

# Memphis Matters.



Community Alliance  
for the Homeless

2021 Gaps Analysis

# Overview

Each year, Community Alliance for the Homeless (CAFTH) conducts a gaps analysis to aid the rank and review process and HUD's annual funding application. During this review, a committee of homeless consortium members will discuss CoC-funded programs from standpoints of cost-benefit, annual performance, and overall impact on the goal of ending homelessness in Memphis/Shelby County.

In previous years, we have evaluated out from our annual point-in-time (PIT) counts, our housing inventory count (HIC), and our System Performance Measures (SPMs). However, in order to become a community that is more familiar and transparent with the data we collect, we have begun posting dashboards to our website (cafth.org) that reflect these foundational data (PIT, SPMs).

This year, then, to continue the effort of standardizing our analysis, as well as expand its reach beyond the data we regularly post, we are presenting a deeper look at Coordinated Entry --- the process by which those experiencing homelessness in our community access permanent housing.

Additionally, we are presenting on more qualitative aspects that feed our strategy, which means how and why the money we receive to fight homelessness is not enough, and the lived experiences of those receiving care from our homeless response system.

## Team

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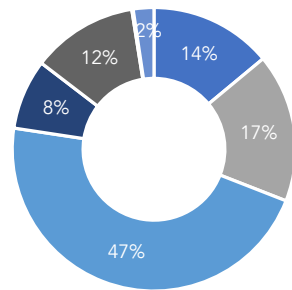
# Coordinated Entry

Coordinated Entry is the process by which individuals/families in Memphis/Shelby County are fairly assessed and prioritized for available housing solutions. In Memphis/Shelby County, the approved assessment tool is the VI-SPDAT (tailored for single adults, families, and youth), which helps indicate a client's vulnerability and need. Service providers and outreach teams act as the main assessors throughout the community, referring clients to resources and case conferencing their clients during a biweekly community meeting.

The following details represent all clients in Memphis/Shelby County who received an assessment between July 1, 2020 and June 30, 2021, and some of the qualitative factors asked at the time of assessment. **Note:** all data shown here represents self-reported answers provided during assessments.

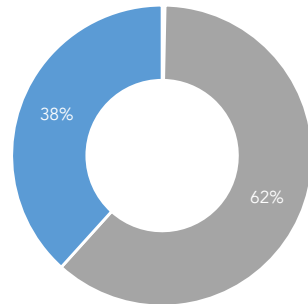
## Single Adults

How long since you were last in stable housing?



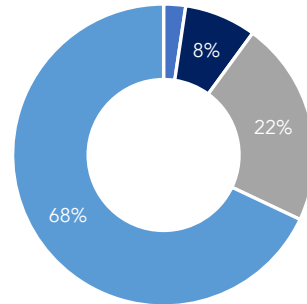
2 years+ 6 months - 1 year 3 - 6 months 1 week - 3 months Less than a week Client doesn't know

Do you have chronic health concerns?



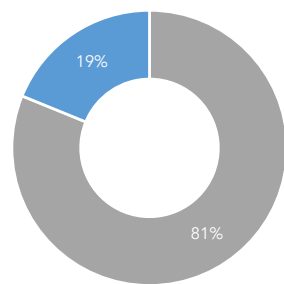
No Yes

Have you ever been to jail?



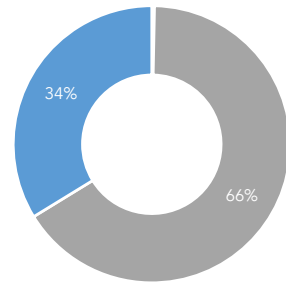
No Yes Client refused Client doesn't know

Has drinking or drug use led to loss of housing?



No Yes

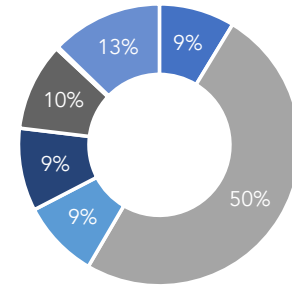
Do you have mental health concerns?



No Yes

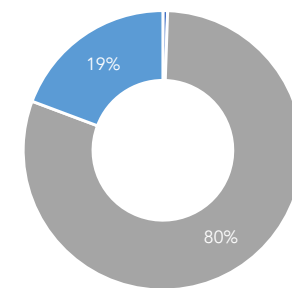
## Families

How long since you were last in stable housing?



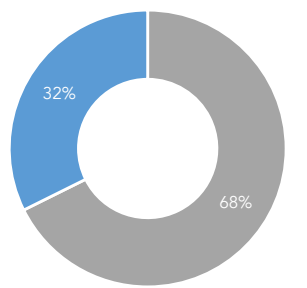
2 years+ 6 months - 1 year 3 - 6 months 1 week - 3 months Less than a week Client doesn't know

Chronic health concerns in the family?



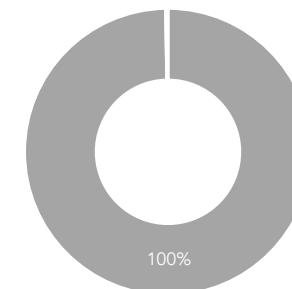
No Yes

Head of household ever been to jail?



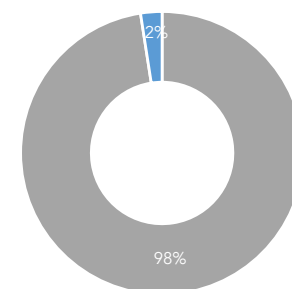
No Yes

Has drinking or drug use led to loss of housing?



No Yes

Mental health concerns in the family?



No Yes

## Takeaways

> Single adults report that they've been without stable housing at a significantly longer rate than families. Nearly 47% reported a period of unstable housing for over two years, where as 50% of families stated they were last in stable housing within 3 months of presenting to coordinated entry.

> A significant portion of clients reported that substance use concerns have not been the catalyst for losing appropriate shelter.

> A significant portion of clients reported having been in jail, reinforcing the notion that interactions with the justice system, regardless of incident, may have detrimental impacts on one's ability to secure housing and/or employment.

# Equity in Outcomes

From our work with Coordinated Entry, a great deal of information comes forward that not only helps show us who we serve, but, more importantly, *how we serve*. The following details represent all clients in Memphis/Shelby County who received an assessment between July 1, 2020 and June 30, 2021, and their subsequent exit destination (if applicable) by gender identity/expression and race/ethnicity. By using an intersectional approach, we may better focus on existing disparities in outcomes and, quite simply, do better.

**Note:** all data here is self-reported and categories align to HUD's FY22 Data Standards. 'Safe Exit Destination' refers to solutions that are not permanent housing (PH), but indicate the client has self resolved, such as "staying with friends/family on permanent tenure." 'Negative/Unknown Exit Destination' refers to any destination that represents temporary housing, institutionalization, or when exit destination has not been captured. 'Still Active' indicates clients still enrolled in coordinated entry. The term BIPOC refers to clients who self-identify as Black, Indigenous, or People of Color.

For Single Adults, a total of 1,104 individuals were assessed; for Families, a total of 1,203 heads of household were assessed; and, for Veterans, a total of 238 were assessed. Due to the lower number of Veterans, the pairwise sets shared display the count of clients, as opposed to percentages.

## Single Adults

> This population is disproportionately made up of BIPOC individuals, accounting for 82% of the CE population, while representing 53% of the Memphis population.

> Example: BIPOC Males account for 50% of the population, but only 18% exited to PH. This is a clear disparity.

		TOTAL	BIPOC Male	BIPOC Female	BIPOC Gender Diverse	White Male	White Female	White Gender Diverse	Exit to PH	Safe Exit Destination	Still Active	Negative/Unknown Exit Destination
Identity	TOTAL		50%	29%	3%	9%	10%	0%	19%	7%	23%	51%
	BIPOC Male	50%		-	-	-	-	-	18%	3%	22%	57%
	BIPOC Female	29%	-		-	-	-	-	22%	11%	26%	41%
	BIPOC Gender Diverse	3%	-	-		-	-	-	24%	7%	24%	45%
	White Male	9%	-	-	-		-	-	26%	1%	19%	54%
	White Female	10%	-	-	-	-		-	14%	17%	18%	51%
Exit Destination	White Gender Diverse	0%	-	-	-	-		-	-	-	-	-
	Exit to PH	19%	18%	22%	24%	26%	14%	-		-	-	-
	Safe Exit Destination	7%	3%	11%	7%	1%	17%	-	-		-	-
	Still Active	23%	22%	26%	24%	19%	18%	-	-	-		-
Negative/Unknown Exit Destination	51%	57%	41%	45%	54%	51%	-	-	-	-		

## Families

> Heads of household are overwhelmingly led by BIPOC women.

> Families exited to negative destinations at significantly smaller rates than single adults, likely due to having more resources available.

\*There were only 2 white male heads of households assessed.

		TOTAL	BIPOC Male	BIPOC Female	BIPOC Gender Diverse	White Male*	White Female	White Gender Diverse	Exit to PH	Safe Exit Destination	Still Active	Negative/Unknown Exit Destination
Identity	TOTAL		4%	92%	0%	0.2%	3%	0%	38%	39%	7%	15%
	BIPOC Male	4%		-	-	-	-	-	56%	24%	9%	11%
	BIPOC Female	92%	-		-	-	-	-	38%	40%	7%	15%
	BIPOC Gender Diverse	0%	-	-		-	-	-	-	-	-	-
	White Male*	0.2%	-	-	-		-	-	50%	0%	50%	0%
	White Female	3%	-	-	-	-		-	26%	37%	3%	34%
Exit Destination	White Gender Diverse	0%	-	-	-	-		-	-	-	-	-
	Exit to PH	38%	56%	38%	-	50%	26%	-		-	-	-
	Safe Exit Destination	39%	24%	40%	-	0%	37%	-	-		-	-
	Still Active	7%	9%	7%	-	50%	3%	-	-	-		-
Negative/Unknown Exit Destination	15%	11%	15%	-	0%	34%	-	-	-	-		

## Veterans

> This population is made up of majority men.

> Approximately 45% of the population served exited to PH, which is likely due to the additional housing resources accessible to Veterans.

		TOTAL	BIPOC Male	BIPOC Female	BIPOC Gender Diverse	White Male	White Female	White Gender Diverse	Exit to PH	Safe Exit Destination	Still Active	Negative/Unknown Exit Destination
Identity	TOTAL		181	9	0	40	8	0	106	23	48	61
	BIPOC Male	181		0	0	0	0	0	79	16	41	45
	BIPOC Female	9	0		0	0	0	0	2	3	0	4
	BIPOC Gender Diverse	0	0	0		0	0	0	0	0	0	0
	White Male	40	0	0	0		0	0	20	2	6	12
	White Female	8	0	0	0	0		0	5	2	1	0
Exit Destination	White Gender Diverse	0	0	0	0	0	0	0	0	0	0	0
	Exit to PH	106	79	2	0	20	5	0		0	0	0
	Safe Exit Destination	23	16	3	0	2	2	0	0		0	0
	Still Active	48	41	0	0	6	1	0	0	0		0
Negative/Unknown Exit Destination	61	45	4	0	12	0	0	0	0	0		

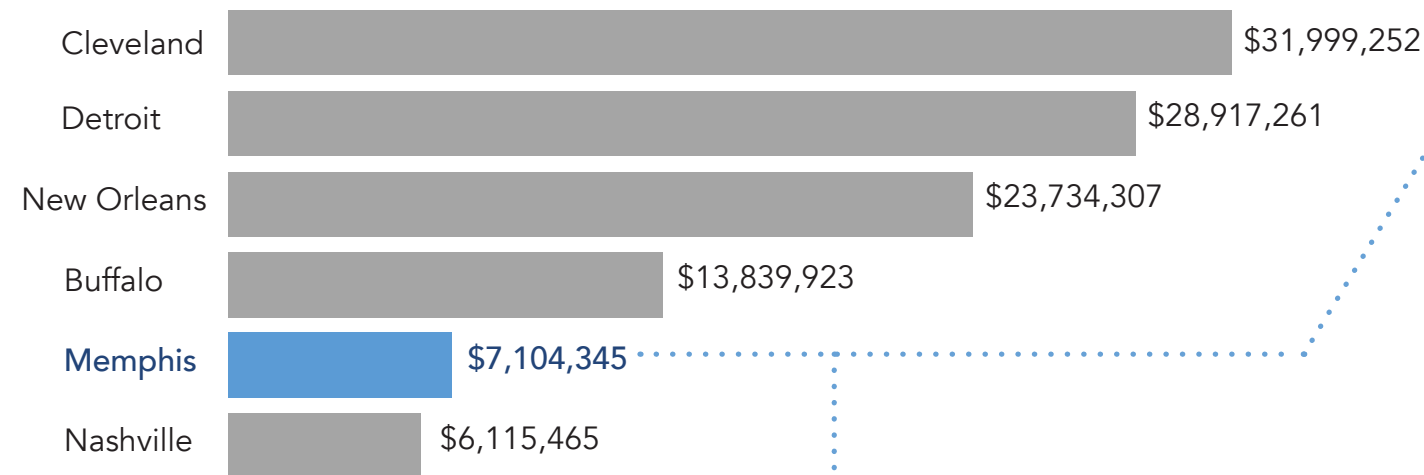
# Funding Analysis

Each year, HUD awards CoC funds through a consolidated application process led locally by CAFTH. HUD determines an annual baseline amount of CoC funds awarded to each community, which is the higher of one of two calculated amounts: the Annual Renewal Demand (ARD) or the Preliminary Pro Rata Need (PPRN). Memphis/Shelby County's CoC funding is currently based on the ARD, meaning our community already receives more funding than should be allocated based on our PPRN due to past bonus awards received.

However, the PPRN calculation is far lower than any other comparably sized city, because it is based on the same outmoded formula as the Community Development Block Grant (CDBG). CDBG utilizes two formulas (A and B) to determine the amount a grantee will receive. In recent years, there has been considerable attention paid to the poorly designed formula for CDBG, yet it's not often discussed that CoC funds can be detrimentally linked as well.

In other words, nearly all of the funding streams that aim to invest in housing initiatives and an end to homelessness are handcuffed to CDBG. If Congress and HUD change the CDBG formula, Memphis/Shelby County would be able to elect a new maximum CoC amount based on the PPRN and match up to other cities nationally, potentially bringing about a swifter end to homelessness.

**FY21 CoC Dollars Awarded by City**



**FY20 CDBG Dollars Awarded by City**

Detroit (Formula B)	\$35,285,455
Cleveland (Formula B)	\$21,719,035
St. Louis (Formula B)	\$18,426,982
Memphis (Formula A)	\$6,751,893
Nashville (Formula A)	\$5,313,699

"Formula A grantees typically receive less funding [because formula B, established in 1977] factors in 'growth lag' and 'pre-1940's housing,'... which are not necessarily tied to economic need." - Mayor Strickland

# Unmet Need

In evaluating what can be done to improve outcomes for those experiencing homelessness, data has been an effective tool in revealing how to better revise process decisions and create stronger access points. However, service providers in our community have demonstrated a high level of efficiency when it comes to triaging and rehousing clients. That said, even as we tighten our processes and rethink our gaps, it still may not be enough to get the job done. **This points to a funding need, particularly for Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) for single adults.**

Currently, the greatest funding allocation is for PSH for single adults, but those in PSH have a retention rate of >95% over the last 5 years, meaning these funds go toward maintaining housing, *not providing new housing*. Concurrently, RRH can provide new housing, but the amount of money allocated for RRH for single adults does not significantly meet the need, ultimately leading to more negative outcomes (see below).

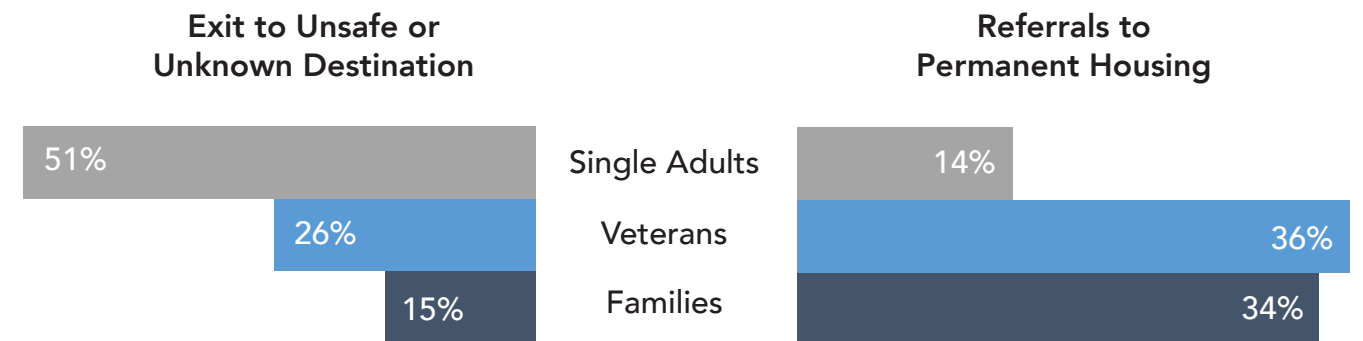
**FY21 CoC Dollars Awarded**

Continuum of Care	Coordinated Entry	\$161,875
	HMIS	\$264,446
	Planning	\$201,569
Permanent Supportive Housing (PSH)	PSH for Families	\$916,155
	PSH for HIV+	\$335,247
	PSH for Single Adults	\$3,011,401
	PSH for Veterans	\$480,857
Rapid Rehousing (RRH)	RRH for Families	\$552,383
	RRH for Single Adults	\$478,544
	RRH for Youth	\$219,668
	TH/RRH for DV	\$482,200

> **Veterans** also receive additional awards through HUD (SSVF: Supportive Services for Veteran Families; VASH: Veterans Affairs Supportive Housing), both of which aid in permanent housing solutions.

> **Youth:** this does not include the latest award of Youth Homeless Demonstration Program (YHDP) funds.

**CE Outcomes by Subpopulation**



# Lived Expertise

We cannot improve our system without incorporating input from those who are currently experiencing homelessness or who have experienced homelessness in the past. As HUD has emphasized, “Those with lived experiences of homelessness typically have the best understanding of the reality of our work to prevent and end homelessness – both in terms of the problems that exist and the knowledge of the services and interventions that are the most effective solutions.”

This year, we expanded our gaps analysis to include lived expertise by surveying individuals at two drop-in centers in Memphis. A total of 67 consumers participated and were able to select multiple responses to many of the questions in order to provide a broader sense of what those experiencing homelessness may face.

## What are some of the main events or conditions that led to your becoming homeless?      What are your top 2 barriers to securing permanent housing?

- 1) Lost job or income (26%)
- 2) Alcohol/drug use (16%)
- 3) Mental health concerns (12%)

- 1) No job (25%)
- 2) Not enough income (21%)

## Where do you usually sleep?      If you don't stay in shelter, why not?

- 1) Outside (streets, sidewalks, park, etc.) (39%)
- 2) Shelter (30%)
- 3) Friends/family (10%)
- 4) Motel/hotel (7%)
- 5) Car (4%)

- 1) Shelter rules (22%)
- 2) Uncomfortable (15%)
- 3) Unsafe (14%)
- 4) COVID-19 (5%)

Learn more at <https://www.hudexchange.info/news/snaps-in-focus-integrating-persons-with-lived-experiences-in-our-efforts-to-prevent-and-end-homelessness/> (clickable on digital copy).

## Do you feel there are enough accessible resources to help people experiencing homelessness in Memphis/Shelby County?

- 1) No (51%)
- 2) Yes (37%)
- 3) Unsure (12%)

## Is this the first time in your life that you have been without a permanent housing situation?

- 1) Yes (65%)
- 2) No (33%)
- 3) Prefer not to answer (2%)

## What can our community do to better support individuals experiencing homelessness?

“I’m not sure if there are enough resources because I don’t know what all is out there. **There needs to be better awareness of programs and what’s available to help because a lot of people don’t know.** The process to find out which programs can help is very difficult.”

“Support them, provide low barrier shelter [with no cost].”

“Get more funds for housing. There should be more places to get people housed with their own money.”

“Having more places and programs that help. There needs to be more housing. If they put me in housing, that’d be a blessing.”

“Pay attention to people who are experiencing homelessness. There needs to be more housing, more transportation.”

## Are there services that you need to help you secure permanent housing that are not offered or accessible to you in the community?

“No housing units available.”

“I need housing, but it’s not available. Need help getting a job that pays enough. **Lots of jobs, the buses don’t go there. I need a car.**”

“Help with the steps it takes to get out of this. A transition program. **How do I establish transportation?** How do I get help with hygiene? You can’t get a good job when you smell bad and you ride the bus.”

“Not enough funds to help people and not enough people willing to help. Not enough available units.”

## Thanks to our board members!

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Rev. Dr. Dorothy Wells

## Thanks to our participating agencies!

AGAPE • Alliance Healthcare Services • Alpha House • Alpha Omega Veterans Services • Baptist Operation Outreach / Christ Community Health Services • Barbara Johnson-McKinney • Barron Heights CDC • Behavioral Health Initiatives • Calvary Church • Catholic Charities • City of Memphis Housing & Community Development • CMI Healthcare Services • Door of Hope • Dorothy Day House of Hospitality • Family Promise of Memphis • Family Safety Center • Friends for Life • Hannah's Hope • Hope House • Hospitality Hub • Housing the Homeless • Lewis Davis CME Church Outreach Ministry • Living Grace • Lowenstein House • Memphis Area Legal Services • Memphis VA Medical Center • Mending Vessels Ministry • Meritan • MIFA • Minact • Odessa's Foster Care Home - Visions of Hope • Open Door • Operation Stand Down • Mid-South • OUT Memphis • Patch • Promise Development Corporation • Safe Place Emergency Shelter • Shelby County Division of Corrections • Shelby County Schools • SHIELD • Synergy Treatment Center • The Hagar Center • The Jasmine Center • The Life Church • Uplifting Veterans Center • Urban Family Ministries • Youth Changes • Youth Villages • YWCA Greater Memphis