The University of Tennessee College of Social Work
KnoxHMIS 2014 Annual Report

Prepared by:

David A. Patterson, Ph.D.
Director, KnoxHMIS
974-7511, dpatter2@utk.edu

Lisa Higginbotham, MSSW
Data Analyst, KnoxHMIS
974-9142, lhigginb@utk.edu

Deidre Ford,
Information and Technology Team Leader, KnoxHMIS
974-8053, deidre@utk.edu

Caila Gibbons
MSSW Graduate Assistant, KnoxHMIS
974-9142, cgibbon3@vols.utk.edu

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Executive Summary

The KnoxHMIS Annual Report has been completed every year since 2007. This report provides information on clients who are new to the information system and have accessed a service from one of KnoxHMIS' partner agencies in 2014. It should be noted that not all individuals included in this report are literally homeless. Thirty-two percent of those served indicated they were housed, but receiving services to prevent them falling into homelessness. Thus, those who indicated housing were being served by KnoxHMIS partner agencies to prevent them from becoming homeless.

During 2014, there was a 3% decrease in the number of individuals new to homelessness in Knoxville. The picture is similar for active clients. A total of 9,232 individuals accessed homeless services from KnoxHMIS partner agencies. This figure represents a 6% decrease from 2013 (N=9,806), which is explained on page seven. The reasons for these decreases are examined in the body of this report. Following is a summary of data on active clients entered into KnoxHMIS:

Active Client Characteristics:

- 40% were female
- 25% of men reported primary reason for homelessness as "loss of job"
- 14% of women reported primary reason for homelessness as "domestic violence victim"
- 25% were reported to have a disability and 55% of those indicating a disability reported experiencing mental health problems
- Chronically homeless individuals represented 22% of all active clients
- 9% were street homeless
- 7% were seniors
- 13% were veterans
- 7% were female single parents
- 14% were children under 18
- 74% reported their last permanent address in Knox or a surrounding county

Services and Outcomes:

The capture of casenotes, services, and referrals in KnoxHMIS by partner agencies facilitates the coordination of care, reduction of duplication of services, and measurement of resources delivery.

- In 2014, there was a 14% increase in recorded services delivered. [1]
- On average, 38,408 services were delivered to clients monthly from KnoxHMIS partners. [2]
- 12% of active clients had casenotes entered by providers, which is 2% less than in 2013.
- The average length of stay in an emergency shelter was 27 days (SD=50)[3].
- The average length of stay in transitional housing was 201 days (SD=227).
- 1,614 individuals were placed in permanent housing placements, of which there was a 26% recidivism to homelessness.

[1] The increase in services is due to our largest service provider increasing the types of services captured and additional programs adding services to their data entry.

[2] KnoxHMIS partner agencies include: Knoxville-Knox County Community Action Commiteee, Catholic Charities of East Tennessee, Knox County Public Defender's Community Law Office, Compassion Coalition, Family Promise, The Helen Ross McNabb Center, Knoxville Area Rescue Ministries, Knoxville Leadership Foundation, Parkridge Harbor Positively Living, Redeeming Hope Ministries, Salvation Army, Steps House, Tennessee Valley Coalition to End Homelessness, The Next Door, Volunteer Ministry Center, Volunteers of America, and YWCA.

[3] SD=Standard Deviation

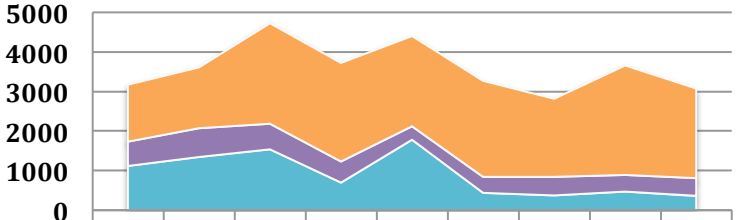
New Clients

In 2014, 3,570 new clients were entered into KnoxHMIS representing a 3% decrease from 2013 (Table 1). The adjacent table shows the percent change in new clients entered into KnoxHMIS each year since 2007.[4] The significant increase in the 2013 number of new clients added to KnoxHMIS was due to the addition of new programs, the inclusion of clients who previously declined participation in KnoxHMIS, and improved data quality.

Table 1: Change in Number of New Clients Added (2007-2014)	
Year	**Percentage**
2007	+12% (N=3,613)
2008	+31% (N=4,731)
2009	-21% (N=3,727)
2010	+18% (N=4,394)
2011	-26% (N=3,264)
2012	-14% (N=2,822)
2013	+30% (N=3,665)
2014	-3% (N=3,570)

Chart 1 shows the trends in "New Clients Added between 2006 and 2014." "Not Chronic" refers to new clients added to KnoxHMIS who were homeless or at risk of being homeless, while "Chronic" refers to those entering KnoxHMIS who were experiencing chronic homelessness (definition can be found on page 15 of this report). The "Null" category indicates the number of new clients added to KnoxHMIS who did not answer whether they were homeless or chronically homeless upon entry or did not have their status recorded in KnoxHMIS. Null instances of homeless status have decreased over the years. Chart 1 reflects an improvement in data quality since 2010.

Chart 1: 2006-2014 Homeless Status of New Clients



	2006	2007	2008	2009	2010	2011	2012	2013	2014
Not Chronic	1449	1547	2541	2494	2267	2427	1978	2767	2263
Chronic	614	716	658	532	348	401	474	430	443
Null	1112	1350	1532	701	1779	436	370	468	364

[4] The subgroups in Table 2 are potentially overlapping; and, therefore, the columns do not sum to 100%.

Chart 2 illustrates the different sub-groups of individuals included in the clients new to KnoxHMIS. Non-housing emergency assistance to individuals at risk of homelessness accounts for 88% of the 505 individuals who indicated that they were stably housed.

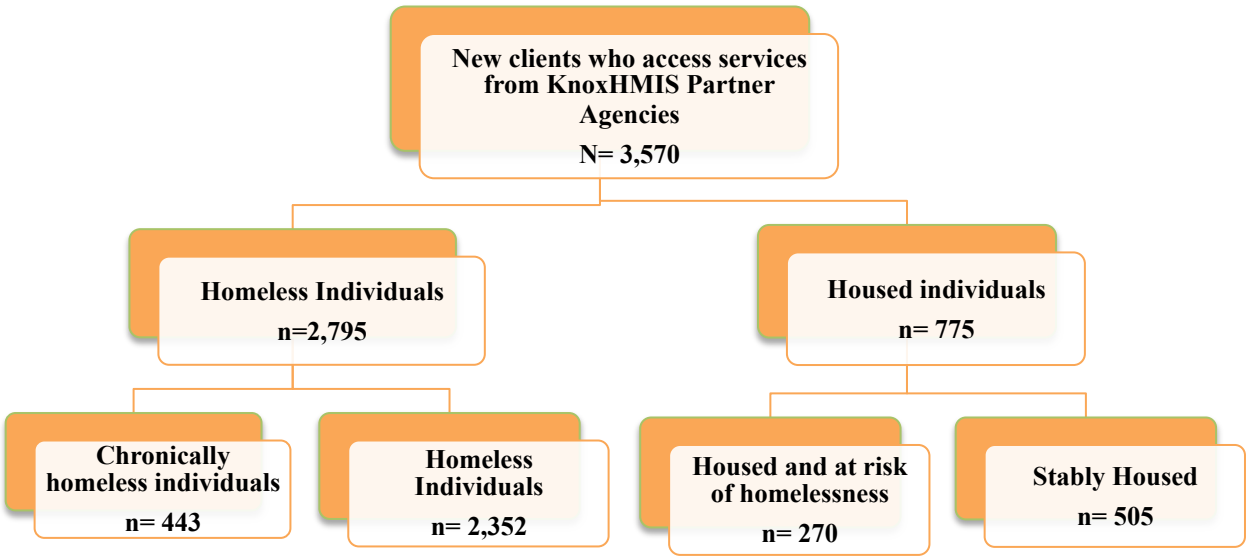


Chart 2: 2014 Subgroups of Clients New to KnoxHMIS

Chart 3 details client answers to the question, "Are you homeless?" From 2012 to 2014 there was a notable decrease in the percentage of new clients who indicated they were homeless and an increase in those who indicated that they were not homeless.

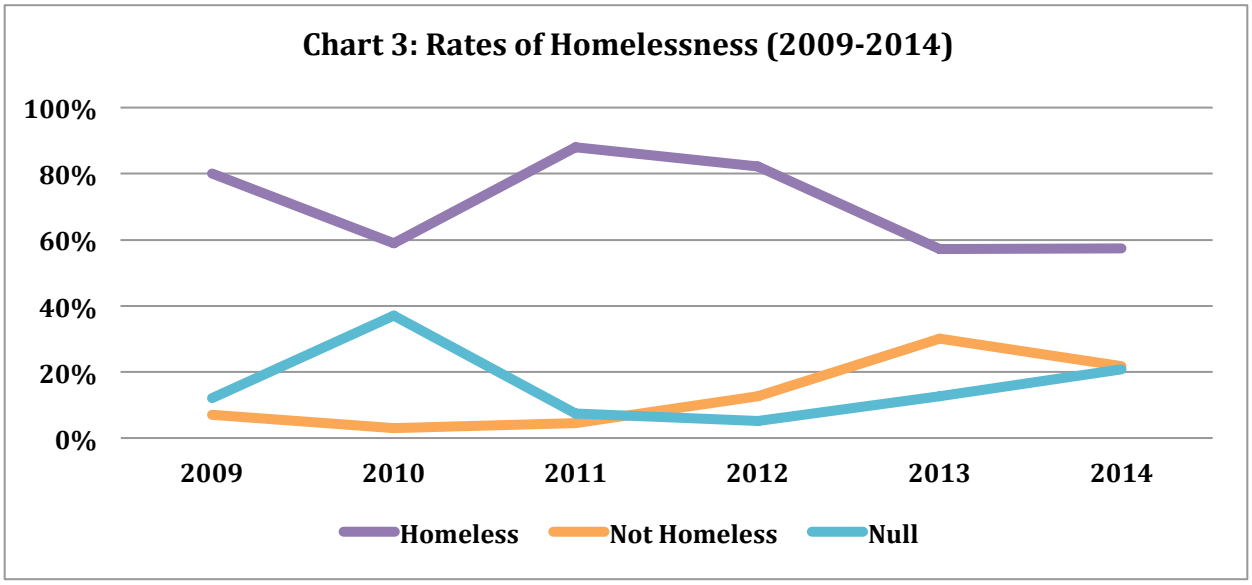


Chart 4 delineates the entry point of new clients into KnoxHMIS by program type.

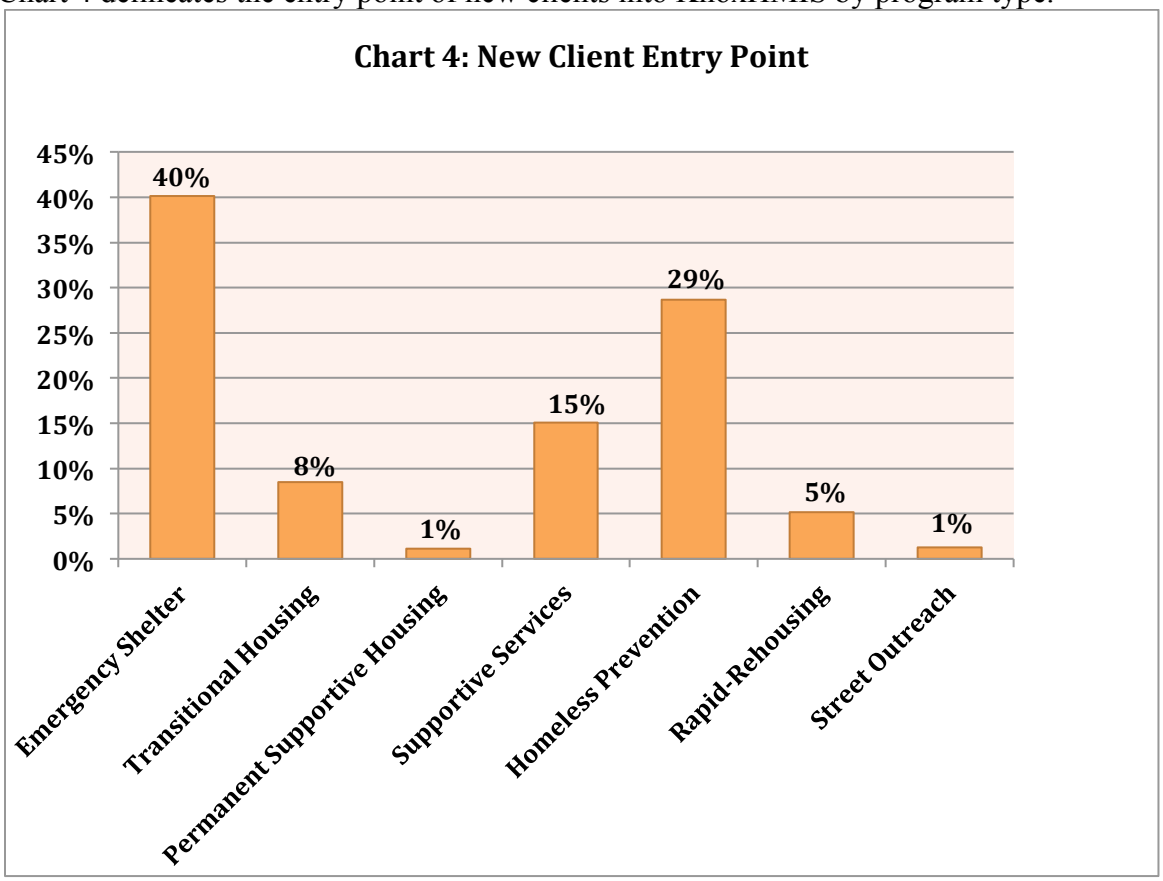


Table 2 compares the number of individuals in identified sub-groups of the population of individuals who are homeless or at risk of becoming homeless that were newly entered into KnoxHMIS in 2013 and 2014. [5] Of new clients entered in 2014, there was a decrease in the following subgroups: females, individuals in a female single parent household, Black or African American, and Children. Most notably, there was a 23% increase in the number of people with a disability of long duration.

Table 2: Subgroups of New Clients Added (2013-2014)

	2013 n=	2014 n=	Percent Change
Females	1,536	1,500	-2%
Individuals in a Female Single Parent Household	645	627	-3%
Blacks or African Americans	884	757	-14%
Children	637	542	-15%
People with a disability of long duration	763	958	+26%
Chronically homeless individuals	431	443	+3%

[5] Individuals categorized as homeless meet HUD's definition for homelessness: https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

Active Clients Utilizing Services

For the purposes of this report, "active clients" are individuals either receiving services from KnoxHMIS partner agencies or having an entry/exit into a partner agency program. While the majority of active clients are homeless (n=6,841), some active clients are housed (n=2,391), having been formerly homeless or they are housed but at risk of becoming homeless. The figure in Chart 5 illustrates the different sub-groups of individuals included in the active client population.

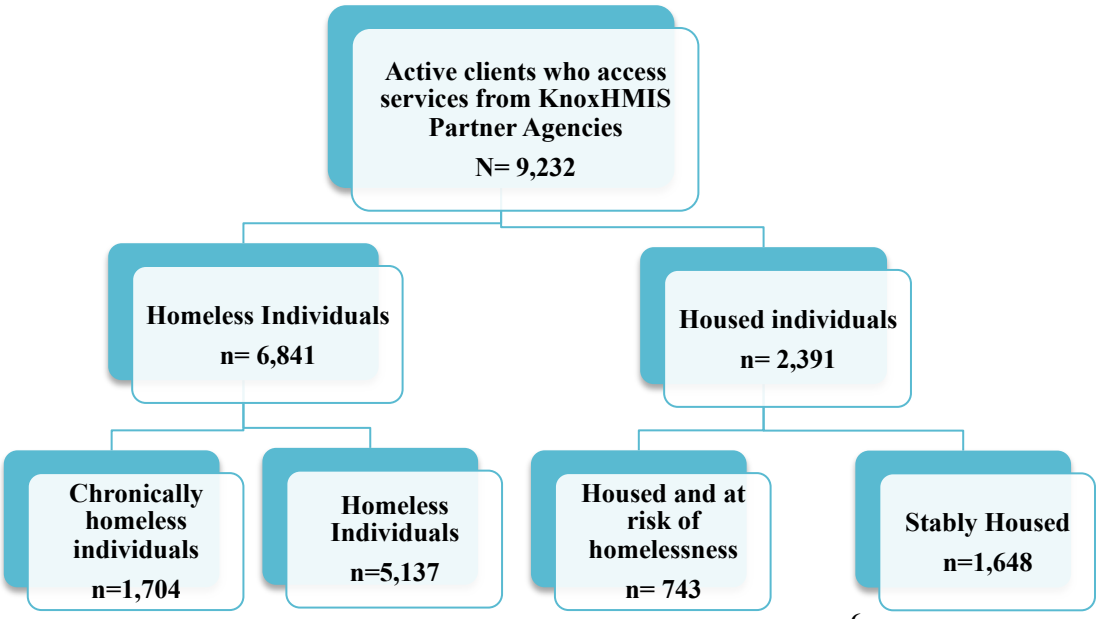


Chart 5: 2014 Subgroups of Active Clients[6]

It should be noted that in KnoxHMIS' annual reports on homelessness prior to 2012, the number of "active clients" was calculated by simply counting the number of individuals receiving services during the year-long report period. However, not all of our partner agencies capture services, instead they may track entries into their agency programs. In order to provide a more accurate count of active clients, KnoxHMIS started including both services and program entries as indicators for client activity effective in the 2013 annual report.

In 2014, there were 9,232 active clients served in Knox County. This count represents a 6% decrease from 2013 in the number of active clients (N=9,806) .

Chart 6 illustrates a long-term perspective in which the number of active clients has increased 65% since 2007. Overall, this increase is potentially indicative of improvements in agency data quality, increased utilization of KnoxHMIS and the addition, over the last three years, of six new partner agencies that are serving clients not previously captured in KnoxHMIS.

[6] In previous reports, housed individuals only included clients who indicated a housing status of "stably housed." In the 2013 report, we started including clients who are "imminently losing their housing" and "unstably housed and at risk of losing their housing."

It is important to note that although there has been an overall increase over the past seven years, in 2014 the 6% decrease in active clients from 2013 is attributed to fewer clients being served among KnoxHMIS partners due to some changes in eligibility criteria.

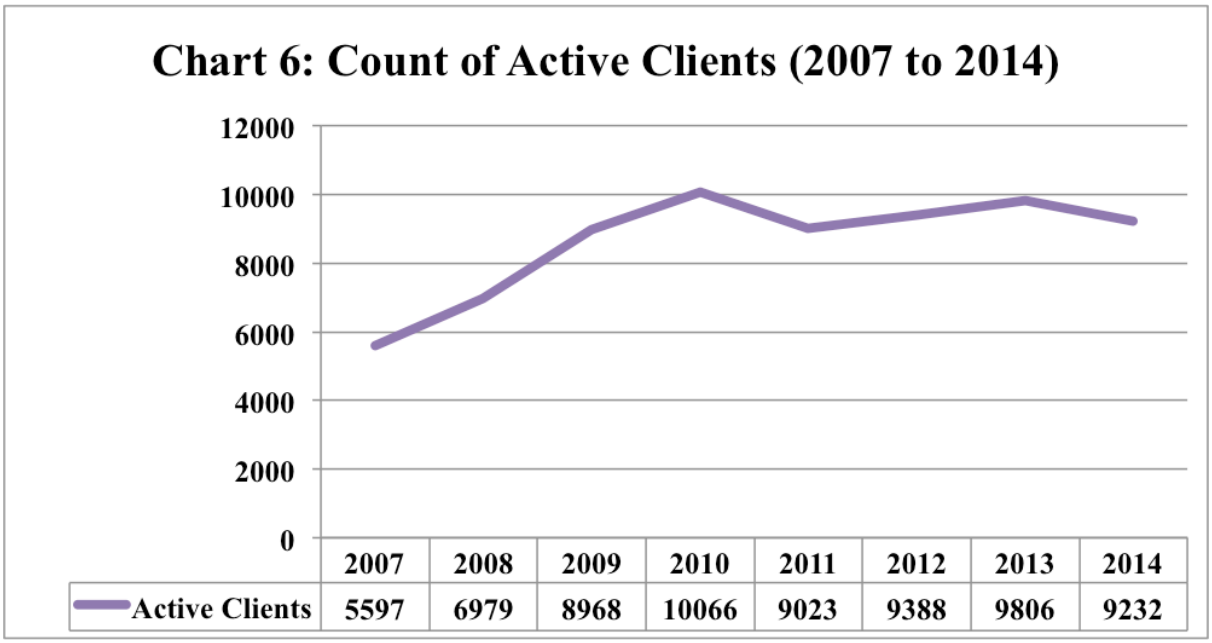


Table 3 displays the percent change from 2013 to 2014 in the non-chronically homeless population, chronically homeless population, and the total active client population.[7]

Table 3: Active Clients by Homeless Status (2013-2014)

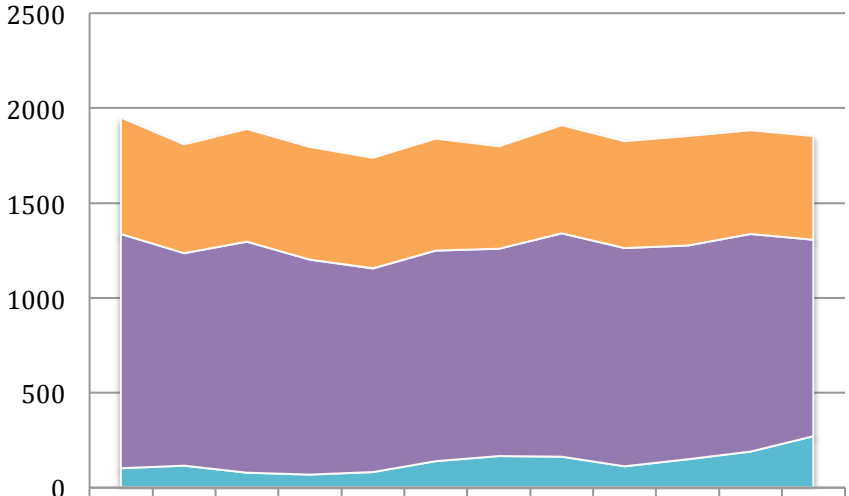
	2013 n=	2014 n=	Percent Change
Not Chronically Homeless	6889	5957	-14%
Chronically Homeless	1995	2002	<1%
Null	922	1273	38%
Totals	9806	9232	-6%

As indicated in Table 3, the percentage of active clients who were chronically homeless increased in 2014 from 20% in 2013 (n=1,995/9,806) to 22% in 2014 (n=2,002/9,232).

[7] Beginning in 2013, data was corrected to represent the chronic homeless status of all active clients. In reports prior to 2013, "Null" was reflective of both null housing status and null chronic homelessness. Table 3 now only reflects null chronic homelessness.

On average, 1,845 clients were served per month. Of those clients, an average of 574 services were delivered to chronically homeless individuals per month. The number of clients served each month are detailed in Chart 7.[8] Please note that the sum of active clients by quarter and month will not reflect the total number of unduplicated active clients (n= 9,232) as the same clients may be served in multiple months or some clients may not have services recorded in KnoxHMIS.

Chart 7: 2014 Active Clients Monthly by Homeless Status



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Chronically Homeless	614	573	592	591	583	592	540	572	561	576	546	548
Not Chronically Homeless	1232	1121	1219	1134	1073	1110	1092	1175	1150	1128	1148	1034
Null	103	115	78	69	83	138	167	164	114	149	189	272

[8] The numbers represented in Chart 7 may be an underrepresentation as not all KnoxHMIS partners record services that were provided, but instead indicate a client is being served on an on-going basis.

Basic Demographic Information on Active Clients

Table 4 provides demographic information on active clients in 2014. The percentage breakdown for gender and race is consistent with 2013 data. KnoxHMIS data reflects that 26% of active clients were African American. Notably, Knox County's population is comprised of 8.7% "African American" individuals in comparison to 17% of the population of Tennessee.[9] Therefore, a disproportionate percentage of African Americans sought services compared to the percentage of African Americans represented in Knox County and the state of Tennessee. The category of Other/Multiracial constitutes 3% of active clients and includes individuals who report their race as *American Indian, Alaskan Native, Asian, Native Hawaiian, and Multiracial*.

Table 4: Active Client Demographics

	n=	KnoxHMIS Percentage
Age		
0-17 years	1,258	14%
18-30 years	1,477	16%
31-61 years	5,465	59%
62+ years	653	7%
Null	372	4%
Gender		
Male	5,210	57%
Female	3,610	40%
Other or Null[10]	372	3%
Race		
White	6107	66%
Black or African American	2368	26%
Other[11]	244	3%
Null	513	6%
Ethnicity		
Non-Hispanic/Non-Latino	8126	88%
Hispanic/Latino	218	2%
Null/Don't Know	888	10%

Table 4 additionally illustrates the age distribution of active clients by gender. [12,13] In 2014, the average for all active clients was 39. Of particular interest is that the peak age concentration (mode) for homeless women is 24 years younger than the peak age concentration of homeless men (Chart 8).

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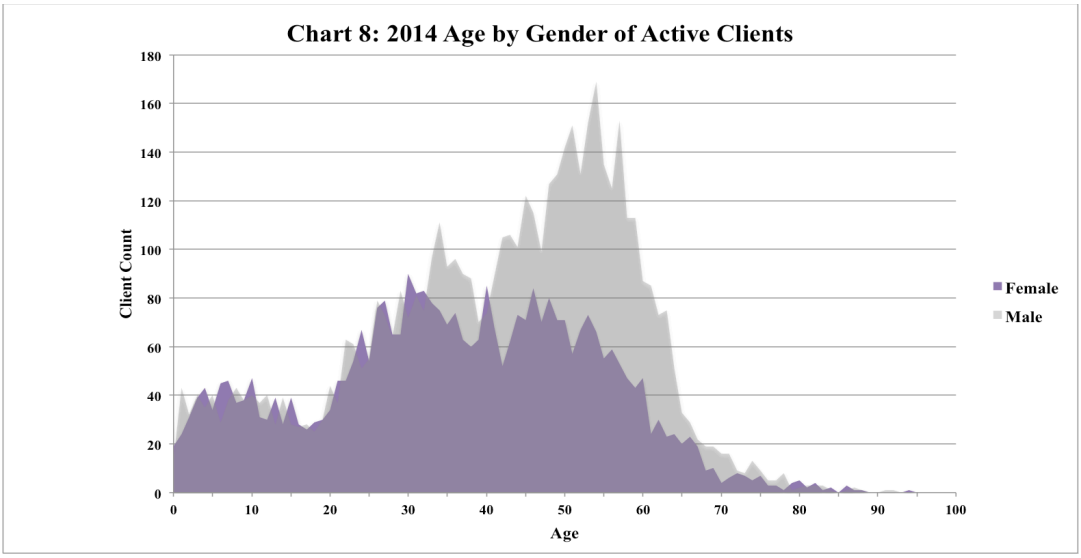
[9] 2013 US Census Bureau (quickfacts.census.gov) and City Data (http://www.city-data.com/county/Knox_County-TN.html)

[10] The "Other" category for gender includes Transgender, as this was less than 1%. "Null" gender represents "client doesn't know, " "client refused," "data not collected," and blank responses.

[11] In reports prior to 2014, "Other" and "Null" race were combined. In this report and henceforth "Null" race will be separated and represents "client doesn't know, " "client refused," "data not collected," and blank responses.

[12] The data on age represents only individuals with a date of birth recorded.

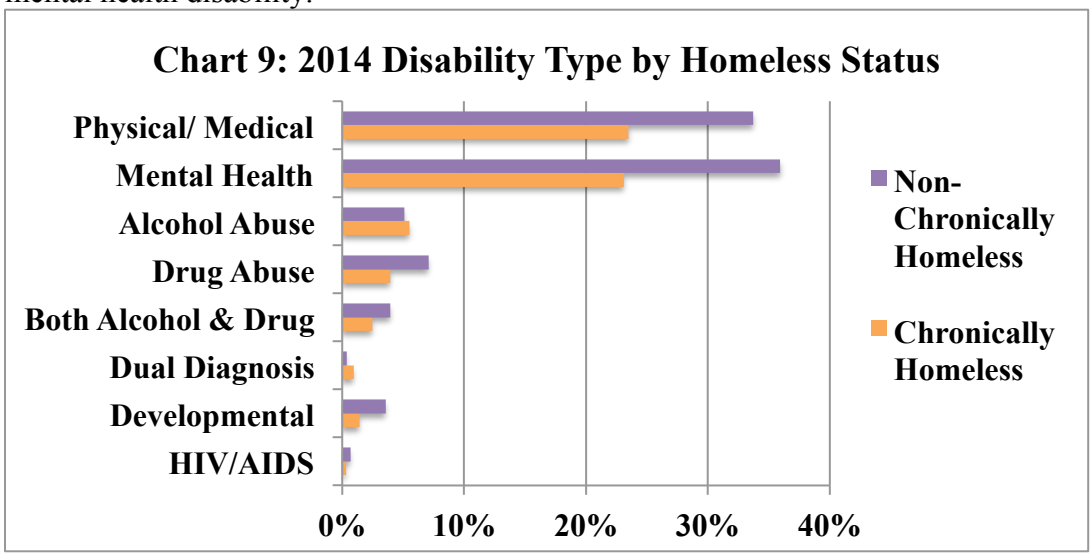
[13] The data on gender represents only individuals with gender recorded.



Disability Status of Active Clients

In 2014, 25% of active clients (N=9,232) reported having a disability (n=2,329). The percentage of disability reported is notably lower than the 31% reported in 2013. This is because KnoxHMIS is now using the HUD requirements for disability verification to list a person as having a disability, meaning that "Do you have a disability of long duration?", "Disability Type" and "Disability Determination?" must also be answered. In previous reports, KnoxHMIS only utilized the question asked by agency staff members of clients, "Do you have a disability of long duration?" for data analysis.

Chart 9 shows the percentage of active clients with a disability by homeless status.[14] Both the chronically homeless and non-chronically homeless populations most frequently report having a mental health disability.



[14] These percentages on disability types represent only those individuals who have a recorded disability type in KnoxHMIS with a disability determination and that have "yes" or "no" answered for "Is Client Chronically Homeless" (n= 2,244).

Self-Reported Primary Reason for Homelessness of Active Clients

As illustrated in Chart 10, differences in primary reason for homelessness varied by gender in 2014.[15] Adult males most frequently report "Loss of Job" (25%) as primary reason for homelessness, while adult females most frequently report "No Affordable Housing" (16%), both of which are consistent with 2013 data. This variable is based on the client's perception of his or her primary reason for homelessness. Therefore this variable is subject to the social desirability bias in which individuals tend to respond in ways that will be viewed favorably by others. Further, domestic violence is likely underreported due to client or agency hesitance to report domestic violence in HMIS.[16]

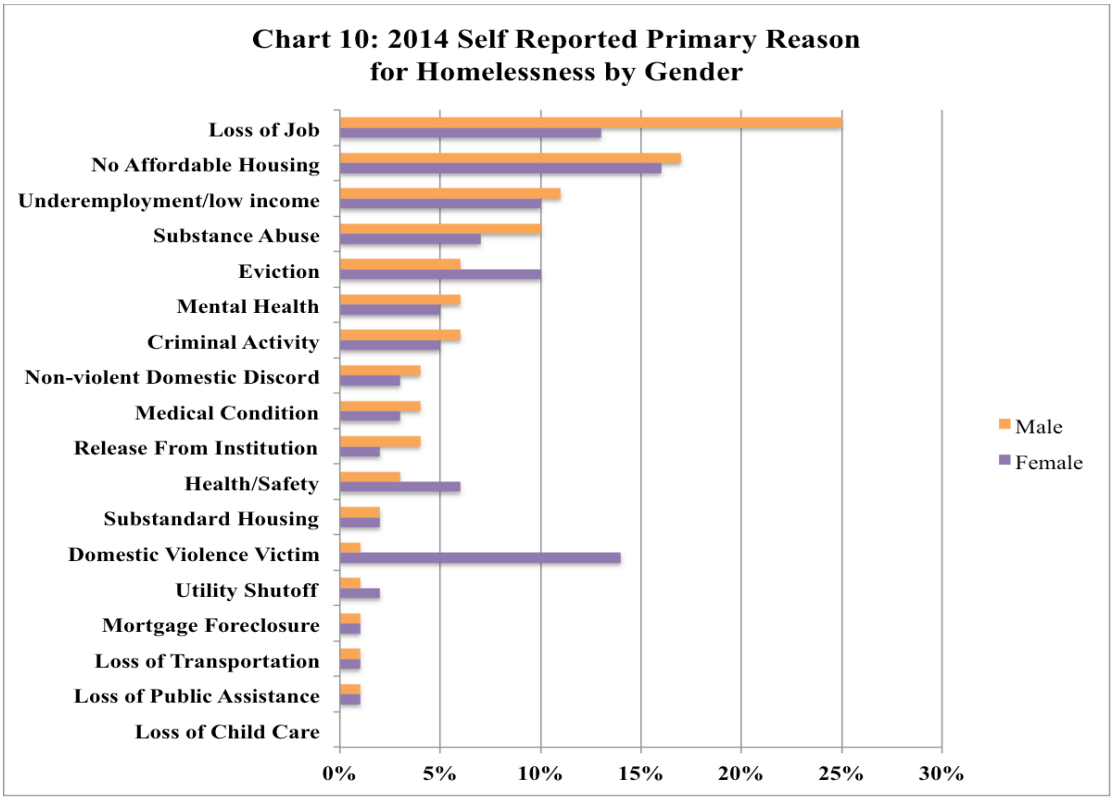


Table 5 shows the percentage of the active adult females between 2010 and 2014 who reported domestic violence as the primary reason for homelessness. In 2014, 14% (n=299) of female clients reported domestic violence as primary reason for homelessness.

Table 5: Domestic Violence Against Females	
Year	Percentage of Females
2010	15%
2011	15%
2012	17%
2013	15%
2014	14%

[15] The percentages on "primary reason for homelessness" represent only those individuals who have a recorded primary reason for homelessness and a homeless status in KnoxHMIS (n=6,662).

[16] Garcia, E. (2004). Unreported cases of domestic violence against women: Towards an epidemiology of social silence, tolerance, and inibition. *Journal of epidemiology & community health, 58*. 536-537. doi: 10.1136/jech.2003.019604

Subpopulations of Active Clients

In this section, the following seven sub-populations are examined: chronically homeless, street homeless, seniors, veterans, female single parents, children, and youth ages 18-24. For the purposes of this report, individuals identified as "street homeless" were living in a place not meant for human habitation (i.e. on the street, in a vehicle, or camping). Table 6 shows the percentage of active clients who may be categorzied within a subpopulation. In the following sub-sections, the tables under each subpopulation reveal the degree of overlap among these subgroups.

Table 6: Active Client Subpopulation Percentages

Subpopulation	Percentage of Active Clients (n=9,232)
Chronically Homeless	22%
Street Homeless	9%
Seniors	7%
Veterans	13%
Female Single Parents	7%
Children	14%
Youth Ages 18-24	7%

Chronic Homelessness

As defined by the United States Department of Housing and Urban Development (HUD)[17], chronically homeless describes an individual or family who has been living in a place not meant for humna habitation, safe haven, or emergency shelter for at least a year or has had at least four separate episodes of homelessness in the past three years AND the head of household in a family or the individual has a disabling condition. Table 7 represents the characteristics of active clients who meet the definition of chronically homeless.

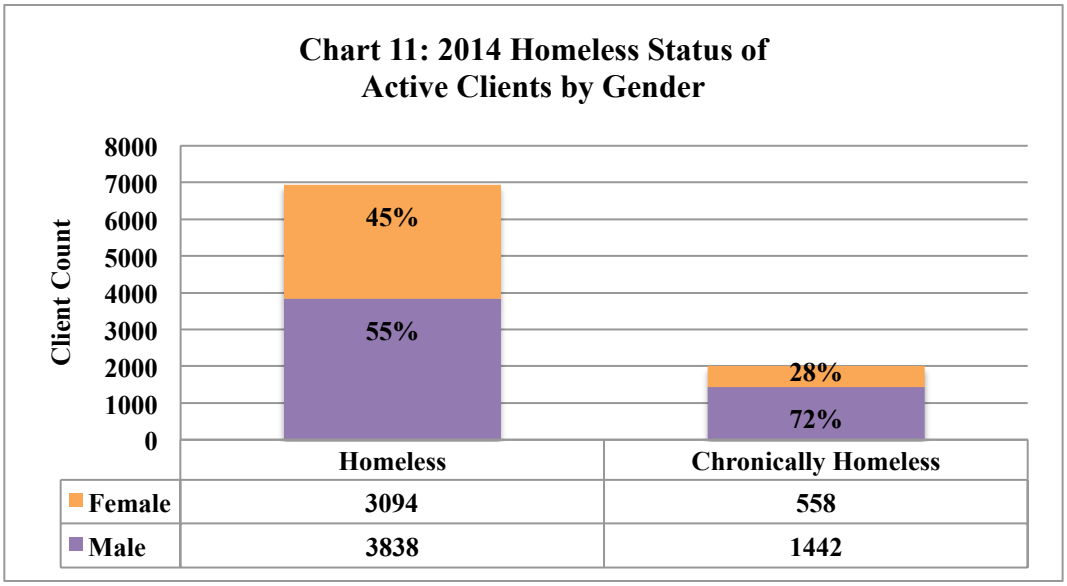
Table 7: Characteristics of the Chronically Homeless Subpopulation

Subpopulation	Percentage of Active Clients (n=2,002)
Street Homeless	17%
Seniors	7%
Veterans	19%
Female Single Parents	4%
Children	4%
Youth Ages 18-24	4%
Disabled	37%
African American	27%

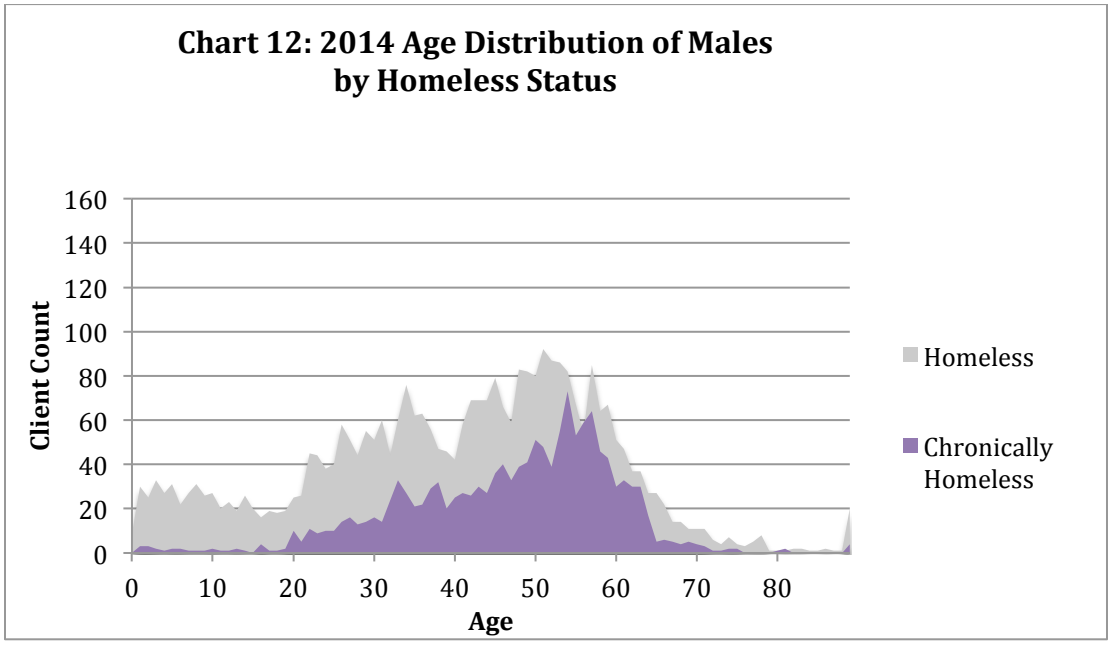
Of particular interest is that while 22% of all active clients are chronically homeless (Table 6), street homeless individuals, veterans, and those with a disability are a larger percentage of the chronically homeless population than they are of the general homeless population (See Table 7).

[17] https://www.onecpd.info/resources/documents/homelessassistanceactamendedbyhearth.pdf

With the exception of gender, the demographic characteristics of chronically homeless individuals are similar to the demographic characteristics of the non-chronically homeless individuals. Seventy-two percent of the chronically homeless population was male compared to only 55% of the non-chronically homeless population (Chart 11).[18]



Charts 12 and 13 illustrate the differences in the age distribution of chronically homeless males and females. As is evidenced in Chart 12, a notably large percentage of chronically homeless males are between the ages of 45 and 60, whereas the distribution of chronically homeless females does not have a pronounced peak.



[18] Charts 10, 11, and 12 only display data on individuals where homeless status and gender were reported.

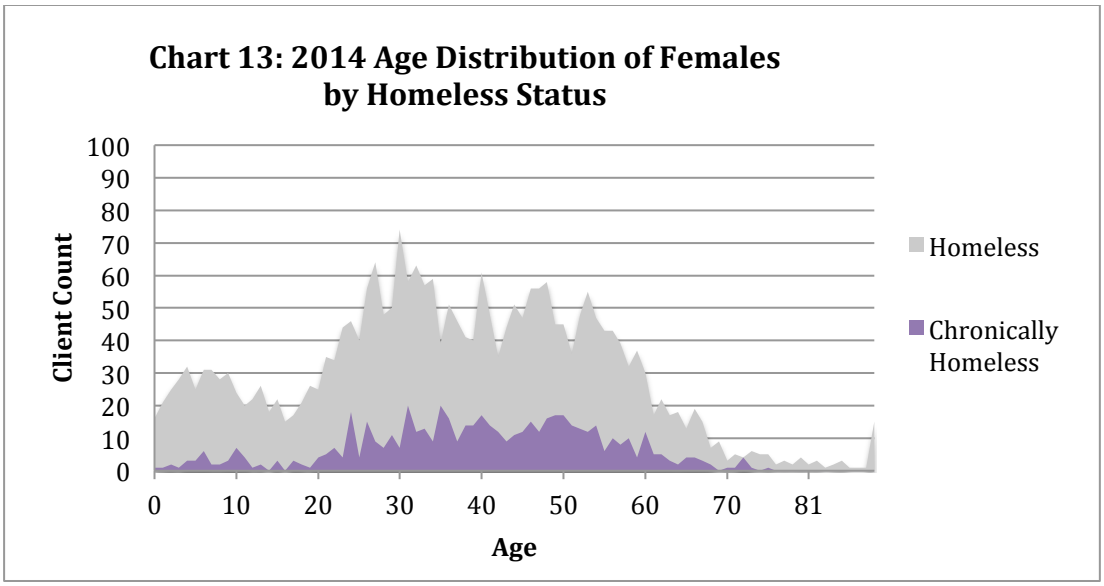
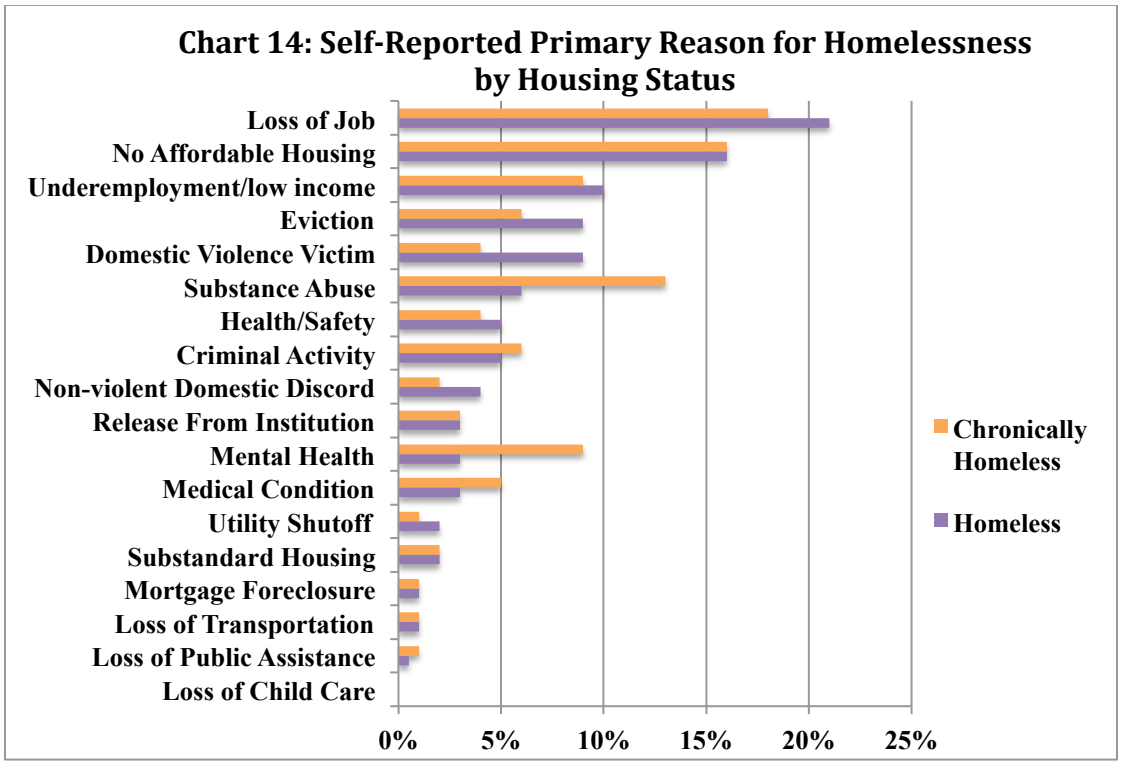


Chart 14 compares the self-reported primary reason for homelessness of the chronically homeless and non-chronically homeless populations.[19] Chronically homeless individuals were more likely to report *substance abuse, mental health, a medical condition, and criminal activity* as primary reasons for homelessness compared to non-chronically homeless individuals. Again, these figures may represent an under reporting due to the aforementioned social desirability bias.



[19] The percentages on "primary reason for homelessness" represent only those individuals who have a recorded primary reason for homelessness and a homeless status in KnoxHMIS (n=6,662).

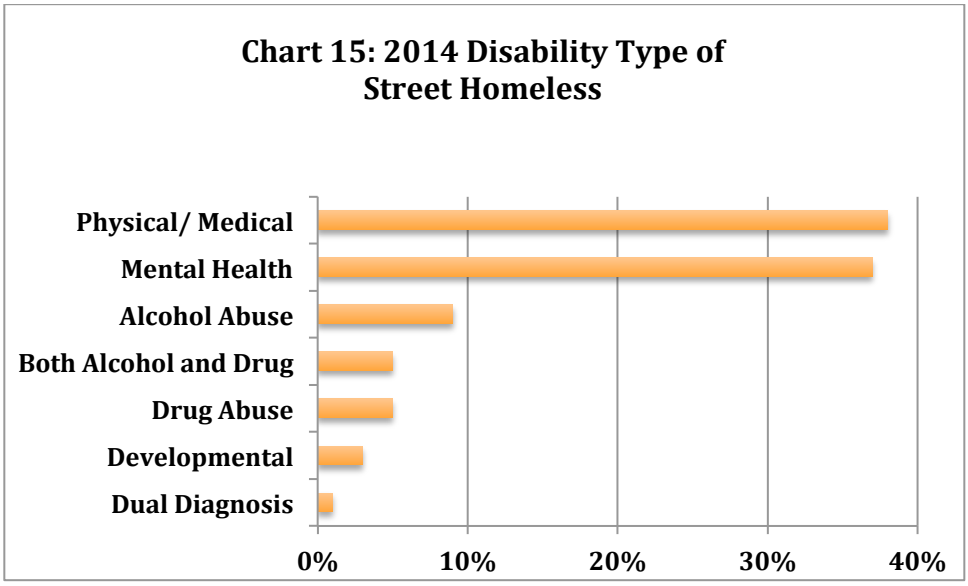
Street Homeless

An individual who is street homeless is defined as someone who lives in a place not meant for human habitation. Of the 816 individuals who were street homeless in 2014, 67% were male. Twenty-three percent of these individuals spent more than one year living in a place not meant for human habitation as determined by the KnoxHMIS question "Extent of homelessness?" The street homeless population accessed a total of 35,088 services in 2014, which is a 23% increase from 2013 (n=26,848). Each individual accessed an average of 43 services. Of those services, the street homeless most frequently accessed meals and emergency shelter. Table 8 details the overlap of street homelessness among the other subpopulations discussed in this section. Additonally, 35% of the street homeless population reported a disability and 25% reported their race as "African American."

Table 8: Characteristics of the Street Homeless Subpopulation

Street Homeless Characteristics	Percentage of Total Street Homeless (n=816)
Chronically Homeless	41%
Seniors	7%
Veterans	16%
Children	6%
Youth Ages 18-24	7%
Disabled	35%
African American	25%

Chart 15 displays the disability types of street homeless individuals with a reported disability.



Seniors

Seven percent of active clients in KnoxHMIS were seniors aged 62+ years old. Thirty-eight percent cited "no affordable housing" as their primary reason for homelessness, followed by "health/safety" (19%) and "eviction" (19%). Of seniors with disabilities (n=214), 56% reported having a physical or medical disability and 30% reported having a mental health problem. Table 9 details the overlap of seniors among the other subpopulations discussed in this section.

Table 9: Characteristics of the Senior Population

Senior Characteristics	Percentage of Total Seniors (n=660)
Chronically Homeless	23%
Street Homeless	8%
Veterans	25%
Disabled	30%
Black or African American	23%

Veterans

Thirteen percent of active clients in KnoxHMIS were veterans. According to the 2014 Annual Homeless Assessment Report to Congress (AHAR), nationally11% of homeless adults were veterans.[20] Thirty-three percent of active clients who are veterans were described as chronically homeless in 2014. Forty-one percent of veterans (n=496) received emergency services only, meaning those individuals were not engaged in case management from a KnoxHMIS partner. Table 10 details the overlap of veterans among the other subpopulations discussed in this section.

Table 10: Characteristics of the Veteran Subpopulation

Veteran Characteristics	Percentage of Total Veterans (N=1,207)
Chronically Homeless	33%
Street Homeless	11%
Seniors	15%
Female Single Parent	2%
Youth Ages 18-24	1%
Disabled	27%
Black or African American	27%

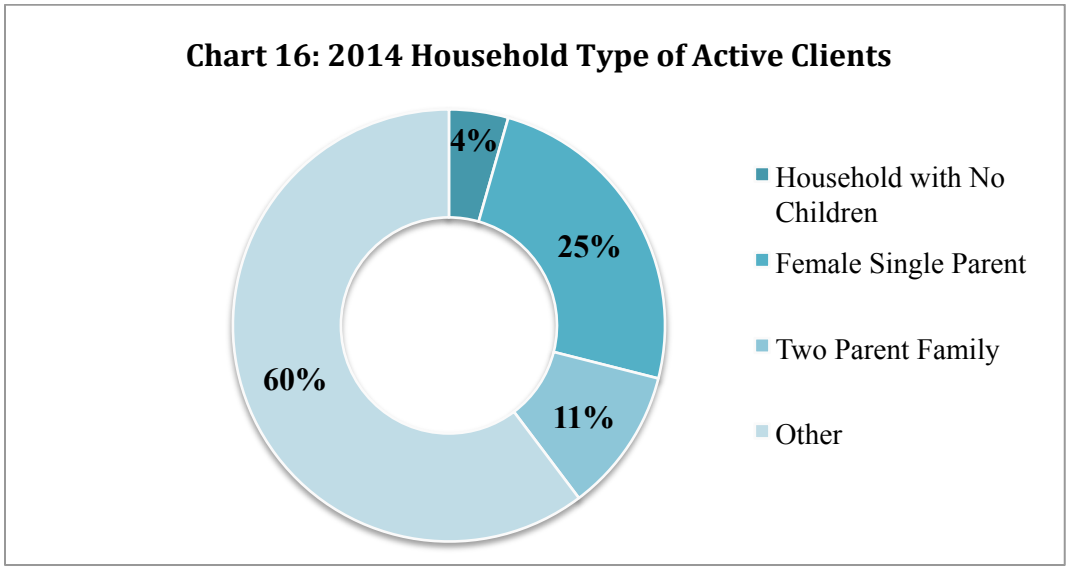
[20] https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf

Female Single Parents

In 2014, 7% of active clients were female single parents with their children. The average female single parent was 35 years old and had one child. Furthermore, of these single female parents, 21% reported domestic violence as the primary reason for homelessness followed by eviction (11%) and lack of affordable housing (9%). Table 11 details the overlap of Female Single Parents among the other subpopulations discussed in this section.

Table 11: Characteristics of Female Single Parents Subpopulation	
Female Single Parent Characteristics	**Percentage of Total Female Single Parents (n=611)**
Chronically Homeless	12%
Street Homeless	6%
Veterans	5%

Female single parent households constituted 25% of all households seeking services in 2014 (Chart 16).[21]



[21] "Other" households include: Couples with no children, male single parent households, grandparents and children, non-custodial caregivers, and foster grandparents.

Children

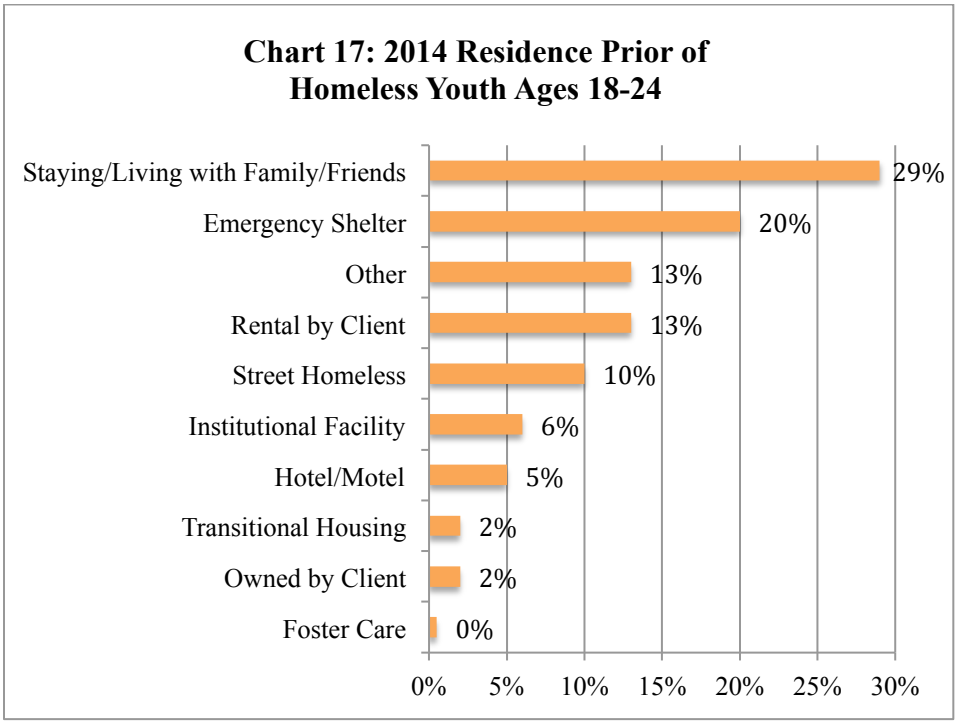
In 2014, 14% of active clients were under the age of 18 (n=1,258), and 64% of those under the age of 18 were ten years old or younger (n=806). The average age of active client children was eight years old. Additionally, 66% of these children were in female single parent households, and 22% were in a two-parent household.

Youth Ages 18-24

In 2014, 248 youths, ages 18-24, experienced homelessness. Of the youth subpopulation, 50% were male, 50% were female. The smallest age representation (9%) were 18 year olds and largest age representation (19%) were 24 year olds. Table 12 shows a breakdown of the youth subpopulation characteristics, while Chart 17 displays residence prior of the youth in 2014.

Table 12: Characteristics of the Youth Subpopulation

Youth Characteristics	Percentage of Total Youth (n=618)
Chronically Homeless	14%
Street Homeless	10%
Veteran	2%
Disabled	16%
Black or African American	28%



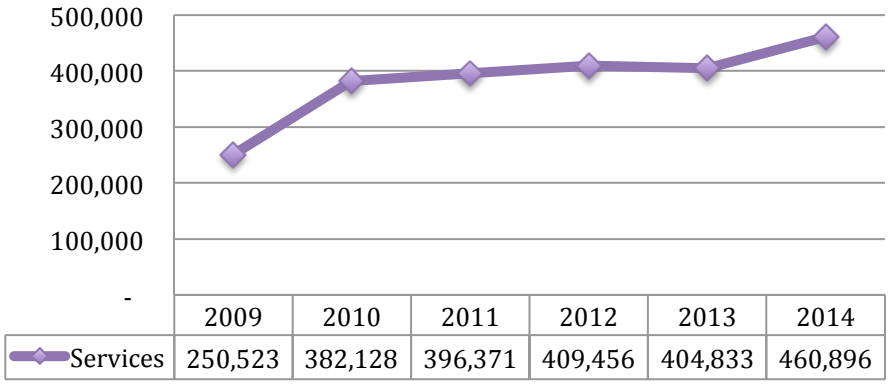
In chart 17, it is noteable that 29% of youth ages 18—24 have a residence prior of "Staying/Living with Family or Friends," thus indicating a higher prevelance of "Couch Homelessness."

Coordination of Care

Services

The services feature in KnoxHMIS allows agencies and programs to record detailed information on how they are assisting clients. This feature enables for improved collaboration among various service providers by eliminating unnecessary duplicative services. The number of services provided per year has changed from 404,833 in 2013 to 460,896 in 2014, a 14% increase. This increase in recorded services is attributed to additional partner agencies utilizing service entry who had not in previous years and partner agencies includng new services categories to their list of services. On average, 38,397 services were provided per month. Chart 18 illustrates the number of services per year over the last six years.

Chart 18: 2009-2014 Services Captured



	2009	2010	2011	2012	2013	2014
Services	250,523	382,128	396,371	409,456	404,833	460,896

Charts 19 and 20 display that 22% of clients receiving services in 2014 were chronically homeless (Chart 19) while the chronically homeless population accounted for 37% of services delivered in 2014 (Chart 20). Therefore, the chronically homeless population consumed a larger proportion of services than the non-chronically homeless population. These findings are consistent with the previous data in 2013 in which the chronically homeless population consisted of 20% of clients receiving services but accounted for 40% of all services provided.

Chart 19: 2014 Clients Receiving Services by Homeless Status

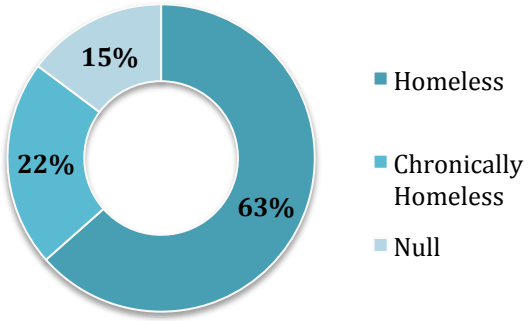
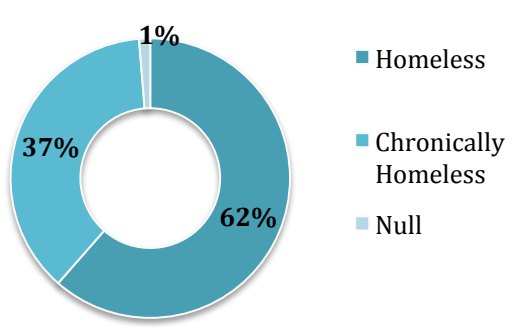


Chart 20: 2014 Total Services Received by Homeless Status



Casenotes

The case note feature in KnoxHMIS allows case managers to record detailed information on clients that they are assisting. In 2014, KnoxHMIS partner agencies recorded 13,492 casenotes on 1,291 clients, averaging 10.5 casenotes per client. The following figures indicate a slight increase in the number of case notes per client (Table 13) and a decrease in the number of active clients with case notes from 2013 (Table 14).

Table 13: 2009-2014 Active Clients with Case Notes	
Year	Percentage
2009	28%
2010	20%
2011	14%
2012	22%
2013	14%
2014	12%

Table 14: 2009-2014 Average Number of Case Notes per Client			
Year	Total Case Notes	Total Clients with Case Notes	Average Case Notes Per Client
2009	10,265	1,560	6.5
2010	10,505	1,411	7.9
2011	12,701	994	12.8
2012	11,451	1,025	11.2
2013	15,166	1,326	11.4
2014	13,492	1,291	10.5

Of particular interest is the increase in the number of total case notes; however, the percentage of active clients with case notes has decreased (Table 14). It is also noteworthy that 29% of persons enrolled in programs (n=4,107) have case notes recorded. Of those enrolled in programs, 61% are engaged in case management. These data suggest that case managers are not utilizing case notes to document their work with clients and to coordinate services.

Housing Outcomes

Emergency Shelter and Transitional Housing

Important to the understanding of homelessness in Knoxville is the utilization of local emergency shelters and transitional housing facilities. Table 15 displays the average, mode, maximum, and standard deviation of nights stayed in Emergency Shelters and Transitional Housing programs during 2014.

Table 15: 2014 Average Nights Stayed in Emergency Shelter and Transitional Housing

Program Type	Average	Mode	Maximum	Standard Deviation
Emergency Shelter	27	1	374	50
Transitional Housing	201	2	1,240	227

Exit Outcomes

In this section, KnoxHMIS has classified exit outcomes based on HUD guidance as positive, negative, or indeterminate.[22] Following is a summary of outcomes:

- Overall, 52% (n=1,612) of active clients exiting programs (n=3,085) were placed in positive housing.
- Three percent (n=53) were placed in "permanent supportive housing for the formerly homeless," meaning housing designated for those who were chronically homeless and who have been diagnosed with a desiability of long duration.[23]
- The average duration of program enrollment to exit was 184 days or 6 months.
- Of those placed in positive housing (n=1,612), 18% were enrolled in multiple programs (n=285).
- Overall, of those placed in positive housing destinations, there was 26% recidivsim rate, meaning those indivdiuals had an emergency shelter stay post positive program exit.

[22] Positive exit destinations are defined as owning, rental, permanent housing, or living with family/friends permanent tenure. Negative exit destnations include: "jail/prison/juvenile detention," "emergency shelter," "place not meant for human habitation." Indeterminate exit destinations include: "client doesn't know," "data not collected," "client refused," "no exit interview completed," "other," "safe haven," Hospital/residential non-psychiatirc medical facility," and null.

[23] In this section "Permanent Housing" and "Pemanent Supportive Housing" are differentiated. "Permanent housing" is defined as housing types such as private-ownership and rental. "Permnanent Supportive Housing" is defined as housing that is designated for individuals who have been chronically homeless and who have a disabling condition. In the context of exit outcomes, "Permanent Supportive Housing" is a sub-set of "Permanent Housing."

Chart 21, details overall housing placement by exit destination, with rental properties leading with 73% of exit destinations.

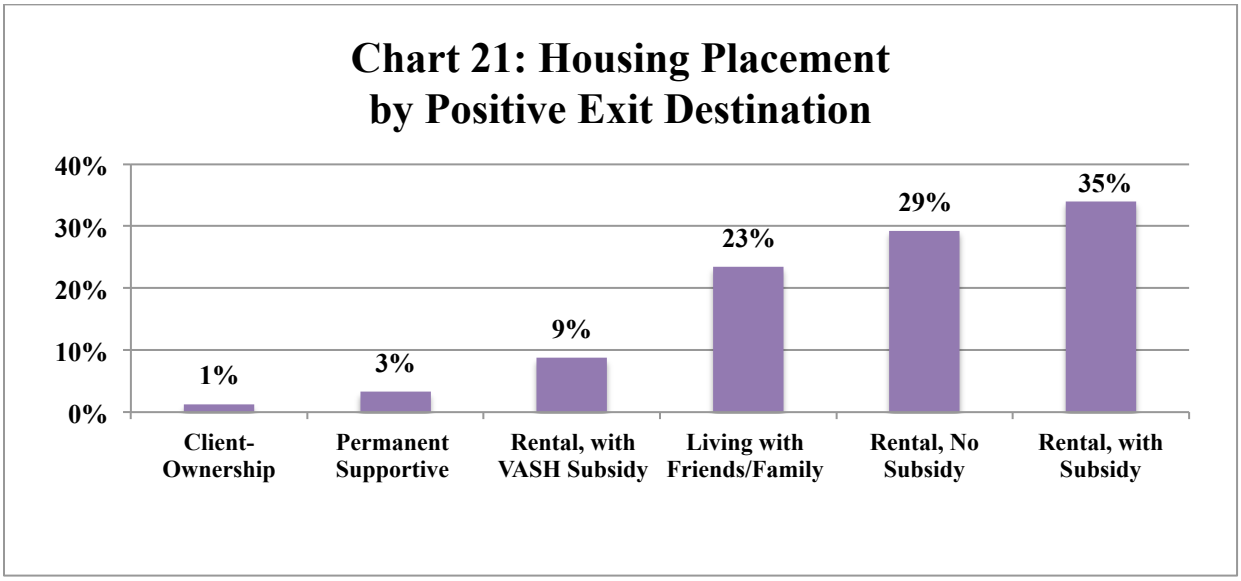


Table 16 provides an overview of exit outcomes by program type. To determine the exit outcome of positive, negative or indeterminate, this report compares the residence prior to program entry with the exit destination.

Table 16: Exit Outcomes by Program Type

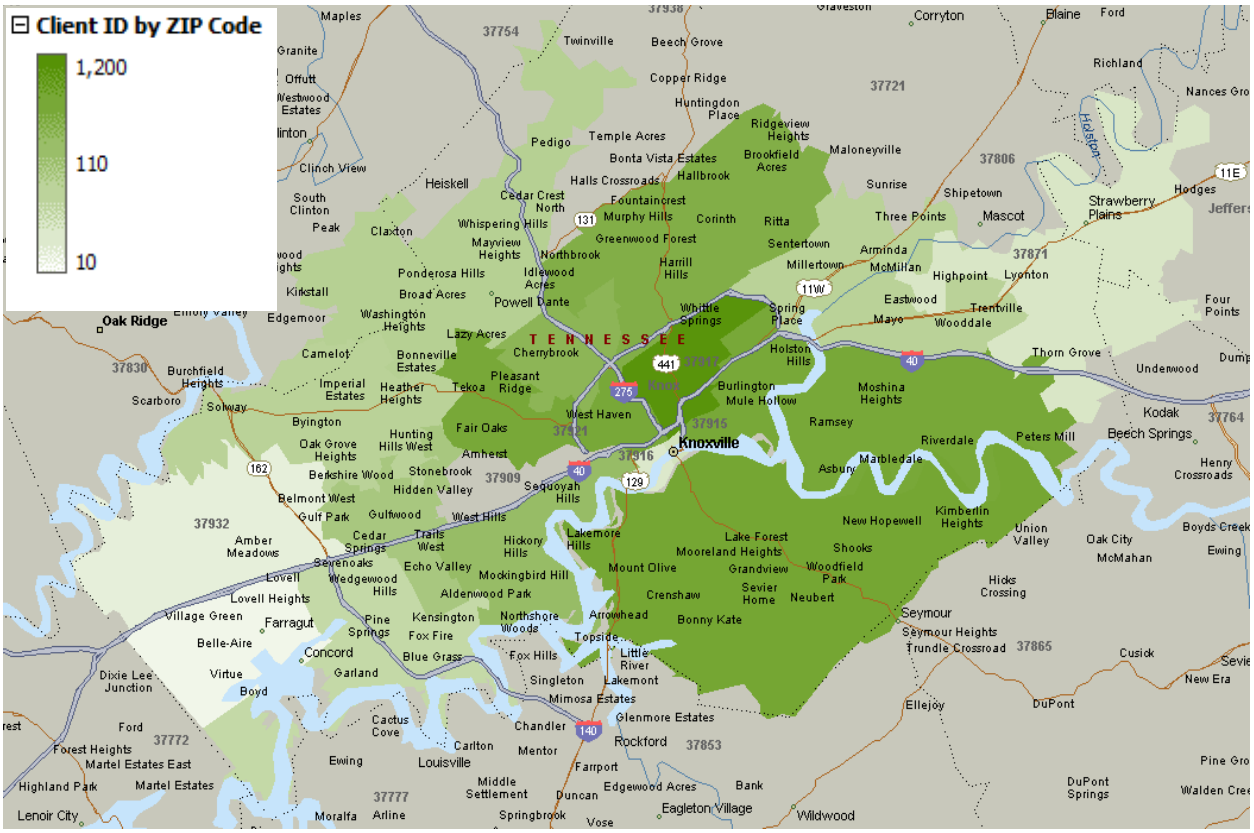
Program Type	Total Exits	Percentage Positive Exits	Percentage Negative Exits	Percentage Indeterminate Exits
Emergency Shelter	888	79%	12%	9%
Transitional Housing	511	50%	29%	21%
Permanent Housing	144	48%	36%	16%
Rapid Re-Housing	690	81%	11%	8%
Homeless Prevention	1093	51%	28%	21%
Supportive Services	564	27%	11%	62%
Outreach	190	59%	12%	29%

In reviewing Table 16, it is important to note that the "total clients with exit" column will not equal the number of clients exiting programs (n=3,085) because a client may be duplicated between categories, meaning s/he could have been served by multiple program types and/ or multiple times within a program.

Maps of Zip Code of Last Permanent Address

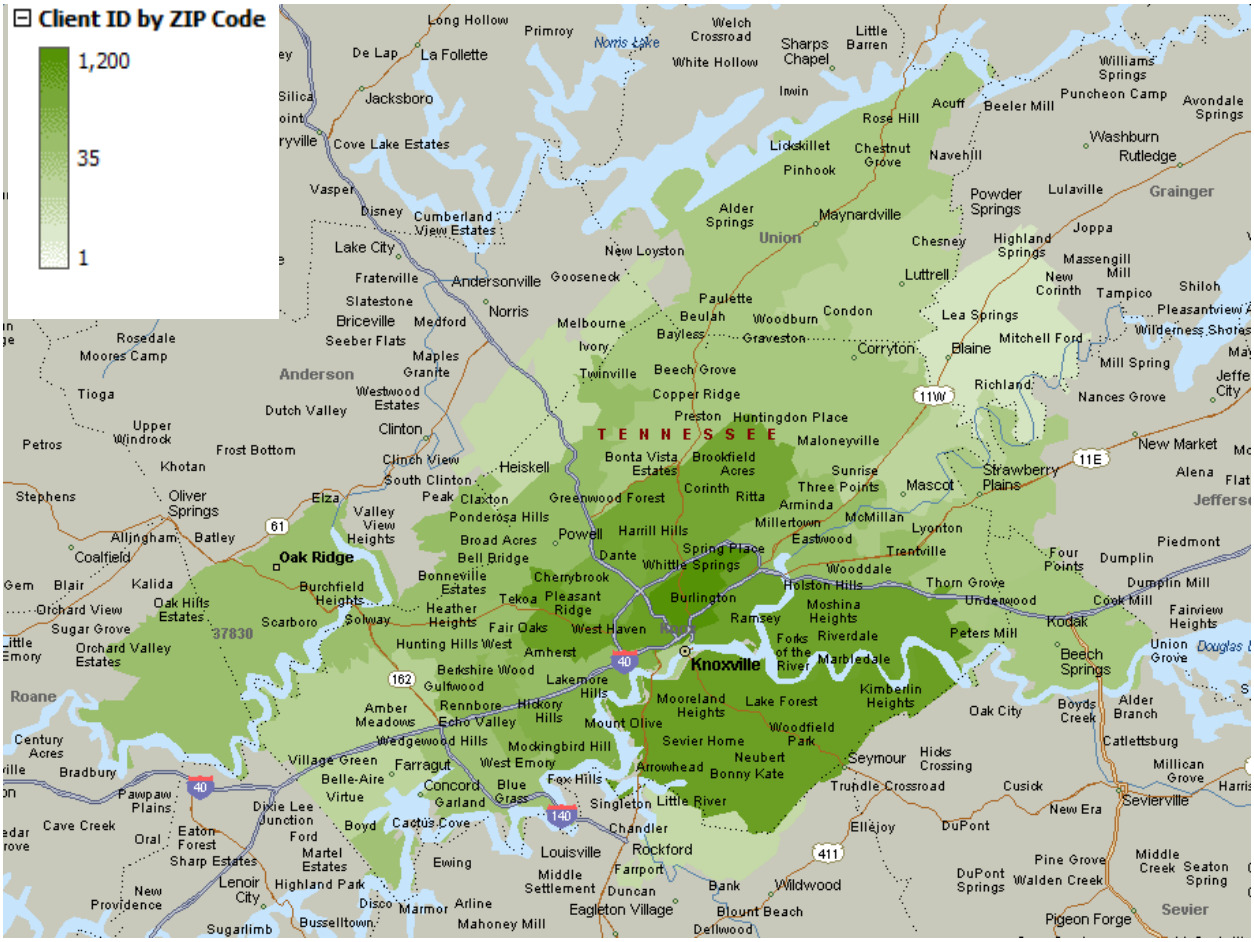
The following maps show the distribution of clients who received services in 2014 by the client's zip code of last permanent address. Zip code was recorded for 79% of active clients. These maps illustrate that the 64% of active clients who had zip code recorded had a last permanent address in the Knoxville-Knox County area. This represents a 2% decrease from last year. In addition, 74% of individuals experiencing homelessness in Knoxville in 2014 report their last permanent address in Knox or a surrounding county.

Map 1 illustrates the distribution of the last permanent address within the Knoxville City Limits. The highest concentration of clients had a last permanent address located in 37917 and 37920. Please note that some zip codes may only partially fall within the city of Knoxville and are, therefore, included in Knoxville.



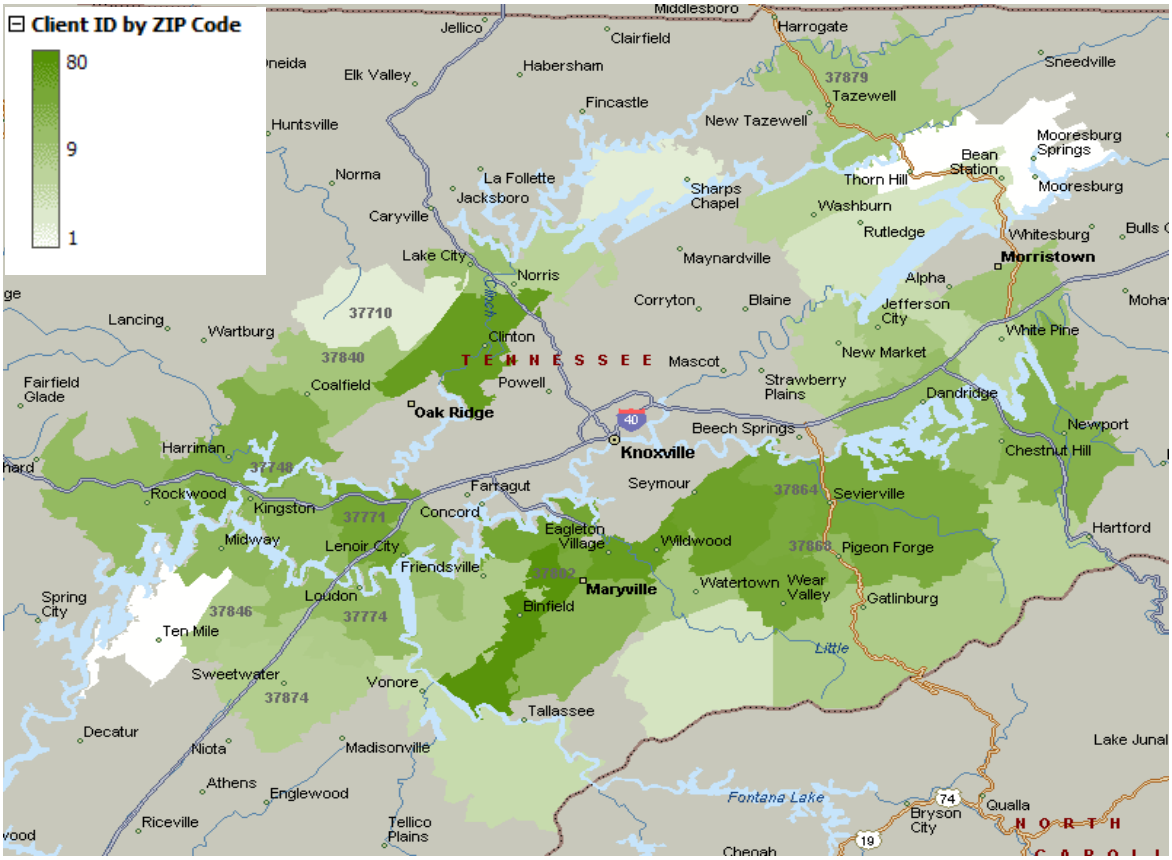
Map 1: Distribution of Clients in the City of Knoxville by Zip Code of Last Permanent Address

Map 2 illustrates the distribution of clients by zip code of their last permanent address within Knox County. Sixty four percent of clients had a zip code within the Knox County limits.



Map 2: Distribution of Clients in Knoxville-Knox County by Last Permanent Address

Map 3 illustrates the distribution of clients by the last permanent address in Knox County and the surrounding 8 counties. Ten percent of clients had a last permanent address within the surrounding counties. Map 4 shows the distribution of clients across the entire state of Tennessee. Please note the accompanying legend that indicates areas shaded white represent only one client within that zip code.



Map 3: Distribution of Clients in Knoxville and Surrounding 8 Counties by Last Permanent Address

Map 4: Distribution of Clients Across Tennessee by Last Permanent Address

AHAR, PIT, and HIC

Annual Homeless Assessment Report (AHAR)

The AHAR is a report of the U.S. Congress on homelessness in America. It has become the central resource for national data on homelessness, used by federal, state, and local policy-makers to understand trends in homelessness and inform their policies.[24] Communities receiving HUD funding through their Continuums of Care (CoCs) are required to submit demographics on those experiencing homelessness in their communities. KnoxHMIS, The City of Knoxville Office on Homelessness, and KnoxHMIS partner agencies coordinate and contribute data for the AHAR submission in December each year. The information is then aggregated with national data. AHAR reports are available through HUD.[25]

Point-in-Time (PIT) Count

According to HUD, the Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that CoCs conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night.[26] In 2013, Knoxville's PIT Count was surveyed on January 24th. In 2014, Knoxville's PIT Count was surveyed on January 30th. KnoxHMIS coordinates with the City of Knoxville Office on Homelessness, partner agencies, and non-HMIS housing agencies to complete this report. Chart 17 details subpopulations of homeless individuals and families comparing 2013 and 2014 data.

Table 17: 2013-2014 Knoxville-Knox County PIT Data Comparison

	2013 N=	2013 Percentage of Total Homeless	2014 N=	2014 Percentage of Total Homeless	Percent Change 2013-2014
Total homeless	993		861		-13%
Sheltered	850	86%	780	91%	-8%
Unsheltered	143	14%	81	9%	-43%
Household Type					
Homeless as an individual	891	90%	780	91%	-12%
Homeless in a family	96	10%	76	9%	-21%
Unaccompanied Youth	6	<1%	5	<1%	-17%
Subpopulations					
Veterans	99	10%	135	16%	+36%
Chronically Homeless	165	17%	140	16%	-15%
Severely Mentally Ill	96	10%	195	23%	+103%
Chronic Substance Abuse	108	11%	153	18%	+42%
Domestic Violence Victims	86	9%	132	15%	+53%

[24] US Department of Housing and Urban Development. (October 2014). An intorductory Guide to the Annual Homeless Assessment Report.

[25] https://www.onecpd.info/hdx/guides/ahar/

[26] https://www.onecpd.info/hdx/guides//pit-hic

During 2014, there was a 13% decrease in the number of homeless individuals counted in Knoxville's PIT, compared to a 5% decrease nationally. Compared to the national picture of homelessness obtained from the PIT, Knoxville's homeless are more likely to be homeless as an individual and to be twenty-five or more years old. Knoxville has a higher number of veterans experiencing homelessness compared to the national average. Knoxville's number of chronically homeless, those with severe mental illness, chronic substance use, and victims of domestic violence are comparable to national levels of these subpopulations. Table 18 details the comparison between Knoxville's 2014 PIT and the Federal 2014 PIT data.[27],[28]

Table 18: 2013 Knoxville-Knox County and National PIT Data

	N=	Knoxville/Knox Percentage	National N=	National Percentage
Change in number of homeless from 2013 to 2014	2013=993 2014=861	13% decrease	2013=610,042 2014=578,424	5% decrease
2014 Sheltered	780	91%	401,051	69%
2014 Unsheltered	81	9%	177,373	31%
Household Type				
Homeless as an individual	780	91%	362,163	63%
Homeless in a family	76	9%	216,261	37%
Unaccompanied children and youth	5	<1%	45,205	8%
Age				
0-17 years	77	9%	135,701	23%
18-24 years	51	6%	58,601	10%
25+ years	733	85%	384,122	66%
Subpopulations				
Veterans	135	16%	49,933	9%
Chronically Homeless	140	16%	99,434	17%
Severely Mentally Ill	195	23%	117,084	20%
Chronic Substance Abuse	153	18%	116,770	20%
Victims of Domestic Violence	132	15%	49,933	9%

[27] 2014 AHAR PIT Data: https://www.onecpd.info/resources/documents/AHAR-2014-Part 1.pdf

[28] 2014 AHAR PIT Data: https://www.onecpd.info/reports/CoC_popSub_NatlTerrDC_2014.pdf

Housing Inventory Count (HIC)

In addition to the AHAR and PIT, HUD also requires that each CoC conduct an annual Housing Inventory Count (HIC). The HIC is an inventory of housing that is dedicated to serve persons who are homeless. Conducted in the last ten days of January, coinciding with the PIT count, the HIC provides community leaders, service agencies, and HUD with knowledge of unmet needs in the community. Table 19 provides a local, statewide, and national comparison of total beds available for household and bed type.[29],[30]

Housing Inventory Count for Knoxville, Tennessee, and the United States			
	Knoxville/ Knox County	**Tennessee**	**National**
Family Beds	477	4,459	366,580
Adult Only Beds	1,018	7,269	401,461
Child Only Beds	9	43	4,747
Total Year-Round Beds	1,504	11,771	772,788
Seasonal Beds	0	722	22,399
Overflow Beds	73	569	28,331
Chronic Homeless Beds	171	1,407	94,282
Veteran Beds	166	1,937	90,271
Youth Beds	58	93	14,229

Table 19: 2014 Housing Inventory Count for Knoxville, Tennessee and the United States

Chart 22 illustrates the statewide housing inventory coverage in areas comparable to Knoxville-Knox County. It is notable that 13% of the total housing available in the state is designated in Knoxville-Knox County.

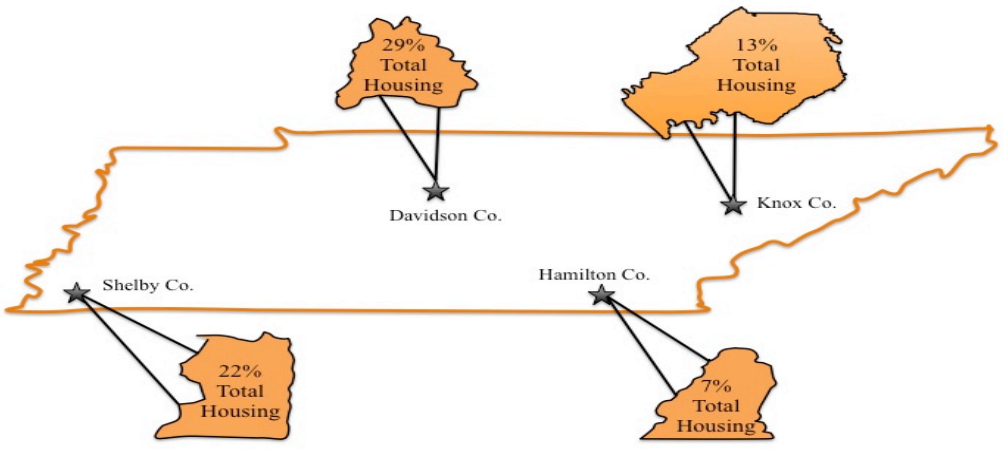


Chart 22: Tennessee Housing Coverage

[29] https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_State_TN_2014.pdf

[30] https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_NatlTerrDC_2014.pdf

Chart 23 details bed coverage among Tennessee Continuum of Care areas that are comparable to Knoxville-Knox County. It is notable that Hamilton County has a larger percentage of family beds.

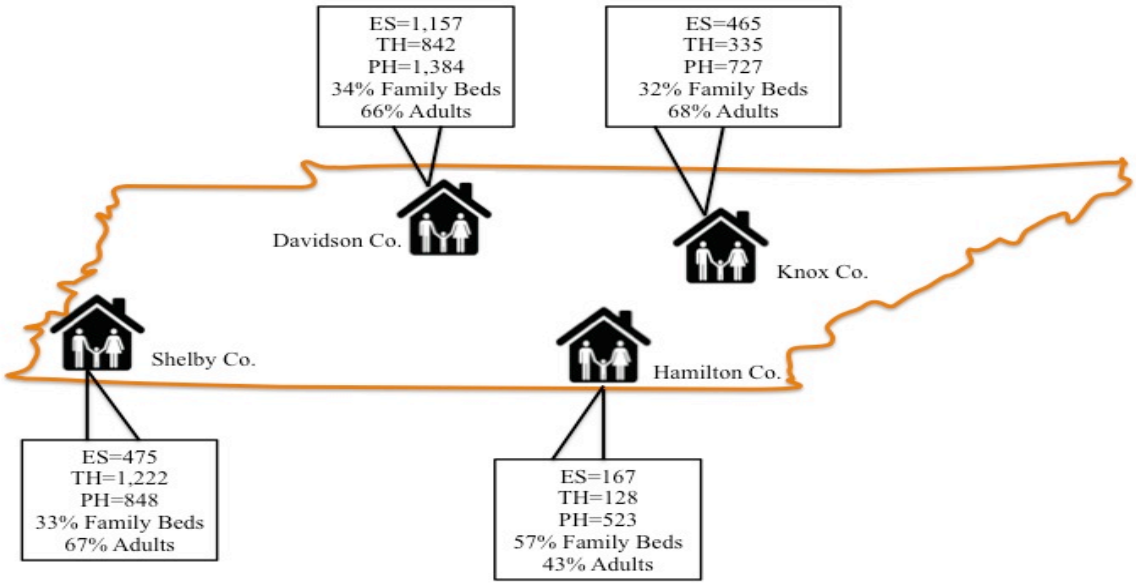


Chart 23: Tennessee Housing Coverage

The HMIS bed coverage percentage as represented in Chart 24 is determined by the 2014 HIC. Bed utilization was determined by dividing the total number of beds in use per category (i.e. emergency shelter [ES], transitional housing [TH], and permanent housing [PH]) during the PIT count by the total beds per housing category detailed in the 2014 HIC. It is notable that Emergency Shelter capacity is over 100% because of the use of overflow beds during the PIT count, which is likely due to low temperatures during the PIT.

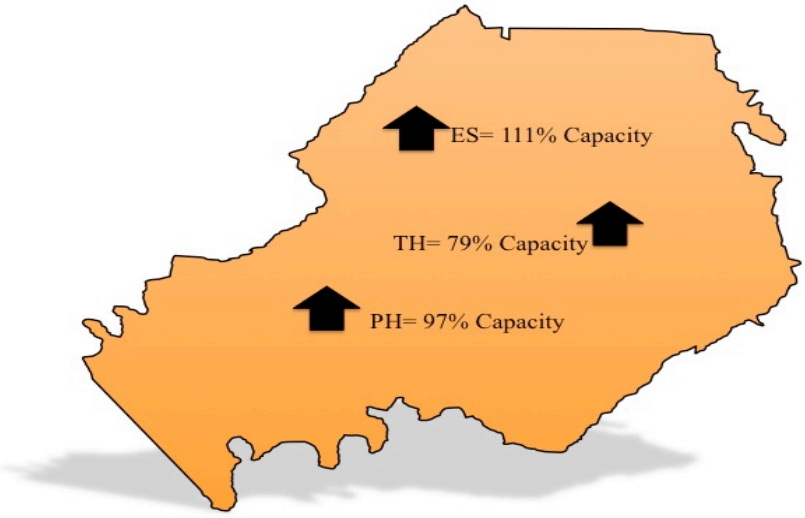


Chart 24: Knoxville-Knox County Point In Time Bed Utilization

KnoxHMIS Data Quality

The quality of information collected and stored in KnoxHMIS is central to the functioning of the services delivery system. With better data quality, agencies and case managers can more accurately coordinate services for the homeless population. Data quality also affects the ability of KnoxHMIS to report on a federal level by participating in the Annual Homeless Assessment Report to Congress. Furthermore, data quality is also important to the Knoxville community so that accurate and meaningful data is reported on the efficacy of programs assisting the homeless population.

Chart 25 displays the percentage of HUD required data elements that are incomplete on an annual basis. [31]New clients data quality refers to the data quality of clients newly entered into the system.

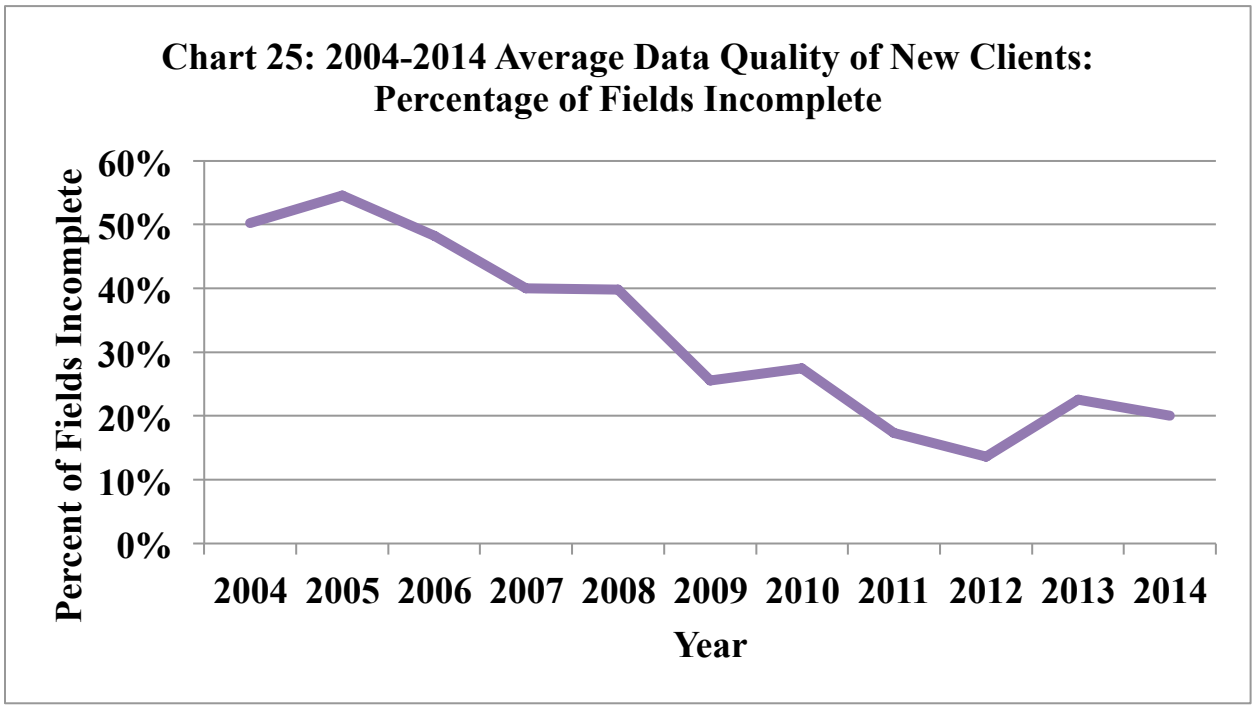


Chart 25 illustrates a slight decline in data quality, which is likely due to new Housing and Urban Development data standards being issued in October 2014, which increased the data fields collected by all participating HMIS programs.

[31] New Data standards were issued by HUD in October 2014. Chart 25 does not consider the 2014 data standards but rather reviews data quality in relation to the HUD 2010 Data Standards. In future reports, the 2014 HUD data standards will be considered when reviewing overall data quality.

Director's Commentary

KnoxHMIS continues to be the empirical window into homelessness in Knoxville/Knox County, enabling the community to see more clearly the scope and magnitude of this most challenging social problem. This 2014 KnoxHMIS Annual Report summarizes a vast quantity of data compiled over the last year by the 148 licensed system users in our 17 partner agencies who provided food, shelter, and array of other services to the 9,232 individuals experiencing or at risk of homelessness in our community. The purpose of this Director's Commentary is to offer context and perspective on the wealth of data about the lives of people living in poverty presented here.

Who are the homeless individuals and families of Knoxville/Knox County?

A diverse group of 9,232 individuals received services in the last year as a result of being homeless, at risk of homelessness, or now stably housed but accepting supportive services. They represent a number of at-risk and overlapping subpopulations including veterans (13%), chronically homeless individuals (22%), children (14%), female single parents (7%), members of racial (34%) and ethnic minority groups (12%), seniors (7%) and with HUD specified disabilities (25%). The demographic, medical, and behavioral health complexity of this population underscores the nontrivial challenges faced by the KnoxHMIS partner agencies in addressing the multifaceted needs of these individuals and families.

Once again this year, we found that contrary to the often-stated belief that most homeless individuals come to Knoxville from elsewhere, a majority (64%) are from Knox County and the vast majority (74%) are from Knox County and the surrounding counties. Additionally, it is important to point out that the demographic profile of the people experiencing homelessness in Knoxville and Knox County is strikingly reflective of national demographic data published in the HUD Annual Homelessness Assessment Report to Congress (see Table 18).

What are the causes of homelessness in Knoxville/Knox County?

Homelessness in now widely understood to result from a complex interaction of individual, structural/economic and environmental factors. This interaction is evident in data reported here. As in past years, the dominant self-reported reasons for homelessness among female active clients are poverty (loss of job, no affordable housing, underemployment/low income) and domestic violence, which taken together account for 53 percent of the reported explanations. Notably, women make up 40 percent of all active clients. For men, loss of job, no affordable housing, underemployment/low income, account for 52 percent of the reported reasons for homelessness. The daunting challenges of poverty are amplified by and interact with the high levels of medical and behavioral health disabilities (25%) identified in individuals experiencing homelessness in this community.

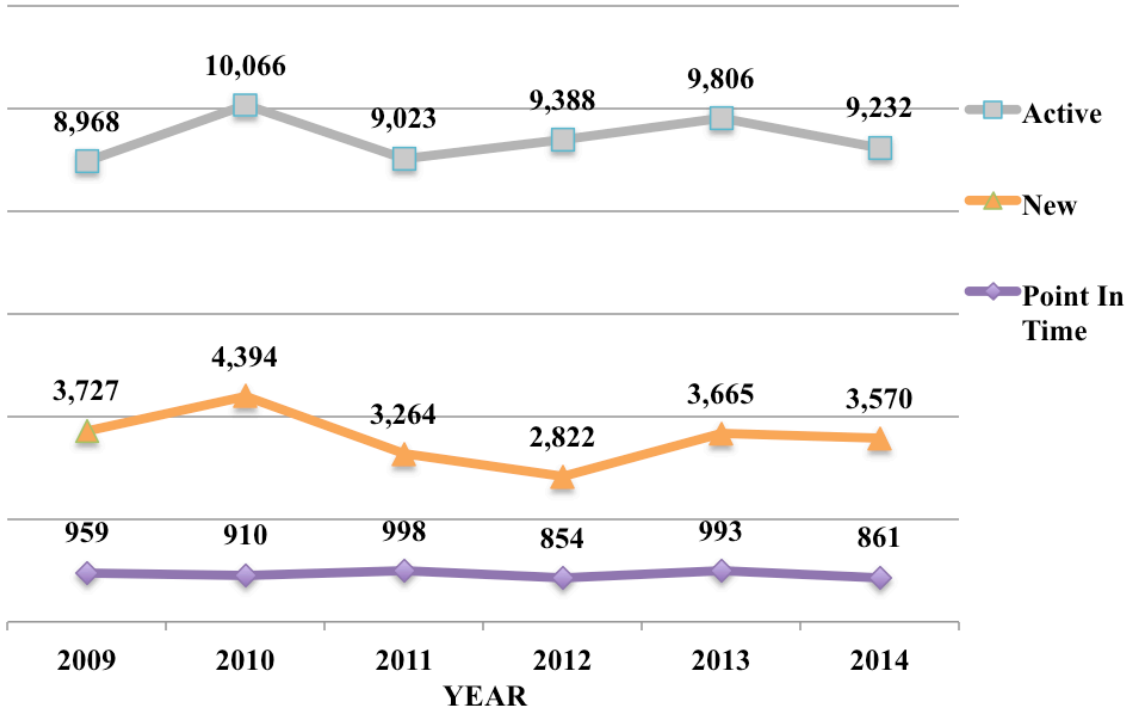
What are the challenges?

The age distribution represented in Chart 8 illustrates one of the perhaps insufficiently addressed subpopulations among the homeless population of this area. The grey peaks on the right side of the figure, representing males 40 to 60 years old, indicate a notably large proportion of the population. Chart 12 further illustrates the skewed distribution of aging males among the homeless and the chronically homeless population. The disproportional size of this age group points to the necessity of greater analysis and understanding of the needs and challenges of this group. Moreover, targeted interventions to address the housing and employment needs of this

significantly large subgroup could be an important strategy for reducing their homelessness and associated social, medical, and behavioral problems as well as the resulting costs to the community.

Chart 26 demonstrates that for the past three years, the variability of the Point in Time count and KnoxHMIS annual data have mirrored each other, indicating that despite considerable effort, time, energy, and resources by multiple agencies working to address homelessness, there remains rather persistent stability in the numbers of homelessness individuals and families. Further, while 2010, three years into the great recession, was the peak year for individuals and families experiencing homeless in this community, the overall decline in active clients has been only nine percent. According to the 2014 Housing Inventory Count there were 727 permanent housing beds in Knoxville-Knox County, of which 94% were occupied during the 2014 PIT, thus leaving 44 placements unoccupied. In 2014, there were 6,841 persons who were homeless and in need of housing. Sadly, all this is to suggest, that without the development of more housing resources, a substantial increase in the available HUD Section 8 housing vouchers, increased employment training and opportunities, and more permanent supportive housing for disabled individuals, the persistence of homelessness in the community is unlikely to change.

Chart 26: Trends Among PIT, Clients New to Homelessness, and Active Clients



Many thanks…

2015 marks the eleventh anniversary of KnoxHMIS. This community outreach partnership and research endeavor is the result of the collaboration of local homeless service agencies, a variety of funders, the City of Knoxville, Knox County, Comcast, the Knoxville/Knox County Homeless Coalition, and the University of Tennessee College of Social Work. KnoxHMIS was born out of a mutually recognized need for a means to centralize the collection of information on the homeless population of the community, the services they receive, and the outcomes achieved in order to better understand our collective efforts, to coordinate care, and to maximize the effectiveness of limited resources. We are deeply grateful to our collaborators and the KnoxHMIS partner agencies for their sustained support over the last ten years.

The KnoxHMIS Annual Report would not be possible without the ongoing data collection efforts of the 148 licensed users in our 17 partner agencies and the support of their dedicated directors. We greatly appreciate their work to serve the individuals and families who are homeless in our area and to document their endeavors in this data system. We also offer our thanks to the all too numerous individuals and families experiencing homelessness who gave their permission to have their information entered into KnoxHMIS. The resulting data enables us to serve the public by providing critical information to the community, our partner agencies, the City of Knoxville, Knox County, and to HUD. We believe the information presented in this report is critical to reducing duplication of services and fostering efforts to address the multiple needs of persons experiencing homelessness in this community.

This report is a result of the combined efforts of the KnoxHMIS team including Lisa Higginbotham, Deidre Ford, Don Kenworthy, and our MSSW graduate intern Caila Gibbons. Lisa and Caila put in numerous hours running numerous data analysis procedures necessary to produce this report. Without their remarkable efforts, there would be no KnoxHMIS Annual Report. Well done!

David A. Patterson, Ph.D.
Director KnoxHMIS
Endowed Professor in Mental Health
Research and Practice
DSW Program - Director
College of Social Work
The University of Tennessee