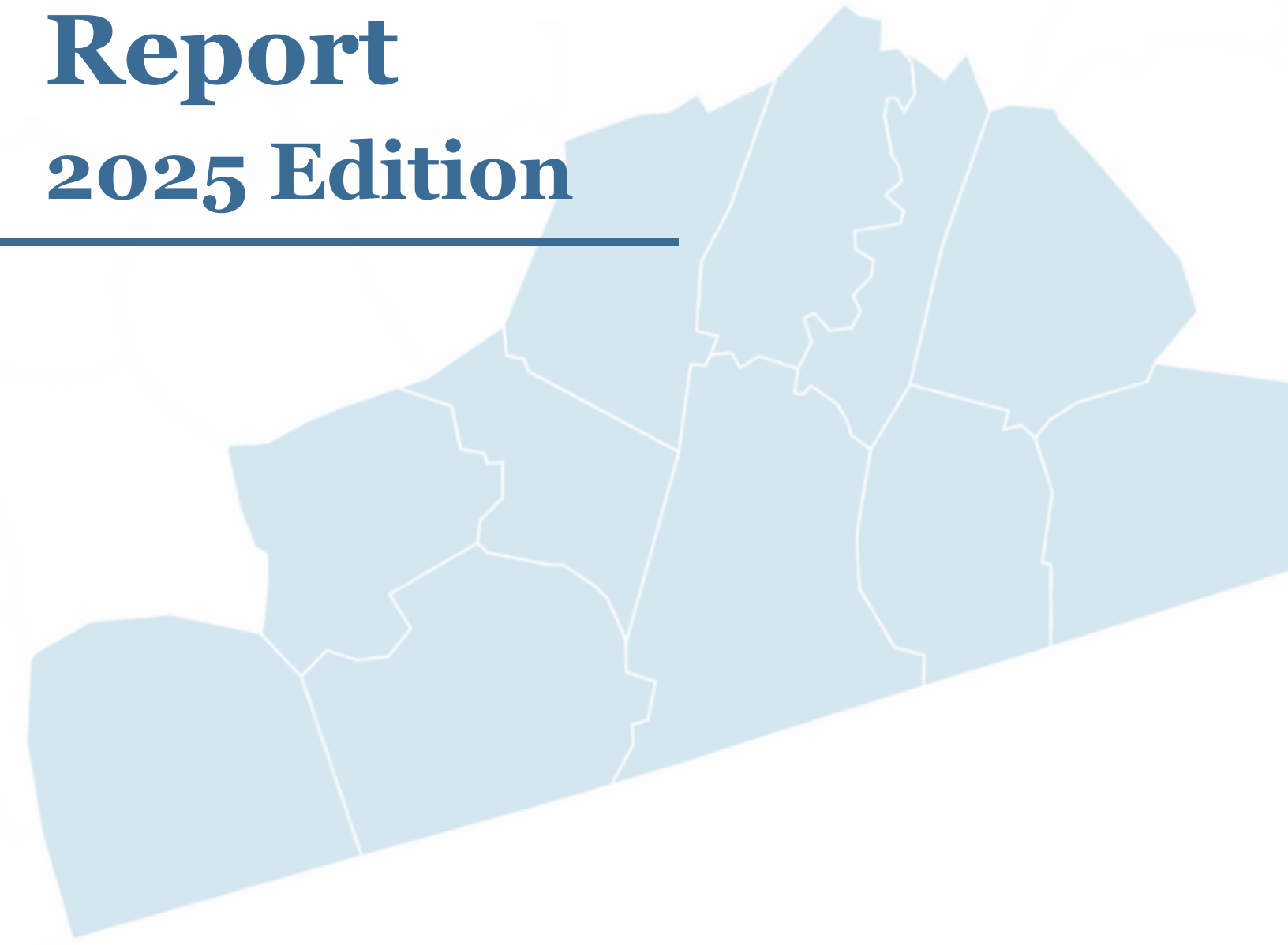
Southeast Tennessee State of Homelessness Report

2025 Edition



Prepared by the Chattanooga Regional Homeless Coalition

Table of Contents

Executive Summary

The 2025 State of Homelessness Report delivers a comprehensive, data-driven analysis of homelessness across an eleven-county region in Southeast Tennessee, revealing both the human impact and systemic challenges and barriers facing our region. Published by the Chattanooga Regional Homeless Coalition (CRHC), this report draws from active data systems like the By-Name List, Point-in-Time Count, and Housing Inventory Count to assess who is experiencing homelessness, what services are available, and where critical gaps exist.

KEY TAKEAWAYS

- Rising Needs
  - Over 1,000 individuals were identified as experiencing homelessness in the 2025 Point-in-Time Count, a 12% increase from the previous year. Chronic and veteran homelessness rose significantly, highlighting the need for sustained, targeted interventions.
- Housing Gaps
  - The region maintains only 901 year-round beds across all housing programs. Emergency shelter capacity meets just 22% of current need, and Permanent Supportive Housing capacity falls short by nearly 300 beds.
- Economic Pressures
  - Fair Market Rent for a 2-bedroom unit in Hamilton County requires an hourly wage of $27.42, a figure above the average wage of 76% of jobs in the Greater Chattanooga area. Nearly 72% of those experiencing homelessness live with disabling conditions that add significant additional costs.
- Costs of Inaction vs. Costs of Housing
  - Emergency room visits, arrests, and lost workforce productivity cost the region tens of millions annually. Conversely, functionally ending homelessness would require an estimated $28.9 million per year- less than one-twentieth of one percent of the State of Tennessee's FY 2026 budget, or an average of 2.3% of the combined regional county and municipal government general fund budgets.
- Policy Recommendations
  - Expand housing and shelter capacity
  - Invest in diversion and prevention
  - Incentivize landlords and affordable development
  - Encourage broad local government investment

This report is both a reflection and a path forward. It calls for a coordinated, housing-first approach. With sustained leadership and regional commitment, Southeast Tennessee can make homelessness rare, brief, and nonrecurring.

Introduction

Homelessness continues to affect individuals and families across Southeast Tennessee and the Greater Chattanooga Area, reflecting both deeply personal crises and broader systemic challenges. While every person's experience is unique, many root causes of homelessness- such as lack of affordable housing, income instability, unmet health needs, and structural inequities- are shared challenges and, critically, solvable. As the lead agency for the TN-500 Continuum of Care, the Chattanooga Regional Homeless Coalition is responsible for coordinating a region-wide response to homelessness, managing data systems, facilitating collaboration across sectors, and supporting the development of effective housing solutions. This report serves a dual purpose: to provide a comprehensive snapshot of homelessness in our region over the past year, and to highlight the Coalition's key activities, achievements, and strategic direction as we work to strengthen the response system. Drawing from multiple data sources- including the By-Name List, the Housing Inventory Count, and the annual Point-in-Time Count- this report outlines who is experiencing homelessness, what services are currently available, and where gaps in the system persist. These insights are essential for shaping policy, guiding investment, and driving improvement across our collective work.

The past year has brought both challenges and progress. While rates of unsheltered homelessness remain high, new partnerships, targeted interventions, and expanded use of tools like diversion and rapid rehousing have helped hundreds of individuals and families regain stability. At the same time, critical service gaps- especially in permanent housing, medical respite, and prevention- continue to strain the system and limit its ability to respond quickly and equitably to need. This report is not only a reflection of where we are, but also a call to action for where we must go. Ending homelessness requires more than programs- it requires shared vision, sustained leadership, and regional commitment to a housing-first, data-informed, and person-centered approach. Whether you are an elected official, service provider, partner organization, or engaged community member, we hope this report equips you with the knowledge, and the urgency, needed to help shape a future where homelessness is rare, brief, and nonrecurring.

Understanding the Homeless Response System

As the lead agency for the Continuum of Care in Southeast Tennessee, The Chattanooga Regional Homeless Coalition (CRHC) manages a system that brings together dozens of partners across eleven counties to ensure that individuals and families experiencing homelessness are supported in meaningful, effective ways. This section outlines the key elements of the system and how we understand the scope of homelessness in our region.

What is a Continuum of Care?

A Continuum of Care (CoC) is a regional or local planning body responsible for coordinating housing and services for people experiencing homelessness. Each CoC builds and manages a community-wide system to help individuals and families transition from homelessness to stable housing as efficiently and equitably as possible. Our CoC covers an eleven-county region in Southeast Tennessee and is led by the CRHC, which serves three primary functions:

- **Collaborative Applicant:** We apply for and manage federal funding from the U.S. Department of Housing and Urban Development (HUD) on behalf of local programs.
- **HMIS Lead:** We operate the region's Homeless Management Information System (HMIS), ensuring secure, accurate data collection and reporting.
- **Coordinated Entry Lead:** We oversee the coordinated process through which people access housing and services, prioritizing those with the greatest needs.

The CoC as a whole is made up of local governments, nonprofits, housing providers, health care systems, people with lived experience, and other key stakeholders all working to address homelessness in Southeast Tennessee. Together, we aim to reduce and end homelessness in our communities through collaboration, shared data, and person-centered solutions.

What is Coordinated Entry?

Coordinated Entry (CE) is how our community organizes access to housing and services for people experiencing homelessness. Instead of each program operating independently with its own intake process and waitlist, CE creates one streamlined, equitable system that centers the needs of the people we serve. CE functions through four key components:

- **Access:** We establish consistent entry points—like shelters, outreach teams, and service providers—where people can connect to the system.
- **Assessment:** At entry, individuals complete a Universal Housing Assessment (UHA), which helps us understand their unique circumstances and needs.
- **Prioritization:** With limited resources, CE allows us to fairly determine who should be referred first, based on vulnerability, need, and program fit—not on a first-come, first-served basis.
- **Referral:** Finally, CE matches people to appropriate housing and service opportunities, aiming for timely, person-centered placements.

By integrating programs through a single, coordinated process, CE reduces duplication, enhances communication between agencies, and ensures that no one navigates the system alone.

What is a By-Name List

A By-Name List (BNL) is a real-time, continuously updated registry of every individual and household experiencing homelessness in our community. More than a list of names, it is a dynamic case management and system-planning tool that allows providers to track individuals' progress, coordinate services, and ensure no one falls through the cracks. Additionally, it is the primary means by which individuals are prioritized for and referred to housing programs in the region.

To be added to the BNL, individuals must complete a UHA with a trained partner organization. To stay on the list, a person must be confirmed to be experiencing homelessness at least once every 90 days. This regular contact ensures the data is current and that outreach teams and providers are actively engaging with those in need. The BNL helps ensure that every person is known by name and that support is grounded in data, accountability, and person-centered care.

What is the Homeless Management Information System and Why Does it Matter?

The Homeless Management Information System (HMIS) is the shared data system used by homeless service providers across our region. It's the digital infrastructure of our Continuum of Care—allowing agencies to securely track, manage, and share information about people experiencing homelessness. With this shared system, we can:

- **Track Progress:** Monitor individuals' movement through the system, from outreach to housing, to understand what's working and where gaps exist.
- **Coordinate Services:** Share information across agencies to reduce duplication and improve continuity of care.
- **Make Informed Decisions:** Use data to guide investments, design programs, and allocate resources effectively.
- **Report Outcomes:** Submit required reports to funders, demonstrating accountability and impact.

While HMIS is not publicly accessible for privacy reasons, the data it generates helps turn numbers into stories and stories into action so that our response to homelessness is not only compassionate but also strategic and measurable.

What Housing Programs are Available?

There are many types of housing interventions, each designed to meet different needs along the spectrum of homelessness. These project types form the foundation of our region's housing crisis response system:

- **Emergency Shelter (ES):** Temporary, immediate accommodation for individuals or families experiencing homelessness. While not a long-term solution, ES is often the first step toward stability.
- **Transitional Housing (TH):** Temporary housing with supportive services, usually lasting up to 24 months, aimed at helping people stabilize before moving to permanent housing. This model is now more targeted, often serving youth, survivors of domestic violence, or people in recovery.
- **Rapid Re-Housing (RRH):** A short- to medium-term intervention that helps individuals and families quickly exit homelessness and return to housing. RRH provides rent assistance, case management, and support services, usually lasting from 3 to 12 months.
- **Permanent Supportive Housing (PSH):** Long-term housing with wraparound supportive services for people with disabilities who have experienced chronic homelessness. PSH is a proven solution for reducing chronic homelessness and improving housing stability.
- **Other:** There are additional program types such as Safe Havens, Joint TH-RRH programs, Group Homes, Service Only projects, and Respite that may also play a role according to the needs of our community.

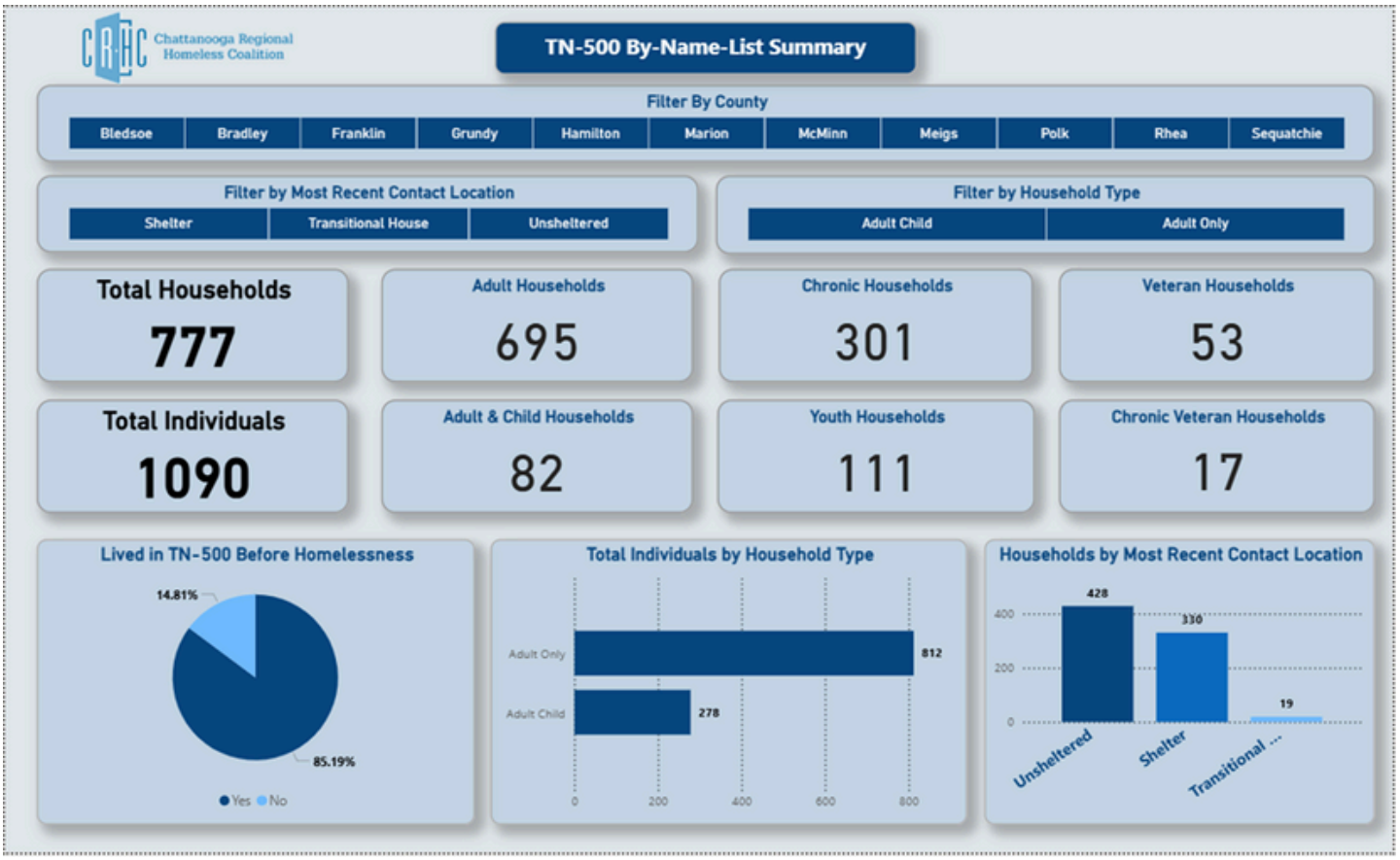
Each project type plays a role in creating a housing crisis response system that is flexible, data-informed, and responsive to different pathways out of homelessness. It is imperative that the Southeast Tennessee community have access to these varying types of programming to effectively serve individuals and families experiencing homelessness according to their situation and need.

Current Data & Trends

Homelessness is a complex issue that demands both nuanced and data-driven approaches to effectively address. Before we can determine which housing interventions are most appropriate for our region, we must first understand the scope and nature of homelessness in Southeast Tennessee. As the lead agency for the TN-500 CoC, CRHC collects and analyzes data from multiple sources throughout the year to identify who is experiencing homelessness in our region, as well as where, when, and how. While no dataset is perfect, using the following tools together provides the most accurate picture available. We pair these local data sources with national research to mitigate limitations. All data represented in this report has been collected at different intervals between May 1st, 2024, and May 1st, 2025.

The By-Name List

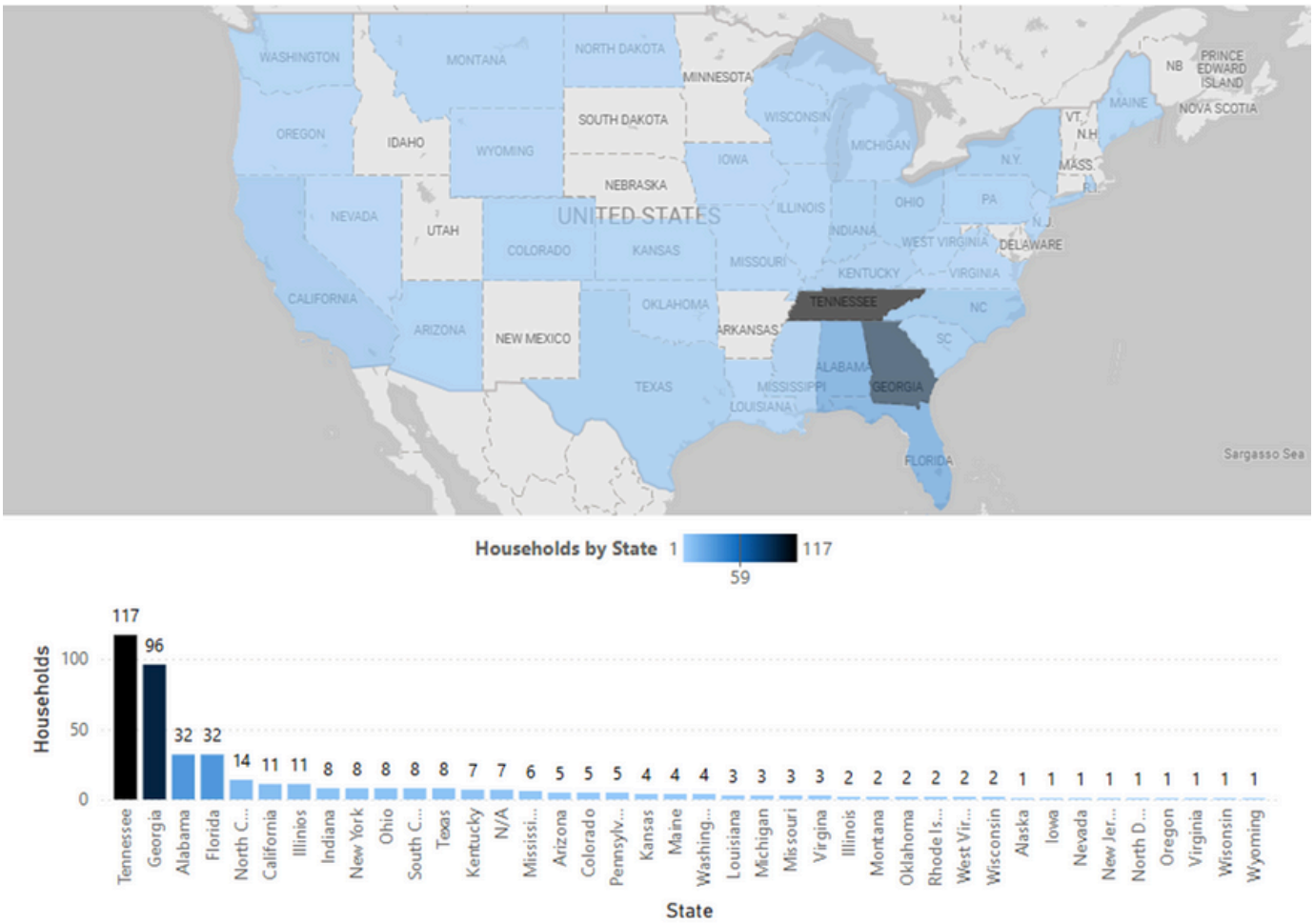
Our primary tool for tracking real-time trends in homelessness is the By-Name List (BNL). This continuously updated list provides a comprehensive registry of every individual and household that has been assessed as experiencing homelessness in our community. The BNL allows service providers to monitor who is actively homeless at any given time and connect them to appropriate housing resources.



As of May 1, 2025, the BNL included 777 households experiencing homelessness, totaling 1,090 individuals. Of the 777 households identified:

- 695 were households with adults only
- 82 included children (individuals under age 18)
- 111 had a head of household aged 24 or younger
- 53 included veterans
- 301 met the federal definition of Chronic Homelessness

Additionally, over 90% of individuals assessed during the year reported living in Southeast Tennessee for at least the past 12 months. However, 433 people said they had moved into the region within the last year. Most of these individuals came from other parts of Tennessee or neighboring states, though the full breakdown of prior residency by state is provided below.



BNL Inflow & Outflow

While the BNL provides a current snapshot, homelessness is a dynamic and evolving issue. To understand the full picture, we must also consider how individuals enter and exit homelessness throughout the year. The BNL Overview chart below shows the total number of individuals listed on the BNL, each month, over the past year. Typically, the number of people identified as homeless peaks in the winter—particularly around the annual Point-in-Time Count at the end of January—and decreases during the summer months. This seasonal fluctuation is likely due to increased service usage, such as shelter access, during colder weather, rather than an actual decline in homelessness during the summer.

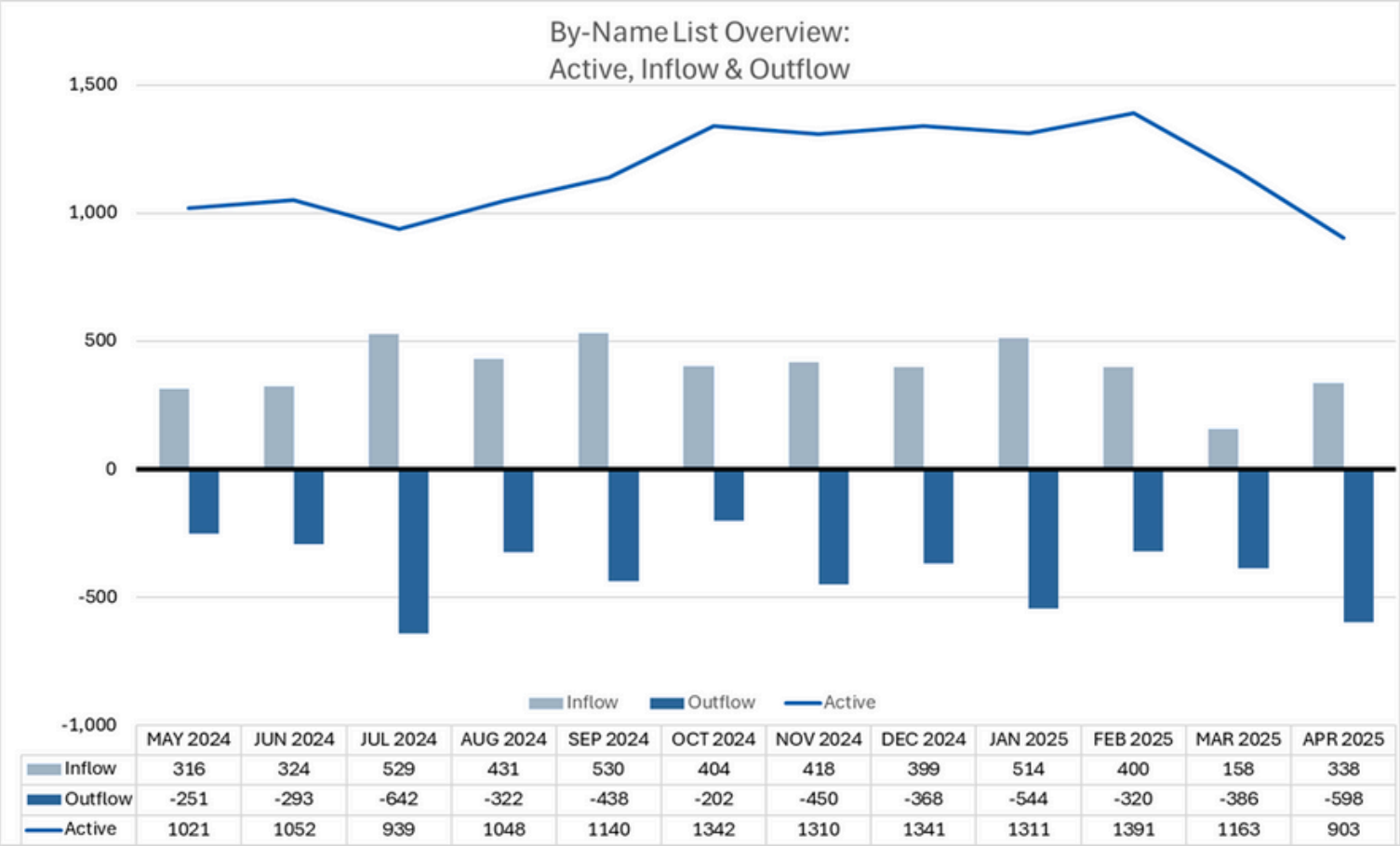
In addition to seasonal trends, the BNL Overview chart also illustrates inflow and outflow.

Inflow includes individuals who:

- Are newly identified as experiencing homelessness in Southeast Tennessee
- Returned to homelessness after a previous housing placement
- Were previously assessed, lost to follow-up, and later re-confirmed as homeless

Outflow includes individuals who:

- Moved into permanent housing
- Became inactive (e.g., unable to contact, disengaged from services)
- Moved out of the CoC region



	MAY 2024	JUN 2024	JUL 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024	DEC 2024	JAN 2025	FEB 2025	MAR 2025	APR 2025
Inflow	316	324	529	431	530	404	418	399	514	400	158	338
Outflow	-251	-293	-642	-322	-438	-202	-450	-368	-544	-320	-386	-598
Active	1021	1052	939	1048	1140	1342	1310	1341	1311	1391	1163	903

These inflow and outflow trends tell us how people are moving through the system overall. Within those trends, however, certain groups face unique barriers and often remain homeless longer or at higher rates. Looking at subpopulations helps us identify where tailored strategies are most needed.

Subpopulation Inflow & Outflow

CRHC closely monitors specific subpopulations within the homeless system to better align services with eligibility for targeted programs, funding sources, and coordinated case conferencing efforts. The primary subpopulations tracked include:

- Households with Veterans
- Households that meet the federal definition of Chronic Homelessness
- Families (households with adults and minor children)
- Youth Households (where the head of household is aged 18–24)

For each of these groups, CRHC tracks both inflow (entries into the subpopulation) and outflow (exits from the subpopulation). These movements are measured consistently across subpopulations, with a few specific exceptions:

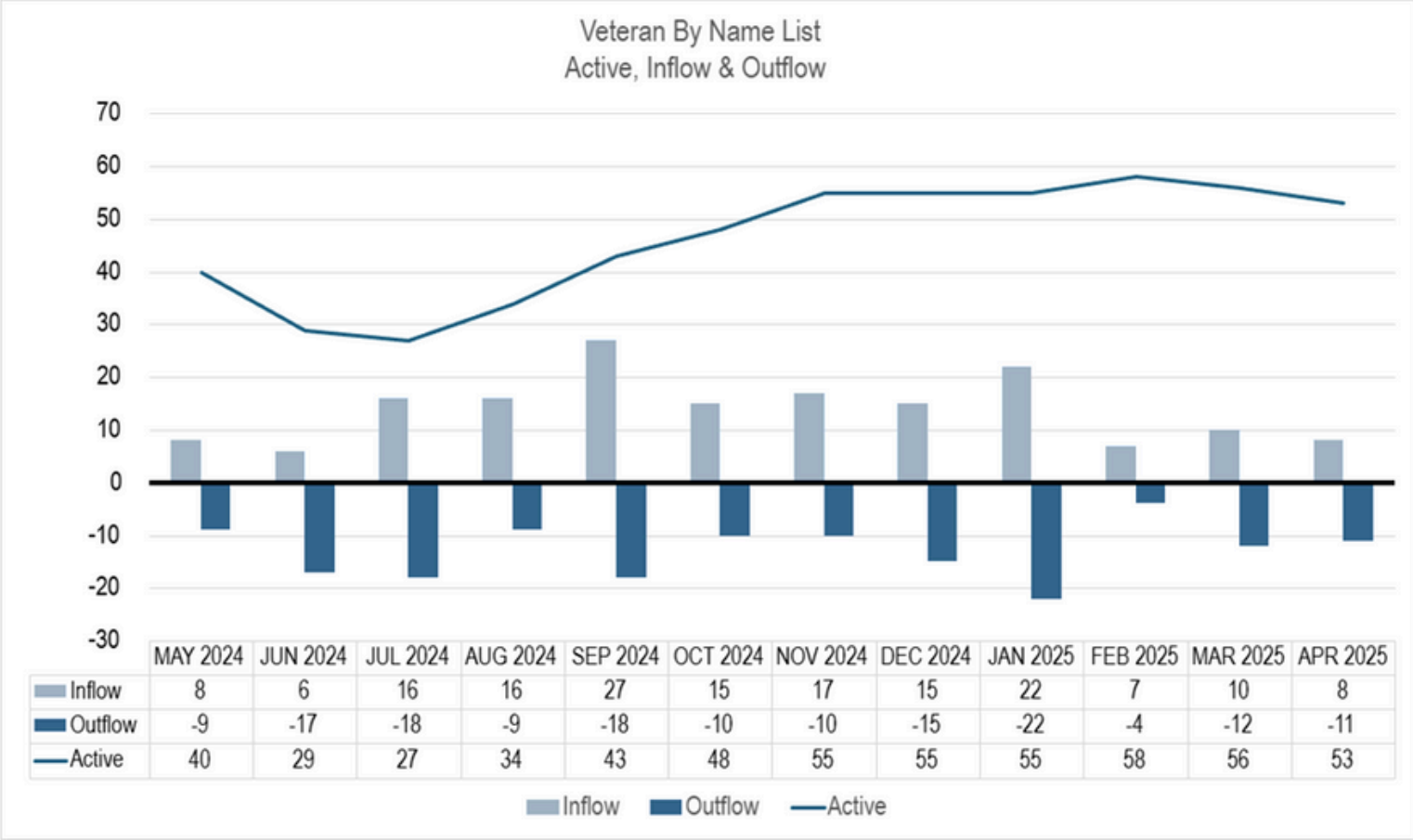
- Inflow—A household may enter a subpopulation due to a change in circumstances that makes them newly eligible. Examples include:
  - A minor who is homeless turns 18 and is now classified as a youth head of household
  - A household qualifies as chronically homeless after accumulating sufficient time homeless or receiving a qualifying disability diagnosis

- Outflow—A household may exit a subpopulation due to a change that makes them ineligible for that specific group. Examples include:
  - A youth head of household turns 25 and is no longer classified in the youth category
  - A veteran's status is reviewed and found to be incorrect
  - A household previously classified as chronically homeless moves to a different classification due to changes in condition or status

By tracking these transitions, CRHC can better respond to the needs of each subpopulation and allocate resources more effectively.

Veteran Inflow & Outflow

For the Veteran subpopulation, the data indicates a steady increase in the number of veterans experiencing homelessness over the past year, with the active list growing from 40 in May 2024 to 53 in April 2025—a 32.5% increase. This trend suggests that inflow into the system outpaced outflow overall, which may be due to a general rise in veteran homelessness, improved identification and outreach, or a combination of these factors. Despite some months showing meaningful exits, particularly in December 2024 and January 2025, the overall system has struggled to reduce the number of veterans actively experiencing homelessness. This imbalance places continued pressure on already strained housing resources and support services.

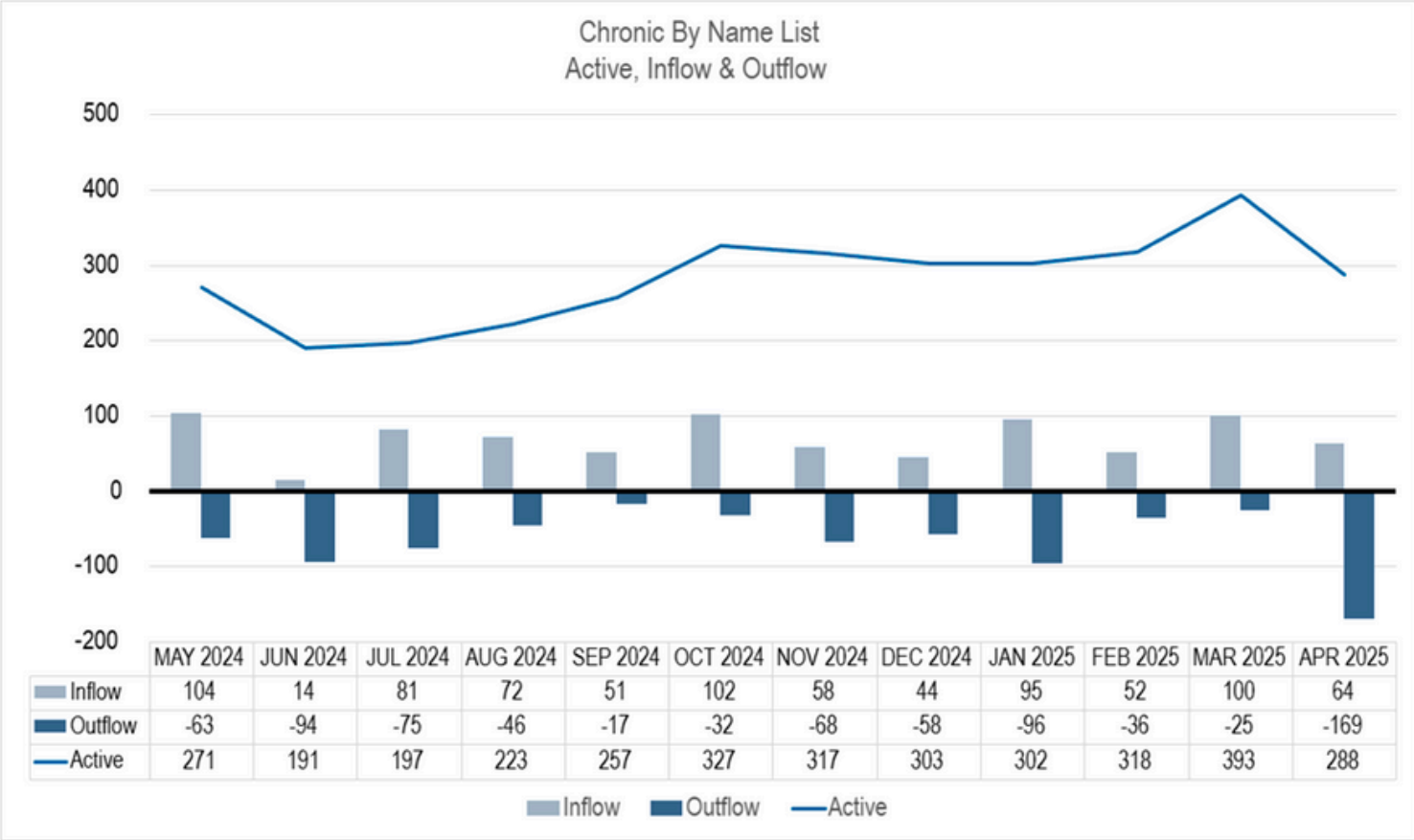


	MAY 2024	JUN 2024	JUL 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024	DEC 2024	JAN 2025	FEB 2025	MAR 2025	APR 2025
Inflow	8	6	16	16	27	15	17	15	22	7	10	8
Outflow	-9	-17	-18	-9	-18	-10	-10	-15	-22	-4	-12	-11
Active	40	29	27	34	43	48	55	55	55	58	56	53

Chronic Inflow & Outflow

For the Chronically Homeless subpopulation, there are several notable trends over the period from May 2024 to April 2025. The number of individuals actively experiencing chronic homelessness rose steadily for most of the year, peaking at 393 in March 2025 before dropping to 288 in April. This indicates a net increase of 17 individuals over the year (from 271 to 288), but that modest increase masks much larger fluctuations during the year. Periods of significant inflow—such as May, October, January, and March—drove the upward trend, especially when not counterbalanced by outflow. The significant outflow that took place in April 2025 was largely due to a significant number of households moving to "inactive" status, where sufficient time (90 days) had passed without them having engaged with a local service provider.

Overall, the system experienced substantial volatility, particularly with surges in inflow not being matched consistently by outflow. Despite several months of strong exits, the total active count remained higher than the previous spring, indicating persistent pressure on the system.

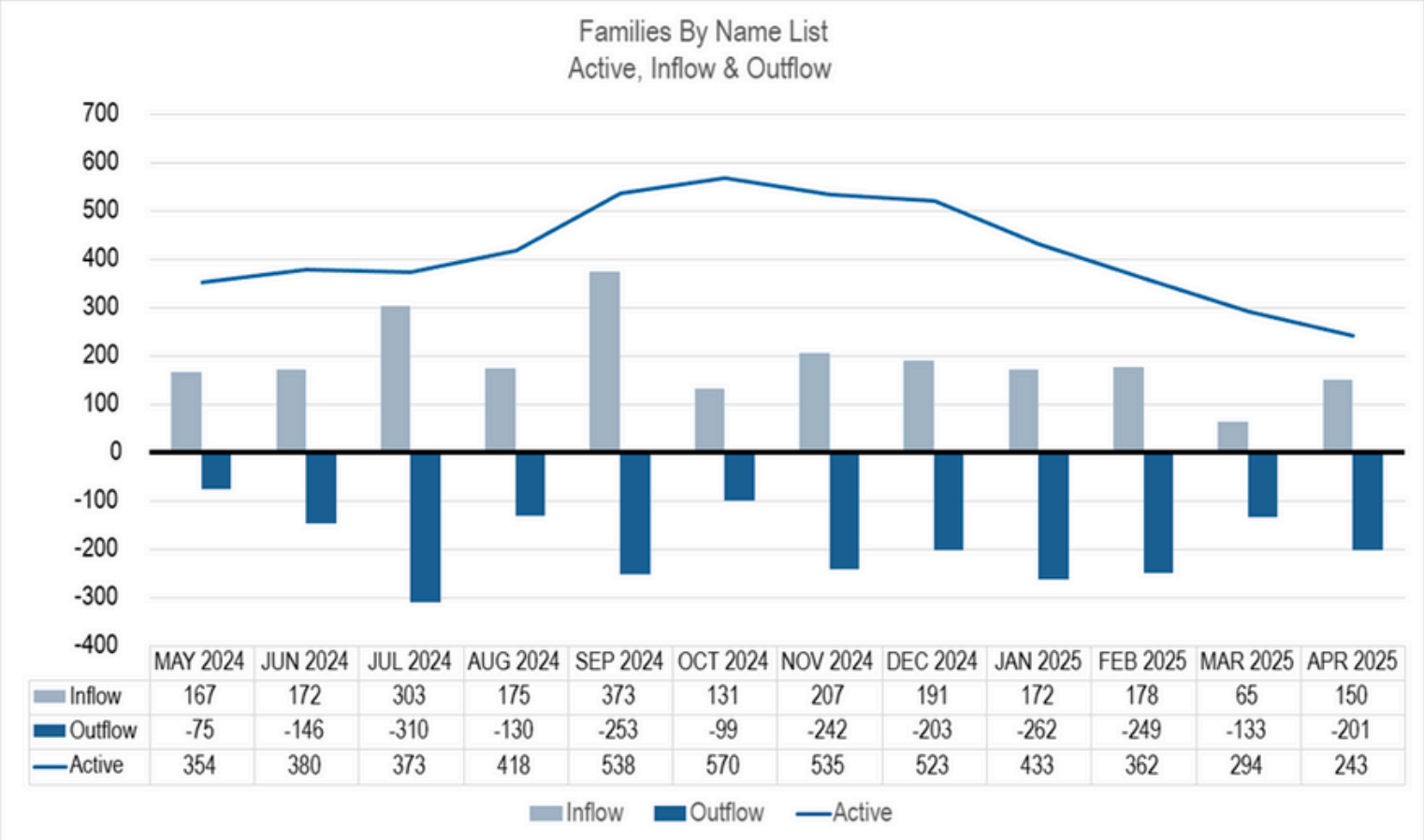


	MAY 2024	JUN 2024	JUL 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024	DEC 2024	JAN 2025	FEB 2025	MAR 2025	APR 2025
Inflow	104	14	81	72	51	102	58	44	95	52	100	64
Outflow	-63	-94	-75	-46	-17	-32	-68	-58	-96	-36	-25	-169
Active	271	191	197	223	257	327	317	303	302	318	393	288

Families Inflow & Outflow

The Families subpopulation shows significant fluctuations over the course of the year from May 2024 to April 2025. The number of active families experiencing homelessness rose steadily through the summer and early fall, peaking at 570 in October 2024. This growth was driven by large spikes in inflow, especially in July and September, with 303 and 373 new entries respectively. However, these increases were paired with large outflows, particularly in July (-310) and September (-253).

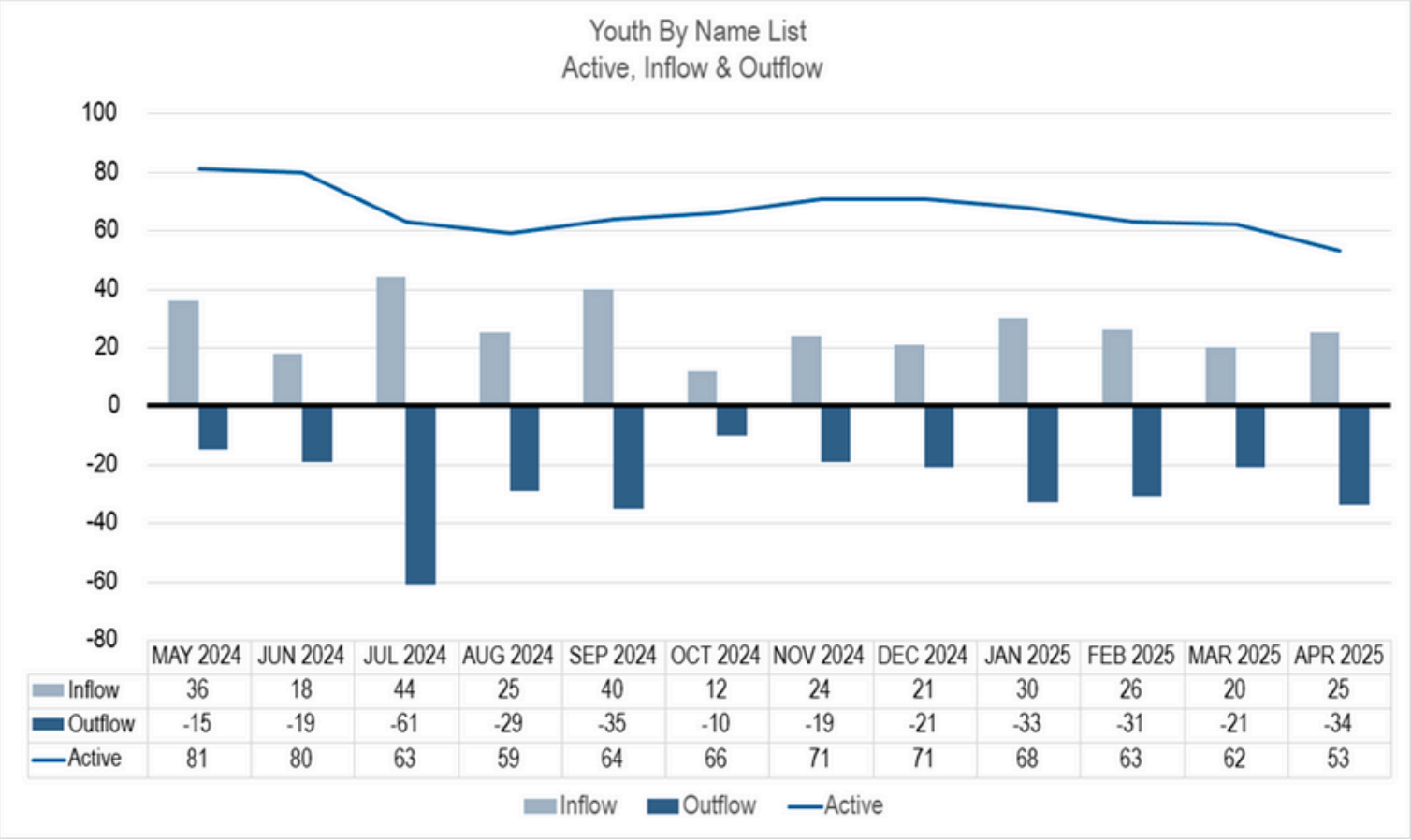
Starting in November 2024, the active family count began a sharp and consistent decline, falling to 243 by April 2025. This downward trend corresponds with sustained high outflows across multiple months, most notably in January and February 2025, when over 240 individuals in families exited each month. In contrast, inflow during this period remained relatively stable but lower than the earlier part of the year, allowing outflow to outpace entries and bring down the active count. Increased outflow beginning in the fall of 2024 coincides with the renewing of the Housing Forward Fund for its fifth cycle, a crucial diversion resource that aims to help households exit homelessness rapidly. Moreover, the increased outflow may be due to the relative availability of housing units which have two or more bedrooms compared to those with only one bedroom. Finally, decreased inflow beginning around December of 2024 aligns with the release of the Emergency Rental Assistance & Eviction Prevention Program (ERA-EPP) funding to the region, which provided households with funding to remain stably housed.



	MAY 2024	JUN 2024	JUL 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024	DEC 2024	JAN 2025	FEB 2025	MAR 2025	APR 2025
Inflow	167	172	303	175	373	131	207	191	172	178	65	150
Outflow	-75	-146	-310	-130	-253	-99	-242	-203	-262	-249	-133	-201
Active	354	380	373	418	538	570	535	523	433	362	294	243

Youth Inflow & Outflow

From May 2024 to April 2025, the number of youth actively experiencing homelessness in Southeast Tennessee steadily declined, dropping from 81 to 53. This overall reduction reflects consistent outflows from the By-Name List outpacing inflows in most months. Notably, July 2024 saw the largest outflow of the year, with 61 youth exiting homelessness—contributing to a significant drop in the active count. While inflow increased during the colder months, particularly from October 2024 through January 2025, likely due to seasonal service access, these surges did not reverse the broader trend. The first few months of 2025 showed continued progress, with April recording one of the highest outflow totals of the year (34), bringing the active youth count to its lowest point over the twelve-month period. With the region's Youth Homelessness Demonstration Project (YHDP) housing programs in their second year of funding, these trends suggest that coordinated efforts to connect youth to housing are having a meaningful impact on reducing youth homelessness.



	MAY 2024	JUN 2024	JUL 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024	DEC 2024	JAN 2025	FEB 2025	MAR 2025	APR 2025
Inflow	36	18	44	25	40	12	24	21	30	26	20	25
Outflow	-15	-19	-61	-29	-35	-10	-19	-21	-33	-31	-21	-34
Active	81	80	63	59	64	66	71	71	68	63	62	53

Point-in-Time (PIT) Count

The annual Point-in-Time (PIT) Count is a HUD-mandated snapshot of homelessness collected on a single night in January. While it helps track trends and provides data for national comparisons, it has important limitations:

- Undercounting: Many individuals experiencing homelessness—particularly those who are unsheltered or staying in nontraditional locations—may be missed.
- One-Night Snapshot: Homelessness is a dynamic experience. A single-night count may not reflect people who cycle in and out of homelessness throughout the year.
- Volunteer-Dependent: The accuracy of the count can vary based on weather, geography, and volunteer coverage, particularly in rural or hard-to-reach areas.
- Limited Detail: While the PIT Count tracks basic demographics and subpopulations, it doesn't capture the full complexity of individuals' experiences, needs, or progress through the system.

Because of these limitations, the PIT Count is just one data source among many. However, despite these limitations, our PIT trends align with By-Name List and HMIS data, reinforcing confidence in overall patterns.

The 2025 PIT Count revealed a total of 1,092 persons experiencing homelessness on January 22, 2025, in the eleven county Chattanooga/Southeast Tennessee CoC, indicating an increase of 12% over the 2024 PIT Count (975 individuals). Of the 1,092 persons counted in the 2025 count, 656 were unsheltered and 436 were sheltered. A breakdown by county is available below.

Total Households and Persons by Location					
	Emergency	**Transitional**	**Safe Haven**	**Unsheltered**	**Total**
Total Number of Households	331	12	0	580	923
Total Number of Persons (Adults & Children)	424	12	0	656	1,092

Total Persons Experiencing Homelessness by County 2025			
County	**Sheltered**	**Unsheltered**	**Total**
Total	**436**	**656**	**1,092**
Bledsoe	0	2	2
Bradley	68	64	132
Franklin	0	7	7
Grundy	0	5	5
Hamilton	326	550	876
Marion	3	6	9
McMinn	7	9	16
Meigs	0	1	1
Polk	17	2	19
Rhea	13	1	14
Sequatchie	2	9	11

Length of Time Homeless

While the PIT Count offers a single-night snapshot, it cannot fully capture the lived experience of homelessness. To understand the true scope of need, it is equally important to examine how long people remain homeless once they enter the system. Length of time homeless is a key factor in understanding both the needs of individuals and the types of interventions required. As of the latest data, 40.6% of clients on the By-Name List have been experiencing homelessness for six months or less, indicating that a significant portion of the population may be experiencing short-term or crisis-related homelessness. These individuals are often well-suited for rapid rehousing or short-term support. However, the majority—nearly 60%—have been homeless for longer than six months, with over one-third (35.7%) experiencing homelessness for more than a year. Specifically, 23.3% have been homeless between one and three years, 10.9% between three and five years, and 14.8% for five years or more.

Total Length of Time Homeless	# of Households	% of Households
6 months or less	1394	40.6%
Between 6 and 12 months	355	10.3%
More than 1 year but under 3 years	800	23.3%
More than 3 years but under 5 years	374	10.9%
5 years or more	508	14.8%

The large percentage of households who have been homeless for 6 months or less underscores the importance of investment in prevention and diversion resources to both mitigate inflow into homelessness and minimize time spent homeless, respectively. However, the sizeable group of households that have been homeless for at least one year represents a concerning trend. Individuals and families who have been homeless for significant amounts of time face more complex barriers to housing, including disabling conditions, lack of income, or structural inequities, and will require more intensive, sustained interventions such as Permanent Supportive Housing and wraparound services.

Causes & Realities of Homelessness

Homelessness is often misunderstood. In public conversations, it is too often reduced to stereotypes—that people experiencing it are lazy, merely struggling with addiction, or have simply "chosen" their circumstances. These persistent narratives overlook the real, complex factors driving housing instability. When we look closely at the data, a different picture emerges. Homelessness in Southeast Tennessee, as in much of the country, is most often shaped by systemic pressures than individual choices: rising housing costs that outpace wages, limited access to affordable healthcare, and gaps in the safety net for families and youth. For many, a single crisis, whether a job loss, a medical bill, a domestic violence situation, can be enough to push them into housing instability. By grounding our understanding in evidence and lived experience rather than misconception, we can begin to see homelessness not as an individual failing, but as a community challenge that requires community solutions.

Housing Availability and Affordability

The fundamental solution to homelessness is housing. However, adequate, available, and affordable housing is out of reach for many in our region—including individuals and families who are working full-time.

Housing Availability

Across the US, roughly 34% of the population are renters. In Southeast Tennessee specifically, rates of rentership vary from approximately 16% in Polk County (half the national average) to almost 36% in Hamilton County (on par with large metro areas like Washington DC and Seattle, WA).[1] Additionally, the rental vacancy rate- that is, the proportion of rental units that are vacant and available at any given time- is approximately 7% nationally.[2] In Southeast Tennessee, 8 of the 11 counties that make up the TN-500 CoC have rental vacancy rates lower than the national average, including some that approach 0 (Meigs and McMinn) according to US Census Bureau estimates.[3] The pace of new construction of rental units across the region continues to lag behind the population growth the Southeast Tennessee region is experiencing. This trend forces residents to compete for even scarcer housing and drives up prices beyond what low-income residents can afford.

Housing Affordability

In the same way new construction has failed to keep up with population growth, so has wage growth failed to keep up with rising housing costs. Even for individuals and families working one or more jobs, housing costs can quickly burden household finances by taking up a large percentage of monthly income. Households that are considered "rent-burdened" spend 30% or more of their income on housing costs, while those considered "severely cost-burdened" spend more than 50% on housing.

In Hamilton County, the Fair Market Rent (FMR) in 2025 for a 1-bedroom unit is $1,284 while the FMR for a 2-bedroom unit is $1,426. Using this data, we can estimate the hourly wage a household would need to afford each type of unit at the levels of being rent-burdened and severely cost-burdened, assuming full-time work (52 weeks of 40 hours per week).

[1]Lily Katz, Sheharyar Bokhari. "Renter Nation: America's Renter Population Is Growing Three Times Faster than Its Homeowner Population amid Rise in Homebuying Costs." Redfin Real Estate News, September 27, 2024. https://www.redfin.com/news/renter-household-growth-2024/?msockid=02981b0748c3639306100d5449956299.
[2]U.S. Census Bureau. 1956. "Rental Vacancy Rate in the United States." FRED, Federal Reserve Bank of St. Louis. January 1, 1956. https://fred.stlouisfed.org/series/RRVRUSQ156N.
[3]US Census Bureau. 2025. "Explore Census Data." Census.gov. 2025. https://data.census.gov /table/ACSDP5Y2023.DP04?.

Rental Size	FMR (Chattanooga MSA)	Rent-Burdened Wage	Severely Cost-Burdened Wage
1 Bedroom	$1,284	<$24.69	<$14.82
2 Bedroom	$1,426	<$27.42	<$16.45

Therefore, in order to avoid being classified as rent-burdened, a single adult must earn over $24.69 per hour, while a single-parent household must earn more than $27.42 per hour. Moreover, to not be considered severely cost-burdened, a single adult must earn over $14.82 per hour, while a single-parent household must earn more than $16.45 per hour.

When examining the labor market, it becomes clear just how out of reach affordable housing is for many people. According to the Bureau of Labor Statistics, the average hourly wage for all workers in the Chattanooga Metropolitan Statistical Area (MSA) was $27.08- less than what is required to maintain a 2-bedroom FMR unit. Moreover, the average wage for 76% of regional jobs is lower than the wage required to maintain either a 1- or 2- bedroom apartment without becoming rent-burdened.[4] This percentage includes all of the largest occupational groups in the region: Office and Administrative Support ($21.99/hour), Transportation and Material Moving ($20.37/hour), and Production ($22.13/hour).[5]

For individuals that are unhoused, employment opportunities often involve jobs that have low barriers to entry, requiring minimal education or credentials, offer flexible hours to accommodate living situations, provide immediate cash flow through daily or weekly pay, and do not require a permanent address. Most often, the primary industries (using Bureau of Labor Statistics categories) that meet these criteria include Food Preparation and Service, Construction and Extraction, and Building and Grounds Cleaning and Maintenance. While the average hourly wage in Construction jobs is $26.02 in the Greater Chattanooga area, many unhoused individuals face barriers such as inconsistent scheduling, seasonal demand, and physical strain that can make maintaining full-time, year-round employment more difficult. The same can be said of Cleaning and Maintenance positions, which have significantly lower average hourly wages of $16.52. For workers in Food Preparation and Service in particular (which employs almost 10% of the population in the region), the average wage is $14.55/hour, which is insufficient for a single adult to afford a 1-bedroom unit and avoid being severely cost-burdened, let alone single-income family household.

Rental Size	FMR (Chattanooga MSA)	Rent-Burdened Wage	# of FT MW Positions to Avoid Rent-Burdented	Severely Cost-Burdened Wage	# FT MW Positions to Avoid Severe Cost-Burden
1 Bedroom	$1,284	<$24.69	3.4	<$14.82	2.0
2 Bedroom	$1,426	<$27.42	3.8	<$16.45	2.3

[4] "Occupational Employment and Wages in Chattanooga—May 2019 : Southeast Information Office : U.S. Bureau of Labor Statistics." n.d. Www.bls.gov. https://www.bls.gov/regions/southeast/news-release/occupationalemploymentandwages_chattanooga.htm.

[5] "Occupational Employment and Wages in Chattanooga—May 2019 : Southeast Information Office : U.S. Bureau of Labor Statistics." n.d. Www.bls.gov. https://www.bls.gov/regions/southeast/news-release/occupationalemploymentandwages_chattanooga.htm.

To reiterate the point further, the minimum wage in Tennessee remains equivalent to the federal minimum of $7.25/hour. In order to avoid being rent-burdened, an individual would have to work more than three full-time, minimum-wage jobs regardless of the number of bedrooms. Additionally, to avoid being severely cost-burdened, an individual would have to work at least two full-time, minimum-wage jobs regardless of the number of bedrooms.

These figures illustrate how difficult it is for many working households to maintain stable housing, even with full-time employment. Importantly, they reflect only the relationship between income and rent on paper. They do not take into account the reality of unexpected expenses—such as medical bills, car repairs, or the loss of childcare—that can quickly push low-income households into crisis. For individuals already living paycheck to paycheck, even a small disruption can mean the difference between stability and homelessness. This reality is especially true for those managing chronic health conditions or disabilities without adequate access to healthcare or insurance, where costs and care needs compound the financial pressures of securing safe, stable housing.

Healthcare and Disabilities

Access to healthcare and the ability to manage chronic conditions play a critical role in housing stability. Nationally, individuals experiencing homelessness are far more likely to live with physical disabilities, untreated mental health conditions, substance use disorders, and other chronic health issues than the general population. In Southeast Tennessee, our data reflect the same reality.

In accordance with HUD definitions, a disabling condition is considered to be one of the following:

1. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions.
2. A developmental disability, defined as a severe, chronic condition starting before age 22 that significantly limits major life activities, such as self-care or learning, and requires long-term care.
3. A diagnosis of HIV or AIDS.

Across the last year, 72% of households assessed as experiencing homelessness indicated that at least one person in the household was living with a condition that met the above definition. A breakdown of the prevalence of various disabling conditions can be found on the following page.

Household Prevalence of Disabling Conditions in TN-500 (Self-Reported)	
Chronic Health Condition (*diabetes, cancer, heart disease)*	48%
Mental Health Condition *(MDD, bipolar disorder, or PTSD)*	46%
Physically Disabling Condition *(significantly limit mobility, physical function, or daily living activities)*	39%
Developmental Disability *(intellectual disabilities, cerebral palsy, epilepsy)*	22%
Substance Use Disorder *(use of alcohol and/or drugs to the extent of impairment of daily activities)*	13%
HIV/AIDS	3%

The most common conditions reported by individuals experiencing homelessness over the past year were severe chronic health issues and mental health conditions, with nearly two in five also reporting a physically disabling condition that significantly limited mobility, physical function, or daily activities. These realities underscore the urgent need for Permanent Supportive Housing, as many individuals are unable to maximize income through employment and must rely on limited disability benefits. The average Social Security Disability Insurance (SSDI) benefit is approximately $1,537 per month (with 75% of recipients receiving between $970 and $2,104 nationally).[6] At the Fair Market Rent (FMR) rates discussed in the previous section, an individual living on SSDI alone would have just $253 left each month after paying rent for a one-bedroom apartment or only $111 for a two-bedroom unit. Even at the higher end of SSDI benefits, $2,104 per month equates to an hourly rate of $12.14—well below the cutoff for severe cost-burden for both one- and two-bedroom FMR units. These amounts are neither feasible nor sustainable for long-term housing stability.

[6]OACT. 2024. “Disabled Worker Beneficiaries Distributed by Benefit Level.” Ssa.gov. 2024. https://www.ssa.gov/oact/progdata/benefits/da_mbc202406.html.

A common misconception is that substance use disorder (SUD) and mental illness are the primary drivers of homelessness. In reality, less than half of respondents reported having a diagnosable mental health condition, and only 13% of households in Southeast Tennessee self-reported that at least one member was living with a SUD in the past year. However, because substance use is often underreported (with researchers estimating actual prevalence may be 30%-60% higher than self-reports) the true share likely lies between 18.6% and 32.5%.[7] Even at this higher range- on par with national research- fewer than one-third of people experiencing homelessness are affected by SUD.

Additionally, the question of prevalence of mental health and SUD concerns is often one of timing, as many psychiatric conditions emerge or worsen after the loss of housing, not before. Importantly, research highlights that homelessness itself is profoundly destabilizing and can generate or intensify psychiatric symptoms. The initial experience of losing one's housing can itself produce symptoms of intense psychological trauma. Moreover, the ongoing reality of homelessness—marked by the absence of safety, predictability, and control—further erodes coping capacities. For individuals with pre-existing histories of trauma, these stressors compound, magnifying symptoms and creating additional barriers to recovery.[8] For example, a statewide study in California found that 42% of individuals who used drugs regularly began doing so only after becoming unhoused.[9]

Finally, in general, living with a disabling condition not only limits an individual's access to employment and income generation but also often imposes additional direct and indirect costs that households without disabilities do not incur. Direct costs may include expenses such as caregiving and higher premiums for access to certain goods and services. Indirect costs often arise when other household members reduce earnings or accept lower-paying but more flexible employment in order to provide care to the disabled household member. These costs accumulate quickly and significantly. Research conducted in 2020 estimated that households with an adult experiencing a work-limiting disability required, on average, 28 percent more income (equivalent to approximately $17,690 annually) to attain a standard of living comparable to that of otherwise similar households without a disabled member.[10]

Taken together, these findings indicate that while behavioral health conditions can exacerbate vulnerability, they are far from the primary drivers of homelessness. Rather, systemic factors such as insufficient affordable housing, limited social supports, and cumulative trauma are more determinative to why individuals become and stay unhoused. Within this framework, housing is not merely a social service but a foundational intervention for health. Stable housing provides the conditions necessary for recovery, access to care, and re-engagement with community life. For individuals experiencing substance use or mental illness, securing housing is often the essential first step toward stabilization and long-term well-being.

Frequent System Utilization & Mortality

Chronic homelessness, as defined by HUD, generally refers to individuals with disabilities who experience homelessness for at least 12 consecutive months or repeatedly over several years. In practice, this often means cycling between shelters, the streets, and short stays in institutions without ever reaching lasting stability. For the individual, the toll is severe. Without stable housing, people are far more likely to rely on or end up in emergency rooms, psychiatric centers, detox programs, or jails. Locally, the challenge is substantial but not insurmountable. In Southeast Tennessee, nearly 20% of all individuals assessed last year qualified as chronically homeless, underscoring the urgent need for targeted and sustained investment in proven interventions.

[7]Steinhoff, Annekatrin, Lilly Shanahan, Laura Bechtiger, Josua Zimmermann, Denis Ribeaud, Manuel P. Eisner, Markus R. Baumgartner, and Boris B. Quednow. 2023. "When Substance Use Is Underreported: Comparing Self-Reports and Hair Toxicology in an Urban Cohort of Young Adults." Journal of the American Academy of Child & Adolescent Psychiatry 62 (7). https://doi.org/10.1016/j.jaac.2022.11.011.

[8]Patterson, Michelle L, Stefanie Rezansoff, Lauren Currie, and Julian M Somers. 2013. "Trajectories of Recovery among Homeless Adults with Mental Illness Who Participated in a Randomised Controlled Trial of Housing First: A Longitudinal, Narrative Analysis." BMJ Open 3 (9): e003442. https://doi.org/10.1136/bmjopen-2013-003442.

[9]Dones, M., Espinoza, M., Smith, A., Perry, E., Dhatt, Z., Knight, K.R., Kushel, M. (2025). Behavioral Health and Homelessness in the California Statewide Study of People Experiencing Homelessness. UCSF Benioff Homelessness and Housing Initiative. https://homelessness.ucsf.edu/sites/default/files/2025-03/Behavioral%20Health%20Report.pdf.

[10]Morris, Zachary A., Stephen V. McGarity, Nanette Goodman, and Asghar Zaidi. 2021. "The Extra Costs Associated with Living with a Disability in the United States." Journal of Disability Policy Studies 33 (3): 104420732110435. https://doi.org/10.1177/10442073211043521.

Non-elderly individuals experiencing homelessness face significant increases in risks to their own well-being that housed individuals do not. Individuals experiencing homelessness face mortality rates that are 60% higher than individuals still living in poverty but are housed. The average age of death for adults experiencing homelessness ranges from 41 to 51 years—a life expectancy that is roughly 26 years shorter than the national population.[11] Other studies report that the rate of gun-involved physical violence among study participants experiencing homelessness was 1800 times higher than the general population, and sexual violence was 44 times higher.[12] A systematic review and meta-analysis found that over half of individuals experiencing homelessness had suffered some form of traumatic brain injury, typically with the first injury occurring before age 16. About one-quarter of these injuries were classified as moderate to severe. The study also highlighted that such injuries were linked to higher rates of suicidal thoughts and suicide risk, poorer self-reported physical and mental health, and increased recurring involvement with both health services and the criminal justice system. Assault was identified as the most common cause of injury, emphasizing the heightened risks faced by people without stable housing.[13]

Other Factors

While income and healthcare needs are large contributing factors to housing instability for many people, there are also several other factors that present significant challenges to maintain housing stability that deserve attention as well.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are preventable, traumatic events that occur in childhood (0–17 years) and can have lasting effects on health, development, and well-being. They include experiences such as physical, emotional, or sexual abuse, neglect, and household challenges like parental substance abuse, mental illness, domestic violence, or incarceration. According to the Centers for Disease Control and Prevention, ACEs can have long-lasting impacts on physical, mental, and social health. They increase the risk of chronic diseases (like cancer, diabetes, heart disease), mental health issues (including depression and suicide), injuries, sexually transmitted infections, and complications in maternal and child health. ACEs can also limit life opportunities, such as education and job potential, through disruption of brain development, the immune system, and stress-response systems, affecting attention, learning, and decision-making. This stress can lead to difficulties forming healthy relationships, unstable work and financial histories, and challenges that may persist across generations. Additionally, historical and ongoing traumas, like racial discrimination or poverty, can compound these effects.[14]

One systematic meta-analysis estimates that nearly 90% of adults experiencing homelessness have faced at least one ACE during childhood, and over 50% have experienced four or more. These findings suggest that ACEs are far more common in the homeless population than in the general global population, where roughly 64% report at least one ACE and only 17% report four or more.[1516] These findings highlight that ACEs are both common and profoundly impactful, particularly among vulnerable populations such as people experiencing homelessness. Preventing and addressing ACEs is critical not only for individual health and well-being but also for breaking cycles of adversity across generations. Early intervention, supportive environments, and policies that reduce exposure to trauma can help mitigate the lasting effects of ACEs and improve life outcomes.

[11]Chimowitz, Hannah, and Adam Ruege. 2023. "The Costs and Harms of Homelessness." Community Solutions. September 25, 2023. https://community.solutions/research-posts/the-costs-and-harms-of-homelessness/.
[12]Riley, Elise D., Eric Vittinghoff, Rose M. C. Kagawa, Maria C. Raven, Kellene V. Eagen, Alison Cohee, Samantha E. Dilworth, and Martha Shumway. 2020. "Violence and13
[13]Emergency Department Use among Community-Recruited Women Who Experience Homelessness and Housing Instability." Journal of Urban Health 97 (1): 78–87. https://doi.org/10.1007/s11524-019-00404-x.
[14]CDC. 2024. "About Adverse Childhood Experiences." Adverse Childhood Experiences (ACEs). 2024. https://www.cdc.gov/aces/about/index.html#cdcreference_7.
[15]Liu, Michael, Linh Luong, James Lachaud, Hanie Edalati, Aaron Reeves, and Stephen W Hwang. 2021. "Adverse Childhood Experiences and Related Outcomes among Adults Experiencing Homelessness: A Systematic Review and Meta-Analysis." The Lancet Public Health 6 (11). https://doi.org/10.1016/s2468-2667(21)00189-4.
[16]CDC. 2024. "About Adverse Childhood Experiences." Adverse Childhood Experiences (ACEs). 2024. https://www.cdc.gov/aces/about/index.html#cdcreference_7.

Domestic Violence

Domestic violence is one of the leading drivers of homelessness, particularly for women and families with children. Survivors often face the impossible choice between staying in an unsafe environment or leaving without stable housing or resources. Leaving abuse is an act of courage, but it can also mean giving up financial security, community connections, and personal belongings. For many, the lack of safe and affordable housing options makes homelessness the only alternative to continued harm. Recognizing this, the U.S. Department of Housing and Urban Development (HUD) classifies fleeing domestic violence as a distinct category of homelessness, underscoring the urgent need for dedicated housing and services. Ensuring that survivors are met with safety, dignity, and clear pathways to long-term stability is critical to a responsive and compassionate housing system.

Across the last year, 10% of individuals assessed reported that they were actively fleeing a domestic violence situation. However, domestic violence is widely underreported for many reasons, including fear of retaliation, stigma, and lack of trust in systems. A 2023 report by the Bureau of Justice Statistics estimated that nearly half (46.2%) of domestic violence incidents went unreported that year—a rate that, while an improvement from previous years, remains alarmingly high. This means that the 10% identified through assessments is almost certainly a significant undercount, excluding not only survivors who chose not to disclose their status but also those who never sought help at all. As a result, the true intersection between domestic violence and homelessness in our community is likely much greater than the data alone can capture.

Exiting the Foster Care System

For many young people, turning eighteen marks the beginning of independence, stability, and opportunity. For those exiting the foster care system, however, the transition into adulthood often comes with far fewer supports and safety nets. Without consistent family connections, affordable housing, or adequate income, young adults aging out of foster care face a significantly higher risk of experiencing homelessness. National research has consistently shown that youth leaving foster care are more likely to face housing instability within the first few years of independence. This heightened risk is not a reflection of individual failure, but of systemic gaps in ensuring that vulnerable young people have the resources, relationships, and stability they need to thrive.

A National Alliance to End Homelessness analysis showed that on average, from 2018-2022, roughly 21% of youths who had recently exited foster care experienced homelessness in the last two years. Locally, 16% percent of individuals assessed in the last year reported having previously exited foster care. Youth who age out of care often face adulthood without the same safety nets that others can rely on, leaving them particularly vulnerable when unexpected challenges arise. Without intentional supports, such as stable housing options, access to healthcare, and consistent adult mentorship, the cycle of instability can continue. Recognizing foster care exit as a pathway into homelessness underscores the need for interventions that bridge this critical transition and ensure young people are not left to navigate it alone.

Understanding the causes of homelessness highlights why people lose housing in the first place, but solving the problem requires looking at whether our community has enough resources to respond. The next section examines the gap between available housing interventions and the actual scale of need.

Inventory & Gaps in Housing Interventions

Now that we have a clearer understanding of who is experiencing homelessness in Southeast Tennessee, it is equally important to assess the resources currently available to support them. This section provides an overview of the housing and service capacities within our Continuum of Care (CoC), including the number and types of housing projects in operation. By examining both existing capacity and identified gaps, we can better evaluate where our system is effectively meeting community needs—and where further investment or strategic expansion is required.

Current Housing Program Capacity

Each year, alongside the annual Point-in-Time (PIT) Count, the Continuum of Care also conducts the Housing Inventory Count (HIC). This companion count measures the total number of available "beds" across the CoC's housing and shelter projects. For emergency shelter and transitional housing, "beds" represent the actual physical beds available for occupancy. For permanent housing projects such as Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH), the "bed" count reflects the number of people actively housed and enrolled in the program on the night of the PIT Count. In other words, for these permanent housing projects, each housed client represents one occupied bed in the inventory.

In 2025, the HIC identified a total of 901 year-round beds across all project types—meaning our community has the capacity to shelter or house up to 901 individuals at a given time through existing programs.

All Beds by Project Type	Households without Children	Households with Children	Households with only Children	Total Year-Round Beds
Emergency Shelter (ES)	130	158	0	288
Transitional Housing (TH)	17	0	0	17
Safe Haven (SH)	0	0	0	0
Rapid Re-Housing (RRH)	73	82	0	155
Permanent Supportive Housing	231	202	0	433
Other Permanent Housing (OPH)	8	0	0	8
Total	**459**	**422**	**0**	**901**

However, both By-Name List trends and PIT Count data consistently show that the number of people actively experiencing homelessness has remained slightly above 1,000 individuals throughout the past year. Because individuals may remain in a program for 90 days, six months, or even several years depending on the intervention, this level of program capacity is insufficient to keep pace with current inflow and demand for housing services. To better understand where these limitations are most pronounced, the following section breaks down capacity by project type and examines to what extent each intervention is serving various subpopulations.

Rapid Re-Housing Capacity

Rapid Re-Housing (RRH) is a vital housing intervention designed to help individuals and families experiencing homelessness quickly transition into stable, permanent housing. By reducing the amount of time people spend without shelter or in emergency facilities, RRH mitigates the negative impacts of homelessness on health, employment, and family stability. Through a combination of short-term rental assistance and supportive services, RRH not only promotes housing stability but also encourages long-term self-sufficiency. It is often a cost-effective approach, particularly for households that do not require intensive, long-term support.

As of the 2025 HIC, there were 155 year-round RRH beds available across the region. To better understand how that capacity compares to potential need, we analyzed client assessment data from May 2024 to April 2025. Specifically, we reviewed households that met the following criteria:

- They indicated that a lighter-touch intervention such as Diversion was not suitable for their situation
- The head of household was under retirement age
- The household reported no mental health, developmental, or physical disabilities.\

While these criteria do not align exactly with the eligibility requirements of every RRH program, they reflect characteristics commonly associated with households that benefit most from RRH—those who need more than one-time financial assistance but are likely to increase income over time and achieve stability.

In total, 520 individuals met the above criteria over the course of the year. Given that the average length of enrollment in an RRH program is approximately 182 days (6 months), each bed is generally occupied for about half the year. To ensure that all eligible individuals could be served at any point throughout the year without delay, our region would need to increase RRH capacity to roughly 255 year-round beds—an increase of 100 beds over current levels. This gap highlights a clear opportunity to expand RRH as a scalable, efficient intervention to address the needs of a significant portion of our community experiencing homelessness.

Permanent Supportive Housing

Permanent Supportive Housing (PSH) plays a vital role in serving individuals and families who face the greatest obstacles to securing and maintaining stable housing. These households often include people living with long-term disabilities, serious health conditions, or prolonged experiences of homelessness. PSH provides not only permanent housing assistance but also ongoing, individualized support services such as case management, behavioral health care, and medical coordination. Unlike short-term programs, PSH is specifically designed for those who are unlikely to thrive in time-limited interventions, making it a foundational component of a well-functioning homelessness response system. Without access to PSH, people with the most complex needs are frequently caught in a cycle of emergency shelters, hospitals, and the justice system—resulting in higher personal hardship and greater public cost. When implemented effectively, PSH reduces repeat homelessness, improves health and housing outcomes, and eases strain on crisis systems, making it both a humane and economically sound solution to chronic homelessness.

According to the 2025 Housing Inventory Count (HIC), there were 433 year-round PSH beds available throughout the region. To assess how that supply aligns with demand, we reviewed assessment data from May 2024 through April 2025. We focused on households meeting the federal definition of chronic homelessness, which includes those who:

- Have experienced homelessness for at least 12 consecutive months or four or more episodes over the past three years totaling at least 12 months, and
- Have a disabling condition that significantly interferes with daily functioning.

In total, 506 individuals met the above criteria over the course of the year. Given that PSH is typically a long-term solution, with an average length of stay of 1,844 days (roughly five years), turnover in these programs is limited. With only around 40 individuals exiting from PSH projects every year, our region would need to increase PSH capacity to roughly 700 year-round beds—an increase of nearly 300 beds over current levels—assuming that current PSH projects could also increase their rate of "moving on" clients to less intensive interventions after they have reached sufficient stability.[17] Closing this gap will be essential to effectively supporting those who cannot succeed in less intensive housing models and ensuring our homelessness response system remains both equitable and efficient.

Emergency Shelter

Emergency shelter serves as a vital crisis response for individuals and families who have no safe place to stay. As the most immediate form of intervention within the homelessness response system, shelters offer short-term refuge from the dangers of sleeping outdoors or in unsafe, unstable conditions. In addition to meeting basic needs like food, safety, and hygiene, many shelters also provide case management, housing navigation, and connections to supportive services that help individuals work toward stability.

While emergency shelter plays a critical role in protecting people during a housing crisis, it is important to recognize that shelter is not housing. It is a temporary intervention designed to offer safety and stabilization—not a permanent solution to homelessness. Over-reliance on shelter, without timely access to appropriate housing options, can lead to longer stays, repeat episodes of homelessness, and ongoing instability. Ideally, our system would have enough accessible housing through diversion, RRH, or PSH to move people into safe, stable homes the same day they seek help. In such a system, emergency shelters would be used only for the most urgent and short-term crises. However, given current gaps in housing availability and affordability, emergency shelter remains a necessary—though imperfect—part of the homelessness response. It must be paired with robust housing interventions to ensure that shelter stays are as brief, rare, and non-recurring as possible.

Without sufficient shelter capacity, individuals experiencing homelessness—particularly those newly displaced or facing acute crises—are left with few or no options for safety and support. Ensuring that shelters are adequately resourced and fully integrated into a broader housing-focused system is essential for protecting vulnerable populations and maintaining the overall effectiveness of our regional response to homelessness.

[17]As part of its strategic priority to end homelessness, HUD encourages communities to explore Moving On strategies in their communities for clients in permanent supportive housing (PSH) who may no longer need or want the intensive services offered in PSH but continue to need assistance to maintain their housing. Moving On strategies challenge a community to create partnerships between the Continuum of Care (CoC) and mainstream housing programs, such as public housing, the Housing Choice Voucher (HCV) program, and HUD-funded multifamily housing providers.

The HIC showed that our region maintained 224 traditional, year-round emergency shelter beds (excluding those designated for survivors of domestic violence). During nights of severe winter weather (below 35 degrees and dry or below 40 degrees with precipitation), this number temporarily increased to 414 with the addition of cold weather shelter beds. While these resources play a vital role in providing immediate safety for individuals without shelter, current capacity falls significantly short of meeting community need. In total, across the last 12 months, 4,154 different individuals in Southeast Tennessee spent one or more nights sleeping without shelter on the streets, in cars, or other spaces not meant for human habitation. Based on the typical shelter stay length benchmark of 90 days, our region would need approximately 1,024 year-round shelter beds to ensure that every unsheltered individual has access to a safe, warm place to sleep on any given night. As it stands, our system is operating at just 22% of that capacity. Compounding the problem, many beds go unused each night because much of the existing shelter capacity is not low-barrier. On the night of the PIT count, only 66% of available emergency shelter beds were occupied.

With the significant investment necessary to increase year-round shelter capacity to this extent, there are smaller investments in low-barrier shelter projects that would make significant strides in providing safety for our region's unsheltered population.

ES- Families

The current capacity for family shelter in our region includes 158 year-round beds. Over the past year, 1,561 individuals- specifically members of families with minor- children- experienced unsheltered homelessness. To ensure that no child has to sleep on the street, our region would need to increase family shelter capacity to 385 year-round beds- representing a shortfall of 227 beds.

ES- Seniors

Currently, there are no emergency shelter beds in the region specifically designated for individuals aged 62 and older. Yet over the past year, 317 older adults in this age group experienced unsheltered homelessness. To adequately accommodate this vulnerable population, the region would need approximately 78 year-round beds tailored to the needs of older adults.

ES- Domestic Violence

Our region currently has 79 year-round shelter beds dedicated to individuals fleeing domestic violence. Over the past year, 445 individuals self-reported experiencing domestic violence. However, given the well-documented underreporting of such incidents, this figure likely represents only a portion of those in need. Even based on reported data alone, the region would need to expand its capacity to approximately 110 year-round beds to more adequately serve survivors who come forward and seek safe shelter.

ES- Medically Fragile

While emergency shelter is essential for providing safety to all individuals experiencing unsheltered homelessness, it is especially critical (and often lifesaving) for those with severe or urgent medical needs. Currently, there are no emergency shelter beds in our region specifically designated for such medically fragile individuals. To better understand the scope of this subpopulation, we analyzed individuals who met all of the following criteria at the time of assessment:

- Were unsheltered at the time of assessment
- Reported being in "fair" or "poor" health
- Had a mental, developmental, or physical disability, a chronic health condition, HIV/AIDS, or a substance use disorder

In the past year, 1,107 individuals met these conditions. To ensure this vulnerable group has access to safe and appropriate shelter, our region would need to establish approximately 273 year-round beds with appropriate medical care as necessary.

ES- Respite

Within the broader medically fragile population, there is an even more acute group who can benefit from a specialized form of shelter known as medical respite. Medical respite provides short-term residential care for individuals experiencing homelessness who are too ill or frail to recover on the streets or in traditional shelters, but who do not require hospitalization. Unlike emergency shelter, respite programs offer a safe, stable place to rest and recover, along with access to basic medical support and care coordination.

Currently, our region has between 2 and 11 medical respite beds available at any given time, depending on funding availability. To estimate the need for medical respite over the last year, we identified individuals who met all the following criteria:

- Reported being in "poor" health
- Had a chronic health condition
- Had multiple emergency room visits in the past 12 months due to unmanaged medical issues.

In total, 256 individuals met these conditions. Given that respite stays are typically shorter than emergency shelter—averaging about 21 days for recovery—we estimate that the region would need at least 15 consistently available medical respite beds, supported by appropriate medical care, to adequately meet the needs of this vulnerable population.

Diversion and Prevention

While housing programs are essential to supporting those already experiencing homelessness, it is equally imperative that our region invests in interventions that operate across the full spectrum of housing instability. This includes both diversion and prevention—two strategies aimed at reducing the number of people who ever become homeless in the first place. Diversion helps individuals and families identify immediate, safe housing alternatives at the moment they are seeking shelter, often by leveraging personal networks, creative problem-solving, and limited financial support. Prevention, on the other hand, works further upstream by addressing the root causes that put households at risk of losing their housing, such as sudden income loss, medical emergencies, or landlord disputes.

Both interventions are critical because they reduce the strain on shelter systems, lower overall inflow into homelessness, and can often resolve a housing crisis more quickly and cost-effectively than traditional shelter or housing programs. By strengthening diversion and prevention efforts, our community can not only reduce the number of people experiencing homelessness but also promote greater stability and resilience for households on the edge.

Housing Forward Fund

The Housing Forward Fund (HFF) is the primary diversion resource for residents of Hamilton County that are actively experiencing homelessness. It serves as a flexible financial resource designed to help individuals and families. Administered by the Chattanooga Regional Homeless Coalition and accessible through numerous community partner agencies, the fund supports a range of needs that may otherwise delay or prevent someone from exiting homelessness rapidly and successfully. Assistance through HFF may include rental arrears, utility payments (current or past due), security deposits, moving costs, and short-term rental assistance. The fund is intentionally adaptable, aiming to provide just enough support at just the right time—filling critical gaps where other resources fall short.

This past year marked the fifth round of the HFF. Between September 2024 and May 2025, the HFF provided assistance to 378 households in Hamilton County, supporting a total of 804 individuals—443 adults and 361 children. A total of $640,000 was made available to eligible participants to cover qualifying expenses. The table on the following page outlines how those funds were allocated.

Total Request Type	
Security Deposit Assistance	$265,800
Rental Assistance (2 month maximum)	$242,800
Rental Arrears (if barrier to obtaining housing)	$34,700
Move-In Supplies	$27,000
Utility Deposit	$22,500
Landlord Fees	$14,900
Utility Arrears (if barrier to obtaining housing)	$11,900
Pet Deposit	$6,400
Moving Company Fees	$4,400
Miscellaneous Fees	$2,400
Application Fees	$1,700
Renter's Insurance Fees	$1,300
Relocation Requests	$809

The HFF has been a crucial intervention in our region's homelessness response system, enabling frontline staff to act quickly (often within days) to stabilize households before they become unsheltered or enter emergency shelter. This not only preserves limited shelter capacity for those with no other options but also reduces the trauma and long-term impact of homelessness on families and individuals. Additionally, because most housing programs (i.e., RRH and PSH) are prioritized for those with the highest levels of vulnerability, diversion funding fills a vital gap by helping individuals and families whose situations, while urgent, may not yet qualify for long-term interventions. Investing in and expanding diversion resources like the HFF is essential to preventing homelessness from becoming prolonged, more traumatic, and ultimately more expensive to address.

Despite the substantial impact of the Housing Forward Fund, it remains insufficient to meet the full scope of need in our community. Over the past year, an estimated 1,445 individuals in Hamilton County met the criteria for diversion assistance but were unable to access it (with the number increasing to 1,572 individuals across the CoC). This group represents roughly 48% of all individuals who experienced homelessness during that time—underscoring just how many people could resolve their housing crisis with a relatively modest level of support. Over the past year, the average amount of assistance requested per household through the Housing Forward Fund was $1,666. Based on the estimated 1,445 individuals who met diversion criteria but did not receive assistance, the Fund would need to maintain a balance of approximately $3 million per cycle to meet the full demand—an increase of roughly $2.4 million over current funding levels. To meet diversion needs for the whole CoC, the required increase would be $2.6 million for a total balance of $3.2 million. To be clear, the figures reflect inflow numbers from the last year; however, with mitigated inflow, total required investment into diversion resources would decrease.

Closing these gaps requires sustained investment. The following section outlines how federal and local funding currently supports our homelessness response system, and why additional resources are needed to meet the scale of the challenge.

Funding Landscape

The TN-500 Continuum of Care (CoC) operates within a dynamic and multifaceted funding environment shaped by federal, state, and local investments, alongside philanthropic and private contributions. Together, these streams sustain outreach, shelter, housing, data infrastructure, and system coordination across our region. Yet while essential, funding is often fragmented, time-limited, and restricted by specific program rules. The scale and stability of these dollars directly determine how many individuals and families can be housed each year—and how quickly the system can respond in times of crisis.

In the past year, several historically reliable funding sources have faced the risk of significant reduction or elimination, vulnerable to political shifts, changing priorities, or sunset provisions. Understanding this landscape is critical not only to assessing current capacity and identifying gaps, but also to advocating for long-term, sustainable investment. The following section outlines the major funding sources that shape Southeast Tennessee's ability to address homelessness.

CoC HUD Funding Breakdown

The federal Continuum of Care (CoC) program is the single largest source of dedicated funding for homelessness response in Southeast Tennessee and across the nation. Administered by the U.S. Department of Housing and Urban Development (HUD), the CoC grant provides renewable funding each year to support a wide range of housing and service programs—including PSH, RRH, CE, and the HMIS. Unlike short-term or project-based funding streams, CoC dollars are designed to provide long-term stability, ensuring that critical housing interventions remain available year after year.

The CoC grant is awarded through a highly competitive national process, with communities across the country vying for limited resources. Each year, HUD requires local Continuums of Care to evaluate and rank projects, demonstrating both need and performance. This ensures funding is prioritized for the most effective programs but also means that local providers are continually at risk of losing critical resources if federal priorities shift or if performance metrics are not met. As a result, while the CoC grant provides stability compared to many other funding sources, it remains vulnerable and must be actively defended and stewarded each year.

TN-500 receives substantial support through the U.S. Department of Housing and Urban Development's Continuum of Care Program, which funds a range of housing and service interventions at different organizations across the CoC. These allocations reflect both federal priorities and local capacity to implement evidence-based models. For our region, the annual CoC grant is not just one piece of the funding puzzle—it is the backbone of the homelessness response system. Without it, many of the housing programs that sustain vulnerable households would not exist at all.

Project Type	HUD Funding Amount
Rapid Re-Housing	$939,778
Permanent Supportive Housing	$1,755,246
Domestic Violence Bonus- Transitional Housing/Rapid Re-Housing	$291,478
Homeless Management Information System (HMIS)	$197,344
Coordinated Entry	$38,775
CoC Planning	$185,659
Youth Homelessness Demonstration Program (YHDP)	$1,212,102

These investments enable the CoC to maintain core infrastructure while piloting innovative approaches, such as youth-centered housing models and survivor-informed transitional housing.

CoC ESG Funding Breakdown

The Emergency Solutions Grant (ESG) is a critical federal funding stream for homelessness response, overseen by HUD and distributed through both state and local channels. In Southeast Tennessee, ESG funds are allocated by the Tennessee Housing Development Agency (THDA). Unlike the Continuum of Care program, which focuses on funding more long-term housing interventions, ESG is designed to support the front lines of the homelessness crisis. ESG dollars are more flexible in scope, helping to fund emergency shelters, street outreach, rapid re-housing, homelessness prevention, and key system supports like data collection. Because ESG funds are distributed through formula allocations rather than competitive awards, they provide a more predictable funding stream. However, the relatively small size of ESG awards means that while they play a critical role in maintaining essential services, they cannot meet the scale of need on their own.

Project Type	ESG Funding Amount
Rapid Re-Housing	$140,000
Emergency Shelter	$80,000
Prevention	$140,000
Data Collection	$15,000

ESG funds often serve as a bridge to support individuals and families in moments of crisis while connecting them to longer term housing pathways.

CRHC Funding Overview

As the lead agency for TN-500, the Chattanooga Regional Homeless Coalition (CRHC) plays a central role in coordinating system wide efforts, managing data infrastructure, and amplifying the voices of providers and people with lived experience. Understanding CRHC's funding sources is key to assessing the CoC's operational capacity and strategic direction. CRHC's funding portfolio includes:

- Federal and State Grants: Supporting HMIS administration, Coordinated Entry, regional planning, and youth homelessness initiatives.
- Local Government Contracts: Funding flexible housing funds, data infrastructure, coordination, and training. CRHC leverages these resources to strengthen real-time data collection, improve system accountability, and ensure local investments are aligned with community needs and outcomes.
- Private Philanthropy: Enabling innovation, staff development, and trauma-informed programming that often fall outside the scope of public funding.

The Costs of (In)Action

Homelessness carries a human toll that is immeasurable—lives disrupted, health deteriorated, and opportunities lost. However, in addition to its moral and social dimensions, homelessness also comes with a significant financial cost to the broader community. When people remain unhoused, the community continues to bear unnecessary costs through crowded emergency rooms, frequent use of jails and courts, and heightened demands on first responders and service providers. These costs are not abstract. They show up in hospital budgets, county jail expenditures, law enforcement overtime, and strained nonprofit resources. Unlike housing investments, these expenses do little to resolve the crisis; rather, they simply sustain cycles of instability. In effect, choosing not to address homelessness with evidence-based housing solutions means choosing to pay more—year after year—for worse outcomes. The following analysis highlights the scale of some of these hidden costs in Southeast Tennessee and contrasts them with the relative efficiency of housing-focused solutions. By understanding what inaction truly costs our region, we can better recognize that housing is not only the compassionate choice but also the most fiscally responsible one.

Costs of Homelessness

Emergency Room Usage

Research consistently shows that people experiencing homelessness are disproportionately reliant on emergency services. Locally, the cost burden is significant. In Hamilton County, a single visit to Erlanger Hospital's Emergency Department costs at least $500 in facility and physician fees before any diagnostic tests or treatment. Among those assessed in the past year, 40% (at least 2,359 individuals) reported two or more ER visits, representing a minimum of 4,718 visits annually. Even at the most conservative estimate, this equates to $2.3 million in emergency care costs. When factoring in diagnostic testing and treatment, a more accurate estimate falls between $5.4 million and $10.9 million each year. However, as we have already discussed, individuals experiencing chronic homelessness in particular are likely to visit the ER more than twice per year. If less than 20% of those reporting multiple ER visits had 5-10 visits over the year, the annual cost rises to between $7.6 and $25 million when higher-use patterns are considered.[18]

Police & the Justice System

Public arrest records from the Hamilton County Sheriff's Office demonstrate that homelessness-related enforcement carries a substantial fiscal impact. Over the past year, 701 arrests occurred where the individual's address was identified as homeless and the charges were of a nature commonly linked to homelessness: trespass or unlawful camping, public intoxication or open container violations, indecent exposure or panhandling, and obstruction or littering (as well as administrative violations and minor transportation or identification issues). Because this figure reflects only arrests where "homeless" was disclosed as an address, this number almost certainly represents an undercount, given some individuals' likely unwillingness to disclose their homelessness status. Using a conservative per-arrest cost of $467, the annual burden of these arrests totaled about $327,000. More liberal estimates, which factor in longer police involvement, multiple days in jail, and additional court appearances, increase this range to $465,000 to $1.04 million. After adjusting for likely undercounting, a more realistic range for Hamilton County's annual costs is approximately $350,000 to $1.25 million.

Because Hamilton County accounts for a large majority of individuals experiencing homelessness within the TN-500 Continuum of Care, these figures can be proportionally extended to the broader region. Applying this distribution across the remaining ten counties suggests that the total annual cost of homelessness-related arrests and incarceration across the eleven-county area falls between $440,000 and $1.6 million, with the most realistic estimates clustering around $900,000 to $1.1 million.

[18]Calculation based on 2,359 individuals (40% of those assessed) reporting two or more ER visits in the past year, representing at least 4,718 total visits. Minimum cost per visit estimated at $500 (Erlanger facility + physician fees), resulting in a conservative total of $2.36 million. Using national benchmarks of $1,150–$2,300 per ER visit (including diagnostics and treatment), the liberal estimate ranges from $5.4 million to $10.9 million. Extrapolated calculations assume the baseline estimate (4,718 visits) is calculated as 2 visits × 2,359 individuals. Scenarios for higher utilization assume that 10%, 20%, or 33% of this group had 3, 5, or 10 visits, with all others remaining at two visits. Visit costs are estimated conservatively at $500 per visit (Erlanger facility + physician fees only), with mid- and high-range estimates of $1,150 and $2,300 per visit respectively, reflecting national averages. Total visits are multiplied by each cost estimate to produce the ranges cited in text.

As the Lead Agency for the TN-500 Continuum of Care, we recognize and strongly support the essential role of law enforcement in maintaining public safety. However, the persistence of unmet housing needs draws officers and deputies into repeated responses to low-level offenses—such as unlawful camping, public intoxication, or failure to appear—that are more effectively resolved through housing and supportive services. Enabling law enforcement to focus on serious threats to community safety, while redirecting individuals experiencing homelessness toward stable housing and assistance, would represent a more efficient and humane allocation of public resources.

School Systems

While many conceptualize homelessness primarily as those visible on the streets or in encampments, thousands of children and youth in our region experience it more quietly—through doubled-up living situations, couch surfing, or sleeping in cars. Schools see this reality most clearly. In the last year alone, over 1,400 students in Hamilton County Schools were identified as experiencing some form of housing instability. According to the Tennessee Department of Education, 22,567 students statewide were identified as homeless in 2024-2025, with 76.5% living doubled-up- a pattern especially prevalent in rural counties.[19]

Such students are also twice as likely to live with disabling conditions, including developmental delays, emotional disturbances, and chronic health issues. These compounding challenges often result in chronic absenteeism, frequent school transfers, and reduced academic performance. National data from the Education for Homeless Children and Youth (EHCY) program shows that homeless students are 4x more likely to be chronically absent and 2.5x more likely to drop out than their housed peers.[20]

Each county in our region receives a portion of McKinney-Vento funding, but local needs often exceed federal allocations. Funding is used to provide transportation assistance, tutoring and academic support, school supplies and hygiene items, coordination of services with shelters and housing providers, and support for unaccompanied youth.

The total McKinney-Vento investment across Southeast Tennessee well exceeds $1 million annually- an essential lifeline for students experiencing homelessness. Yet, despite this significant allocation, many Local Education Agencies (LEAs) report that funding falls short of meeting the growing demand. These dollars are vital, but they also represent resources diverted from core educational priorities: classrooms, extracurriculars, and enrichment programs.

If families had access to stable and affordable housing, schools could shift their focus from crisis response to academic advancement- redirecting funds toward improving educational outcomes rather than managing the consequences of housing instability. In this light, addressing homelessness is not only a matter of compassion or public health- this is an educational imperative, one that directly shapes the future of our region's children.

Economic Costs

Visible homelessness places strains not only on the individuals experiencing it, but also on the broader community. When people are forced to live without shelter, the challenges often spill into public spaces, requiring additional cleaning, maintenance, and safety measures that increase costs for businesses and local governments. Some businesses report reduced customer traffic and revenue when homelessness is highly visible, while downtown districts may invest in added security or sanitation services. At a regional scale, prospective residents and investors sometimes interpret persistent unsheltered homelessness as a sign of broader community instability, which can dampen new development, slow property value growth, and reduce long-term economic vitality. These pressures are intensified by Chattanooga's housing market, where rising rents and home prices already outpace wages for many working households. As housing affordability erodes and more families risk experiencing instability, local businesses see reduced disposable income in circulation and the region's economic growth is constrained. Addressing homelessness through stable, affordable housing is therefore not only a matter of dignity and human rights, but also a critical step toward protecting the long-term vitality of Southeast Tennessee's communities.

[19]TN Department of Education. "Table 1: Fast Facts and Demographic Data." n.d. https://www.tn.gov/content/dam/tn/education/cpm/Tennessee%27s%20Education%20for%20Homeless%20Children%20a.pdf.
[20]"Data," NCHE, accessed October 2, 2025, https://nche.ed.gov/data/.

In addition to these broader economic pressures, housing instability also undermines the local workforce itself by making it extremely difficult for people to maintain consistent employment. Without a stable address, reliable transportation, or a safe place to rest and recover, many individuals are unable to take on or keep jobs. This lost connection to the workforce represents a significant, though often invisible, cost to the community. We can begin to estimate this by looking at those who reported having no income in the past year at the time of their assessment (2,614 individuals). While not all of these individuals would be employable, even under very conservative assumptions, the scale of foregone wages is substantial. If just 10% of these individuals were able to work part-time at the federal minimum wage, the community would forgo nearly $1 million in lost wages annually. Using the Chattanooga area's average wage ($27.08/hr), that same scenario represents more than $3.7 million. A more moderate estimate—20% employment at longer part-time hours—places the loss between $4.4 million and $16.6 million each year. At the higher end, if one-third of these households were work-eligible and employed full-time, lost productivity could climb to $12.5 million at minimum wage or $46.8 million at the area's average wage.[21]

While already striking, these figures only reflect lost earnings to workers themselves. They do not capture the additional ripple effects, including reduced tax revenue, higher turnover costs for employers, and the long-term drag on local economic growth when so many potential workers are sidelined by homelessness.

These calculations reflect only a portion of the systems that bear the indirect costs of homelessness. In addition to emergency rooms, jails, and lost economic productivity, other public systems are also heavily impacted—including fire and rescue services, emergency medical transport, public health agencies, and libraries. Faith-based organizations, nonprofits, and neighborhood associations likewise expend resources responding to unmet needs. Taken together, the true costs of inaction are staggering. When compared to the far more modest and effective investment required to provide housing solutions, the choice becomes clear: it is far more expensive to manage homelessness than to end it.

[22]Estimates are based on 2,614 heads of household who reported no income in the past year. Assuming 10% (261), 20% (523), or 33% (863) of these households were work-eligible, with hours set at 520, 1,170, and 2,000 respectively, the lost wages vary significantly depending on whether Chattanooga's average hourly wage ($27.08) or the federal minimum wage ($7.25) is applied.

Costs of Housing Solutions

Inaction is not cost-neutral; it is profoundly costly. The dollars we spend managing homelessness through emergency systems do little to resolve it, while investments in proven housing strategies generate both immediate relief and long-term savings. The question, then, is not whether we can afford housing solutions—it is whether we can afford to continue without them.

To answer that question, we modeled the costs of three core interventions—Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), and Emergency Shelter (ES)—using a combination of national benchmarks, local program data, and HUD standards. The breakdown below outlines estimated costs by project type, using a two-bedroom unit at Chattanooga's Fair Market Rent rate of $1,426/month as the baseline.

For RRH, we assumed six months of rent at the local FMR, consistent with program averages. Nationally, RRH programs typically allocate 10–25% of their budgets to supportive services; here, we applied a conservative 20%. Administrative costs were set at 10%, following HUD's standard cap. This produces an average cost of $8,730 per household annually.

Rapid Re-Housing (RRH)	
Expense Category	**Estimated Cost per Bed**
Rental Subsidy	$6,111
Supportive Services/Housing Navigation	$1,746
Administrative Costs	$873
Total Estimated Cost per Bed	**$8,730**

For PSH, which provides long-term housing with wraparound services for people with disabling conditions, we modeled a full year at FMR. National PSH data shows supportive services typically range from 20–40% of total program costs; local programs fall between 16–30%. To remain conservative but realistic, we applied 25% for services plus 10% for administration, yielding about $18,805 per household annually.

Permanent Supportive Housing	
Expense Category	**Estimated Cost per Bed**
Rental Subsidy	$12,223
Supportive Services/Housing Navigation	$4,701
Administrative Costs	$1,881
Total Estimated Cost per Bed	**$18,805**

For Emergency Shelter, we used estimates from the National Alliance to End Homelessness and the journal Housing Policy Debate, which place annual costs between $12,800 and $25,800 per person depending on whether wraparound services are included. By applying a 20% services allocation and 10% administration, we set our local estimate at $16,950 per household annually—a middle point consistent with national research.

Emergency Shelter (ES)	
Expense Category	**Estimated Annual Cost**
Facility Operations	$4,500
Staffing	$6,000
Food & Basic Necessities	$1,800
Supportive Services	$3,300
Administrative Costs	$1,650
Total Estimated Cost per Bed	**$16,950**

Now, building on the inventory gaps identified earlier, we can translate those needs into dollars. By applying realistic per-household cost estimates to each project type, we can calculate the total annual investment required to close the gap between current capacity and actual need. This allows us to see, in concrete terms, what it would take to ensure that every household in Southeast Tennessee has access to safe shelter in the short term and to permanent housing solutions in the long term. Far from being abstract numbers, these figures represent the cost of moving from a crisis-driven response to a system that truly ends homelessness.

Project	Inv.	Current $	Inv. Need	Cost / Bed	Total Needed $	Funding Gap $
RRH	155	$939,778	255	$8,730	$2,226,150	**$1,286,372**
PSH	433	$1,755,246	700	$18,805	$13,163,500	**$11,408,254**
ES	224	~$1,200,000	1,024	$16,950		
ES-Family	158	~$750,000	385	$16,950	$6,525,750	$5,775,750
ES-DV	79	$291,478	110	$16,950	$1,864,500	$1,573,022
ES- Med. Fragile	0		273	$16,950	$4,627,350	$4,627,350
ES-Respite	2-11		15	$16,950	$254,250	~$220,250
ES-Remainder		$80,000	241	$16,950	$4,084,950	$4,004,950
ES (Total)					$17,356,800	**$16,156,800**
					TOTAL FUNDING GAP	**$28,851,426**

These figures illustrate a number of important points for guiding policy decisions moving forward. First and foremost, the estimated annual cost of implementing sufficient shelter and permanent housing solutions in Southeast Tennessee—$28.9 million—is not an insurmountable figure. In fact, it represents less than one-twentieth of one percent of the State of Tennessee's FY 2026 budget ($59.8 billion).[23]

Closer to home, within the 11 counties that make up the TN-500 Continuum of Care, the combined General Fund budgets of county and municipal governments total more than $1.27 billion for the most recent fiscal year available.[24] To functionally end homelessness within their own communities, local governments would need to dedicate, on average, just 2.3% of their General Fund budgets to housing solutions. Put another way, if each government in the region redirected even a small fraction of their existing resources, they could collectively eliminate the funding gap that keeps hundreds of families and individuals in crisis.[25]

[23]State of Tennessee. "The Budget." n.d. https://www.tn.gov/content/dam/tn/finance/budget/documents/2026BudgetDocumentVol1.pdf.

The Choice

Effectively investing in housing solutions is not only the compassionate choice — it is the fiscally responsible one. The estimate of $28.9 million represents the full cost of closing the homelessness housing gap in Southeast Tennessee if it were addressed all at once. While this figure is striking, it should be understood as a ceiling, not an immediate requirement. Targeted approaches, focusing on both the most vulnerable and the easiest wins, can deliver measurable savings in the short term while spreading the total investment over multiple years. For example, expanding Permanent Supportive Housing to cover chronically homeless individuals with disabilities would not only stabilize those households but also significantly reduce visible homelessness and recurring costs to emergency rooms, jails, and crisis services. These are the individuals who cycle most frequently through high-cost public systems and stabilizing them first produces immediate cost offsets. Similarly, increasing diversion and prevention resources upfront can stop inflow before it expands, reducing the number of households who ever need higher-cost interventions later.

In practice, this means local governments and partners could commit to a multi-year investment plan rather than a one-time appropriation. By prioritizing the highest-need subpopulations, building capacity gradually, and capturing cost savings as they appear, the community can move steadily toward functionally ending homelessness without overwhelming local budgets in a single year. Communities across the country have demonstrated that housing-focused interventions reduce public costs while restoring stability and dignity to people's lives. Southeast Tennessee faces the same choice: to continue absorbing the hidden expenses of homelessness through fragmented, reactive systems, or to make targeted investments in permanent housing solutions that break the cycle.

[24]General Fund totals for the most recent fiscal year available were: Hamilton County – $331,959,000; City of Chattanooga – $345,210,000; City of Athens; City of Soddy-Daisy – $16,834,180; Town of Signal Mountain – $10,012,620; Rhea County – $21,600,000; City of Red Bank – $10,693,463; City of East Ridge – $27,800,000; City of Cleveland – $70,954,100; McMinn County – $20,597,070; Polk County – $12,599,263; Sequatchie County – $10,619,745; Marion County – $17,211,141; Franklin County – $31,798,731; Grundy County – $9,762,832; Bledsoe County – $8,265,479; and Meigs County – $14,901,674. Together these total $1,274,524,558. This list does not include all municipalities in the TN-500 region, as complete or up-to-date General Fund data was not publicly available for some jurisdictions.

[25]For illustration, 2.3% of each General Fund would equal approximately $7.64 million for Hamilton County, $7.94 million for the City of Chattanooga, $1.63 million for the City of Cleveland, $513,000 for the City of Athens, $497,000 for Rhea County, $396,000 for Marion County, $290,000 for Polk County, $343,000 for Meigs County, and $732,000 for Franklin County. Smaller municipalities would each contribute between $174,000 and $244,000 at this rate. Collectively, these contributions total approximately $29.99 million. This calculation excludes municipalities for which recent General Fund data were unavailable.

Next Steps & Policy Recommendations

Homelessness in Southeast Tennessee is not inevitable. The data in this report makes clear that our current response system, while resilient and innovative, is operating with critical gaps. Each of the following recommendations aim to be actionable, fundable strategies that can be phased in over time, beginning with the populations most at risk. Taken together, this menu of recommendations offers a roadmap for local governments, nonprofits, and community members alike. For policymakers, they represent fiscally responsible investments that will yield immediate and long-term savings. For citizens, they highlight concrete ways to advocate for and support a housing-first approach. With sustained leadership and collective will, Southeast Tennessee can build a system where homelessness is rare, brief, and nonrecurring.

As the lead agency of the TN-500 CoC, CRHC recognizes its role as the strategic driver in advancing these policy recommendations. We are committed to facilitating collaboration across partners, stakeholders, and community members to ensure that implementation is both effective, equitable, and fiscally responsible. We encourage agencies, advocates, and partners to reach out to CRHC to co-design, refine, and implement strategies aligned with these recommendations. Together, we can ensure that policy change translates into meaningful outcomes for individuals and families experiencing homelessness.

Policy Recommendations (County & Municipal Governments)

1. Expand Housing Capacity (RRH and PSH)

- **Action:** Commit to investing in and adding 100 new RRH beds and 150 new PSH beds across the CoC over the next 3 years.
- **Model:** Houston, TX scaled up PSH through coordinated federal/local investment, reducing homelessness by over 60% since 2011.
- **Local Adaptation:** The TN-500 CoC could prioritize chronically homeless individuals with disabilities for PSH expansion, producing immediate cost offsets in ER and jail usage.

2. Scale Low-Barrier Shelter Access

- **Action:** Require that all shelters receiving county and municipal funds adopt low-barrier policies (e.g., allow pets, partners, storage; reduce ID requirements).
- **Model:** San Francisco's or Denver's 24/7 Navigation Centers increased utilization rates by 30% when barriers were removed.
- **Local Adaptation:** Adopt scattered-site, low barrier shelters with wraparound services included as part of a navigation center model across the CoC. Repurpose underutilized municipal buildings in varied, accessible locations to promote equitable distribution of resources and avoid concentrating need in specific areas.

3. Increase Affordable Housing Supply

- **Action:** Pass inclusionary zoning ordinances requiring 10–15% of units in new multifamily developments to be affordable at ≤50% AMI, with density bonuses or expedited permitting for developers. Additionally, incentivize development of multifamily housing.
- **Model:** Charlotte, NC paired inclusionary housing with tax incentives, producing 800+ affordable units in 3 years.
- **Local Adaptation:** Launch pilot districts across the CoC in varied, accessible areas to ensure affordable and accessible housing are distributed equitably regionwide.

4. Landlord Incentive Program

- **Action:** In partnership with CRHC, invest in a risk mitigation and signing bonus fund for landlords participating in RRH/PSH programs.
- **Model: Portland, OR's Landlord Guarantee Fund covered damages/unpaid rent, resulting in 1,500 placements in two years.**
- **Local Adaptation:** In collaboration with CRHC, create a public registry of "Housing Partners"—landlords who lease to RRH/PSH tenants, boosting transparency and trust.

5. Designate Safe, Sanctioned Spaces

- **Action:** Authorize a manageable number of sanctioned encampments and/or safe parking zones, with sanitation, case management, and on-site outreach across the CoC.
- **Model:** Santa Barbara's Safe Parking Program has operated for 18 years, providing secure lots for vehicle dwellers, now replicated across California.
- **Local Adaptation:** Partner with faith-based organizations or city- or county-owned lots to host monitored spaces, paired with diversion and outreach services.

6. Prevention & Diversion Expansion

- **Action:** In partnership with CRHC, increase the HFF budget to $3.2 million annually to meet demand for the entire CoC, covering rental arrears, deposits, and move-in costs.
- **Model:** CRHC partnership with City of Chattanooga has served thousands of individuals in the last several years, providing a quick off ramp from homelessness into housing.
- **Local** Adaptation: In collaboration with CRHC, encourage county and municipal governments to invest, proportionally, in a regional HFF as the City of Chattanooga has for Hamilton County residents.

7. Integrate Housing into Workforce Development

- **Action:** Amend local workforce plans to include housing stability support (rental subsidies, emergency funds, housing navigation).
- **Model:** Houston's Workforce Solutions integrated job training with housing, reducing repeat homelessness.
- **Local Adaptation:** Municipal governments could pilot this policy through workforce development boards or Chambers of Commerce and scale.

8. Dedicated Government Funding

- **Action:** Commit a percentage of general fund budgets to housing solutions.
  - Beginning with just 0.5% on average of all county and municipal general fund budgets (totaling roughly $6.35 million) would not only address all diversion needs but a significant portion of eviction prevention needs.
  - If county and municipal governments across the TN-500 CoC contributed 2.3% of their budgets annually to housing on average, homelessness could functionally be ended.
- **Model:** Salt Lake County, UT redirected public safety and health savings into PSH expansion, demonstrating net cost reductions.

In addition to the recommendations outlined above, researchers at the Sycamore Institute have identified targeted policy levers that can help expand housing supply and improve affordability across Tennessee. These strategies offer actionable pathways for local and state leaders. A summary table of these policy levers is provided on the following page.

Existing or Potential Policy Levers	Authority			Goal						
	Federal	State	Local	Simplify home-building	Support affordable home dev't	Increase housing dev't capacity	Diversify housing supply	Increase household resources	Improve buyer financing	Reduce household barriers to entry
Zoning Ordinances & Requirements e.g., Local zoning dictates the minimum lot size required to build a home, affecting how many homes can be built in an area.		x	x	x	x	x	x			
Building Codes Requirements e.g., State/local building codes call for things like staircases that can impact the amount of habitable space in a development.		x	x	x	x	x	x			
Permitting Requirements & Processes e.g., Local permitting processes can affect the timeline of a project. The state can incentivize or require specific local practices.		x	x	x	x	x	x			
Tax Subsidies e.g., Tax credits and deductions can reduce the costs of construction, mortgages, and home improvements/modifications.	x	x	x	x	x	x	x	x	x	
Grants, Vouchers, & Other Direct Funding e.g., Direct financial assistance can reduce the costs of building, buying, renting, maintaining, modifying, or living in a home.	x	x	x	x	x	x	x	x	x	x
Housing Development & Management e.g., Governments have, at times, been heavily involved in directly building and managing public housing.	x	x	x		x					x
Subsidized or Insured Loans e.g., Federal agencies back mortgages for certain populations (e.g., veterans) to help more people qualify for loans.	x	x			x				x	
Land Banks & Trusts e.g., Land banks can acquire blighted or underutilized properties for housing development.		x	x		x	x				
Publicly Owned Land e.g., State and local governments can offer priority bidding for excess public properties to affordable housing developers.		x	x		x	x				
Support & Wraparound Services e.g., State programs provide support services to aging adults to help them afford to live in their homes.	x	x	x					x		
Anti-Discrimination Laws & Enforcement e.g., The state enforces laws that bar discrimination based on race, color, religion, national origin, sex, disability, and family status.	x	x							x	x

Action Steps for Nonprofits

1. Expand Low-Barrier Services

- **Action:** Ensure all shelters and service sites adopt low-barrier, housing-first practices (allowing for pets, partners, storage, low paperwork).
- **Model:** San Francisco Navigation Centers saw utilization increase by 30% when barriers were reduced.

2. Partner on Workforce + Housing Integration

- **Action:** Collaborate with workforce boards to co-locate housing navigators in job training programs.
- **Model:** Houston's Workforce Solutions integrated housing supports and significantly reduced returns to homelessness.

3. Expand Data-Sharing & Coordination

- **Action:** Where not already, participate in HMIS and CE to improve service tracking and de-duplication. Where already adopted, improve communication and data quality so no individual falls through the cracks.

4. Innovate Medical Respite and Specialized Shelter

- **Action:** Pilot sustained respite programs for medically fragile individuals, in partnership with hospitals and health systems.
- **Model:** Boston's Barbara McInnis House reduced ER visits and improved recovery outcomes through medical respite. RecoveryWorks in Lakewood, CO also provides a model for respite paired with navigation services.

Action Steps for Faith-Based Organizations

1. Support Prevention & Diversion Funds

- **Action:** Partner with CRHC to collect designated offerings or provide grants to expand the Housing Forward Fund.
- **Model:** Many churches often field requests for rent, utilities, etc. from individuals and families who are non-congregants. Contributing to and directing these requests toward the centralized HFF removes the administrative burden on local congregations and ensures no services are duplicated.

2. Host Safe, Sanctioned Spaces

- **Action:** Partner with local municipalities to provide land or parking lots for safe encampments or safe parking sites with sanitation and monitoring.
- **Model:** Seattle's church-based "tent cities" successfully provided stability and pathways to housing for hundreds of people each year.

3. Expand Data-Sharing & Coordination

- **Action:** Partner with local municipalities to open small-scale shelter options in sanctuaries, fellowship halls, etc.- particularly during inclement or freezing weather- across the CoC.
- **Model:** Denver's church-based cold weather shelters rotate space and volunteers across congregations, maximizing community resources. Kansas City Cold Weather Shelter also has a unique and replicable model. [26]

[26]Cross-Lines Community Outreach, Kansas City, KS. 2023. "Cross-Lines Cold Weather Services 2023 (Captions)." YouTube. March 15, 2023. https://www.youtube.com/watch?v=FbKIVJFz9GQ.

4. Mobilize Volunteers

- **Action:** In partnership with CRHC, train congregants to assist with safe space or shelter operations, housing navigation, mentoring, or transportation for people exiting homelessness.
- **Model:** Nashville's Room in the Inn relies heavily on volunteer drivers, meal providers, and mentors, extending its reach beyond staff capacity.

5. Public Advocacy

- **Action:** Use the trusted voice of clergy and faith leaders to advocate for housing-first policies, zoning reforms, and funding commitments.
- **Model:** Interfaith coalitions in Minneapolis played a key role in passing tenant protections and funding affordable housing bonds.
- **Local Adaption:** Reach out to CRHC if you are interested in learning more about specific advocacy opportunities at the local, state, and federal levels.

Community Member Action Steps

While systems-level change often requires policy shifts, community members can still actively contribute to this work in tangible ways:

1. Advocate & Volunteer

- Call or email council members, state and federal representatives to support affordable housing initatives, housing first policy, inclusionary zoning, and increased shelter/housing funding. Donate time, talent, or money to one of the many incredible nonprofits in our community. Reach out to CRHC if you are interested in learning more about specific advocacy opportunities at the local, state, and federal levels.

2. Support Diversion

- Each dollar contributed to the HFF goes directly to helping an individual or family in your community obtain housing. When the collective effort of a community comes together, no amount is too small.

3. Landlord Partnership

- If you own rental property, consider partnering with local housing programs to rent your property to individuals exiting homelessness with rental subsidies, Section 8 vouchers, etc.

4. Shift the Narrative

- Use everyday conversations to challenge myths and foster empathy around homelessness. When misconceptions arise, respond with clarity and compassion- reminding others that those without housing are still our neighbors, deserving of dignity and respect. Even small gestures of kind words can make a meaningful impact.

6. Vote

- Support and elect leaders who prioritize housing access. Voting for candidates committed to increasing housing supply and affordability is one of the most powerful ways to advance long-term solutions to homelessness.

Conclusion

While this report cannot capture every lived experience of housing instability, it offers a comprehensive snapshot of homelessness in Southeast Tennessee, highlights the efforts already being taken to serve thousands of households annually, and outlines the actionable steps toward an effective response.

Homelessness in Southeast Tennessee is a profound challenge, but it is not an unsolvable one. Rather, it is shaped by funding gaps, systemic barriers, and policy choices that can be changed. We have the data, tools, and local expertise to move beyond merely managing homelessness to ensuring it is a rare, brief, and nonrecurring phenomenon for our neighbors.

There is meaningful progress happening every day. New partnerships, targeted interventions, and expanded use of available resources have made a difference, even as critical gaps remain. By investing in proven housing interventions, expanding low-barrier shelter options, and looking upstream to prevent future homelessness, we can build a path forward that is effective, equitable, and fiscally responsible. That path depends on cross-sector collaboration and community buy-in. It relies on investment from system leaders, local governments, nonprofits, faith-based organizations, and engaged community stakeholders alike. Ending homelessness will take persistence and collective will, but it is within reach. It will take all of us to succeed. The path forward is clear, and the time to act is now.

Continuum of Care Highlights

Even in the face of immense challenges, it is important to pause and celebrate the wins achieved across our Continuum of Care. These successes remind us that progress is possible, that lives are being transformed, and that the dedication of providers and community partners continues to make a tangible difference every day.

The highlights that follow do not capture every act of service or every life touched in our community. Countless agencies, staff members, and volunteers are working tirelessly to prevent and end homelessness across Southeast Tennessee. Instead, this section offers a snapshot, a selection of stories and milestones from a few partners, to honor their exceptional work and to illustrate the many ways housing, support, and collaboration change lives.

AIM Center

- Hired a Regional Housing Facilitator to strengthen support and coordination.
- Staff emphasize that clients are increasingly maintaining housing stability, marking progress compared to prior years.
- Full-time role dedicated to providing access to financial support through the SOAR program.
- PSH program has engaged in community building activities to support residents getting to know their neighbors and neighborhood. Residents have reported enjoying spending time together, learning new things, and exploring new places.
- Installed a community garden at one of the properties, enabling neighbors to spend time together and build relationships.

Bradley Cleveland Community Services Agency (BCCSA)

- Connected a shelter resident to employment. After walking to work with a group of friends daily, she finally saved enough money to pay her own deposit, first month's rent, and utilities. She has since bought a car and has gained joint custody of her grandchild.

Catholic Charities of East Tennessee

- Enrolled a veteran who was living in his car after losing his housing during an extended hospital stay into the shelter program. The program connected him with home health care services, a proper diet, and in-home PT. As he slowly began making strides in his health, learning to stand and walk again, he was connected to the VA for housing resources. The VA assisted in finding him stable housing through the HUD VASH program, providing him with housing essentials and the case management necessary to maintain stability.

CHATT Foundation

- Achieved full occupancy in Family Housing apartments, supporting families toward stability.
- Shared client successes of moving people from unsheltered situations into safe, supportive housing.

Chattanooga Regional Homeless Coalition (CRHC)

- The HFF provided assistance to 378 households in Hamilton County, supporting a total of 804 individuals—443 adults and 361 children.
- Over 250 housing referrals were made to local partners through the Coordinated Entry system.
- Launched a school peer support pilot program, connecting youth with services and stabilizing housing pathways.
- Built stronger partnerships with community organizations, increasing collaboration and impact.
- Helped expand the local By-Name List and housing coordination, strengthening the CoC's regional response.
- Data Team accomplishments:
  - HMIS Refresher Training improved staff knowledge (average scores jumped from 69% pre-training to 90% post-training).
  - Data quality significantly improved, with zero high-priority errors in the most recent quarter and reduced errors overall.
  - Developed public-facing dashboards to make homelessness data easier to understand and use, helping providers and community members engage with the information more effectively.

Chattanooga Room in the Inn (CRITI)

- A mother walked through the doors overwhelmed by her and her daughters situation- no job, no identification, no transportation, and no childcare. She poured energy into creating new life for her family. She found a job and obtained Social Security cards and birth certificates for her and her daughter. She began saving money to earn her driver's license, and, before long, she was driving her own vehicle for the very first time. Her daughter has a settled spirit and is learning how to speak and connect with others. The mother is working, the child is in childcare, and they are thriving. They are in the process of applying for housing- the final step toward permanent stability.

City of Chattanooga Office of Homelessness and Supportive Housing (OHSH)

- Housed 236 households in the last year, with an impressive 88% retaining housing after six months.
- Expanded city capacity for street outreach, diversion, and shelter coordination.
- Reported improvements in cross-agency collaboration and use of data systems.

Corner Evolution

- Expanded Showered with Hope to a full Pop-Up Care Village, providing showers, meals, clothing, healthcare, and housing resources. With support from other community partners, over 150 individuals are served at each event.
- Brittney and Cherelle Griner with the Atlanta Dream's Heart & Sole Drive donated shoes at one of the Villages.
- Preparing to launch a second mobile shower and laundry unit in Cleveland.
- After providing one guest with a shower, toiletries, a haircut, and a warm meal, the guest was connected with an employment agency. Two weeks later, they had secured steady part-time work and had taken the first step towards financial stability.

Hamilton County Schools

- HCS is proud to celebrate the strong and growing partnership between our School Social Workers, the McKinney-Vento Office, and our local Continuum of Care (CoC). Together, HCS has built meaningful pathways of support for students and families experiencing homelessness, ensuring they have quicker, safer, and more dignified access to the resources they need.
- The CoC has been instrumental in partnering with HCS to provide high-quality trainings and streamline service connections, including piloting innovative programs that reach unaccompanied high school youth with mentorship, outreach, and ongoing support. By training the HCS Social Workers on the Universal Housing Assessment and providing direct access to Coordinated Entry, the partnership between HCS and the CoC has helped break down barriers that once delayed critical service. Families are now connected more quickly and effectively, leading to increased stability and greater peace of mind.
- This collaborative effort has resulted in measurable impact:
  - Increased identification of students and families experiencing homelessness
  - Reduced stigma around seeking help
  - Enhanced safety, support, and connection for vulnerable youth and families
  - Partnership with the Young Adult Action Board has strengthened the mentorship and advocacy available to students, ensuring their voices guide the work

La Paz Chattanooga

- Reported that smaller caseloads allowed staff to achieve higher success rates with clients.
- Celebrated clients graduating from programs and transitioning into independent housing.
- Highlighted growing organizational capacity to serve youth and immigrant populations experiencing housing instability.

Metropolitan Ministries (MetMin)

- Metropolitan Ministries four pillars of service include: Home Stabilization, Homelessness Outreach, Supportive Services, and Rehab & Recovery. These pillars are direct response to the strategic plan to increase the response to neighbors, expand services, and continue with the strength of the foundation to serve with hope, grace, and love.
  - Home Stabilization Pillar: Provided emergency support to prevent home evictions and utility disruptions for our community's most vulnerable. This was accomplished by servicing 1,882 households that impacted the lives of 3,480 adults and 2,140 children.
  - Homeless Outreach Pillar: Provided pathways to sustainable housing through emergency shelter, permanent housing, homeless diversion, and relocation to family and friends. This was accomplished by serving 1,311 households that impacted the lives of 715 adults and 483 children.
  - Supportive Services Pillar: Provided essential services to support nutrition, personal hygiene, transportation, medical, legal documents, employment, and more for individuals facing barriers to basic human needs. The Ambassador program provides volunteer opportunities for guests, giving them a pathway to give back to others, build job skills, and advance to the Ambassador Contract program. The Contract program provides a job-based pathway to provide income, improve job skills, and gain employment. This pillar provided 4,959 services this year.
  - Rehabilitation, Recovery, & Housing Pillar: Provided pathways for individuals experiencing addiction treatment, supportive services, shelter, and housing. This pillar is accomplished through building trust, providing guidance, and offering direct support to the experts in the respective field. Seventeen individuals completed treatment last year.
- Met a client in the Spring of 2022 who had been experiencing homelessness and addiction for many years. Despite her personal struggles, she served as a caregiver for others, once nursing another guest back to health from wounds he suffered at the hands of others. MetMin staff spent time building trust with the guest, providing gentle encouragement to seek treatment and consider possibilities of a new path of helping others. After attending treatment, guest has been in active recovery for two years and was able to secure housing through community partnerships. With the dream of one day running a cafe, employment was gained cooking at a local cafe, where she was quickly promoted to manager. As she works to become an official Peer Support Specialist, she is already serving in that role with those she comes into contact with daily. She has been a light to the staff at MetMin and is an example of how the system working together provides a stronger community and a long-lasting impact.

Partnership for Families, Children, and Adults (PFCA)

- Reported over 15 YHDP clients successfully housed this year, demonstrating strong outcomes in youth-focused programming.
- Celebrated multiple program graduations, with clients moving into independent housing.
- Highlighted three high school graduations in Spring 2025: three 18-year-olds moved into transitional housing, completed their schooling, and walked across the stage for graduation. Two of them have since moved away to begin college, underscoring the long-term potential of supportive housing interventions.
- Focused on developing essential life skills that prepare youth for long-term success, offering hands-on engaging experiences such as landlord luncheons, community cook-offs, bus tours, and restaurant dining experiences. Provided workshops including car maintenance classes, DMV practice tests, "Manhood" and "Girl Talk" sessions, credit building, tenant and landlord rights, and connections to community resources.
- When a participant lost their primary support system, she faced overwhelming challenges, including job loss, college struggles, and bouts of depression. Leaning on her case manager for support, they were able to get connected with counseling services, secure financial support, and work towards rebuilding stability. Through encouragement and guidance, they have regained employment and re-enrolled in college, setting them on a renewed path toward independence and long-term success and stability.
- A young mother of three fleeing domestic violence enrolled in the program facing significant fear and uncertainty about her family's safety. The PFCA team quickly stepped in, securing a voucher to ensure safe and stable housing. Through community partnerships, the new home was furnished. As she worked with PFCA staff, she created a personalized safety plan, giving her the tools and confidence to move forward independently.

Southeast Tennessee Human Resource Agency

- Staff obtained SOAR (SSI/SSDI, Outreach, Access, and Recovery) certification, enabling them to assist clients with applying for and securing disability benefits.

The Caring Place (TCP)

- TCP staff worked with a pregnant mother and landlord to find a temporary housing placement while working towards long-term stability. Before giving birth, the mother was able to move into stable, long-term housing. After giving birth to a healthy abby, case managers successfully connected client to food and employment resources. Client has since secured employment and childcare, two enormous steps toward stability. TCP staff will continue working with client to create a budget, with the ultimate goal of client gaining full financial independence.

Volunteer Behavioral Health Care System (VBHCS)

- Supported a family of seven with multiple evictions and arrears to secure housing, as well as a family of two who had been homeless for seven years.
- Assisted multiple survivors of domestic violence, helping them secure safety and start new lives.
- Helped families reunify, including a mother regaining custody of her children and a child returning from out-of-state foster care.
- Celebrated client recovery milestones, such as an individual moving indoors for the first time in 12 years, now able to live close to and support their ailing parent.
- Clients have made strides in employment and independence, with several finding part-time jobs, reinstating driver's licenses, and resolving long-standing legal issues.
- Many clients are giving back to their communities, assisting elderly or disabled neighbors, attending homeless advocacy meetings, maintaining yards, and sharing crafts.

These stories and milestones are more than isolated successes- they are evidence of what becomes possible when our community investments in housing, supportive services, and collaboration. Each graduation, each family reunification, and each step toward stability represents not only a personal victory but also a return on the community's investment in solutions that work. While challenges remain, these wins remind us that homelessness is not inevitable, and that with continued commitment and resources, Southeast Tennessee can build on this momentum to create lasting change.

Appendix A- Abbreviations & Definitions

Term	Definition
Adult Only Household	An Adult Only household is one where everyone in the household is aged 18 or older.
By-Name List (BNL)	A By-Name List (BNL) is a real-time, up-to-date registry of all individuals experiencing homelessness in a community.
Chattanooga Regional Homeless Coalition	The Chattanooga Regional Homeless Coalition is the Lead Agency of the TN-500 CoC, where its responsibilities include serving as the Collaborative Applicant for HUD funding, overseeing the Coordinated Entry System as the Coordinate Entry Lead, and administering the HMIS System as HMIS Lead.
Chronic Homelessness	A HUD definition wherein an individual or family: 1. Is currently literally homeless; 2. Has been homeless for at least 12 consecutive months or on at least four separate occasions in the last three years, where the combined total of homelessness is at least 12 months; and 3. Has a disabling condition (e.g., serious mental illness, substance use disorder, or physical disability) that is expected to have an indefinite duration.
Continuum of Care (CoC)	A federal funding program administered by HUD which provides competitive grants to local planning bodies- known as Continuums of Care- to promote community-wide efforts to end homelessness. CoC funding supports a range of services and housing interventions, including permanent supportive housing, rapid re-housing, transitional housing, coordinated entry, and supportive services. The program encourages strategic planning and coordination among local stakeholders to create a more effective and efficient homelessness response system. The TN-500 CoC (Southeast TN) includes Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, and Sequatchie Counties.

Term	Definition
Coordinated Entry or Coordinated Entry System (CE or CES)	Coordinated Entry is the system by which the CoC organizes access to housing and services for people experiencing homelessness. By integrating programs through a single, coordinated process, CE reduces duplication, enhances communication between agencies, and ensures that no one navigates the system alone. CE functions through four key components: access, assessment, prioritization, and referral.
Emergency Rental Assistance & Eviction Prevention Program (ERA-EPP)	The ERA-EPP is a specialized eviction prevention arm of ERA programs, delivering flexible financial aid (for rent arrears, utilities, deposits, etc.) and supportive services (legal aid, mediation, case management) to help low-income renters remain housed during and after pandemic-related financial setbacks.
Emergency Shelter (ES)	A facility that provides temporary, immediate accommodation for individuals or families experiencing homelessness. Emergency shelters offer a safe place to stay and basic services while individuals work toward securing stable, long-term housing.
Emergency Solutions Grant (ESG)	A federal program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to states, local governments, and nonprofits to assist people experiencing or at risk of homelessness. ESG supports a range of activities, including emergency shelter, street outreach, homelessness prevention, rapid re-housing, and related services, with the goal of helping individuals and families quickly regain stability in permanent housing.

Term	Definition
Fair Market Rent (FMR)	Fair Market Rent is an estimation of how much rent should cost for a unit in a given market and geolocation, given the number of bedrooms and bathrooms it has. A Fair Market Rent is generally calculated as the 40th percentile of gross rents for regular, standard-quality units in a local housing market. This excludes low-quality units, already-subsidized units, and units that have been built in the last two years.
Family (Families)	A family household is one where at least one household member is over the age of 18 and at least one dependent household member is under the age of 18.
Group Home	A group home is a residential facility where a small number of unrelated individuals live together in a home-like setting, typically with supervision or support services. Group homes often serve people with disabilities, mental illness, substance use disorders, or youth in foster care or juvenile system. The goals is to provide a structured, supportive environment that encourages independence and community integration.
Home Management Information System (HMIS)	A locally administered data system required by HUD that is used to collect, manage, and report information about individuals and families experiencing homelessness or receiving housing assistance and related services. HMIS supports coordination among service providers and enables communities to measure program performance and progress toward ending homelessness.

Term	Definition
Literal Homelessness (Literally Homeless)	A HUD definition wherin an individual or family lacks a fixed, regular, and adequate nighttime residence, meaning: • Has a primary nighttime residence that is a public or private place not meant for human habitation; or • Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organization or by federal, state and local government programs); or • Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
Medical Respite	Medical respite care is short-term residential care provided to individuals who are medically stable but too ill or frail to recover on the streets or in shelters. It offers a safe, supportive environment where patients experiencing homelessness can rest, receive basic medical oversight, manage medications, attend follow-up appointments, and begin connecting to long-term housing and services.
Permanent Supportive Housing (PSH)	A long-term housing intervention that combines affordable housing assistance with voluntary supportive services to help individuals and families experiencing chronic homelessness achieve housing stability and improve their overall well-being. PSH is designed primarily for people with disabilities or other significant barriers to housing.
Point-in-Time Count (PIT)	The annual Point-in-Time (PIT) Count is a HUD-mandated, CoC-wide snapshot of literal homelessness collected on a single night in January.

Term	Definition
Rapid Re-Housing (RRH)	Rapid Re-Housing (RRH) is an intervention designed to help individuals and families experiencing homelessness quickly secure permanent housing. It typically involves a short- to medium-term, tailored package of assistance, including financial support and housing-focused services, to facilitate a swift exit from homelessness.
Safe Haven	A Safe Haven is a small, low-barrier supportive housing facility offering safe, stable shelter to chronically homeless individuals with serious mental illness, providing voluntary access to supportive services around the clock.
Sheltered Homelessness	Individuals or families living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs).
Transitional Housing (TH)	Short-term or transitional accommodation provided to individuals or families who are experiencing homelessness or displacement, often as part of emergency shelter, transitional housing programs, or disaster response efforts. Temporary housing is intended to serve as a bridge to permanent, stable housing.
U.S. Department of Housing and Urban Development (HUD)	A federal agency responsible for national policy and programs that address America's housing needs, improve and develop communities, and enforce fair housing laws. HUD administers funding and oversight for programs that support affordable housing, homelessness assistance, community development and housing discrimination and prevention.

Term	Definition
Universal Housing Assessment (UHA)	The Universal Housing Assessment is the tool used as the Coordinated Entry assessment for the TN-500 region. For those experiencing homelessness, the UHA is used to collect basic information, assess vulnerability, and pre-screen them for housing resources they may be eligible for.
Unsheltered Homelessness	Individuals or families that are sleeping in a place not meant for human habitation. This includes places not ordinarily used as regular sleeping accommodation, such as abandoned building, sidewalks, public parks, etc.
Veteran Household	An individual or family member who has served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.
Youth Household	Youth households include all homeless persons aged 24 or younger and in which the head of household is not older than 24. Youth Households are a subsection of Adult Households and Families.