

Jackson/West Tennessee Continuum of Care  
(CoC) TN-507

# A Plan to End Homelessness in Rural West Tennessee

## Strategic Plan



July 2025

## **A Plan to End Homelessness in Rural West Tennessee**

### **Introduction**

#### **A History of TN-507 Jackson/West Tennessee Continuum of Care (CoC)**

In 2001, members of the newly formed Jackson Housing Resources met to discuss expanding beyond the boundaries of Madison County to the 20 rural counties of west Tennessee. Many member organizations of the Jackson Housing Resources Network were serving homeless individuals and families throughout west Tennessee because of the regional nature of their service area. Expanding the Network was seen as important to (1) combine efforts in a regionally coordinated planning process, (2) strengthen rural county homeless programs, and (3) improve access to funding for programs that are regional or rural in nature.

On February 22, 2002, the West Tennessee Housing Resource Network (WTHRN) had an initial meeting and met monthly for many years throughout the new 23 county service area. Original By-Laws provided for two standing committees: a Coordinating Committee for overall direction of the WTHRN, and a Steering Committee for reviewing, ranking, and prioritizing applications for grant funds in accordance with guidelines of the United States Department of Housing and Urban Development (HUD) annual application. During the initial years, the Steering Committee interviewed each potential applicant for new or renewal funding. The WTHRN elected a Vice Chairperson and Secretary annually for one-year terms, with the Vice Chairperson assuming the Chairperson role the next year. These three officers and committee chairs served as the Coordinating Committee to provide leadership and direction for the WTHRN. The Coordinating Committee also was responsible for outreach on a regular basis by meeting with agency members and potential members throughout the 23 county service area. Outreach was designed to understand each county's housing and service needs.

The WTHRN added three middle Tennessee counties: Stewart, Housing, and Humphreys, in 2004. The addition of these three counties increased the service area to 23 counties and over 10,000 square miles. These counties were added to the WTHRN because their residents primarily received housing and support services from west Tennessee.

In 2006, the West Tennessee Housing Resource Network (WTHRN) formed a IRS-designated 501(c)(3) non-profit corporation, chartered in the State of Tennessee. The name was changed to Tennessee Homeless Solutions in 2010.

On an annual basis, the collection of agencies that provided housing and supportive services as members of the West Tennessee Housing Resource Network applied for funding projects from the United States Department of Housing and Urban Development (HUD). The collection and agencies efforts to serve and end homelessness through housing and supportive services was termed a "Continuum of Care (CoC)" by HUD. In 1995, the United States Department of Housing and Urban Development required for annual funding that each Continuum of Care designate a Collaborative Applicant agency that submits funding applications for the CoC on behalf of the broader CoC network of agencies. The West Tennessee Housing Resource Network and later Tennessee Homeless Solutions served as the Collaborative Applicant for the

Jackson/West Tennessee Continuum of Care until 2017. In 2017-2018 the West Tennessee Healthcare Foundation became the Collaborative Applicant until 2023. The Jackson-Madison County General Hospital became the Collaborative Applicant in 2023-2024.

The United States Department of Housing and Urban Development (HUD) recognizes the service area as TN-507 Jackson/West Tennessee Continuum of Care (CoC).

The Continuum of Care applied for the Youth Homeless Demonstration Program (YHDP) for a specific focus on youth ages 18-24 in 2020. Four projects were funded along with planning funds. As a result of funding the CoC produced a Coordinated Community Plan to End Youth Homelessness in 2023. The amount of \$2,228,208 was received to address youth homelessness in the service area.

The first application submitted to HUD for funding to address homelessness in the service area was in 2002 for the amount of \$1,990,095. The application had 10 projects submitted by six agencies. The amount of \$1,292,370 was awarded. In 2024 the Continuum of Care submitted 26 projects including new, renewals, planning, and youth homeless demonstration program for an amount of \$4,276,330. The amount of \$4,781,320 was awarded by HUD.

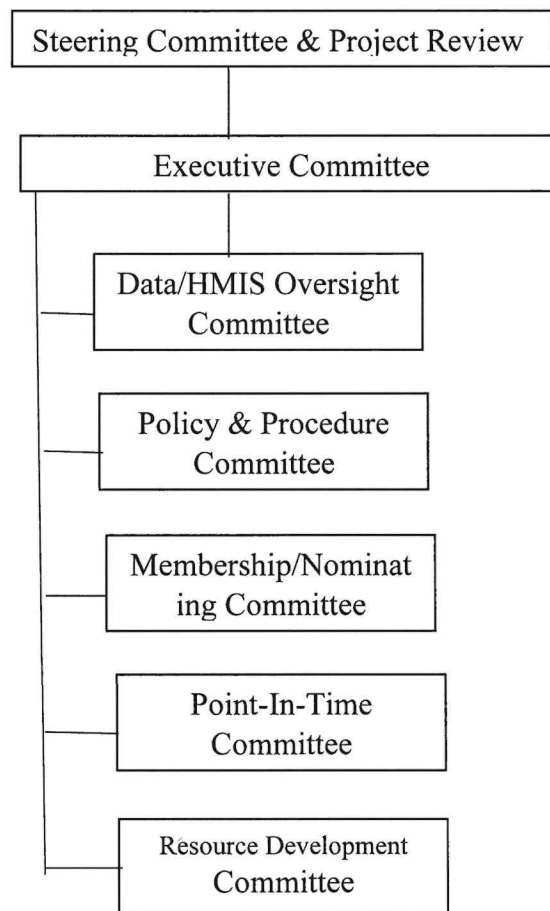
Attachment 1 is a map of the TN-507 Jackson/West Tennessee Continuum of Care (CoC) service area.

TN-507 Jackson/West Tennessee Continuum of Care meets on a quarterly basis through an interactive computer communication platform. Because of the large geographical area of TN-507 there are four sub-regions. Each sub-region has a designated Housing Navigator to conduct outreach, serve as the first point of contact for homeless persons, conduct intakes and assessments, enter data in HMIS, and work to link homeless persons and families with housing and supportive services.

<b>Sub-Region I</b>	<b>Sub-Region II</b>	<b>Sub-Region III</b>	<b>Sub-Region IV</b>
Madison County	Henderson County Chester County McNairy County Hardin County Hardeman County Fayette County	Crockett County Gibson County Dyer County Obion County* Lake County Weakley County Haywood County Tipton County Lauderdale	Obion County* Decatur County Henry County Benton County Carroll County Stewart County Houston County Humphreys County

\*Obion County is split between regions.

TN-507 has five committees. These committees operate under the direction of the Executive Committee. The following is an organization chart for TN-507.



Most committees meet At least quarterly due to work being done or occasional urgency, some committees may meet more regularly (shelter, PIT Count, for example)

*Data/HMIS Oversight Committee-* promises and ensures the collection of quality, comprehensive and relevant data about :1) people experiencing homelessness in the 23- county coverage area; and 2) the efforts of the local Continuum of Care (CoC) to address and end homelessness here. The purpose of these activities is to equip the CoC with the planning, research, communications and related tools needed to ensure that any incidents of homelessness in Our CoC coverage area will be rare, brief and occur only once. it also recommends policy guidance for the CoC Executive Committee on issues related to the implementation and use of the Homeless Management Information System (HMIS). The Committee also ensures that HMIS users adhere to the established policies or requirements.



*Policy and Procedure Committee*-reviews and updates policies and procedures for the Continuum of Care on an annual basis and as needed.

*Membership/Nominating Committee*- Collects and manages membership applications for the CoC General Membership and ensures membership policies and practices are followed. The committee also leads efforts to recruit, retain and motivate diverse membership participation in the CoC, as well as track attendance at general membership meetings for the purpose of voting rights and offering committee support, also recruits and selects qualified, willing members of the CoC and/ or requested.

*PIT Count Sub-Committee*- HUD requires communities across the country to take a census of the people who are literally experiencing homelessness on one night during the last 10 days of January. This is a snapshot of the homeless population in our CoC-coverage area on one night. This committee plans and oversees the annual count and operates as a subcommittee of the Data Committee.

*Resource Development Committee*- Identifies, increases and overseas resource opportunities to build and maintain and effective mainstream Resource Development in our CoC coverage area.

## **History of Homelessness in the United States**

The history of homelessness in the United States dates to the first housing census of 1940. The 1940 census identified plumbing inadequacies, dilapidated living conditions, and multiple occupancy rates which all continued during World War II. More recently, the United States has seen the growing issues of homelessness due to a lack of affordable housing. People with low incomes have a high risk of homelessness because of spending over half their incomes on housing. When an individual crisis occurs such as a car breakdown, sick child, or school costs, such people become vulnerable to the loss of housing. While part of the problem is income related, contributing to it as well is a lack of affordable housing. According to the United States Interagency Council on Homelessness (2024), 1.5 million people experienced sheltered homelessness at some point in 2020, and 582,462 were homeless on the January 2022 point-in-time count night.

Studies have shown that the majority of individuals who become homeless are without a place to live for a short period of time. Usually, an unexpected event such as eviction, natural disaster, or house fire results in homelessness for a short time. A smaller number of individuals have many episodes of homelessness for short periods of time (episodically homeless) or fewer experiences of homelessness for longer periods of time (chronically homeless).

Formal; definitions of homelessness are:

Category 1: Literally homeless individuals or families are:

- 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 organizations 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.

### Category 2: Imminent Risk of Homelessness

An individual or family who will imminently lose their primary nighttime residence, provided that:

- Residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; *and*
- The individual or family lacks the resources or support networks needed to obtain other permanent housing.

*Note:* Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent.

### Category 3: Homelessness Under Other Federal Statutes

Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under the other listed federal statutes;
- Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application;
- Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
- Can be expected to continue in such status for an extended period of time due to special needs or barriers

*Note:* HUD has not authorized any CoC to serve the homeless under Category 3. HUD determines and approves the use of CoC Program funds to serve this population based on each CoC's Consolidated Application. See 24 CFR 578.89. Individuals and families that qualify as homeless under Category 3 may be served by the ESG program if they meet required eligibility criteria for certain ESG components.

#### Category 4: Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other residence; and
- Lacks the resources or support networks to obtain other permanent housing

#### At Risk of Homelessness

1. An individual or family who:
  1. Has an annual income below 30 percent of Median Family Income (MFI) for the area, as determined by HUD;
  2. Does not have sufficient resources or support networks, (e.g., family, friends, faith-based or other social networks), immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "homeless" definition in this section; and
  3. Meets one of the following conditions:
    1. Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
    2. Is living in the home of another because of economic hardship;
    3. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
    4. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
    5. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;
    6. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
    7. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

### Disability Definition

1. Physical, mental or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, brain injury or a chronic physical illness that:
  - Is expected to be long-continuing or of indefinite duration; and
  - Substantially impedes the person's ability to live independently; and
  - Could be improved with more suitable housing.
2. Developmental Disability: Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000. Means a severe, chronic disability that:
  - Is attributable to a mental or physical impairment or combination; and
  - Is manifested before age 22; and
  - Is likely to continue indefinitely; and
  - Results in substantial limitations in three or more major life activities, and
    - Self-care
    - Receptive and expressive language
    - Learning
    - Mobility
    - Self-direction
    - Capacity for independent living
    - Economic self-sufficiency
  - Reflects need for:
    - A combination and sequence of special, interdisciplinary or generic services; or
    - Individualized supports; or
    - Other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

### Chronic Homeless Definition

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
  - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
  - Has been homeless and living as described for at least 12 months\* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility\*\*; or
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

A family is defined as comprised of adults and children where the adult head of household (or minor head of household when no adult is present) meets the definition of chronic homeless. The entire family must be homeless at the time they present for assistance.

Homelessness in the United States is linked to eight (8) issues:

Housing: lack of low cost housing throughout the country and limited available housing assistance programs. Rents are too high and incomes too low

Poverty: linked directly to homelessness in that poor people are more likely unable to pay for housing, food, childcare, health care, and education.

Lack of Employment Opportunities: lack of employment or loss of employment leads to loss of housing

Decline in Available Public Assistance: decreases in available temporary assistance to needy families, food stamps, medical care lead to loss of permanent housing

Lack of Affordable Health Care: serious illnesses or disabilities can begin a downward spiral to homelessness with job loss, depletion of savings, and resulting eviction

Domestic Violence: survivors of domestic violence are automatically homeless when leaving their abusers

Mental Illness: According to national data, about 16 percent of the adult homeless population has a severe and persistent mental illness

Addiction of Illicit Drugs: Those who are poor and addicted are at high risk of homelessness

According to the National Alliance of End Homelessness (2024), while the homeless response system has improved and is sheltering many people, the demand and number of new homeless individuals and families that are unsheltered continues to grow. From the point-in-time count in 2022 to 2023 there was a 12.1 percent increase in the number of people experiencing homelessness. In 2023, 72 percent of Continuums of Care (CoCs) reported increases in overall homelessness; and 64 percent of CoCs reported rises in unsheltered homeless. These increases occurred while there was an increase in 30,925 temporary shelter beds throughout the United States. While the number of permanent supportive housing beds has increased, overall homelessness, unsheltered homeless, and chronic homeless have increased each year.

Nationwide 71.5 percent of people experiencing homelessness are individual adults. Of this figure, 51.2 percent experienced unsheltered homelessness, and 28.5 percent are people living in

families with children. While the majority of individuals who are homeless are men (61 percent), the numbers of women and gender-expansive who are homeless are increasing. Homelessness among women increased 12.1 percent since 2022. Survivors of domestic violence continue to be at risk of homelessness and result in loss of housing.

Chronic homelessness is increasing among people with disabilities, chronic health conditions due to low wages, housing discrimination, evictions.

As the population of the United States grows older so does the number of older Americans who are homeless. Recent data from HUD (2023) found that 20 percent of all people experiencing homelessness are older than age 55 or 127,707 aging individuals. Older adults have complex housing and health needs that can lead to episodes of homelessness. Providers throughout the country lack resources, understanding, and ability to serve older adults.

In recent years, homelessness among unaccompanied youth has risen. In 2022, 60.5 percent of CoCs reported increases in unaccompanied youth under age 25. In addition, 10 percent of high school students across the country were homeless in 2019.

In response to increasingly homelessness in the United States, four primary types of housing have been developed.

- Emergency Shelters are facilities, that may be paid for with vouchers, provide housing for a maximum of 60 days. This includes motel/hotel vouchers given to homeless by churches and others where no shelters exist. Emergency shelters provide a place to sleep and referral to other agencies.
- Transitional Housing facilities provide housing for sixty (60) days to two years.
- Permanent Supportive Housing is safe, decent, affordable and provides necessary supportive services for formerly homeless persons to live on an independent basis. Permanent supportive housing ranges from group homes, single room occupancy to apartment units. Supportive services may include:
  - 24 hours, 7 days a week awake staff
  - 24 hours, 7 days a week (peak hour awake) staff
  - Peak hour staff
  - Staff on site as needed
  - No staff on site
- Rapid Rehousing provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person. Core components of rapid re-housing: housing identification, rent and move-in assistance, and rapid re-housing case management and services.

- Safe Haven specialize in supportive housing that meets the following criteria:
  - Serves hard to reach homeless persons who have severe mental illness, are on the streets, and have been made unable or unwilling to participate in supportive services
  - Provides 24-hour residence for unspecified duration
  - Provide private or semiprivate accommodations
  - Have overnight occupancy limited to 25 persons

### **Homelessness in rural west Tennessee**

West Tennessee is primarily a rural area encompassing approximately 10,000 square miles. While most of the 23 county service area is rural, the City of Jackson and Madison County are considered the only urban county. According to HUD,

Rural areas experienced a notable increase in homelessness between 2020 and 2022, despite a slight overall increase in the U.S. Specifically, rural Continuums of Care saw a 27 percent rise in homelessness between 2021 and 2022. While the overall U.S. homeless population saw a less than 1 percent increase, rural areas saw an Increase, according to Point-In-Time (PIT) counts.

Post (2002) notes that rural homelessness differs from urban homelessness in several ways. First, rural homeless persons are less likely to have health insurance or access to medical care than their urban counterparts. When the homeless do access health services, it is very costly through emergency rooms. A report in the New England Journal of Medicine found that homeless individuals spent an average of four days longer per hospital visit than did non-homeless people. Second, rural homeless individuals are less educated but more employed through temporary jobs than urban homeless. Third, rural homeless receive less government assistance and are more likely to receive cash from friends.

Addressing rural homelessness presents special challenges for housing and supportive service providers. Rural areas have few service providers, travel distances are long, and there are little, if any, transportation providers. Most existing service providers in rural areas primarily focus on outreach, support, food, financial assistance rather than shelter and housing. Because rural areas are less populated and homeless individuals and families do not sleep outside or in visible areas, community residents are generally not aware of the problem.

Homelessness in rural west Tennessee is measured through an annual point-in-time count. An initial point-in-time count was conducted on a county-by-county basis during a 24-hour period from April 29-30, 2002, and included both an unsheltered and sheltered count. Emergency



shelters, transitional and permanent housing were surveyed as well as jails, inpatient hospitals, and mental health institutions discharging individuals that would be homeless upon release within the following seven days. Volunteers working with law enforcement and sanitation workers to conduct unsheltered counts in cities focusing on alleyways, public parks, sheltered doorways of downtown buildings, abandoned buildings, houses, in and behind garbage dumpsters, and laundromats. In the more rural areas, the street count focused on fields, camping areas, abandoned houses, and vehicles. The 2002 point-in-time count resulted in 60 individuals identified during the unsheltered count and 708 individuals and families in the shelter count.

Since 2002, the Jackson/West Tennessee Continuum of Care has conducted an annual point-in-time count in January according to HUD rules. Attachment 2 contains a summary of the sheltered and unsheltered results from point-in-time counts from 2003 through 2024. A summary of unsheltered and sheltered totals is provided below.

Year	Sheltered	Unsheltered	Total
2003	586	186	772
2004	470	348	818
2005	883	806	1,689
2006	243	1,630	1,873
2007	254	2,001	2,255
2008	251	1,936	2,187
2009	1,126	1,088	2,214
2010	675	1,375	2,050
2011	428	1,466	1,894
2012	230	1,462	1,692
2013	270	1,403	1,673
2014	205	1,396	1,601
2015	151	1,412	1,563
2016	163	1,378	1,541
2017	134	969	1,103
2018	122	904	1,026
2019	108	851	959
2020	60	801	861
2021	114	777	891
2022	111	610	721
2023	61	580	641
2024	44	661	705

Source: U.S. Department of Housing and Urban Development.

<https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

Six major sub-groups of the rural west Tennessee homeless population are:



- Seriously mentally ill
- Chronic substance abusers
- Victims of domestic violence and their families
- Chronically homeless
- Veterans
- Youth

The CoC has worked to recruit consistent volunteers from year to year to assist with the point-in-time count. Having local volunteers who are knowledgeable of the area has assisted greatly to conduct the count and obtain a more accurate picture of homelessness and chronic homelessness population in the service area.

Additional consideration is given to a review of Decennial Census data on county-level housing lacking complete plumbing facilities. These data are then compared to the point-in-time count. Attachment 3 contains a comparison of housing lacking complete plumbing to the 2022-2024 county level point-in-time counts.

### **Our Approach**

To address homelessness and chronic homelessness in rural west Tennessee, TN-507 Jackson/West Tennessee Continuum of Care (CoC) has a Coordinated Entry System to address youth, adult and family homelessness. Attachment 1 is a map of the service area. Attachment 2 provides a general flowchart depicting the Coordinated Entry System of Jackson/West Tennessee CoC (TN-507). Attachment 3 contains a detailed flowchart showing the roles and responsibilities of the Housing Navigators for both adult and youth homelessness. Attachment 4 has a flowchart for processes to address homelessness in Madison County, the largest county in the service area. Attachment 5 has a process for utilizing hotel stay vouchers under ESG.

### **Summary of Overall Strategies**

Goal #1 Continue to refine the Continuum of Care for Homeless in west Tennessee with special attention to increase I availability of permanent supportive housing.

Goal #2 Continue addressing youth homelessness in west Tennessee

Goal #3 Prioritize addressing chronic unsheltered homelessness in west Tennessee

Goal #4 Improve Consumers' Ability to Pay for Housing

Goal #5 Develop partnerships that will move people into housing

Goal #6 Improve outreach to the homeless and chronic homeless

Goal #7 Decrease discharge individuals into homelessness

Goal #8 Enhance the availability and coordination of prevention efforts

Goal #9 Collect data and share information about homelessness in the service area

Goal #10 Develop policies and procedures for TN-507 CoC to address natural disasters in service area

**Step 1:** The first step to ending homelessness and chronic homelessness is to identify resources in the 23 county service area, with particular emphasis on mainstream resources including American Jobs Centers, TennCare, Medicaid, social security, veterans services and Temporary Assistance for Needy Families.

**Step 2:** The second step to ending homelessness and chronic homelessness is to link these resources through HMIS, navigators, Resource Directory, and County Connection Cards.

**Step 3:** The third step to ending homelessness is to develop projects that address gaps. Gaps are identified through point-in-time count and subsequent gaps analysis.

## References

National Coalition for the Homeless. Homelessness in the US. P.1-8.

National Alliance to End Homeless. (D. Soucy, M. Jones, & A. Hall) State of Homelessness: 2004 Edition. P. 1-57.

Rural Homeless Statistics. 2025

United States Interagency Council on Homelessness. Homeless Data & Trends p. 1-7

## IV. The Plan

**Goal #1 Continue to refine the Continuum of Care for Homeless in west Tennessee with special attention to increase availability of permanent supportive housing.**

Objectives	Action Steps	Achievement Level
1-1 Create new permanent housing beds in the region	1-1 Implement newly funded programs Recruit and offer landlord incentives to create new permanent housing beds Continue to make applications to the Federal home Loan Bank for projects throughout the service area with special attention to the City of Jackson Partner with Public Housing Agencies on admission preferences for households experiencing homelessness, including move-on strategies	# additional permanent housing beds  Create move-on strategies manual
1-2 Increase percentage of homeless persons staying in permanent housing over six (6) months.	1-2 All housing project encouraged to promote and provide peer support services as a component of case management and supportive services activities Provide wraparound services that meet needs of clients; provide case management services Implement APR tracking of all permanent housing projects; monitor results quarterly for projects that do not meet the 80-85% figure and report to Executive Committee Develop a flow process with providers to streamline clients transition from shelter to permanent housing	Conduct education on peer support services in conjunction with case management and supportive services  Decrease # of projects that are less than 85 percent by 50 percent  Create flow process and include in Continuum of Care (CoC) operating manual
1-3 Address increase in number of older and aging	1-3 Add new partnerships with TN Dept of Human	Reasonable accommodations consistent with ADA units

homeless population in west Tennessee	<p>Services Adult Protective Services and local Adult Areas on Aging and Disabilities</p> <p>Provide targeted case management and wraparound services for older and aging population</p> <p>Continue quarterly street outreach especially in tent encampments</p>	and also include hearing impaired
1-4 Develop a year-round low barrier emergency shelter in Jackson and other areas throughout the service area	<p>1-4 Work with CoC Partners, public and private funders to develop and implement local low barrier emergency shelters</p> <p>Identify opportunities for development of new drop in and overnight shelters with non-and for-profit organizations and local governments</p>	Complete in next 3 years

**Goal #2 Continue addressing youth homelessness in west Tennessee**

Objectives	Action Steps	Achievement Level
2-1 Identify and implement prevention strategies to address youth homeless age 18-24	<p>2-1 Continue with coordinated entry screening designed for youth</p> <p>Provide youth-specific individualized housing, case management services, peer support, and wraparound services</p> <p>Continue with employment of youth specific housing navigators to conduct outreach in service area and connect marginalized group with coordinated entry and HMIS</p> <p>Create visual resources for youth to identify available resources through Community Connections Cards and enhanced website</p> <p>Create linkage for youth to available resources by county (youth under age 18, 18 to 24, justice involved youth, survivors of sex trafficking, underserved youth, pregnant youth, parenting youth)</p> <p>Engage community stakeholders to increase resource awareness in marginalized communities</p> <p>Coordinate training for providers in support services for youth, trauma-informed care, needs of special populations</p>	<p>Establish training and place on web site</p>
2-2 Increase transitional and permanent housing option for homeless youth age 18-24	<p>2-2 Provide flexibility in the number of months youth can remain in transitional and congregate living to meet individual needs based on intakes, assessments, and case management</p> <p>Start peer support for youth</p>	<p>Decrease waiting and time o housing by increasing number of beds</p> <p>Have peer support groups for youth</p>

	<p>Continue to develop youth-focused housing and supportive services projects (rapid re-housing, joint-transitional-permanent housing and permanent supportive housing that provide comprehensive geographic accessibility Housing must offer immediate safe, secure, stable housing without preconditions that prioritize youth experiencing unsheltered homelessness</p> <p><u>Rapid Re-housing</u>: target 1 and 2 bedroom at FMR for 12 months, including fees, security and utility deposits</p> <p><u>Joint Transitional-Permanent Housing Rapid Re-housing</u>: target 1 and 2 bedroom at FMR for 12 months, including fees security and utility deposits</p> <p><u>Permanent Supportive Housing</u>: target 1 and 2 bedroom at FMR for 12 months including fees, security an utility deposits</p>	
2-3 Increase life skills and financial literacy education for youth at risk, and experiencing, homelessness	<p>2-3 Strengthen partnerships with WIOA and American Jobs Center youth program coordination with CoC and YAB</p> <p>Work with mainstream resource partners to develop and provide workshops and learning opportunities for youth especially United Way Financial Empowerment Center</p>	Create direct referral to resources
2-4 Establish a “peer mentor” system to supplement formal case management	2-4 Advertise YAB member opportunities throughout the service area, especially to	Establish a peer mentor system through YAB

	<p>special populations and on college campuses</p> <p>Ensure all new YAB members understand their role in relation to YHDP including advocacy and peer support; develop peer support group</p> <p>Establish peer mentors from YAB and former YAB members</p> <p>Identify and meet with local drop in centers in the service area about their operation and inclusion of youth.</p>	
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**Goal #3 Prioritize addressing chronic unsheltered homelessness in west Tennessee**

Objectives	Action Steps	Achievement Level
3-1 Address chronic unsheltered homeless in Henry and Madison counties	<p>3-1 Increase street outreach and navigation activities in target counties</p> <p>Continue plan for overnight assistance for chronic homeless in target counties</p> <p>Create support service outreach centers in Jackson and Paris</p> <p>Increase individualized wraparound services for target populations</p>	<p>Have three street outreach days in Madison County</p> <p>Have two street outreach days in Henry County</p> <p>Coordinate employment opportunities with TN Vocational Rehabilitation</p>
3-2 Work to increase mental health and primary care services for chronic unsheltered homeless	<p>3-2 Coordinate medical care with local county health departments, rural health clinics, and federal qualified health centers</p> <p>Develop street outreach mental health care teams to reach target populations</p> <p>Engage chronic homeless where they are: tent cities, abandoned buildings, cars</p>	<p>Have Pathways Behavioral Health Services mobile unit travel to five rural counties</p> <p>Refer to region's federal qualified health centers (FQHC)s</p> <p>Expand coverage of Pathways mobile unite</p>
3-3 Increase life skills and financial literacy education for chronic unsheltered homeless	<p>3-3 Link chronic homeless to local Financial Empowerment Centers</p> <p>Work with mainstream resources to develop individualized life skills and financial literacy topic information sheets</p> <p>Increase individualized wraparound services</p>	<p>Direct referrals to United Way Financial Empowerment Center and WIOA</p> <p>Coordinate employment opportunities with TN Vocational Rehabilitation</p>
3-4 Increase rental assistance for chronic homeless with support services	<p>3-4 Increase hospital homeless discharge program especially for aging chronic homeless population</p> <p>All housing projects are encouraged to promote and provide peer support services as a component of case management and supportive services activities</p>	<p>Request additional funds through CoC Application Bonus Program</p> <p>Request direct funds from West Tennessee Healthcare</p>

	Seek more housing and support service funding	
3-5 Further identify barriers in the service area that prevent or hinder homeless and chronically unsheltered from remaining in appropriate housing	3-5 Develop a system to analyze data from HMIS, point in time count, gaps, service providers, PATH and other outreach Develop and use standard exit interview form to obtain information from individuals and families leaving housing	CoC Chair name a Data Integration Task Force to accomplish activities

**Goal #4 Improve Consumers' Ability to Pay for Housing**

Objectives	Action Steps	Achievement Level
4-1 Increase percentage of homeless persons employed	4-1 Review Weakley County job verification program; review library programs in local communities	Increase 20 percent first two years  Coordinate employment opportunities with TN Vocational Rehabilitation
4-2 Improve service provider coordination and increase tenants eligibility and access to mainstream resources	4-2 Identify and work to obtain essential documents for clients such as identification cards, birth certificates, social security cards	Increase to 95 percent  Coordinate employment opportunities with TN Vocational Rehabilitation
4-3 Encourage CoC members to have more SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff to assist clients with benefit enrollments	4-3 Contact TN State Trainer Encourage CoC member staff to enroll in course and Practice Case Have a presentation on SOAR at CoC quarterly meeting to explain program and its importance	Reallocate funds from low performing projects to Supportive Services Project for dedicated SOAR staff  Obtain direct funds from TN Department of Mental Health and Substance Abuse Services for dedicated SOAR staff

**Goal #5 Develop partnerships that will move people into housing**

Objectives	Action Steps	Achievement Level
5-1 Increase the number of housing and social service providers that attend CoC meetings.	5-1 Continue coordinated system of meetings with providers throughout the service area Update the CoC web site with information important for new members Target regional and county health departments, Office of Homeland Security	Increase by 10 percent  Use planning funds to conduct advertising about CoC and meeting on radio, print, billboards
5-2 Utilize American Job Centers and Goodwill Solutions to integrate services and access to mainstream resources for the homeless population.	5-2 Meet with American Jobs Centers of promotion of services Have presentation from AJC and Goodwill at quarterly CoC meetings Increase referrals from CoC agencies to AJC and Goodwill Have CoC members attend local job fairs	Recordings of CoC meetings on website  Have more functional web site  Coordinate employment opportunities with TN Vocational Rehabilitation
5-3 Expand communications to better coordinate efforts of service providers	5-3 Create and distribute on a regular basis a CoC Newsletter Create and distribute a general CoC flyer Enhance web site, update and provide highlights on CoC website Establish formal reporting system	Have newsletter  Distribute newsletter  Have newsletter available on website
5-4 Establish referral process between CoC agencies and West Tennessee Legal Services and Southwest Area on Aging and Disability for housing issues	5-4 Meet with West Tennessee Legal Services, Highland Rim, Delta, Northwest and Southwest Development Districts on better referral processes	Implement quarterly meetings
5-5 Develop partnerships with faith-based organizations to help provide	5-5 Identify potential faith based partners	Meet and work with area TN Department of Mental Health and Substance Abuse

furniture, clothing, food and other incidentals for homeless clients	Conduct outreach with faith based partners and develop communication plan and procedures for donations	Services Faith Based Coordinators
5-6 Expand training opportunities for volunteers	5-6 Continue to refine and improve the process for conducting housing inventory and point in time count Develop additional volunteers in each county in service area Conduct volunteer training for point in time count with volunteers Seek gas reimbursement for volunteers	Establish volunteer program

**Goal #6 Improve outreach to the homeless and chronic homeless**

Objectives	Action Steps	Achievement Level
6-1 Develop an effective outreach program by increasing the number of outreach workers to target chronic homeless unsheltered and other unsheltered individuals	Develop supportive service centers in areas with high volume of homeless and chronic homeless Develop training and place on website Continue to seek funding for street outreach workers	Site visit and partnership with Henry County Resource Center
6-2 Conduct needs assessment using point-in-time count and inventory to identify counties that need PATH, Criminal Justice Liaisons, and Recovery Courts.	6-2 Work with community mental health centers, local and state courts to understand extent of issue in the service area	Collaborative Applicant and Strategic Planning Committee complete by end of 2026
6-3 Initiate "Project Unsheltered Connect" in target counties in service area.	6-3 Target Dyer and Henry counties-to connect individuals who are facing homelessness with benefits, medical care, substance abuse, and mental health counseling at one-stop center. Strengthen connections between service providers, government, private sector organizations to better work together	Expand Pathways Behavioral Health Services mobile unit coverage area
6-4 Continue assessing changing needs of unsheltered homeless and abilities of providers to respond.	6-4 Utilize annual point in time count and gaps analysis to identify homeless needs and services appropriate to meet and exceed needs Continue with interview survey of homeless each year	Refer to Data Integration Task Force

**Goal #7 Decrease discharge individuals into homelessness**

Objectives	Action Steps	Achievement Level
7-1 Continue connecting healthcare providers with housing resources to minimize discharges to homelessness.	7-1 Work with case management departments of health care providers to provide information on hospital discharge project Provide a one page flyer on program Distribute Community Connection Cards to healthcare providers	Direct referrals to Christ Community Health Services  Relationships with social workers  Distribute Community Connection Cards to hospitals in Carroll, Hardin, Lauderdale, Tipton, Obion counties
7-2 Link individuals leaving prisons in halfway housing to service providers through establishing relationships with halfway housing operators	7-2 Obtain listing of area halfway houses, establish relationships and provide one page flyer and Community Connection Cards	Collaborative Applicant work with TN Department of Corrections for list  Coordinate employment opportunities with TN Vocational Rehabilitation
7-3 Conduct outreach with criminal justice liaisons, Lifeline Coordinators, and Hybrid Lifeline Coordinators, mental health courts, recovery courts to address individuals discharged from local jails	7-3 Determine when meetings of these groups occur and provide outreach and community connection cards for them Continue working with foster care system, local jails, TN Department of Corrections Enhance bus program	Collaborative Applicant to obtain list and provide Community Connection Cards

**Goal #8 Enhance the availability and coordination of prevention efforts**

Objectives	Action Steps	Achievement Level
8-1 Develop community homelessness prevention strategy that focuses on coordination of housing and social service providers	8-1 Develop and distribute local “toolkit” that explains what someone who is at risk of homelessness needs to do to maintain housing. This strategy must connect the most important sub-groups with identified resources in the service area Enhance resources for homeless prevention. Promote and distribute Community Connection Cards	Complete by December 31 2025 by Tennessee Homeless Solutions and Wo/Men’s Resource and Rape Assistance Program
8-2 Increase emergency assistance for families at most risk	8-2 Continue availability of emergency rent and utility assistance but create separate track by service providers that focuses on families that are most at-risk of extended periods of homelessness. Focus on employment training, placement, money management, planning and other activities	Increase ESG applications for emergency assistance



**Goal #9 Collect data and share information about homelessness in the service area**

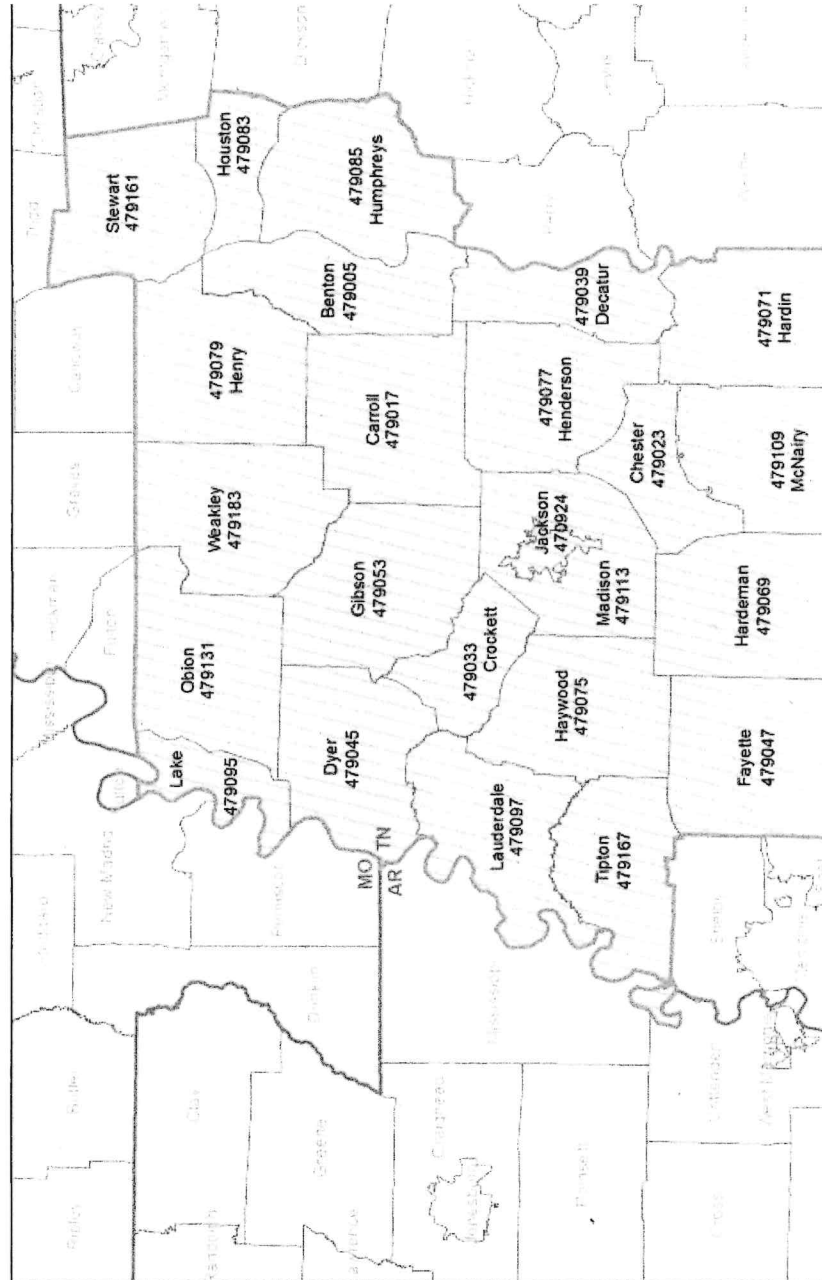
Objectives	Action Steps	Achievement Level
9-1 Ensure that HMIS is serving as a valuable tool for each participating agency, as evidenced by standard reports provided on a scheduled basis	<p>9-1 HMIS Advisory and Mainstream Resource Committee will continue throughout the year to solicit feedback from users to determine ways to improve value and usefulness of HMIS</p> <p>Use data to track the number of times a client has been homeless, length of time homeless, and other criteria in relation to HUD homeless and chronic homeless definitions</p> <p>Utilize new AI Core to provide better information for providers</p> <p>Expand HMIS referral process to include 211</p>	HMIS Resource List updated and in HMIS
9-2 To ensure that HMIS is functional	<p>9-2 Expand HMIS use by agencies with special attention to those outside Madison County</p> <p>Monitor compliance with HMIS data and technical standards</p> <p>Look for HUD Best Practices in implementing HMIS participation to non-funded providers</p> <p>Use HMIS as mechanism for creating an online resource directory of housing and social services</p> <p>Identify additional resources for housing options used Case Conferencing List</p> <p>Use Eligibility Module Tool for screening/verification for screening</p> <p>Expand outreach efforts to those who are chronically</p>	Continue review by HMIA Committee

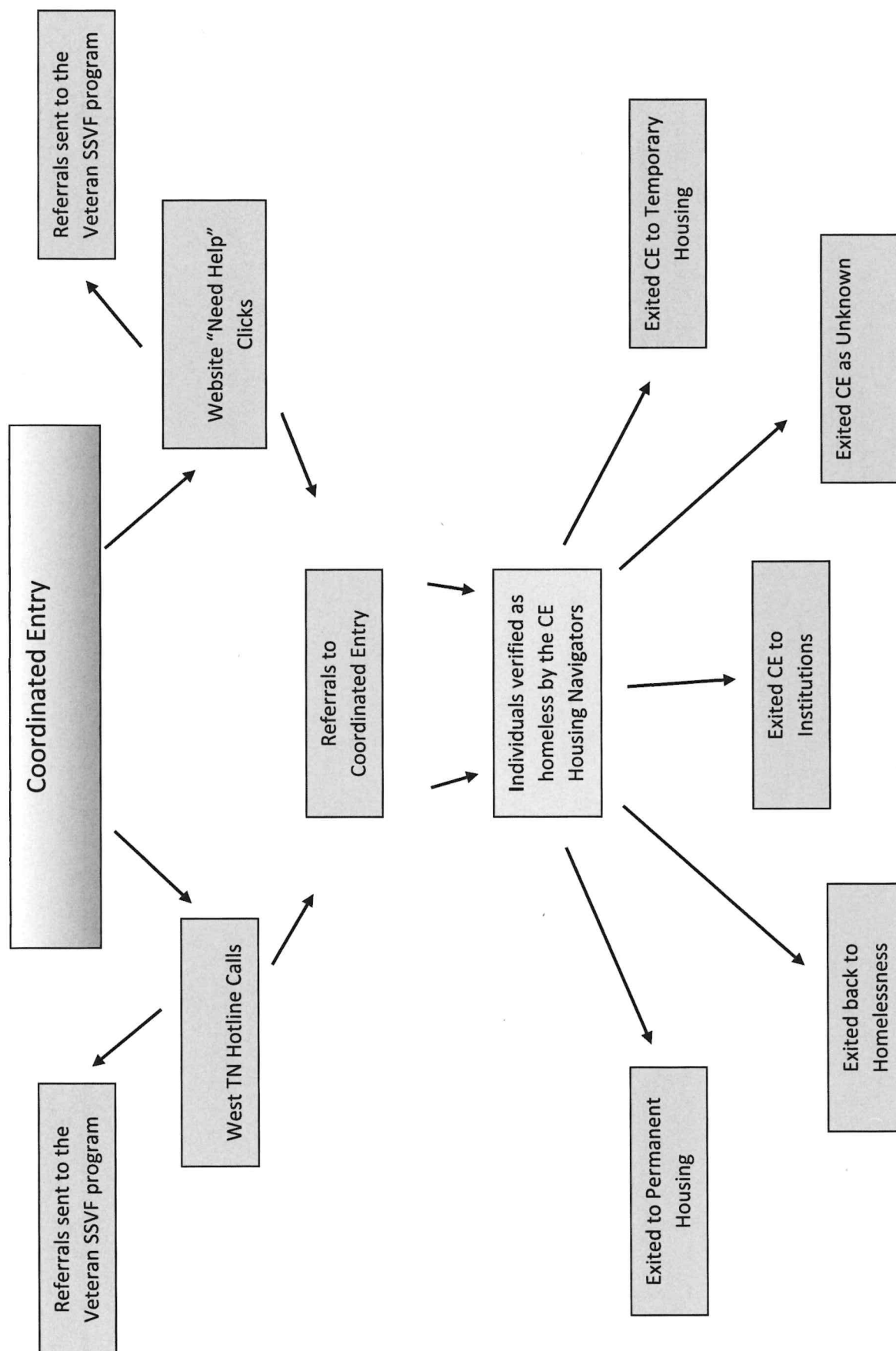
	homeless and enroll them in HMIS	
9-3 Increase standard reports that are provided to CoC agencies and standing committees on a scheduled basis	9-3 Obtain list of reports, APR, and other available reports Utilize Case Conferencing List to ensure the process is client-provider specific Widely distribute a de-identified Case Conferencing List as a provider and community engagement tool	Tennessee Homeless Services will accomplish
9-4 Establish an ongoing HMIS training calendar. To educate all CoC members about use of HMIS and participation requirement for HUD funding	9-4 Conduct provider monthly data quality checks Conduct quarterly data quality check in preparation of the Longitudinal Systems Analysis and Systems Performance Measures Report	Conduct regular in person trainings

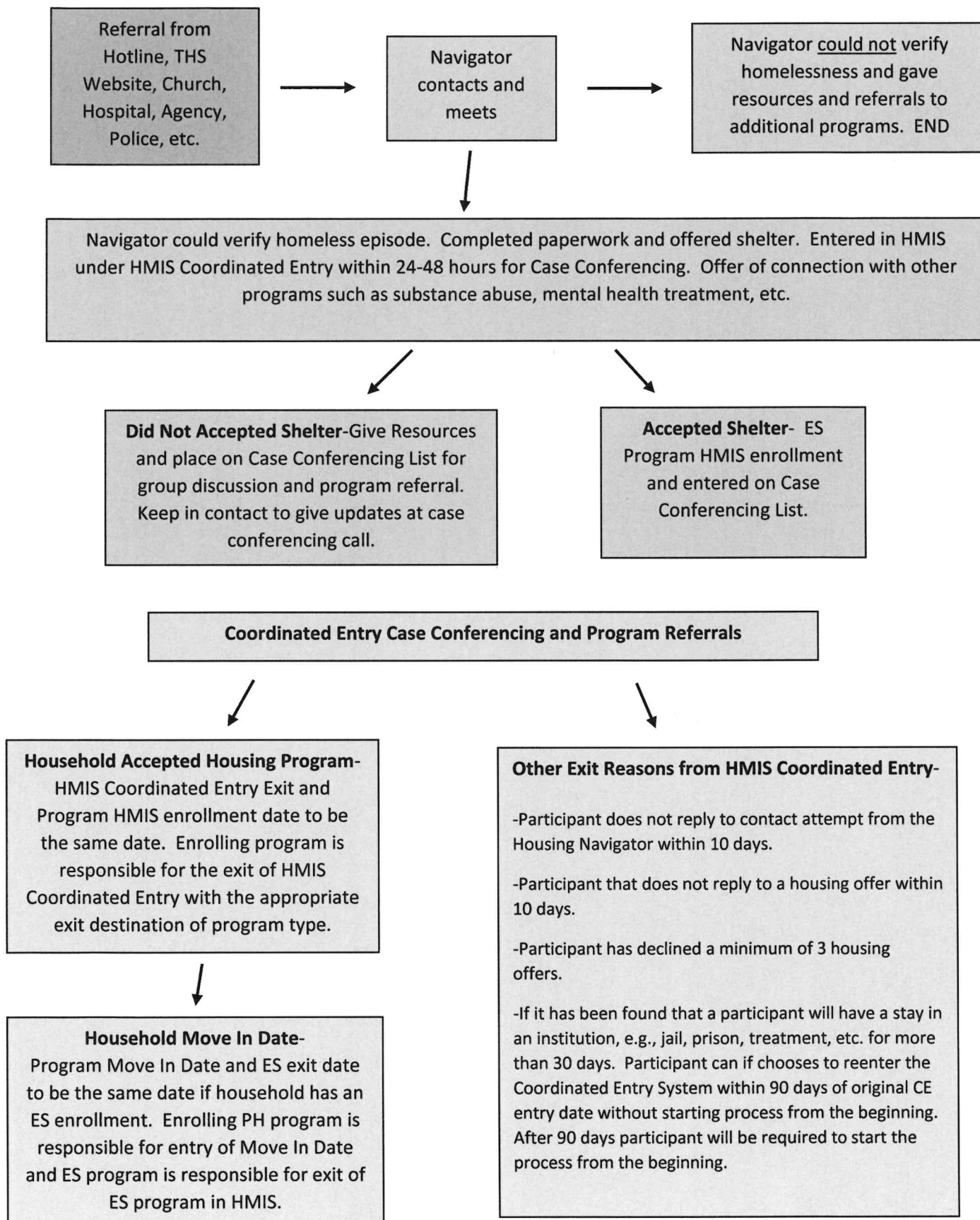
**Goal #10 Develop policies and procedures for TN-507 CoC to address natural disasters in service area**

Objectives	Action Steps	Achievement Level
10-1 Conduct research on policies and procedures for other CoC to react to natural disasters	10-1 Refer to the Policies and Procedures Committee of the CoC to conduct research Provide a written synopsis of results of research	Collaborative Applicant will accomplish
10-2 Meet with regional Tennessee Emergency Management Agency, county Emergency Management Agencies, and local Red Cross representatives on possible roles and responsibilities for TN-507 CoC agencies	10-2 Executive Committee of the CoC meet with relevant agencies with written synopsis Work with relevant agencies to develop policy and procedure for the CoC	Collaborative Applicant will accomplish
10-3 Review input and receive approval from CoC agencies for policy and procedure.	10-3 Finalize draft of policy and procedure Circulate for review by CoC members Vote on by membership and host trainings on new policy and procedure	Collaborative Applicant will accomplish

Attachment 1  
Jackson/West Tennessee CoC  
Map of Service Area







Attachment 4  
Process for Addressing Homelessness  
Madison County, TN  
Jackson/West Tennessee CoC

