behavioral Health Services, July 21, 2025.

[175] Greenblatt 2023.

[176] Interview with Renee Cavazos, vice president of the Homeless Response System, Coalition for the Homeless of Houston/Harris County, July 18, 2025.

[177] Interviews with Beth Shinn, professor, Department of Human and Organizational Development, Vanderbilt University, May 8, 2025; Joan Serviss, deputy director, Kirby Milner, housing strategist, and David Bridge, housing solutions specialist, Arizona Department of Housing, June 26, 2025; and Will Connelly, executive director, The Contributor, October 1, 2025.

[178] Interview with Anne Cooper, executive director, and Terry Burdett, HMIS Manager, Appalachian Regional Coalition on Homelessness, June 11, 2025.

[179] Interview with Victoria Lake, director of the Community Health Institute, West Tennessee Healthcare, and Rozann Downing, consultant for the TN-507 CoC, June 10, 2025.

[180] Interview with Nick Coleman, assistant homelessness coordinator, Utah Office of Homeless Services, August 5, 2025.

[181] Interviews with Katelyn McGuire, executive director, Nikki Lynn, director of data management, and Kimberly Terry, administrative and data support coordinator, Tennessee Valley Coalition for the Homeless, June 17, 2025; Jane Hamrick, executive director, and Sharon McDaniel, community engagement lead, Mid-Cumberland HRA, July 10, 2025; and Victoria Lake, director of the Community Health Institute, West Tennessee Healthcare, and Rozann Downing, consultant for the TN-507 CoC, June 10, 2025.

[182] Interview with Vivian Walker, homeless programs advocate, Crossville Housing Development Corporation, June 17, 2025.

themselves as they keep in regular contact with a monthly call,[183] and in the estimation of one HUD advisor they are already more collaborative than most CoCs in other states.[184]

But even so, CoC coordination with outside organizations is not as extensive as it could be. For instance, McKinney-Vento homeless education liaisons in schools have a mandate to work with their local CoCs, but they are not always very aware of or familiar with their CoC.[185] Likewise, there may be places throughout the state where CoCs lack formal ties with police departments, jails, hospitals, public housing authorities, and others. Some CoCs have direct ties with local governments and say those connections can be helpful, particularly as they allow the CoCs to keep officials informed about what services and housing may be needed in the community.[186] But elsewhere, CoCs report that they have not always been able to make connections with local governments in their coverage area.[187] And even at a national level, this seems to be a widespread issue. According to a 2020 national survey of CoCs, most said they did not have a working partnership with their local governments—although they desired more support from them—and only 14.7% said their state government played a "strong role" in their operations.[188] Such partnerships can be beneficial, though, with state and local governments providing support and coordination while CoCs offer expertise, on-the-ground knowledge, and administration. As one stakeholder in another state described it, a combination of state-level coordination with locally embedded staff—who are familiar with the communities they serve and local needs and resources—may be a "happy medium."[189]

To help provide this higher-level coordination, one mechanism that many states have adopted is an interagency council on homelessness (ICH), which can bring together a spectrum of stakeholders from in and outside of government. It provides a forum in which CoCs and homelessness service organizations at large can communicate directly with state

> To help provide this higher-level coordination, one mechanism that many states have adopted is an interagency council on homelessness (ICH), which can bring together a spectrum of stakeholders from in and outside of government.

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[183] Interview with Erin Read, executive director, Arielle Benson, program manager, and Brittany Rosette-Jones, housing stability coordinator, Knoxville-Knox County Office of Housing Stability, May 16, 2025.

[184] Interview with Jill Spangler, technical assistance point of contact, US Department of Housing and Urban Development, May 20, 2025.

[185] Interview with Vanessa Waters, McKinney-Vento state coordinator, Tennessee Department of Education, July 7, 2025.

[186] Interviews with Erin Read, executive director, Arielle Benson, program manager, and Brittany Rosette-Jones, housing stability coordinator, Knoxville-Knox County Office of Housing Stability, May 16, 2025; and Gabe Cline chief clinical services and operations officer, Volunteer Ministry Center, Knoxville, July 31, 2025.

[187] Interviews with Kevin Riggs, executive director, Williamson County Homeless Alliance, Eric Boucher, office manager, Williamson County Homeless Alliance, Deb Little, executive director, Pathways MISI, and Sherri Allen, community services specialist, Pathways MISI, May 14, 2025.

[188] Klasa et al. 2020.

[189] Interview with Caitlin Rodgers, assistant director of homeless performance and evaluation, and Angela Mullins, HMIS system administrator, Oregon Housing and Community Services, July 11, 2025.

agencies like THDA, MHSAS, DHS, or the Department of Safety, jointly identifying gaps in services and then closing them. It can also help to foster a state-level strategy on homelessness, bringing a concerted effort to, for example, eliminating veteran or youth homelessness. Tennessee itself used to have a state ICH, originally established in 2004 by executive order, which mandated representation appointed by the governor from three CoCs.[190] The state ICH was reconstituted in 2015, seemingly without CoC representation, and dissolved sometime later during the Lee administration when a federal grant funding a support staff position for the council expired.[191]

How an ICH is structured is key, though. Stakeholders caution that planning bodies on homelessness, including those like Tennessee's own past interagency council on homelessness, have often been hamstrung when the delegates who attend lack decision-making power.[192] Others recommend that any state agency or ICH working with CoCs should be charged with collaboration rather than simple compliance enforcement,[193] that the body should function more as a think tank so that it can study best practices and make ongoing changes as needed,[194] and that it be housed at a higher level of government and not "buried" within an organizational chart.[195]

## *There are strategies to address homelessness beyond the Continua of Care.*

As directed by Public Chapter 445, Acts of 2025, the present study was to concentrate on the specific question of how the CoCs in Tennessee might be improved. But as the central purpose of the CoCs and their member organizations is to resolve homelessness, the distinction between improving CoC operations and improving homelessness services in general can easily blur. If, ultimately, the desire is not just to improve the CoCs but to address homelessness itself, then there are other potential measures that transcend the question of the CoCs.

> How an ICH is structured is key, though. Stakeholders caution that planning bodies on homelessness, including those like Tennessee's own past interagency council on homelessness, have often been hamstrung when the delegates who attend lack decision-making power.

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[190] State of Tennessee Executive Order No. 21 (2004).

[191] Interview with Neru Gobin, director, Office of Housing and Homeless Services, Tennessee Department of Mental Health and Substance Abuse Services, May 15, 2025.

[192] Interviews with Rachel Hester, executive director, and Jeff Moles, director of formation, Room in the Inn, June 25, 2025; and Neru Gobin, director, Office of Housing and Homeless Services, Tennessee Department of Mental Health and Substance Abuse Services, May 15, 2025.

[193] Interview with Rosanne Haggerty, president, and Melanie Lewis Dickerson, deputy chief program officer, Community Solutions, July 29, 2025.

[194] Interview with Neru Gobin, director, Office of Housing and Homeless Services, Tennessee Department of Mental Health and Substance Abuse Services, May 15, 2025.

[195] Interview with Benjamin Haynie, executive director, Rhode Island Executive Office of Housing, Michelle Brophy, associate director, Rhode Island Behavioral Healthcare, Developmental Disabilities and Hospitals, and Emily Marshall, chief of information and public relations, Rhode Island Executive Office of Housing, July 14, 2025.

As elaborated in the commission's 2024 report *Reducing the Burden: Increasing Housing Supply to Lower Housing Costs*, the state and local governments have a variety of means available to them to increase the supply of housing and thereby moderate housing costs for all, which, because unaffordable housing costs are the primary driver of homelessness, would directly contribute to fewer people becoming homeless.

As elaborated in the commission's 2024 report *Reducing the Burden: Increasing Housing Supply to Lower Housing Costs*,[196] the state and local governments have a variety of means available to them to increase the supply of housing and thereby moderate housing costs for all, which, because unaffordable housing costs are the primary driver of homelessness, would directly contribute to fewer people becoming homeless. This could include targeted support for affordable housing, which many stakeholders identified as an overwhelming concern,[197] or more rental assistance.[198] Master lease agreements, in which a homelessness service organization obtains permission from a private landlord to sublet units, can also be useful; many landlords may be reluctant to rent to someone who is homeless, in part because of concerns they may have difficulty keeping up rent payments if they have low incomes, but in master lease agreements, the service organization shares accountability for the lease, providing some reassurance.[199]

When renters face unaffordable costs and begin to fall behind on rent, they can be at risk of eviction and then homelessness, and that has been a special problem in parts of Tennessee in recent years. By early 2025, Knoxville, for instance, saw as many as 361 eviction court cases in a single week.[200] Eviction court proceedings can be confusing for those involved,[201] and they can also show up on renters' records in background checks—even if their cases are dismissed—which then hinders their ability to get rehoused elsewhere.[202] As a result, some suggest automatically sealing eviction records pending a court decision or purging them after a set number of years.[203]

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[196] TACIR 2024.

[197] Interviews with Gabe Cline chief clinical services and operations officer, Volunteer Ministry Center, Knoxville, July 31, 2025; Will Connelly, executive director, The Contributor, October 1, 2025; and Katelyn McGuire, executive director, Nikki Lynn, director of data management, and Kimberly Terry, administrative and data support coordinator, Tennessee Valley Coalition for the Homeless, June 17, 2025.

[198] Interview with Michelle Austin, director, Clarksville Neighborhood and Community Services, August 6, 2025.

[199] Interview with Will Connelly, executive director, The Contributor, October 1, 2025.

[200] Wales 2025.

[201] Interview with Gabe Cline chief clinical services and operations officer, Volunteer Ministry Center, Knoxville, July 31, 2025; see also Wright 2025.

[202] Vance 2025.

[203] Interview with Ethan Frizzell, major, Salvation Army, July 8, 2025; and Vance 2025.

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# Persons Contacted

Sherri Allen, Community Services Specialist
Pathways MISI

Lance Anderson, Resource Support Specialist
The Journey Home

Rosie Anderson-Harper, Director of Recovery
Services
Division of Behavioral Health, Missouri
Department of Mental Health

Ashley Arganbright, Housing First Project
Coordinator
Kansas Department for Aging and Disability
Services

Michelle Austin, Director
Clarksville Neighborhood & Community Services

Callon Baggett, Assistant Commissioner of
External Affairs
Tennessee Department of Human Services

Michael Basford, Director
Wisconsin Department of Administration,
Interagency Council on Homelessness

Richard Beeland, Economic Development
Administrator
Chattanooga Office of Economic Development

Arielle Benson, Program Manager
Knoxville-Knox County Office of Housing Stability

Eric Boucher, Office Manager
Williamson County Homeless Alliance

David Bridge, Housing Solutions Specialist
Arizona Department of Housing

Michelle Brophy, Associate Director
Rhode Island Behavioral Healthcare

Laura Brown, Director
Tennessee Alliance for Legal Services

Terry Burdett, HMIS Manager
Appalachian Regional Coalition on Homelessness

Monty Burks, Deputy Director
Tennessee Office of Faith-Based and Community
Initiatives

April Calvin, Director
Nashville Office of Homeless Services

Rebecca Carter, Director of Community Services
Tennessee Housing Development Agency

Renee Cavazos, Vice President of the Homeless
Response System
Coalition for the Homeless of Houston/Harris
County, Texas

Scott Cepicky, State Representative
District 64, Tennessee

Gabe Cline, Chief Clinical Services and Operations
Officer
Volunteer Ministry Center, Knoxville

Nick Coleman, Assistant Homelessness
Coordinator
Utah Office of Homeless Services

Will Connelly, Executive Director
The Contributor

David Connor, Executive Director
Tennessee County Services Association

Anne Cooper, Executive Director
Appalachian Regional Coalition on Homelessness

Rosie Cross, Regional Housing Facilitator
Ridgeview Behavioral Health Services

Steve DiLella, Director
Individual and Family Support Programs,
Connecticut Department of Housing

Rozann Downing, Contractor
Jackson/West Tennessee Continuum of Care

Mike Dugan, Director of Operations
The Journey Home

Brent Elrod, Managing Director
Urban Housing Solutions

Nate First, Program Director
KnoxHMIS

Joy Flores, Vice President of Ministries
Nashville Rescue Mission

Erin Floyd, Director of Grants and Community
Initiatives
United Way of South Central Tennessee

Scott Foster, Executive Director
The Journey Home

Ethan Frizzell, Major
Salvation Army

Sandra Gober, Manager
Chattanooga Office of Housing and Community
Investment

Neru Gobin, Director
Office of Housing and Homeless Services,
Tennessee Department of Mental Health and
Substance Abuse Services

Lizzie Goddard, Consultant
Goddard Consulting

Ben Grady, Manager, IT and Database
Administration
Nashville Rescue Mission

Juawana Grant, Deputy Administrator of Programs
Nevada Housing Division

Rosanne Haggerty, President and CEO
Community Solutions

Jane Hamrick, Executive Director, Mid-
Cumberland Human Resource Agency

Benjamin Haynie, Executive Director
Rhode Island Executive Office of Housing

Jeremy Heidt, Director of Industry and
Government Affairs
Tennessee Housing Development Agency

Jennifer Henderson, Community Housing and
Grants Management Director
North Dakota Housing Finance Agency

Joey Hensley, State Senator
District 28, Tennessee

Rachel Hester, Executive Director
Room in the Inn, Nashville

Lisa Marie Higginbotham, Director of Field Based
Services
Social Work Office of Research and Public Service,
the University of Tennessee, Knoxville

Kirsten Hipkins, Coordinated Entry System
Director
Community Alliance for the Homeless

Faraji Hubbard, Recovery Coordinator
Division of Behavioral Health, Iowa Department of
Health and Human Services

Jessica Izquierdo, Programs Supervisor
Community Development, Oklahoma Department
of Commerce

Chad Jenkins, Deputy Executive Director
Tennessee Municipal League

Mackenzie Kelly, Executive Director
Chattanooga Regional Homeless Coalition

Lisa Kemmis, Chief Housing Solutions Officer
Michigan State Housing Development Authority

Sean J. Kullmann, Program Technician
Legal Unit, Vermont Department of Mental Health

Victoria Lake, Director
Community Health Institute, West Tennessee
Healthcare

Jodie Legg, Data Analyst
Chattanooga Regional Homeless Coalition

Melanie Lewis Dickerson, Deputy Chief Program
Officer
Community Solutions

Deb Little, Executive Director
Pathways MISI

Bill Lord, Director of Community Housing
Tennessee Housing Development Agency

Nikki Lynn, Director of Data Management
Tennessee Valley Coalition for the Homeless

Emily Marshall, Chief of Information and Public
Relations
Rhode Island Executive Office of Housing

Karla McClaren, Homeless Program Manager
Wyoming Housing Program

Sharon McDaniel, Community Engagement Lead
Mid-Cumberland Human Resource Agency

Katelyn McGuire, Executive Director
Tennessee Valley Coalition for the Homeless

Stephanie Meyer, Special Assistant to the Secretary
Pennsylvania Department of Human Services

Janiece Milner, Case Management Lead
The Journey Home

Kirby Milner, Housing Strategist
Arizona Department of Housing

Alice M. Minervino, Director
Housing and Homeless Services, Connecticut
Mental Health and Addiction Services

Jeff Moles, Director of Formation
Room in the Inn, Nashville

Angela Mullins, HMIS System Administrator
Oregon Housing and Community Services

Rose Naccarato, Director of Research and Planning
Tennessee Department of Correction

Emily Parsley, Managing Director, Data and
Performance Unit
Housing Division, Washington State Department
of Commerce

Carrie Patterson, Manager
Louisiana Balance of State Continuum of Care,
Louisiana Housing Corporation

Charlotte Perry, Finance and Grants Director
Community Alliance for the Homeless

Erin Read, Executive Director
Knoxville-Knox County Office of Housing Stability

Stephanie Reyes, Chief Operating Officer
Community Alliance for the Homeless

Kevin Riggs, Executive Director
Williamson County Homeless Alliance

Caitlin Rodgers, Assistant Director of Homeless
Performance and Evaluation
Oregon Housing and Community Services

Brittany Rosette-Jones, Housing Stability
Coordinator
Knoxville-Knox County Office of Housing Stability

Maxwell Ruppersburg, Director
Office of Supportive Housing, Georgia Department
of Behavioral Health and Developmental
Disabilities

Talia Scott, HMIS Manager
Washington State Department of Commerce

Heidi Sellick-Diaz, Housing Idaho Coordinator
Idaho Housing and Finance Association

Joan Serviss, Deputy Director
Arizona Department of Housing

Beth Shinn, Professor
Department of Human and Organizational
Development, Vanderbilt University

Chris Smith, Coordinated Housing Assessment
and Match Plan Facilitator
KnoxHMIS

Jodi Smith, Housing Program Manager
Tennessee Housing Development Agency

Jill Spangler, Continuum of Care Technical Assistance Point of Contact
US Department of Housing and Urban Development

Curtis A. Stauffer, Managing Director
Housing Contract Administration, Kentucky Housing Corporation

Kristin Svyantek Garvey, Director of Homeless Services
Indiana Housing and Community Development Authority

Elizabeth Talbert, Assistant Professor
Drake University

Sydne Taylor, President & CEO
Community Alliance for the Homeless

Kimberly Terry, Administrative and Data Support Coordinator
Tennessee Valley Coalition for the Homeless

Marcy Thompson, Vice President of Programs and Policy
National Alliance to End Homelessness

Bethany Torino, Executive Vice President
Friend Foundation

Marvin Trotter, Assistant Director of Programs
Nashville Office of Homeless Services

Niki Tuzicka, Program Coordinator
Nebraska Department of Health and Human Services

Abigail Versyp, Director
Single Family and Homeless Programs, Texas Department of Housing and Community Affairs

Vivian Walker, Homeless Programs Advocate
Crossville Housing Development Corporation

Doug Wallace, ESG/HOME-ARP Program Manager
Kansas Housing Corporation

Vanessa Waters, McKinney-Vento State Coordinator
Tennessee Department of Education

Don Watt, Director of Community Housing
Tennessee Housing Development Agency

Ella Weaver, Vice President of Collective Impact
United Way of South Central Tennessee

Karla West, Chief of Staff
Davidson County Sheriff's Office

Tara Williams, Vice President of Information Management
Community Alliance for the Homeless

Brian Wilson, Executive Director
Alaska Coalition on Housing and Homelessness

Errin Woods, Continuum of Care Director
Community Alliance for the Homeless

# Appendix A: Public Chapter 445, Acts of 2025

*State of Tennessee*

## PUBLIC CHAPTER NO. 445

### SENATE BILL NO. 871

**By Hensley, Campbell, Crowe, Walley**

Substituted for: House Bill No. 1192

By Cepicky, Hemmer, White

AN ACT to amend Tennessee Code Annotated, Title 4; Title 33; Title 63; Title 68 and Title 71, relative to health care.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1.

(a) The Tennessee advisory commission on inter governmental rela tions ( TACIR) shall conduct a study and prepare a report on recommendations on the continuum of care in this state and how the continuum of care can be improved.

(b) The study and report must survey the continuum of care in other states and compare such care to the continuum of care in this state. This study must be conducted from TACIR's existing resources.

(c) All appropriate state departments and agencies shall provide assistance to TACIR in connection with the study required by subsection (a).

(d) On or before January 31, 2026, TACIR shall report its findings and recommendations, including any proposed legislation, to each member of the general assembly and shall provide a copy to the legislative librarian. The report may be delivered electronically.

SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it.

SENATE BILL NO.    871

PASSED:    April 21, 2025
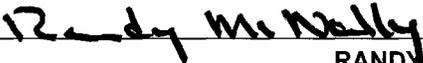
_Randy McNally_
RANDY McNALLY
*SPEAKER OF THE SENATE*
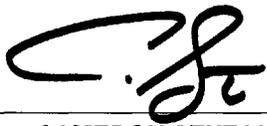
CAMERON SEXTON, *SPEAKER*
*HOUSE OF REPRESENTATIVES*

APPROVED this 9th day of May 2025

BILL LEE, *GOVERNOR*

# Appendix B: Summary Data on CoCs by State

| State | Number of CoCs | Is There a Balance-of-State CoC? |
|---|---|---|
| Tennessee | 10 | No |
| Alabama | 9 | Yes |
| Alaska | 2 | Yes |
| Arizona | 3 | Yes |
| Arkansas | 5 | Yes |
| California | 44 | No |
| Colorado | 4 | Yes |
| Connecticut | 2 | Yes |
| Delaware | 1 | No |
| Florida | 27 | No |
| Georgia | 9 | Yes |
| Hawaii | 2 | Yes |
| Idaho | 2 | Yes |
| Illinois | 19 | No |
| Indiana | 2 | Yes |
| Iowa | 3 | Yes |
| Kansas | 4 | Yes |
| Kentucky | 3 | Yes |
| Louisiana | 7 | Yes |
| Maine | 1 | No |
| Maryland | 10 | Yes |
| Massachusetts | 11 | Yes |
| Michigan | 20 | Yes |
| Minnesota | 10 | No |
| Mississippi | 3 | Yes |
| Missouri | 8 | Yes |
| Montana | 1 | No |
| Nebraska | 3 | Yes |
| Nevada | 3 | Yes |
| New Hampshire | 3 | Yes |
| New Jersey | 16 | No |
| New Mexico | 2 | Yes |
| New York | 24 | Yes |
| North Carolina | 12 | Yes |
| North Dakota | 1 | No |
| Ohio | 9 | Yes |
| Oklahoma | 8 | Yes |
| Oregon | 8 | Yes |

| State | Number of CoCs | Is There a Balance-of-State CoC? |
|---|---|---|
| Pennsylvania | 16 | No |
| Rhode Island | 1 | No |
| South Carolina | 4 | No |
| South Dakota | 1 | No |
| Texas | 11 | Yes |
| Utah | 3 | Yes |
| Vermont | 2 | Yes |
| Virginia | 16 | Yes |
| Washington | 6 | Yes |
| West Virginia | 4 | Yes |
| Wisconsin | 4 | Yes |
| Wyoming | 1 | No |

Source:  TACIR staff analysis of data from the US Department of Housing and Urban Development.

# Appendix C:  County-CoC Assignations in Tennessee

| County | CoC | County | CoC | County | CoC |
|--------|-----|--------|-----|--------|-----|
| Anderson | TN-512 | Hamilton | TN-500 | Morgan | TN-506 |
| Bedford | TN-503 | Hancock | TN-509 | Obion | TN-507 |
| Benton | TN-507 | Hardeman | TN-507 | Overton | TN-506 |
| Bledsoe | TN-500 | Hardin | TN-507 | Perry | TN-503 |
| Blount | TN-512 | Hawkins | TN-509 | Pickett | TN-506 |
| Bradley | TN-500 | Haywood | TN-507 | Polk | TN-500 |
| Campbell | TN-512 | Henderson | TN-507 | Putnam | TN-506 |
| Cannon | TN-506 | Henry | TN-507 | Rhea | TN-500 |
| Carroll | TN-507 | Hickman | TN-503 | Roane | TN-506 |
| Carter | TN-509 | Houston | TN-507 | Robertson | TN-503 |
| Cheatham | TN-503 | Humphreys | TN-507 | Rutherford | TN-510 |
| Chester | TN-507 | Jackson | TN-506 | Scott | TN-506 |
| Claiborne | TN-512 | Jefferson | TN-512 | Sequatchie | TN-500 |
| Clay | TN-506 | Johnson | TN-509 | Sevier | TN-512 |
| Cocke | TN-512 | Knox | TN-502 | Shelby | TN-501 |
| Coffee | TN-503 | Lake | TN-507 | Smith | TN-506 |
| Crockett | TN-507 | Lauderdale | TN-507 | Stewart | TN-507 |
| Cumberland | TN-506 | Lawrence | TN-503 | Sullivan | TN-509 |
| Davidson | TN-504 | Lewis | TN-503 | Sumner | TN-503 |
| Decatur | TN-507 | Lincoln | TN-503 | Tipton | TN-507 |
| DeKalb | TN-506 | Loudon | TN-512 | Trousdale | TN-503 |
| Dickson | TN-503 | Macon | TN-506 | Unicoi | TN-509 |
| Dyer | TN-507 | Madison | TN-507 | Union | TN-512 |
| Fayette | TN-507 | Marion | TN-500 | Van Buren | TN-506 |
| Fentress | TN-506 | Marshall | TN-503 | Warren | TN-506 |
| Franklin | TN-500 | Maury | TN-503 | Washington | TN-509 |
| Gibson | TN-507 | McMinn | TN-500 | Wayne | TN-503 |
| Giles | TN-503 | McNairy | TN-507 | Weakley | TN-507 |
| Grainger | TN-512 | Meigs | TN-500 | White | TN-506 |
| Greene | TN-509 | Monroe | TN-512 | Williamson | TN-503 |
| Grundy | TN-500 | Montgomery | TN-503 | Wilson | TN-506 |
| Hamblen | TN-512 | Moore | TN-503 | | |

Source:  TACIR staff analysis of data from the US Department of Housing and Urban Development.

# Appendix D:  Summary Demographic Data by TN CoC

| | Total Population of CoC Coverage Area | Percentage of Renters in Coverage Area Who Are Cost-Burdened | PIT Count, 2024 | PIT Count per 10,000 Population, 2024 | HMIS Count (Sheltered Only),* 2024 |
|---|---|---|---|---|---|
| TN-500 Chattanooga/Southeast TN | 716,335 | 12% | 975 | 14 | 1,500 |
| TN-501 Memphis/Shelby | 922,195 | 20% | 784 | 9 | 3,876 |
| TN-502 Knoxville/Knox County | 487,401 | 15% | 899 | 18 | 3,500 |
| TN-503 Central Tennessee | 1,296,670 | 10% | 276 | 2 | 411 |
| TN-504 Nashville/Davidson | 709,846 | 21% | 2,094 | 29 | 3,271 |
| TN-506 Upper Cumberland | 618,212 | 9% | 594 | 10 | 95 |
| TN-507 Jackson/West Tennessee | 670,076 | 9% | 819 | 12 | 128 |
| TN-509 Appalachian Regional | 521,855 | 9% | 688 | 13 | 1,250 |
| TN-510 Murfreesboro/Rutherford | 351,591 | 16% | 367 | 10 | 103 |
| TN-512 TN Valley | 691,901 | 8% | 784 | 11 | 349 |
| State | 6,986,082 | 13% | 8,280 | 12 | 14,483 |

*The HMIS (Homeless Management Information System) data used here counts only those who used emergency shelters and does not attempt to include those who resided in unsheltered locations.  PIT (Point-in-Time) count data does include those in unsheltered locations.

Source:  TACIR staff analysis of data from the US Department of Housing and Urban Development and US Census Bureau American Community Survey 5-Year Population Estimates 2023.

# Appendix E:  McKinney-Vento Template Questionnaire to Identify Students Who May Be Homeless

**TN** Department of **Education**

## McKinney-Vento Housing Form Template
## Instructions for LEAs

The McKinney-Vento Act provides certain rights for homeless students. This includes waiving certain requirements such as proof of residency when students are enrolling and allowing eligibility for certain services, such as free textbooks and other services. The department also encourages local educational agencies (LEAs) to use both a *Housing Form* and *Housing Questionnaire* to ask about students' living arrangements and identify students experiencing homelessness in the LEA.

*Before sharing, place the document on LEA letterhead, delete or update all red font areas, and provide the most up-to-date McKinney-Vento Liaison contact information.*

Division of Federal Programs and Oversight
710 James Robertson Parkway • Andrew Johnson Tower • Nashville, TN 37243
tn.gov/education

1 | March 2023

WWW.TN.GOV/TACIR

67

**TN** Department of **Education**

<span style="color:red">**LEA LETTERHEAD**</span>

**McKinney-Vento Housing Form**

<span style="color:red">**Template**</span>

**Instructions for using this form:**

This form must be completed by the parent/guardian or unaccompanied youth, then returned to the school office. Questions may be directed to <span style="color:red">(insert principal, social worker, or homeless liaison name and contact number)</span>.

*Student Name:* _____

*Parent/Guardian Name:* _____

*School Name:* _____

*Student Age:* _____ *Student Grade:* _____ *Student Date of Birth:* _____

*Parent/Guardian Phone Number:* _____

*Parent/Guardian Address:*

*Address line 1* _____

*Address Line 2:* _____

*City* _____ *State:* _____ *Zip Code* _____

The McKinney-Vento Homeless Assistance Act (Title IX, Part A of the Elementary and Secondary Education Act), as amended by the Every Student Succeeds Act defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence."This includes (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;* (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in the circumstances described in clauses (i) through (iii).

Is the address listed above **Temporary** or **Permanent**? (Circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

____ *House or apartment with a parent or guardian*      ____ *Motel, car, or campsite*

____ *Shelter or other temporary housing*      ____ *With friends or family members (other than or in addition to parent/guardian)*

If you are living in shared housing, please check all the following reasons that apply:

____ *Loss of housing*      ____ *Living with boyfriend/girlfriend*

____ *Economic situation*      ____ *Loss of employment*

____ *Temporarily waiting for house or apartment*      ____ *Parent/Guardian is deployed*

____ *Provide care for a family member*      ____ *Other* (Please explain)
_____

Are you a student under the age of 18 and living apart from your parents or guardians? **Yes**      **No** (Circle one)

Source:  Supplied by Vanessa Waters, McKinney-Vento state coordinator, Tennessee Department of Education, July 15, 2025.

# Appendix F:  Tennessee CoC Funding for Federal Fiscal Year 2023-24

### HUD Funding Awarded to Each CoC in Federal Fiscal Year 2023-24

| Row Labels | Total Award Amount | Average Award Amount | Count of Projects Awarded | Number of Reward Recipient Organizations |
|---|---|---|---|---|
| TN-500 | $ 4,851,316 | $ 285,372 | 17 | 6 |
| TN-501 | 12,795,521 | 426,517 | 30 | 14 |
| TN-502 | 2,107,171 | 191,561 | 11 | 7 |
| TN-503 | 2,691,423 | 299,047 | 9 | 5 |
| TN-504 | 11,846,313 | 564,110 | 21 | 10 |
| TN-506 | 985,508 | 140,787 | 7 | 4 |
| TN-507 | 4,781,320 | 191,253 | 25 | 10 |
| TN-509 | 2,299,482 | 209,044 | 11 | 3 |
| TN-510 | 707,489 | 101,070 | 7 | 6 |
| TN-512 | 616,479 | 102,747 | 6 | 2 |
| Statewide | $ 43,682,022 | $ 303,347 | 144 | 67 |

Source:  TACIR staff analysis of data from the US Department of Housing and Urban Development.

### Distribution of CoC Awarded Projects in Tennessee for Federal Fiscal Year 2023-24 by Award Amount
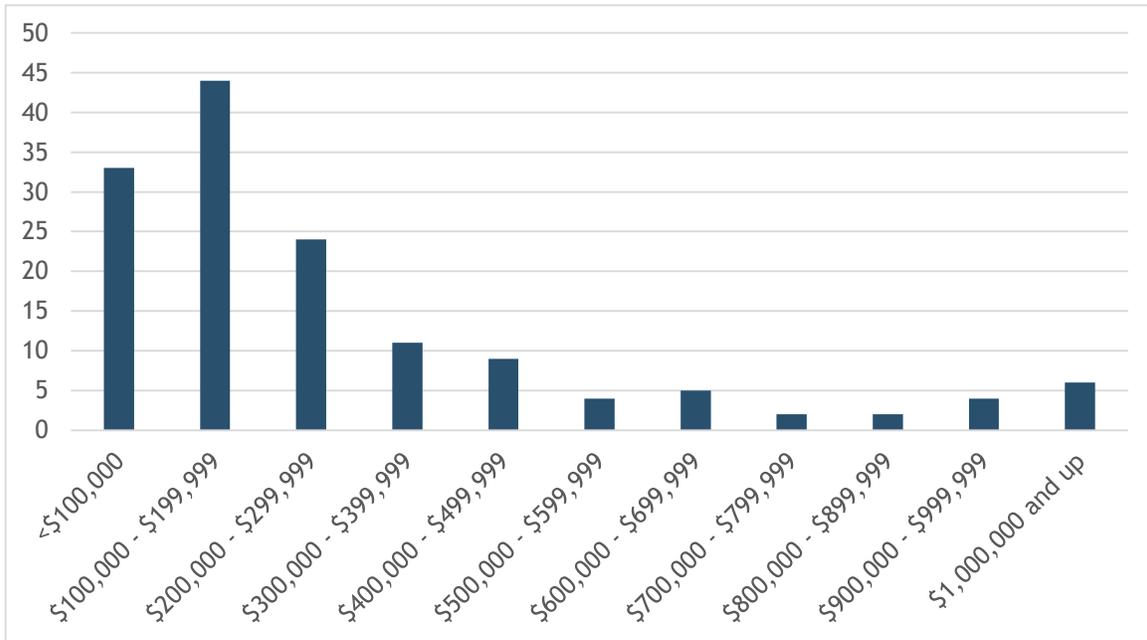


Source:  TACIR staff analysis of data from the US Department of Housing and Urban Development.

# Appendix G: Details on the Continuum of Care System Performance Measures

The following is an extract of HUD's summary of the CoC System Performance Measures (SPM), divided into seven overarching measures and their corresponding sub-measures. Note that "ES" stands for Emergency Shelter, "SH" stands for Safe Haven, and "TH" stands for Transitional Housing.

**Measure 1: Length of Time Persons Remain Homeless**

The measures are the number of clients active in the report date range along with their average and median length of time homeless across the relevant universe of projects. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the October 1, 2012.

**Metric 1a**: This measure uses each client's start, exit, and bed night dates strictly as entered in HMIS.

**Metric 1b**: This measure includes data from each client's Living Situation . . . response as well as time spent in permanent housing projects between Project Start and Housing Move-In.

**Measure 2a and 2b**: The Extent to which Persons Who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 6, 12, and 24 months. . . . This measure begins with clients who exited to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS system for up to two years after their initial exit.

**Measure 3: Number of Homeless Persons**

**Metric 3.1**: This measures the change in PIT counts of sheltered and unsheltered homeless person[s] as reported on the PIT (not from HMIS).

**Metric 3.2:** This measures the change in annual counts of sheltered homeless persons in HMIS.

**Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects**

**Metric 4.1**: This measures the change in earned income for adult system stayers during the reporting period.

**Metric 4.2:** This measures the change in non-employment cash income for adult system stayers during the reporting period.

**Metric 4.3:** This measures the change in total income for adult system stayers during the reporting period.

**Metric 4.4:** This measures the change in earned income for adult system leavers.

**Metric 4.5:** This measures the change in non-employment cash income for adult system leavers.

**Metric 4.6:** This measures the change in total income for adult system leavers during the reporting period.

**Measure 5: Number of Persons who Become Homeless for the First Time**

**Metric 5.1:** This measures the change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS.

**Metric 5.2:** This measures the change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollment in HMIS.

**Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects**

**Metrics 6a.1 and 6b.1:** This measures the returns to ES, SH, TH, and PH projects after exits to permanent housing destinations within 6 and 12 months (and 24 months in a separate calculation).

**Metric 6c.1:** This measures the change in exits to permanent housing destinations.

**Metric 6c.2:** This measures the change in exit to or retention of permanent housing.

**Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing**

**Metric 7a.1:** This measures the change in exits to permanent housing destinations.

**Metric 7b.1:** This measures the change in exits to permanent housing destinations.

**Metric 7b.2:** This measures the change in exit to or retention of permanent housing.

Source:  US Department of Housing and Urban Development "System Performances Measures."

# Appendix H:  Point-in-Time Count Data by State

| State | All People Experiencing Homelessness | Percent Change 2007 to 2024 | Percent of People Experiencing Homelessness that are Unsheltered | Number of People in State Experiencing Homelessness per 10,000 People |
|---|---|---|---|---|
| **Tennessee** | **8,280** | **-26%** | **53%** | **12** |
| Alabama | 4,601 | -16% | 59% | 9 |
| Alaska | 2,686 | 64% | 18% | 37 |
| Arizona | 14,737 | 1% | 50% | 20 |
| Arkansas | 2,783 | -28% | 48% | 9 |
| California | 187,084 | 35% | 66% | 48 |
| Colorado | 18,715 | 32% | 26% | 32 |
| Connecticut | 3,410 | -24% | 17% | 9 |
| Delaware | 1,358 | 28% | 18% | 13 |
| Florida | 31,362 | -35% | 54% | 14 |
| Georgia | 12,290 | -37% | 54% | 11 |
| Hawaii | 11,637 | 92% | 35% | 81 |
| Idaho | 2,750 | 57% | 50% | 14 |
| Illinois | 25,832 | 67% | 10% | 21 |
| Indiana | 6,285 | -15% | 24% | 9 |
| Iowa | 2,631 | -4% | 18% | 8 |
| Kansas | 2,793 | 32% | 32% | 9 |
| Kentucky | 5,231 | -35% | 33% | 12 |
| Louisiana | 3,469 | -37% | 45% | 8 |
| Maine | 2,702 | 2% | 10% | 19 |
| Maryland | 6,069 | -37% | 17% | 10 |
| Massachusetts | 29,360 | 94% | 6% | 42 |
| Michigan | 9,739 | -66% | 17% | 10 |
| Minnesota | 9,201 | 26% | 23% | 16 |
| Mississippi | 1,041 | -24% | 47% | 4 |
| Missouri | 7,312 | 17% | 33% | 12 |
| Montana | 2,008 | 75% | 29% | 18 |
| Nebraska | 2,720 | -23% | 11% | 14 |
| Nevada | 10,106 | 17% | 49% | 32 |
| New Hampshire | 2,245 | 0% | 26% | 16 |
| New Jersey | 12,762 | -26% | 14% | 14 |
| New Mexico | 4,631 | 54% | 48% | 22 |
| New York | 158,019 | 152% | 4% | 81 |
| North Carolina | 11,626 | -2% | 39% | 11 |
| North Dakota | 865 | 36% | 22% | 11 |

| State | All People Experiencing Homelessness | Percent Change 2007 to 2024 | Percent of People Experiencing Homelessness that are Unsheltered | Number of People in State Experiencing Homelessness per 10,000 People |
|---|---|---|---|---|
| Ohio | 11,759 | 4% | 20% | 10 |
| Oklahoma | 5,467 | 30% | 41% | 13 |
| Oregon | 22,875 | 30% | 62% | 54 |
| Pennsylvania | 14,088 | -13% | 19% | 11 |
| Rhode Island | 2,442 | 78% | 22% | 22 |
| South Carolina | 4,593 | -19% | 40% | 9 |
| South Dakota | 1,338 | 131% | 17% | 15 |
| Texas | 27,987 | -30% | 44% | 9 |
| Utah | 3,869 | 29% | 26% | 11 |
| Vermont | 3,458 | 234% | 5% | 53 |
| Virginia | 7,141 | -27% | 22% | 8 |
| Washington | 31,554 | 35% | 51% | 40 |
| West Virginia | 1,779 | -26% | 44% | 10 |
| Wisconsin | 5,049 | -11% | 10% | 9 |
| Wyoming | 501 | -7% | 18% | 9 |

Source: De Sousa and Henry 2024.

# Appendix I:  Criteria for a Continuum of Care to Be Designated as High-Performing Community

HUD can award a Continuum of Care the status of being a "High-Performing Community" or HPC, which brings with it the authorization to turn some of the CoC's efforts and resources to helping those who are at risk of becoming homelessness, thereby reducing the flow of people into homelessness.  A CoC must apply for HPC status, and the criteria for receiving it are laid out in 24 CFR Part 578 Subpart E as follows.

(1) Reliable data generated by the Continuum of Care's HMIS that it meets all of the following standards:

(i) Mean length of homelessness.  Either the mean length of episode of homelessness within the Continuum's geographic area is fewer than 20 days, or the mean length of episodes of homelessness for individuals or families in similar circumstances was reduced by at least 10 percent from the preceding federal fiscal year.

(ii) Reduced recidivism.  Of individuals and families who leave homelessness, less than 5 percent become homeless again at any time within the next 2 years; or the percentage of individuals and families in similar circumstances who become homeless again within 2 years after leaving homelessness was decreased by at least 20 percent from the preceding federal fiscal year.

(iii) HMIS coverage.  The Continuum's HMIS must have a bed coverage rate of 80 percent and a service volume coverage rate of 80 percent as calculated in accordance with HUD's HMIS requirements.

(iv) Serving families and youth.  With respect to Continuums that served homeless families and youth defined as homeless under other federal statutes in paragraph (3) of the definition of homeless in § 576.2:

(A) 95 percent of those families and youth did not become homeless again within a 2-year period following termination of assistance; or

(B) 85 percent of those families achieved independent living in permanent housing for at least 2 years following termination of assistance.

(2) Reliable data generated from sources other than the Continuum's HMIS that is provided in a narrative or other form prescribed by HUD that it meets both of the following standards:

(i) Community action.  All the metropolitan cities and counties within the Continuum's geographic area have a comprehensive outreach plan, including specific steps for identifying homeless persons and referring them to appropriate housing and services in that geographic area.

(ii) Renewing HPC status.  If the Continuum was designated an HPC in the previous federal fiscal year and used Continuum of Care grant funds for activities described under § 578.71, that such activities were effective at reducing the number of individuals and families who became homeless in that community.

# Appendix J: Sample Coordinated Entry Form

## TVCH Coordinated Entry Form

**TENNESSEE VALLEY**
**COALITION** for the **HOMELESS**

Date of Coordinated Entry: _____          HMIS ID: _____
County: _____                          Zip Code: _____

**Head of Household Information**

First Name: _____
Middle Name: _____
Last Name: _____
Suffix: _____
Alias: _____
Date of Birth: _____
Social Security Number: _____
U.S. Military Veteran?   Yes   No
If yes, do they have a DD-214 or are they receiving services from the VA?   Yes   No

Race & Ethnicity: (select all that apply)
o   American Indian, Alaskan Native, or
     Indigenous
o   Asian or Asian American
o   Black, African American or African
o   Hispanic/Latina/e/o
o   Middle Eastern or North African          Gender: (select all that apply)
o   Native Hawaiian or Other Pacific          o   Woman (Girl, if child)
     Islander                                 o   Man (Boy, if child)
o   White/Caucasian                           o   Client does not know
o   Client does not know                      o   Client refused
o   Client refused                            o   Data Not Collected
o   Data Not Collected

  Disabling Condition:   Yes   No

        Relationship to Head of Household:
o   Self (head of household)
o   Head of Household's child
o   Head of Household's spouse or partner
o   Head of household's other relation member (Other relation to head of household)
o   Other: non-relation member
o   Data not collected

Survivor of Domestic Violence:   Yes   No     If yes, are you currently fleeing?   Yes   No
If yes, when experience occurred: _____

Client Phone Number: _____
Okay to text?   Yes   No     Okay to leave voicemail?   Yes   No

# TVCH Coordinated Entry Form

How many people live in your household? _____

Is anyone in your household (including you), (circle those that apply)
Under 18?　　　Between 18 and 24?　　　Between 25 and 54?　　　Over 55?

Prior Living Situation: (Where did the client sleep last night?)
_____

Length of Stay in Previous Place:
o   One night or less
o   Two to six nights
o   One week or more, but less than one month
o   One month or more, but less than 90 days

o   90 days or more, but less than one year
o   One year or longer
o   Client doesn't know
o   Client prefers not to answer
o   Data not collected

Approximate date _THIS_ episode of homelessness started: _____

Including today, the total number of __times__ living in emergency shelter or hotel/motel with vouchers, a place not meant for habitation in the past three years? _____

Including today, the total number of __months__ living in emergency shelter or hotel/motel with vouchers, a place not meant for habitation in the past three years? _____

What is the main reason you are homeless?
o   Change in Family Status
o   Criminal Activity
o   Domestic Violence Victim
o   Eviction from Home
o   Exited Health Facility or Rehab
o   Health/Safety
o   Loss of Child Care
o   Loss of Public Assistance
o   Loss of Transportation
o   Medical Condition

o   Mental Health
o   Mortgage Foreclosure
o   N/A; not homeless
o   Other
o   Substance Abuse
o   Substandard Housing
o   Too Many Bills
o   Underemployment/ Low Income/ Loss of Job
o   Utility Shutoff

Current Living Situation: (Where is the client sleeping tonight?)
_____

Is the client going to have to leave their current living situation within 14 days?  Yes   No
Has a subsequent residence been identified?  Yes   No
Does the individual or family have resources or support networks to

obtain other permanent housing?
Yes   No

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?
Yes   No

# TVCH Coordinated Entry Form

Has the client moved 2 or more times
in the last 60 days?   Yes   No

Location details: _____

Where was the last place you slept where you were housed and felt safe? _____
_____

If you stayed with family or friends last night, are there any conditions under which
you could stay there again tonight?   Yes   No

If not have you identified another safe place to stay tonight?   Yes   No

Can you think of any housing options that might be available to you in the next few
days or weeks?   Yes   No

What needs to change or happen in order for you to stay with your family or friends?
_____

What resources or steps would you need to obtain housing on your own (financial
assistance, landlord advocacy, transportation, etc?)
_____

Referred client to: _____

Coordinated Entry Intake Notes:

v.2025.1.14                                                                                      3 of 3

Source:  Supplied by Katelyn McGuire, executive director, Tennessee Valley Coalition for the Homeless, July 30, 2025.