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**HOMELESSNESS  
IN  
KNOXVILLE/KNOX COUNTY:  
2004**

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*Sponsored by the Knoxville Coalition for the Homeless*

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## TABLE OF CONTENTS

LIST OF TABLES .....	iv
ACKNOWLEDGMENTS .....	vi
INTERVIEWERS .....	vii
CASE CONTRIBUTORS .....	viii
I. INTRODUCTION .....	1
Definition .....	2
Numbers .....	3
Contributing Factors .....	6
Housing .....	9
Mental Illness/Deinstitutionalization .....	12
Employment .....	14
Substance Abuse .....	16
Education .....	18
Personal Crises .....	19
Other Risk Factors .....	20
Homelessness as a Life Style .....	23
Resources in Knoxville .....	24
II. SURVEY OF HOMELESSNESS .....	32
Design .....	32
Extent of Homelessness .....	35
Demographics .....	48
Roots .....	40
Family .....	43
Military Service .....	45
Causes of Homelessness .....	46
Length of Homelessness .....	48
Housing .....	49
Employment .....	50
Health .....	54
Mental Health .....	57
Alcohol and Other Drugs .....	59
AIDS .....	61

II.	SURVEY OF HOMELESSNESS (CONT.)	
	Crime .....	61
	Life on the Streets .....	64
	Escaping Homelessness .....	71
	Women .....	74
	Children .....	78
III.	COMMENTS .....	82
IV.	BIBLIOGRAPHY .....	86

## LIST OF TABLES

TABLE 1:	CHARACTERISTICS OF KNOX COUNTY HOMELESS 2000-2002 . . .	39
TABLE 2:	STATE OF ORIGIN . . . . .	40
TABLE 3:	REASON FOR COMING TO KNOX COUNTY . . . . .	41
TABLE 4:	LIVING ARRANGEMENTS DURING DEVELOPMENTAL YEARS . . .	43
TABLE 5:	YEAR OF DISCHARGE . . . . .	45
TABLE 6:	MILITARY SERVICE . . . . .	46
TABLE 6:	CAUSES OF HOMELESSNESS . . . . .	47
TABLE 7:	LENGTH OF HOMELESSNESS . . . . .	48
TABLE 8:	USUAL LINE OF WORK . . . . .	50
TABLE 9:	REASONS FOR TERMINATION . . . . .	52
TABLE 10:	REASONS FOR NOT WORKING . . . . .	53
TABLE 11:	HEALTH PROBLEMS SINCE HOMELESSNESS . . . . .	54
TABLE 12:	REASONS FOR HOSPITALIZATION . . . . .	56
TABLE 13:	TREATMENT NOT REQUIRING HOSPITALIZATION . . . . .	57
TABLE 14:	POST-HOSPITAL RESIDENCE . . . . .	59
TABLE 15:	ALCOHOL AND DRUG USE . . . . .	60
TABLE 16:	INCARCERATION . . . . .	62
TABLE 18:	USUAL SLEEPING LOCATIONS . . . . .	64
TABLE 19:	NUMBER OF CITIES VISITED . . . . .	65
TABLE 20:	SOURCES OF FOOD . . . . .	66
TABLE 21:	TRANSPORTATION . . . . .	68
TABLE 22:	DAYTIME ACTIVITY . . . . .	69
TABLE 23:	WEEKLY INCOME . . . . .	70
TABLE 24:	SOURCES OF INCOME . . . . .	70

**LIST OF TABLES (CONT.)**

TABLE 25: RESOURCES TO ESCAPE HOMELESSNESS ..... 72  
TABLE 26: REASONS FOR NOT USING AGENCY SERVICES ..... 73  
TABLE 27: CHARACTERISTICS OF WOMEN ..... 76

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Special appreciation is extended to the following persons who contributed case examples. These examples added to the report by helping to “put a face” on homelessness. They are not based on responses to the questionnaire, but are composites of individuals who are homeless.

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Gabrielle Cline

Barbara Disney

Christy Ferris

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Ginny Weatherstone

## I. INTRODUCTION

Homelessness 2004 is the eleventh study of homelessness in Knox County sponsored by the Knoxville Coalition for the Homeless. The first study was conducted in 1986 with regular studies following thereafter. When initially appointed November 1985, the coalition was charged with three major responsibilities: (1) to ascertain the extent of homelessness in Knoxville, (2) to determine services available to the homeless and make recommendations concerning deficient or nonexistent services, and (3) to increase communication and coordination of services among existing agencies and organizations working with the homeless. The coalition continues to meet on a monthly basis and in addition to sponsoring studies, serves as a forum for exchange of ideas and information. It has taken an increasingly active community role through public education activities and participation in community development.

This report incorporates much of the narrative from the 2002 report. The research findings from 2004 are reported, and the description of resources updated. However, previous introductory material on definition, causes, and patterns is still quite relevant, with a few additional research citations. One feature initiated in the 2002 study is brief case examples that “put a face” on homelessness. These composites were submitted by agency staff and do not violate the confidentiality of the respondents nor agency clients.

The study of homelessness is impacted by a number of factors including how one defines homelessness, the transitional nature of homelessness and the complexity of causes. Since the initial research, it has been apparent that any study of homelessness poses a formidable challenge including how one determines methods of enumeration. Identifying contributing factors is a complex task. A brief examination of these factors illustrates the issues.

## DEFINITION

The definition one uses to define homelessness will have significant impact on estimated numbers and characteristics. Most studies are limited to counting people who are in shelters or on the streets. The *National Law Center on Homelessness and Poverty* found that in almost every city the estimated number of homeless people exceeded the availability of emergency shelters and transitional housing (1999). These findings along with other available studies suggest that many homeless people may be living with friends or relatives in temporary arrangements (Wright, et al., 1998). “Doubled-up housing” (residence with relatives and friends) may not be included in a definition and subsequent count. Likewise, persons living in substandard housing, extremely vulnerable to homelessness, are generally not included.

There are a number of variations in definitions. Homelessness has been defined in terms of residence within a geographic area such as “skid row” (Wallace, 1965), the lack of permanent residence (Leach and Wing, 1980), and a personality attribute (Bahr, 1973; Bassuk, 1983). Depending on the definition of homelessness used, persons will be included or excluded from counts; for example, definitions may include persons living in single room occupancy hotels (SRO) and/or individuals who stay with friends (“couch population”) as homeless. The most widely utilized definition that has emerged is found in the Stewart B. McKinney Homeless Assistance Act (Public Law 100-77). The act defines homelessness as including persons,

“who lack a fixed, regular, and adequate nighttime residence. It also includes persons whose primary nighttime residence is either a

supervised public or private place not designed for or ordinarily used as, a regular sleeping accommodation for human beings.”

While the above provides a working definition, the reader should be aware that no

single definition or characteristic describes all homeless people.

## NUMBERS

Studies of homelessness are complicated by problems of methodology. Point in time counts attempt to count all people who are homeless on a given day or week. Another method is period prevalence counts that attempt to count those who are homeless during a given period of time. The changing homeless population and the fact that many homeless persons are “hidden” constrain either method.

Knoxville has adequate emergency shelter for single individuals which increases the reliability of enumerations. However, many cities with fewer resources will likely underestimate the extent of homeless if they rely on shelter counts. The *National Coalition for Homelessness* (2002) emphasizes this point:

“Many people who lack a stable, permanent residences have few shelter options because shelters are filled to capacity or are unavailable. A recent study of twenty-seven U.S. cities found that in 2001, thirty-seven percent of all requests for emergency shelters went unmet due to lack of resources—a thirteen percent increase from the previous year. For families, the numbers are even worse: fifty-two percent of emergency shelter requests from families were denied; a twenty-two percent increase from last year (*U.S. Conference of Mayors, 2001*).”

The number of homeless children and youth may be significantly underestimated by reliance on shelter counts. For example, among the youth identified by the *State Department of Education* in 2000, thirty-five percent lived in shelters, thirty-four percent

were with friends or relatives, and twenty-three percent were in motels or temporary arrangements (*U.S. Department of Education, 2000*).

Estimates of the extent of homelessness in the United States continue to show wide variation. An important step in explaining this range was the *Interagency Council on the Homeless'* **"Priority: Home! The Federal Plan to Break the Cycle of Homelessness,"** that concluded that the population is not a static one, but that large numbers of people flow in and out of homelessness (a conclusion emphasized in the early Knoxville studies). The 1996 and 1998 Knoxville studies summarized the range of findings:

The *U. S. Department of Housing and Urban Development* estimated that 192,000 were homeless (HUD, 1984); in contrast housing activists argued that 3.2 million persons were homeless (Holmes and Snyder, 1982). Later, 1990 government materials relied on a study conducted by the *Urban Institute* that found that on any given night up to 600,000 persons were homeless (Burt and Cohen, 1989). However, activists continued to argue that there were more than three million homeless people in the United States (Kozol, 1988). In 1994, The *Interagency Council on the Homeless* (ICH) published **"Priority: Home! The Federal Plan to Break the Cycle of Homelessness."** A major conclusion of the ICH was that the homeless population was not a static one, but that large numbers of different people flow through shelters over time (a conclusion that had been emphasized by the Knoxville studies in 1987 and 1988). This new federal position emphasized that homelessness had been previously underestimated.

Many of the studies on homelessness are dated, but merit recognition. The 1994 *Interagency Council on the Homeless* report **"Priority: Home! The Federal Plan to Break the Cycle of Homelessness"** concluded that in the latter half of the 1980's, 1.2 million families on public assistance and the one million persons waiting Section Eight vouchers, although not included in population estimates, were extremely vulnerable to homelessness. (ICH, 1994).

While national enumerations are limited, several studies have provided inferential data for the number of homeless in the United States. An early study by Link suggested that homelessness was two to three times more extensive than early estimates. Using a household sampling method, the researchers found that approximately 7.4 percent of all adult Americans had at some point experienced literal homelessness. An interesting aspect of the report was recognition of the difficulties in counting the homeless, including (1) finding the hidden homeless, i.e., those who sleep in boxcars, on roofs, or other obscure locations; (2) encountering respondents who deny homelessness or refuse interviews (see Rossi, 1989) and (3) not including people who experience short or intermittent episodes (Link, 1994). As noted, determining the extent of homelessness is difficult, and reliable studies are scarce. The *National Census* in 2000 included a concentrated effort to identify those persons who were homeless; however, the counting difficulties continued to hamper this effort.

One of the most utilized national studies has been the **National Survey of Homeless Assistance Providers and Clients** (NSHAPC) that produced "*Homeless: Programs and the People the Serve—Highlights Report.*" This survey was sponsored by twelve federal agencies under the auspices of the **Interagency Council on Homeless** (1999). The survey focused on services provided, client characteristics, and how the homeless population in metropolitan areas has changed since 1987. It was not designed to provide an enumeration of homeless people; however, it does offer some analysis of changes between 1987 and 1996. Also, it offers a benchmark to compare Knoxville data with the NSHAPC sample of seventy-six geographical areas selected to represent the United States.

All recent reports have been consistent in recognizing that the homeless population is not static. The Knoxville studies have consistently asserted that the homeless population is not static and that numbers must be viewed within a designated time frame. Different patterns of homelessness—situational, episodic, and chronic—will determine who is homeless at a given time.

"Situational homelessness is usually acute; a home burns, the wage earner is laid off, a family is evicted or family abuse causes unexpected homelessness. Episodic homelessness is recurring; a person works seasonally and has lodging, disability benefits are sufficient for a room (SRO) several weeks a month, or the person has a home with family when not drinking. This group includes the "couch population" who usually stays with relatives/friends but have meals at shelters. Chronic homelessness is ongoing; the person remains on the street indefinitely; some may be alcoholic or severely mentally ill." (Nooe and Cunningham, 1990)

These different patterns offer explanation for differences in enumeration and also public perceptions of homelessness. While the chronic homeless are usually the most visible, they likely represent the smallest segment of the homeless population. The category of situationally homeless is the largest when measured over time.

The foregoing discussion underscores the difficulties in answering, "how many are homeless." In any case, the number is large, as indicated by the respected *Urban Institute Study* estimating that 3.5 million people, including 1.35 million children are likely to be homeless in a given year. (2002).

## **CONTRIBUTING FACTORS**

The homeless population continues to be one of the fastest growing sub-populations, despite the United States' period of significant economic growth. The

*National Coalition for the Homeless* asserts that two trends are primarily responsible for the increase in homelessness during the past twenty-five years: a growing shortage of affordable housing and a simultaneous increase in poverty (NCH, 2002).

Homelessness is intertwined with poverty. In a sense, homelessness represents the “poorest of poor.” In 2002, people below the official poverty thresholds numbered 34.6 million, a figure 1.7 million higher than the 32.9 million in poverty in 2001 (Proctor and Dalaker, 2003). According to the *U.S. Conference of Mayors (USCM)–Sodexo Hunger and Homelessness Survey 2003*, hunger and homelessness continues to rise in major American cities. In the twenty-five cities that responded to the survey the number of homeless families seeking shelter increased fifteen percent in 2003, constituting forty percent of the overall homeless population. In fifteen of the twenty-five cities surveyed, families have to break up to be sheltered, while in twelve cities, families usually have to spend the day outside of the shelter they use at night (U.S. Conference of Mayors, 2004). In the Census Bureau survey of people who use homeless assistance programs, eighteen percent cited the inability to pay their rent or keep up with rent increases as a main factor driving them into homelessness (Joint Center for Housing Studies of Harvard University, 2000).

Related to the problems of poverty is the decline in public assistance. The Knoxville studies have included questions about sources of assistance and also loss of benefits.

The *National Coalition for the Homeless* offered this finding:

The declining value and availability of public assistance is another source of increasing poverty and homelessness. Until its repeal in August 1996, the largest cash assistance program for poor families with children was the *Aid to Families with Dependent Children (AFDC)* program. Between 1970 and 1994, the typical state’s AFDC benefits for a family of three fell 47%, after

adjusting for inflation (Greenberg and Baumohl, 1996). The *Personal Responsibility and Work Opportunity Reconciliation Act of 1996* (the federal welfare reform law) repealed the AFDC program and replaced it with a block grant program called *Temporary Assistance to Needy Families* (TANF). Current TANF benefits and food stamps combined are below the poverty level in every state; in fact, the median TANF benefit for a family of three is approximately one-third of the poverty level. Thus, contrary to popular opinion, welfare does not provide relief from poverty. (NCH, 2002).

These changes in public attitudes and policy have major implications although the effects have not been fully assessed. The United States has witnessed the most dramatic shift in welfare policy since its inception in 1935 (Berger and Tremblay, 1999). Changing public attitudes are producing revisions that result in stricter guidelines for subsidies and services (Dunlap and Fogel, 1998). Resources such as AFDC have been important in preventing homelessness, and more exclusionary guidelines will likely increase vulnerability to homelessness (Butler, 1997).

While the foregoing and other studies present a case for structural or external factors such as lack of housing, income and employment opportunities (McChesney, 1991; Trimmer, Eitzen, and Talley 1994), there is considerable evidence that homelessness is also due to personal problems or internal factors such as mental illness, substance abuse, and personality deficits (Bassuk, 1984; Lamb, 1984; Baum and Barnes 1993). Most likely, homelessness is due to multiple interacting factors. These contributing factors may vary for segments of the homeless population; for example, differences exist in rural and urban homelessness, not only in the environment but also in coping strategies (Goodfellow, 1999; Cummins, First, and Toomey, 1998; Nooe and Cunningham, 1992).

The Knoxville studies have identified a number of interacting factors that contribute to homelessness: (1) lack of affordable housing; (2) mental illness (deinstitutionalization);

(3) labor market changes; (4) substance abuse; (5) lack of education; (6) personal crises [abuse, divorce, death] and (7) personal risk factors.

## **HOUSING**

The increasing shortage of affordable, particularly rental housing is a major contributor to homelessness. Approximately 2.2 million low rent units were lost between 1973 and 1993, due to abandonment, conversion to condominiums, or becoming unaffordable because of competition and costs (Baskal, 1998). The *Institute for Children and Poverty* (2001) estimated a gap between affordable units and low income renters of more than four million units.

Recent governmental strategies are attempting to address the shortage of public housing and increase the availability of affordable housing. At the same time, the significant reduction in private sector low income housing is often overlooked in the clamor for more public housing.

Nationally, urban change and policy initiatives in the United States, as well as global changes, have contributed to a decline in affordable housing. The loss of single room occupancy housing (SRO) has been particularly devastating. Dolbeare (1996) estimates that more than one million units were lost in the 1970's and 80's. For example, in 1960, 640,000 people in New York lived in SRO's and rooming houses, but by 1990 this number was reduced to 137,000 (Stegman, 1993). Many Knoxvilleians can remember private sector hotels and rooming houses that provided cheap lodging, but many of these have since been razed or converted to condominiums in the apparent gentrification of the inner city. It may be that the "new SROs" are the increasing number of suburban motels, offering low

rates and catering to a transient population. The availability of various types of housing that includes SROs, as well as subsidized supervised housing and private housing is a critical factor in preventing recurrent homelessness (Wong, Culhane, Kuhn, 1997).

Catherine, her husband and four teenage children came to the shelter after being homeless on the streets of Knoxville. Shortly after arriving at the shelter, it was discovered that Catherine's husband had an active drug addiction which he expressed no desire to change. Catherine decided that she wanted to separate from her husband, support her children, and provide them with a safe environment. With the help of her case manager, Catherine was able to get her children into anger management and other therapy. In addition, she was able to identify some personal and career goals for herself. Catherine has graduated the program and has her own house for herself and her children. She has started divorce proceedings against her husband who, unfortunately, continues in his addiction. She works full-time at a job which offers health benefits. All four children are making excellent grades in school and are involved in extracurricular activities, including church.

In some respects Knoxville has more housing resources than other metropolitan areas. The combination of public housing and emergency shelters results in less than twenty-five percent of the homeless living in outside locations and this is often by choice. Some cities report that the greatest numbers of homeless are living in outside locations, and in the NSHAPC study, thirty-one percent reported sleeping on the streets or in other places not meant for habitation (ICH, 1999).

An aspect of housing mentioned earlier is the practice of "doubling-up." Staying with friends or relatives commonly precedes homelessness (Wright, et al., 1998). This practice results in what has been called the "couch population," and while "doubling up" represents a type of housing, the risk for homelessness is very high. The challenge is to reduce this risk through stable permanent housing.

An interesting phenomenon in recent years has been the transformation of motels into SROs, and the expansion of these into locations outside the central city. This is evidenced in a

variety of motels in the Knoxville and Knox County Metropolitan area that have become *SROs* over the past four years. The conversion of the motels from tourist-based facilities to serving a low income and/or working poor families, is resulting in a new distributional pattern of homelessness throughout Knox County. An argument might be made that more homeless people reside in suburban Knoxville than in the inner city area, assuming that people who reside in an *SRO* are considered to be homeless. Specific locations of where this new generation of *SROs* are located include the following areas: Callahan Drive, Merchants Drive, Racoon Valley Road, Strawberry Plains Pike, Lovell Road, Campbell Station Road and Cedar Bluff Road. Many of these motels were constructed in the 1970's prior to the 1982 World's Fair and likely fit the description of being an *SRO*.

Sharon, a single mother 35 years old and her 14-year old son, Jonathon, were about to face homelessness when Sharon received a letter from her landlord that the house she was renting was about to be condemned. At the same time Jonathon lost his *TennCare* benefits during the re-certification process in 2003. Sharon and her son both live with a chronic mental illness so in desperation, Sharon, contacted the Mental Health Association for resources for housing and medication for her son that she now could not afford to have filled. The Mental Health Association referred the family to the appropriate agency which provides apartments for housing and supporting services. The agency was able to provide permanent housing for the family and the on-site supervision services staff managed to advocate for Jonathon's *TennCare* to be reinstated. Jonathon's medication treatment started immediately and the family has begun to rebuild their stability and strengthen the family unit.

As these examples illustrate, many homeless persons have special needs, including mental illness or health problems that impact their housing.

John is a 44-year-old white male who has been homeless for four years. John is a high school graduate. He is divorced and has a teenage daughter that lives on the west coast; he has no contact with her. John has worked as an over-the-road truck driver, but had to quit because of physical illnesses that included diabetes

and high blood pressure. John has stayed in numerous missions in the past four years, including an eight-month stay in another state, and several months in another Tennessee city. He was out-of-state to be near his dying mother; he stayed in Tennessee to be near his sister. John came to Knoxville in the Spring. He was homeless, and needed grief counseling, spiritual counseling, and career counseling. He did not have alcohol and drug issues and did have *TennCare*. The shelter worked with him to address the issues he presented. He stayed for five months and was presented with employment as a house manager for a men's group home. John appeared to be a good fit for the home and plans to pursue a career in helping the mentally challenged.

## **MENTAL ILLNESS/DEINSTITUTIONALIZATION**

The role of mental illness and deinstitutionalization in homelessness is hotly contested. Torrey (1989) argues that deinstitutionalization is a major contributing factor, whereas the *National Coalition for the Homeless* (1997) asserts that deinstitutionalization has had little impact on the number of homelessness. The Knoxville studies, as well as a number of national studies, present strong evidence that mental illness and deinstitutionalization are significant contributing factors.

The estimated rates of mental illness among the homeless are wide-ranging depending on methodology, definitions, sample selection and diagnostic criteria. (Fisher, Shapiro, Breakley, et. al, 1986). For example shelter users seem to have higher rates of mental illness than do non-sheltered homeless persons.

Ricky presents many of the obstacles facing homeless clients. Ricky is a 32-year-old black male who arrived from out-of-state after being discharged from a psychiatric hospital there. Hospital staff actually transported Ricky here when the out-of-state shelter refused to continue allowing him to reside there; however, they forgot to send his I.D. card with him. Ricky is schizophrenic and is running out of medications. Ricky has a bad case of psoriasis, as well as, blood pressure problems. While Ricky has *Medicare*, he is not yet on *TENNCARE*. Because he has *Medicare*, he is not eligible for indigent care though the health department; however, *Medicare* will not cover the cost of his medications. Ricky draws *SSI*, but has no money until his next check. When Ricky's identification arrives, he will need all of the

basic support services, such as housing, State I.D., primary care physician, bank account, *K-Trans* I.D. and mental health treatment.

The 2004 study found that one half of the homeless individuals had been treated for some mental illness, an increase from estimates cited in the 1990's. (*Taskforce on Homelessness and Severe Mental Illness, 1992, ICH, 1994*). However, these estimates are likely conservative, given the incidence of untreated individuals and those who are in jails, prisons, or otherwise unidentified (Toro, et al., 1995; Lamb and Weinberger, 1998; Susser, et al., 1997). Complicating the incidence of mental illness is the number of mentally ill persons who are substance abusers, i.e., the dually diagnosed. Persons who have a severe mental illness (e.g., schizophrenia or bipolar disorder) and drug dependencies are significantly more likely to become homeless (Olfson, et al., 1999; Dixon, 1999).

Thomas is mentally ill—and very angry. He acknowledges hearing voices and it upsets him. He has been on medication before but cannot administer it himself; he becomes confused about how to take it, so he doesn't take it at all. He has a great deal of difficulty expressing himself and becomes frustrated when people don't understand his very garbled speech. Thomas has a payee who receives his disability check. He is never clear on when it is due and becomes frustrated when he doesn't get his money "on time." When he calls his payee, he accomplishes nothing because he cannot understand what she is telling him either. People have offered to make the call for Thomas, but he doesn't trust them to tell the truth about his money. After such a phone call, Thomas becomes very angry and begins to throw things. In his rage, Thomas has broken widows at local shelters and been barred from them. At one time, he was barred from all the shelters in town due to his destructive behavior. Thomas has had to sleep outside under the bridge.

The issue of homelessness and mental illness is also intertwined with the criminal justice system. There is mounting evidence of an increasing number of severely mentally ill persons in jails and prisons (Lamb and Weinberger, 1998). In one sense jails are

becoming today's asylums. The interaction of these factors is seen in the finding that non-homeless mentally ill persons going into jail have a significantly increased risk of housing loss (Solomon and Draine, 1995).

Tia is a 47-year-old chronic homeless individual who has been diagnosed as having paranoid schizophrenia. Tia has been working with a case manager at Homeless Services office for seven years. Tia stayed at the VOA shelter before it closed. Since then, Tia has lived on the streets.

Several months ago, Tia allowed the agency to help her obtain an apartment. Tia continues to stay in her apartment, which is the first time Tia has maintained consistent housing in the seven years the case manager has known her. Tia's mental illness seems to be escalating which may cause her to abandon her housing. Tia's *TennCare* has been dropped because Tia did not know to respond to the update letter. Her case manager is meeting with *DHS* to get this reinstated. The agency will continue to provide support for both physical needs and mental health treatment for this client.

## **EMPLOYMENT**

Lack of employment is often identified as a major cause of homelessness, however, many of the homeless report being employed or having occasional work. The difficulty is that many of these jobs do not provide adequate wages and benefits for self sufficiency. Mishel, Bernstein, and Schmitt, (1999) indicate that the value of the minimum wage has not kept up with growth. Additionally, a decline in manufacturing jobs and a corresponding increase in low paying service employment, globalization, decline in union bargaining power, and increase in temporary work, have been factors in wage decline (*Ibid.*, 1999).

The above factors are reflected in various studies. The *NSHAPC* reported that forty-four percent did paid work during the previous month, with twenty percent having a job expected to last three months or longer (ICH, 1999). As noted many of these jobs are

temporary or do not provide sufficient wages to provide self-sufficiency. The Interagency Council on the Homeless recognized that employment prospects are dim for those who lack appropriate skills or adequate schooling. The labor market has changed, as evidenced by "plant relocations and closures, persistent racial discrimination, changes in industry that have increased the demand for highly educated people, the decline in the real value of the minimum wage, and the globalization of the economy" (ICH. p. 27). Employment instability has been identified in several studies as a risk factor for homelessness (Wagner, 1994). Women and minorities currently seem to experience fewer employment opportunities (Butler, 1995). The duration of homelessness may decrease the prospects of employment. It is not surprising that homelessness itself may further diminish one's chances of employment, as prolonged idleness may cause greater loss in work habits, responsibility and commitment to employment.

Susan is a single mother of eight children, six of whom are minor children in her care. She had moved to Knoxville with the father of her children ten years ago. When Susan arrived at the shelter, she would not make eye contact with anyone and was clearly overwhelmed by the needs of her children. Initially, Susan only wanted to get a minimum wage job and obtain public housing. Upon working with her case manager, Susan eventually disclosed domestic violence issues from the father of the children as well as, past boyfriends and sexual abuse suffered by her daughters. She and her children were referred to therapy and began developing connections through a local church. Gradually, Susan became more self-confident, as shown by her ability to assert herself as a parent, and to speak up for herself with those outside her family. Susan recognized that she had natural abilities as a caretaker and obtained her CNA certification, as well as formal child development training.

At the end of the school year, Susan completed the program at the shelter and chose to move to the Midwest where she had family support. Susan is now employed full-time and next month, will have her own home. Her children are actively involved in after-school programs. Susan and the family continue to be involved in counseling.

## **SUBSTANCE ABUSE**

Habitual heavy substance abuse is a major contributor to homelessness. However, the relationship between homelessness and substance abuse may be more complex than on first appearance. For example those who are addicted may be more impacted by the decrease in *SROs*. Likewise, the lack of health insurance may be a barrier in dealing with addiction. Recent changes reducing eligibility for SSI based on chronic substance abuse have likely increased the risk for homelessness. Similarly, policy changes that result in persons convicted of drug abuse/sale being barred from public housing have created additional dilemmas. Use of drugs other than alcohol has increased dramatically among the homeless. Single homeless men are especially likely to have histories of substance abuse (Toro, et al ). Magura and colleagues sampling homeless persons at an inner city soup kitchen found that seventy-five percent had used drugs in the preceding month (2000).

Rick is a 45-year-old white male who has a GED and has worked in the construction field. Rick has a history of alcoholism and drug abuse that began when he was eighteen years old. He has mental illnesses that include depression and anxiety disorders. He also has physical illness that includes hearing loss, obesity, and poor blood circulation in his legs, that prevents him from walking any distance. Rick also has served time in prison for shooting a person. Rick has poor money management skills that have contributed in part to his condition. Rick had been staying at a Knoxville *SRO* until it was condemned by the city and he became homeless. He came to the shelter where he began to address his issues. He was referred to a mental health center and to a physician that could help with his medical needs. He was assisted in getting *TENNCARE*. It became evident that due to his mental and physical limitations that he would have difficulty with employment. He applied for disability benefits but was denied. He is currently being assisted in the appeals process. Rick stayed for twenty-five months at the shelter and was successful in getting housing at a special apartment complex.

Many individuals are dually diagnosed, suffering from both a major mental illness and substance abuse (Task Force, 1992; Barber, 1994). These dually diagnosed individuals frequently fall between the cracks because neither mental health nor substance abuse treatment facilities provide comprehensive services. Substance abuse contributes to the lack of funds for housing and also may increase family conflict leading to family unwillingness to allow individuals to remain in the home.

Sam currently lives in the Knox County jail because he cannot access housing due to former offenses. He is released after serving this sentence and the next day intentionally gets arrested again because he has no other means for housing and three hot meals. As other former offenders he is not eligible for subsidized housing.

## **EDUCATION**

Inadequate education has not been clearly identified as a causative factor in studies focused on homelessness. In the Knoxville studies more than fifty percent of the respondents reported having graduated from high school, with a significant percent having post-high school education. However, given the increased requirement for technical and educational competence to be self-sufficient, it is logical to assume that poor education is a contributing factor to homelessness.

George is a foster youth who turned eighteen years old today. His foster placement brought him to the agency asking for help. The foster placement had been told to drop George off at the homeless shelter because he has aged out of custody. The case manager negotiated with the *Department of Children's Services* and the youth was allowed to remain in state custody. A few weeks later, the case manager was told that George did not follow *DCS's* education plan and he was dismissed from custody. *DCS* had no idea where the youth was at the time. George has no skills, no diploma/GED, no ID, and untreated mental illness. George is one of the many aging out of custody youth on the streets. ,

One reason that studies may fail to identify educational level as a contributing factor was illustrated in an evaluation of an employment program. In comparing those who were successful in gaining employment and housing versus those who were unsuccessful, the educational levels of the groups were similar. However an examination of proficiency levels in reading and math found substantial differences between the successful and unsuccessful groups (Nooe, 1994).

## **PERSONAL CRISES**

Personal crises involve various stressful situations such as abuse, family conflict, loss of a job or housing, and loss of significant others. Crook notes, “Women are particularly vulnerable to the precipice of homelessness because of four major factors: 1) family dissolution, 2) family violence, 3) lack of affordable housing, and 4) low wage status (p. 52)” Many homeless women are victims of abuse, and while leaving the home may represent a solution to one problem, lack of employment and affordable housing frequently results in homelessness. Zora (1991) reported that 50% of homeless women had experienced abuse. Likewise, approximately half of the cities surveyed by the *U.S. Conference of Mayors* identified abuse as a major cause of homelessness (1998).

Molly is a fifty-one-year-old domestic violence victim, who has endured abuse for thirty-seven years. She had tried to leave repeatedly, but was charmed back home each time. The final straw was when Molly caught her husband molesting her five-year-old daughter. Molly went to the Womens’ Shelter for seven months, and the children were placed in foster care. Molly completed the shelter’s program, continued parenting classes and counseling at the agency, obtained housing through Section 8, and has gotten employment. Visitation and phone calls with her children have begun and she is working toward gaining custody of her children.

Other personal crises such as divorce and widowhood remove support systems and seem to make individuals more vulnerable to homelessness.

Donna, a single female thirty years old from South Carolina was traveling through Knoxville with her boyfriend Carl. During the trip, Carl has become increasingly verbally, and psychologically abusive until turning violent and physically assaulting Donna. Carl stopped to take a rest from the drive in Knoxville, and at this point, Donna was able to flee Carl running to the closest public building. Donna had now found herself stranded and homeless. Using a pay phone, she called the Crisis Center's twenty-four hour crisis line. The Crisis Center arranged to bring Donna into the shelter by cab. While in the shelter, staff safety planned with Donna, who desired to go back to South Carolina to be her family. Staff provided a one-way bus ticket through the support of *United Way* to a bus station in her hometown in South Carolina, where law enforcement had been arranged to meet her, and transport her safely to a shelter. Donna planned to stay in a shelter in South Carolina until she could establish, an Order of Protection and return to her home safely.

A number of studies have found that female headed households have greater risks for poverty (U.S. Department of Commerce, 1998) and subsequently have greater risks of homelessness (Caton, et.al, 1995; DiBlasio and Belcher, 1995). Jencks observed "married couples hardly ever become homeless as long as they stick together" (1994).

Maria is a thirty-seven-year-old white female who came to the shelter after being evicted from housing in a nearby county. Maria, who is mentally challenged, was two months pregnant at the time. She became pregnant after meeting a married man over the Internet. This man then abandoned Maria after she became pregnant. Maria has a pattern of making poor choices in her relationships and frequently reports feeling lonely. Maria currently receives *SSI* and *Families First*. She is in need of support housing, but due to limited availability, she has waited for several months. Maria uses the services of a local community mental health center. She lost custody of one child due to neglect; her parental rights to her first child were terminated and the child was adopted. Maria currently wants to learn parenting skills in order to be able to keep custody of her new infant who is now four months old.

## **OTHER RISK FACTORS**

The increased research on homelessness has resulted in identification of risk factors for homelessness. For example, McChesney suggested eight risk factors in her model--single female headed household, minority family, young age of head, substance abuse, childhood victimization of mother, adult victimization of mother, recent pregnancy, and lack of social support (1995). Wagner and Perrine identified similar factors in comparing housed vs. homeless women, recognizing that homeless women had more mental illness, unstable employment and housing, abuse history, substance abuse and fewer social skills (1994).

Several studies have examined childhood risk factors for adult homelessness. Economic and residential instabilities, along with poverty, are examples of childhood antecedents (Koegel, Melamid and Burnam, 1995). Increasingly, research is showing that disruption in childhood, such as foster care placement, results in a greater chance of adult homelessness (Roman and Wolfe, 1997).

The availability of social support, whether from friends, relatives, or agencies, appears to influence both risks for and recovery from homelessness. Kingree, et al., for example, found that low levels of support from friends were associated with homelessness following completion of a substance abuse treatment program (1999). Similarly, adolescents running away from or being kicked out by families are at risk for homelessness (Maclean, et al., 1999).

Minority status may also increase the vulnerability to homelessness. However, there may be racial differences among the causes of homelessness, in that whites report

more internal causes, such as substance abuse and mental illness compared to non-whites reporting more external factors such as low income and unemployment (North and Smith, 1994).

A forty-seven-year-old African American male lives in a shed behind a restaurant. He has to pay \$3.00 to take a hot shower, and has no means of cooking meals. His only companion is his dog. He is afraid to move into an apartment because he will not be able to keep his dog and is often the object of ridicule. He has an eight-grade education. His poor communication skills create barriers for employment, housing, and appropriate medical needs. He currently is paid \$200 per month by the owner of the restaurant to monitor the location at night and clean. He pays the owner \$50.00 per month to live in his shed.

Various groups may experience risk factors for homelessness. For example, some Vietnam era veterans appear to be more vulnerable than other veterans. Factors such as post-military social isolation, psychiatric disorders, substance abuse, and childhood trauma (including foster care) have been implicated as predisposing factors (Rosenheck and Fontana, 1994). There appears to be an increasing number of young adults who become homeless after transitioning out of state custody.

Jody is an eighteen-year-old who aged out of foster care three weeks ago. Her case manager dismissed her when Jody told her she did not want to stay in state custody. Jody's foster mother threw out all of Jody's belongings including her birth certificate, ID, *TennCare* and Social Security card. Without these, Jody cannot work, go to school, nor apply for housing. With no place to go, Jody first went to live with a man she barely knew, and when that relationship became abusive she went to stay with a woman who brought her to the office. Through the generosity of a church this young woman was given a temporary place to stay. With much difficulty, her out-of-state birth certificate, her ID, and her Social Security card were obtained. (You must have one ID to obtain the other). Jody now works and attends a technical school. Jody has applied to receive post custody services to help her with housing and educational expenses.

Earlier discussion emphasized the linkage between homelessness and poverty. It is logical to assume that those living in poverty are most vulnerable to becoming homeless. However, in recent years more attention has been given to comparison of the characteristics of the homeless and those of the housed poor. Available studies reflect the risk factors that have been identified, indicating that homeless persons are less likely to be receiving public benefits, more likely to be substance abusers, have higher levels of psychological distress, more likely to be victims of domestic violence and to have been abused as children (Toro, et al., 1995). Personal characteristics of housed vs. homeless persons are receiving increased attention; for example, Banyard and Graham found that homeless mothers had more depression and used avoidant coping strategies more than housed mothers (1998). However, it may well be that depression and avoidance are a consequence rather than cause of homelessness. In any case, homelessness is an “extreme point on a continuum of residential instability” (Toro, et al., p. 287). In both the housed poor and the homeless, children in particular experience an increased risk of inability to succeed in school or community environments (Ziesemer, Marcoux, and Marwell, 1994).

The above lists of factors is not exhaustive, nor are they exclusive. Most likely these factors are interactive and reflect the complexity of homelessness. It is also important to remember that they represent not only individual problems, but also issues of public policy.

## **HOMELESSNESS AS A LIFE STYLE**

There is often an impression that people are homeless because they want to be or prefer the lifestyle. While there are obviously some who choose to be homeless, the number is quite small, likely less than five percent. What often happens is that these individuals are more visible than the majority of homeless persons who are in shelters or on the street because of loss of housing, unemployment, mental illness, or abuse.

## **RESOURCES IN KNOXVILLE**

The shelter resources in Knoxville have changed over the years. The closing of Volunteers of America in 2002 had a major impact on services for families. This shelter provided emergency housing to twenty families with children and thirty-five single women. The other shelters are working to address the need; however, housing for transient single women and families remains a critical issue. Another significant change that continues to have reverberation was termination of DRI-Dock's detoxification program for public inebriants.

Knoxville has a number of programs for homeless persons. The major shelters are:

- (1) The Salvation Army Center is located at 409 North Broadway. It operates two emergency shelters. The Joy Baker Center has a capacity of 36 individuals and serves battered women, with or without children and homeless women and children. The Men's Shelter has a capacity for 156 individuals. A transitional housing program also is located on the premise and can house up to 66 individuals; 48 beds are designated for single-homeless males and 18 are designated for single-homeless women. Meals are served daily for residents. The Salvation Army offers a range of case

management and supportive services, including on-site child care, employment counseling, and referrals. Direct assistance in the form of clothing, food, and furniture is also provided.

- (2) Knox Area Rescue Ministries, is located at 418 North Broadway. The ministry provides multiple programs for homeless men and women and families in the Knoxville and surrounding areas. The single mens' program has a recovery program for 63 men and an overnight care facility for 150 men. The family care program provides emergency and transitional services for up to 61 individuals. The single women's program provides emergency overnight services for 40 women. In addition the shelter provides three meals a day, seven days a week for indigent persons in the Knoxville community. All recovery programs are designed to assess and provide multiple interventions to break the cycle of homelessness.
- (3) Serenity Shelter, a facility operated by Knox Area Rescue Ministries, provides assistance to women in crisis. Located at a confidential site, the shelter is open twenty-four hours a day, seven days a week and has the capacity for 30 individuals. In addition to basic food, shelter and other supportive services, the shelter provides case management, education, referral, work rehabilitation, alcohol and drug counseling, and other services to assist individuals in breaking the cycle of domestic violence and homelessness.
- (4) *Volunteer Ministry Center* is located at the corner of Gay Street and Jackson Avenue. The center offers daytime shelter, access to restroom facilities,

phone service and meal service, with a separate area for children and families. Most meals are served by volunteer groups. A case management program offers access to lockers, showers and laundry facilities. Participants and their case manager design a plan for participation in self advancement classes. The Center also offers sixteen rent assisted apartments and sleeping rooms which provide permanent housing to formerly homeless men. The Refuge, a Volunteer Ministry Center coordinating agency provides some direct financial assistance and counseling. The People's Clinic is open three days a week offering dental services on one day and the services of a Licensed Nurse Practitioner on two days, and a Psychiatric Nurse Practitioner on one day. A Licensed Clinical Social Worker is available for counseling. A Hispanic Clinic is held monthly.

- (5) *The Family Crisis Center* is located in two sites kept confidential in order to protect clients. It is a program of *Child and Family, Tennessee* providing shelter and other advocacy services to battered women and children. The east shelter has a capacity for sixteen and the west shelter has a capacity of twelve individuals both with potential for slight expansion in emergency situations. Services include case management, support groups, individual counseling, transitional housing, assistance to female stranded travelers, and childrens services. Length of stay is 30 days; however, extended stays are available depending on the individual need.

- (6) The *Runaway Shelter* is located at 2701 E. Fifth Ave. It is a program of *Child and Family, Tennessee* providing short-term shelter and counseling for runaway and homeless youth, ages 12—18 years. It has a capacity for five individuals. Services provided include individual, group, family, and crisis counseling.
- (7) The *Transitional Living Program* is located at 2701 E. Fifth Ave. It is a program of *Child and Family, Tennessee* providing residential and day case management services to homeless and “throwaway youth,” ages 17 - 21 years. The main center has a capacity for five individuals with scattered site availability for additional clients. Services provided include independent living skills assessment, individual and group counseling, and case management services. Support services are available for children and youth leaving state custody. Maximum length of stay for residential services is eighteen months.
- (8) The *YWCA* is located at 420 W. Clinch Ave. It has fifty-eight private rooms for single women in transition. Residents are assisted in developing a plan for employment and utilization of appropriate programs. The facilities include a shared kitchen, living room and laundry room. The average length of stay is six months, however, residents may stay for up to 24 months. There is a \$40.00 weekly rate.
- (9) *Agape* is located at 428 E. Scott Avenue. It offers a six months individualized program for chemically dependent adult women. Three Victorian houses each provide residence for eight clients, for a capacity of

24. Services include individual and group treatment and referrals. There is a \$10/day fee and a \$100 entrance fee.
- (10) *E.M. Jellinik Center* is located at 130 Hinton Ave. It offers a residential rehabilitation program for adult men with substance abuse problems. Services include individual and group counseling along with participation in *Alcoholics Anonymous* and/or *Narcotics Anonymous (AA/NA)*. It has a capacity of 45 and length of stay is generally 6 months to one year. There is a \$65/week charge for employed residents.
- (11) *Steps House* is located at 712 Boggs Ave. It offers a residential program for alcohol and drug recovery. The capacity is 100 with one section designated for veterans (40 beds) and the other for addiction recovery care (57 beds), indigent care is available. Services include case management and group counseling. The fee for non-veterans is \$100/week. There is no limit on length of stay.
- (12) *Great Starts*, located at 2601 Keith Avenue, is a transitional housing program operated by *Child and Family Tennessee*. It houses women with alcohol and drug addiction and provides an on-site therapeutic nursery for children who are drug exposed, HIV positive, developmentally delayed or medically at risk. The capacity is 22 women in the housing program and 38 children in the nursery. Supportive services include parenting classes, A&D groups, case management, family services, medical care, and therapeutic counseling to provide a holistic approach for chemically exposed children

and their chemically dependent mother. The length of stay in the program is 6 months and can be extended based on progress and individual need.

- (13) *Positively Living*, 1501 East Fifth Avenue, provides case management, alcohol and drug treatment services and housing services. It offers services to persons with HIV/AIDS in Knox and the surrounding counties. There is a 24-bed capacity for men who were formerly homeless. The agency provides permanent supportive housing for the dually diagnosed mentally ill. Meals are provided for both resident and nonresident clients.

The above resources provide emergency shelter and lodging. In addition a number of agencies/organizations provide specific services. Two of the shelters operate centers providing clothing and household items:

The *Bargain Center*, a facility operated by *Knox Area Rescue Ministries*, is located at 3935 Western Avenue and is open Monday through Saturday. The *Bargain Center* offers discounted merchandise and free clothing and basic household items to persons of limited resources to assist in the return to community living or to minimize the effects of poverty.

The *Salvation Army* operates five thrift stores in the Knoxville area. Clothing and furniture is provided (free of charge) to individuals referred by the Salvation Army Social Services Department. All stores stock an array of items including clothing, appliances, and other household items, for sale to the general public at affordable

prices. Proceeds from the thrift stores are used to support the various social services and shelter programs of the *Salvation Army*. Hours of operation are from 9:00 a.m. to 5:30 p.m. Monday through Saturday.

A number of churches and other organizations provide meals; *Second United Methodist Church*, *Church Street United Methodist Church*, *Lost Sheep Ministry* and the *Love Kitchen* for example, have provided meals on specific days of the week for several years. The *Concord United Methodist* and *Concord Mennonite Church* have joined together to provide a Monday lunch and clothing closet at “The Spot” in the Mennonite Church on Lovell Road. Other churches sponsor meals through the shelters. “Preacher Bob” Burger leads the *Highways and Byways Ministry* that provides meals and outreach services. The *Wings of Hope Ministry* also offers services to those in outside locations. Various social service agencies offer needed services. *Community Action Committee (CAC)*, *Child and Family Services*, *Vet Center*, *Department of Human Services*, *Lakeshore Mental Health Institute*, *Home-based Employment, Inc.*, *Helen Ross McNabb Mental Health Center*, *Knoxville Community Development Corporation*, and *Knox County Health Department* play active roles in the provision of services to the homeless. The local HUD office is available for technical support. The *Knoxville—Knox County Community Action Committee* has designed one unit of its organization as *Homeward Bound Programs*. This unit is specifically designed to provide services to homeless persons and includes *Homeward Bound*, a program offering long-term case management to enable job training,

employment and stable housing, family reintegration, life skills training (employability, budget management, parenting, and anger management).

A number of programs offer transitional, supportive living, half-way house services, residential or specific services to homeless persons, such as *Child and Family Tennessee, Pleasantree I, II, III, Great Starts, Agape, E. M. Jellenik, and Steps House*. The *CAC Reach* program sends a team of workers into the field to offer case management, housing, employment and other services. The *Street A.R.T. (Adolescent Response Team)* program located at 2701 Fifth Avenue is a program of *Child and Family, Tennessee*, providing outreach assistance and referrals for runaway, throwaway and homeless youth, ages 12 - 21 years of age. Crisis intervention and short term counseling directed toward harm reduction is available on a twenty-four hour on call basis. Shelter assistance is provided through collaboration with the *Runaway Shelter* and other community programs. Services provided include access to emergency food, clothing, and personal hygiene items. *Cherokee Health Services*, a comprehensive health care organization with three Knoxville locations provides medical, dental and behavioral health services regardless of the patients' ability to pay. *Compassion Coalition*, comprised of a number of local churches, represents a coordinated effort to assist existing agencies serving the homeless.

Several programs focus on homeless veterans. The *Volunteers of America Homeless Veterans Reintegration Project* serves an eleven-county area. It provides case management referrals, clothes, and tools to enable employment. An outreach worker from the *Veterans Administration Medical Center* in Johnson City is housed at the Vet

Center; in addition to linkage with the medical facilities, readjustment counseling is available.

The *Coalition for the Homeless* maintains a directory of services. The directory includes resources available for homeless and at-risk persons. A new edition will be released soon.

## II. SURVEY OF HOMELESSNESS

Since its formation in November of 1985, the *Knoxville Coalition for the Homeless* has sponsored studies designed to determine the extent of homelessness in Knox County. The initial study was conducted in February 1986, and follow-up surveys and/or enumerations have been completed every two years thereafter (1988, 1990, 1992, 1994, 1996, 1998, 2000, 2002, and 2004). The *Coalition* sponsored a small study in July 1987 examining the duration of homelessness. The *Community Action Committee (CAC)* sponsored a survey in May 1988 as part of a state-wide study; the state effort was not published, but local results are available from CAC.

### DESIGN

The current study was conducted in February 2004. It included (1) a review of the shelter census to determine an unduplicated count of individuals who stayed during the month and (2) interviews with a sample of persons in shelters and outside locations during an evening/early morning period. The shelter sites included *Salvation Army, Knoxville Area Rescue Ministry, Volunteer Ministry, Family Crisis Center, Serenity Shelter, Runaway Shelter, Great Starts, YWCA, AGAPE, E. M. Jellinek Center, and Steps House.*

The questionnaires used in all studies contained many of the same questions. However, modifications were made in the questionnaire as researchers and interviewers identified aspects that needed inclusion or elaboration. For example, specific questions about family background, mental health, health, problem solving abilities, and more recently questions about AIDS, substance abuse, domestic violence, foster care, and experiences with social service agencies were added. The 2004 study added questions

about families with children; military experience; and questions about public intoxication arrests. Questionnaires used in all studies contained the same questions about causes of homelessness, reasons for coming to Knox County, employment history, mental health history and demographics.

The questionnaire was supplemented by a one page form to identify agency utilization. This data should be helpful in understanding service use and provide implications for coordination of services. The data are not included in the report, but available to agencies.

In the current study, the women's shelters and women in outdoor locations were purposively over sampled to allow greater examination of the characteristics and experiences of homeless women. The decision to focus on women was in response to reports from shelters and service providers that there has been a continuous increase in the number of women living on the streets.

Thirty-nine persons served as interviewers. Many had participated in previous studies; however, a training session was conducted for all interviewers during the week prior to the study. The session included a review of the questionnaire, instructions about the study, guidelines for research interviewing, and answering questions asked by the interviewers.

On the day of the study, the interviews were started at approximately 6:30 p.m. This time was selected to allow shelters to have completed check-in and to have finished the evening meal before interviewers arrived. The project director had contacted the shelters in advance to determine average numbers of individuals staying at the respective shelters so that the number of interviews and team size could be planned. Each shelter

designated a staff member as contact person to assist with sampling and to help minimize disruption of the evening routine. On the evening prior to the shelter visit, four interviewers visited the Jackson viaduct area during the weekly feeding program. In the morning following the shelter interviews, seven interviewers visited areas where persons staying in outdoor locations were known to congregate. These locations included Western Avenue, Second Creek, Market Square, Cumberland Avenue, interstate bridges, individual "camps," *Church Street Methodist Church* and the *Volunteer Ministry* day room.

The sampling design was to select every fourth resident in shelters or outside locations. Family and youth shelters were over-sampled to provide data on those segments of the population. The over sample of women and children in shelters was achieved by interviewing every other resident. All respondents were paid \$3.00 and were advised of their right not to participate and of their right to refuse to answer any question.

A total of two hundred and twenty-seven interviews were completed, the largest sample to date. In the analysis, data were weighted by gender to be representative of the population estimate of twenty-five percent female and seventy-five percent male. The sample of women used for analysis consisted of ninety-five respondents. In addition to the survey, the project director worked with the shelters to determine a census based on monthly statistics. These statistics and enumerations by agency outreach workers provided what appears to be a reliable estimate for the month.

The research design has been used in previous studies; however, there are constraints. The mobility of the homeless population and difficulties in locating subjects make sampling difficult. Even more basic is the question of definition, i.e., who is defined as homeless? Persons living in shacks, SROs or residing sporadically with friends are

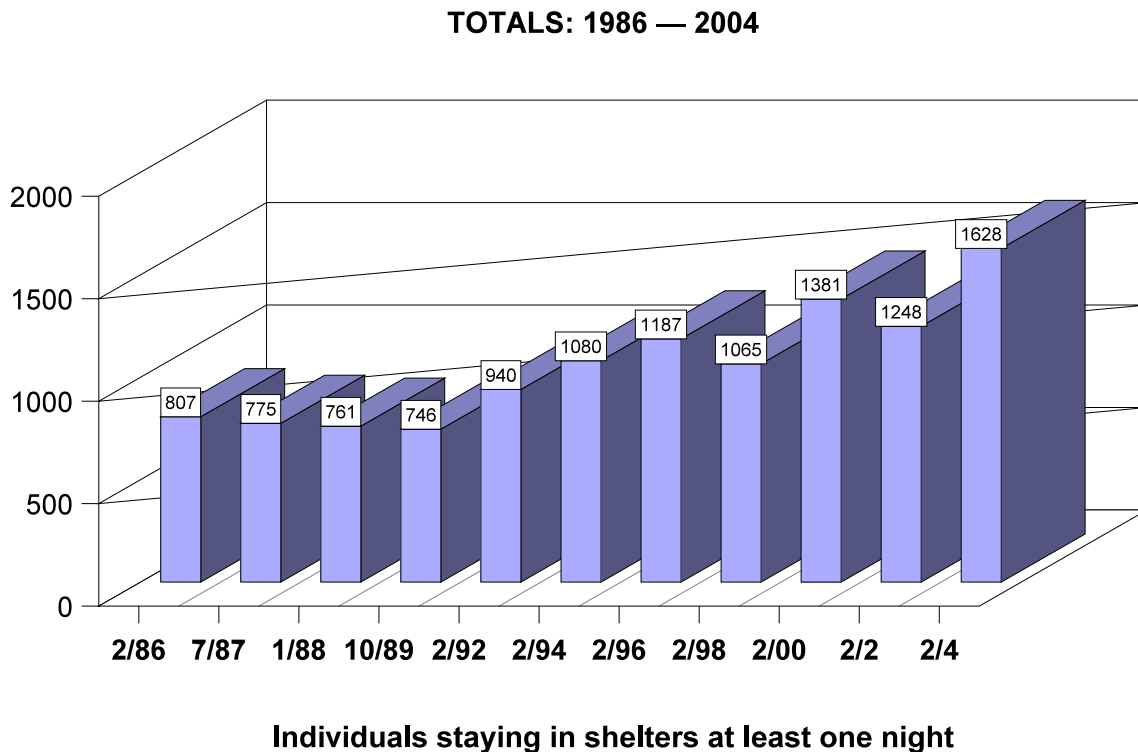
excluded by a definition which focuses on individuals who are staying in shelters or outside locations, but who in reality could be defined as homeless. In spite of these constraints the sample of shelters and outside locations was viewed as representative of the area homeless population.

## **EXTENT OF HOMELESSNESS**

Shelter registration for February 2004 indicated that 1628 different individuals stayed in shelters or transitional facilities at least one night during the month. Based on field visits and discussions with outreach workers, the analysis used a conservative ratio of approximately of 85/15 shelter to outside locations consistent with an estimate of 300 individuals in outside locations. Those numbers indicate that 1928 individuals were homeless at some time during February 2004. Observation and discussion with outreach workers suggested that the number staying in outside location was greater than anytime since the initial study in 1986. Several factors may explain this increase. Foremost is that shelters are less tolerant of substance abuse and rowdy behavior. Also, the one strike policy in public housing, the discontinuation of the DRI-Dock public inebriate program, and cuts in SSI (for substance related disability) and other programs are likely contributing factors.

The ratio used in the Knoxville studies was derived from field and shelter interviews and has consistently indicated more persons in shelters; however, some studies in larger urban areas estimate outside numbers to be larger than those in shelters. The “National Survey of Homeless Assistance Providers and Clients (2000),” revealed that sixty-six percent had used emergency shelter or accommodation in the previous week, and thirty-

one percent had slept on the streets within the week. Using the shelter total of 1628 and a conservative estimate of 300 in outside locations, the findings suggest that a total of 1928 individuals were homeless or without permanent housing during the month. The shelter census of 1628 represented an increase since the 2002 study. However, the reader is reminded that the closing of VOA and the inclusion of *Steps House*, *YWCA*, *Jellnick*, and *Agape* and the change in numbers staying outside in 2004 impacts the comparison. The shelter totals since 1986 are:



The February 2004 total reported by the two major emergency shelters (*Knox Area Rescue Ministries* and *Salvation Army* which were operating in 1986 when the first study was conducted) was 1324 individuals exceeding the total for all shelters in 1986. In 1986,

*Volunteer Helpers, Volunteers of America, and Traveler's Rest* were providing emergency shelter, but no longer do so.

The graph on the previous page reflects monthly shelter totals. The findings have demonstrated that during the year, many other individuals will be homeless in addition to those homeless in February. The Knoxville Studies and the National Survey (2000) illustrate that the homeless population is a changing one. For example, in comparing the July 1987 census of 775 persons to the January 1988 census of 761 persons, only 92 were the same individuals. In a similar manner, the October 1989 census of 746 was compared to the January 1988 census of 761; these two counts, approximately 21 months apart, identified 58 of the same individuals in the two respective months. Also responses to the question, "How long have you been homeless?" reflect the turnover of the population. Thus a projection of individuals who will be homeless at some time during the year would be much greater than the monthly total. This projection recognizes the different patterns of homelessness and also the number of transient homeless persons who pass through Knoxville.

The findings underscore the fact that the homeless population is not a static one. As noted previously.

"The finding that the same individuals are not homeless month to month suggests that persons are being re-established. Services provided by area agencies and shelters may reduce the length of homelessness and also prevent others from becoming homeless. The meals and large amount of food supplied by shelters, churches, and community groups are likely a major resource for preventing homelessness, as well as enabling some to escape homelessness. Many persons who use these "meals only" programs live in marginal facilities, such a single room occupancy hotels (SRO's) or they represent the "couch population" who spend nights with various friends/relatives and live outside during the day. In many of these

situations, meals likely make the difference in allowing scarce financial resources to be used for shelter and other basic needs.” (Nooe, 1994, 14).

The report “Homelessness in Knox County: 2004” focuses on the current sample; however, statistics from the report released in 2002 are shared to illustrate trends.

## **DEMOGRAPHICS**

In compiling the demographics for the studies, both the shelter census and interview sample were examined. The shelter census provided only the number of individuals, genders, and whether less than eighteen years of age. Table 1 offers comparisons of 2002 and 2004 demographics. The mean age, gender, race, marital status, education and military service represent adult population characteristics.

Comparison of the data for 2002 and 2004 indicated several changes, including an increase in women and minorities. Many of those in the other category are Hispanic and this finding most likely reflected migrant workers who became stranded and/or required emergency shelter. The percentage of children has remained fairly consistent; however, the actual number has increased. Table I reflects the percentage of persons who were under eighteen and living in shelters. Approximately fifty percent of homeless adults reported having children under eighteen, and one-fifth of these indicated that their children were with them. These findings are elaborated in later discussion.

**TABLE 1: CHARACTERISTICS OF KNOX COUNTY  
HOMELESS 2002 and 2004**

<b>Item</b>	<b>2002 Percent* (n = 202)</b>	<b>2004 Percent* (n = 227)</b>
<b>Age:</b> Under 18 years 18 - 30 years 31 - 60 years over 60 years	11 16 71 2 Mean = 39.7 male = 42.1 female = 36.4	6 22 71 1 Mean: male = 42.1 female = 36.3
<b>Gender:</b> Male Female	76 24	75 25
<b>Race:</b> White Black Other	71 26 3	72 21 7
<b>Military Service</b> Veteran	26	21
<b>Marital Status:</b> Single/never married Married Divorced/Separated Widowed	43 7 47 3	36 9 50 5
<b>Education:</b> 8 years or less Some high school High School graduate including GED Post high school	13 23 38 26	6 27 44 22
*Due to rounding error, all totals may not equal 100.		

## ROOTS

During the past fifteen years the number of homeless persons having grown up in Tennessee has been fairly consistent. From a high of fifty-three percent (1986), the trend has been fifty percent (1988); forty-six percent (1990); forty-nine percent (1992); forty-eight percent (1994); forty-one percent (1996); forty-four percent (1998); forty-nine percent (2000); forty-six percent (2002) and forty-six percent (2004). **Table 2** identifies states that were prominent in the 2000 and 2002 studies.

<b>TABLE 2: STATE OF ORIGIN</b>			
<b>2002</b>		<b>2004*</b>	
<b>State/Percent</b>		<b>State/Percent</b>	
Tennessee	46	Tennessee	46
North Carolina	7	North Carolina	4
Virginia	3	Georgia	2
Ohio	4	Ohio	4
Indiana	3	California	4
Georgia	3	Illinois	3
Kentucky	3	Florida	3
		Kentucky	2
Others	28	Others	27
*Thirty-four different states and one foreign country were identified			

**Table 2** indicates that thirty-four states were represented in the 2004 survey. Interestingly, the original 1986 survey identified even fewer states of origin. This increase

in states of origin suggests a more transient population even though the Tennessee percentage has remained fairly consistent.

Fifty-three percent of the respondents from Tennessee had grown up in Knox County; however, eighty percent of all respondents now consider Knox County as home. Fifty-five percent of these not growing up here had been in Knox County less than six months. Seventy-three percent of the total said that they planned to stay. Asked about growing up in other counties in Tennessee, twenty-four counties were identified. Among the Tennessee natives, twenty percent considered other counties as home.

The questions about reasons for coming to Knox County asked respondents to identify the three most important reasons for coming to Knox County. Being born here or a family move to the county were most frequently identified, but a number of other factors were of interest. **Table 3** summarizes these reasons given by persons who did not grow up in Knox County.

<b>TABLE 3: OTHER REASONS FOR COMING TO KNOX COUNTY</b>		
<b>Response</b>	<b>2002 Percent* (n = 135)</b>	<b>2004 Percent* (n = 175)</b>
Employment (including seeking)	40	35
Shelters	23	21
Social Services	16	11
Referred (police/church/agency)	7	9
Substance/Mental Health/Medical Treatment	14	14
Traveling/Stranded	23	19
Friend/Relatives here	--	6
Other	15	22
*Totals do not equal 100 since multiple responses were accepted.		

There were approximately seventy-three additional responses, several of which referred to a better chance of recovery from substance abuse and/or mental illness. Several identified housing resources and transitional facilities, others mentioned education and job training. There were a number of non-specific responses suggesting flight from “trouble” or just wanting to get a “fresh start”. In sum, “born here” and “family moved here” continued to be most frequent. The major reason given by those not natives of the county was employment or seeking employment, and perhaps coming to be near family or friends. However, there are an identifiable number who came seeking shelter, treatment and social services. Forty individuals specifically identified the availability of shelter as an important factor in their decision to come to Knox County.

Respondents we asked about their housing status prior to coming to Knox County. Three percent had been homeless for less than a week while eighteen percent had been homeless for a week or more. Additionally, twenty-eight percent had been living with friends or relatives. Other responses suggested unstable living arrangements including incarceration, hospitals, cars and various combinations. Approximately forty-one percent of those coming to Knox County were living in their own homes or apartments prior to arrival.

To further explore permanence in Knox County, a question was added asking about whether or not the respondent had stayed in counties other than Knox County during the past two years. Forty-eight percent responded in the affirmative, however, the most frequent site (twenty-five percent) by those who had been elsewhere was out-of-state. The most frequently mentioned Tennessee counties were Blount, Sevier, Anderson, Union, followed by Sullivan, Roane, Hamblen and Campbell.

## FAMILY

Since the original study in 1986, questions were added to explore family characteristics, backgrounds and experiences growing up. The following refers to experiences of all respondents except where otherwise indicated. Respondents were asked about childhood developmental experiences. In the 2004 study, approximately sixteen percent of adult respondents had been in foster care at sometime, but the majority of these did not view it as a primary living arrangement. Various other arrangements were reported in terms of living with different sets of relatives at times suggesting considerable change and instability. **Table 4** identifies with whom the individual lived while growing up.

<b>TABLE 4: LIVING ARRANGEMENTS DURING DEVELOPMENTAL YEARS</b>		
<b>Provider</b>	<b>2002 Percent n = 200</b>	<b>2004 Percent n = 227</b>
Parents	49	48
Father	5	4
Mother	27	23
Relatives	6	3
Other	12*	22*
*Includes foster care.		

In regard to family size, the number of siblings was slightly higher than the national average of 2.6 children per family (*U.S. Department of Commerce*). When asked about the number of children in their families of origin, the mean was 4.2 children per family in the 2004 study. Thirty-eight percent were middle children, twenty-seven percent were oldest, twenty-eight percent were the youngest, and seven percent were only children.

In terms of family disruption, five percent reported that their families had experienced homelessness during their childhood (thirteen percent reported family homelessness in 2000). Sixteen percent had been in foster care, which was a similar number to that reported in the previous study (nine percent in 1990; twenty percent in 1996, and twenty-two percent in 1998 twenty-eight percent in 2000 and fifteen percent in 2002). Among those in foster care, fifty-three percent had been in only one foster care placement, with approximately twenty-three percent having been in three or more placements. Thirty-two percent of the respondents in 2004 reported some form of child abuse as compared to twenty-seven percent in 2002.

As adults, thirty-six percent reported never having been married, nine percent were married and fifty percent were separated or divorced. Sixty-nine percent had children. Sixty-three percent of those with children had children under 18 years of age, but only seventeen percent of these parents had their children with them. These percentages are slightly greater than those of the 2002 study, and raises the question of why there are fewer young children in shelters.

Forty-five percent of the total had family in the Knoxville area. The majority of these (seventy-one percent) had contacted their families within the previous week. Among those with families in the area, only eight percent reported no contact during the past year.

## MILITARY SERVICE

Twenty-one percent of respondents identified themselves as veterans, which was similar to 2002. **Table 5** displays service by year of discharge. A number of new questions about military service were added to the 2004 study. **Table 6** summarizes these characteristics.

Vietnam era veterans continued to account for a large portion of those with military service. Noteworthy was the decline in older veterans with none having served prior to 1950 and the number of veterans discharged in the past decade who had become homeless was small. The fewer young veterans may be due to a general reduction in forces during the post Vietnam era.

TABLE 5: YEAR OF DISCHARGE		
Period	2002 Percent ( <i>n</i> = 52)	2004 Percent ( <i>n</i> = 44)
1950 or before	--	–
1951 - 1960	8	3
1961 - 1970	6	17
1971 - 1980	44	36
1981 - 1990	39	38
1991 - present	3	7

<b>TABLE 6: MILITARY EXPERIENCE</b>	
<b>ITEM</b>	<b>2004 Percent* (n = 48)</b>
Branch of Service	
Army	36
Navy	42
Air Force	6
Marines	14
Other	3
Reasons for Joining	
Family Problems	5
Tradition	11
Serve Country	8
Money	11
Learn Skill	18
Nothing Else to Do	8
Other	39
Average Age at Enlistment	18.4 yrs
Average Years Served (Range 1–14 years)	4.2 yrs
Stationed	
States	62
Outside Country	26
Both	22
Combat Experience	27
Type of Discharge	
Honorable	68
General	14
Dishonorable	3
Medical	5
Other	11
Service Related Disability	19
*Totals may not equal 100 due to multiple responses.	

## **CAUSES OF HOMELESSNESS**

In the introduction to this study factors contributing to homelessness were identified. These factors were reflected in local responses when individuals were asked

about the causes of homelessness. The 2004 responses reflect a range of overlapping factors. In early studies family relationship problems and lack of work were the most frequently cited responses; however by 2000, substance abuse was prominent followed by relationship problems and other personal problems. The reader is reminded that these multiple responses indicate that homelessness usually involves several factors and the conclusions drawn must recognize the complexity of the problem. **Table 7** provides a summary of identified causes.

In 2004 substance abuse was again frequently identified as a factor as were lack of work and family relationship problems. Various other factors were mentioned including, death of family member(s), disability, pregnancy, and numerous life stresses.

<b>TABLE 7: CAUSES OF HOMELESSNESS</b>		
<b>Cause</b>	<b>2002 Percent* (n = 202)</b>	<b>2004 Percent* (n = 227)</b>
Alcohol	25	20
Drugs	26	26
Lack Housing		
No money for housing	14	19
Evicted	7	8
No place	3	2
House burned	3	1
Lost Job	25	23
Family Relationships		
Family/Relationship problems	12	18
Abuse	3	15
Divorce/Separation	6	12
Health/Mental Illness	8	10
Youth offenses/Corrections	9	14
Prefer it	3	1
Other	12	40
*Totals may not equal 100 due to multiple responses.		

## LENGTH OF HOMELESSNESS

The number of persons homeless less than one year (fifty-nine percent in 2002 and sixty-one percent in 2004) has been the largest category and included what can be termed situational or episodic homelessness. The 2004 data were consistent with the number of persons previously reporting homelessness more than three years. **Table 8** summarizes the length of homelessness.

<b>TABLE 8: LENGTH OF HOMELESSNESS</b>		
<b>Period</b>	<b>2002 Percent* (n =143)</b>	<b>2004 Percent* (n = 227)</b>
Less than 6 months	43	44
Six months to 3 years	33	33
More than 3years	24	23
*Due to rounding error, all totals may not equal 100.		

Recent findings regarding length of homelessness have been fairly consistent, although, there appears to have been a decrease in chronic homelessness since the early studies. For example, in 1990, forty four percent of the estimated total or 440 persons, were identified as chronically homeless. However, a word of caution in interpreting this decline; the increased number of persons living outside raises the chance of missing many who have been homeless more than three years. Chronic homelessness remains fairly high, but the encouraging aspect may be that many of the persons homeless for less than six months are not drifting into chronicity.

Compared to early studies, current responses indicated higher frequencies of previous homeless episodes. When asked about previous homelessness, forty-seven percent (forty-eight percent in 2002) indicated that they had experienced homelessness prior to the current episode. Among these, sixteen percent had one prior episode; thirty-three percent had two prior episodes; and thirty-two percent had three or four prior episodes. The remaining twenty percent of responses ranged from five to more than twenty. Issues around the length of homelessness are further examined in the sections discussing women and children.

## **HOUSING**

The current study asked several questions about housing, particularly evictions; these questions were added in the 2000 study. Twenty-one percent had experienced eviction in the previous two years. Thirty-six percent of those evicted cited the primary reason as loss of income while another eight percent attributed their eviction to poor payment history. Twelve percent identified drug involvement and seven percent identified unruly behavior as reasons for eviction. Three percent of the evicted respondents had lost housing because of criminal history. Eight percent attributed eviction to the behavior of other household members. The “Other” category included combinations of these factors, (e.g. “Loss of income and drug involvement” or “loss of income and poor payment history”). In a separate response nineteen percent of all respondents had been denied housing because of criminal behavior.

Twenty-three percent of all respondents had received agency assistance with housing. Locating housing (forty-two percent), rental assistance (sixty-four percent) and

housing deposit (fourteen percent) were the most frequently cited responses by those who had received agency services. Among those receiving housing assistance, forty-two percent lived in the housing for less than one year (twenty percent less than one month). “No money for rent,” “just wanted to move” and “evicted” were the major reasons given for the loss of this housing. These findings suggest that stabilization of housing is an important issue beyond securing accommodation.

## EMPLOYMENT

When asked about employment, thirty-five percent of the respondents said that they had a job, compared to forty-seven percent in 2002. Caution should be exercised in interpreting this statistic since shelter work programs, collecting cans, and spot labor are often viewed as having a job. Respondents were asked about their usual line of work.

**Table 9** identifies the usual line of work.

<b>TABLE 9: USUAL LINE OF WORK</b>		
<b>OCCUPATION</b>	<b>2002 Percent* (n = 196)</b>	<b>2004 Percent* (n = 227)</b>
Unskilled labor (incl. odd jobs, custodial, carnival, farm)	22	15
Skilled labor (incl. carpenter, electrician, brick layer, plumber, mechanic, welder)	9	7
Construction (Incl. painter)		
Restaurant (incl. cook/waiter)	18**	14
Truck Driver	14	18
Nurse's aid/Day care	3	4
Clerical	7	5
Clerk/Sales	2	4
Entertainment	5	5
Other	1	1
	21	27
*Totals may not equal 100 due to rounding error; **Not Specified		

The findings in 2004 were similar to those in previous years. More respondents specifically identified themselves as restaurant or fast food workers than in past years.. The categories of skilled and unskilled labor likely overlap since many of those citing construction and restaurant work may be unskilled laborers. The “other” category also included various responses, such as housewives, teachers, students, computer operators, security officers and unemployed. Several identified themselves as “disabled”, similar to past years.

Asked about the number of jobs during the previous year, twenty-one percent reported none, twenty-eight percent had one, and fifty-one percent had multiple jobs. Respondents used multiple avenues in seeking work. The most frequently cited means of finding jobs was by word of mouth (forty-one percent). Job services (twelve percent), newspapers (thirty-three percent) and “just looking” and applying (eighteen percent) were also identified as means of finding work. Similar to the previous study a number, (twenty-six percent) identified labor pools; this may not be mutually exclusive from the response “job service”. Other responses included the Internet, television and family. Several respondents reported never seeking work, but might if “something comes along”.

Among seventy-nine percent who had at least one job during the past year (again this must be interpreted cautiously because “canning” and shelter work may be included), twenty-eight percent reported that jobs during the past year had lasted less than one month. Coupled with the findings about number of jobs, the implication was that the majority of jobs were temporary. Whether working, seeking or not seeking work, all respondents were asked about the reasons for termination of past employment. Several

respondents in the “other category” cited being in programs that did not allow work. **Table 10** summarizes the reasons cited for termination of employment.

The reasons for termination are not mutually exclusive. For example “fired” may have been due to other cited reasons. Likewise “no work” and “day labor” were likely overlapping. The findings have consistently suggest that most jobs tended to be short term.

<b>TABLE 10: REASONS FOR TERMINATION</b>		
<b>Reason</b>	<b>2002 Percent* (n = 141)</b>	<b>2004 Percent* (n = 171)</b>
"No work/Laid off/Out of Business"	12	11
"Seasonal/Temporary"/"Day Labor"	25	24
"Alcohol/Drugs"	6	7
"Illness/Disability"	7	8
"Got Tired/Just Quit"	21	18
"Fired"	15	9
"Unfairness/Discrimination"	2	4
"Moved"	1	2
"No Transportation"	–	2
"No Child Care"	1	1
"Abuse at Home"/"Relationship Problems"	1	2
"Low Pay"/"Better Job"	4	4
"Other"	2	8
*Due to rounding error, all totals may not equal 100		

In addition to the reasons identified in **Table 10**, various personal reasons were cited. It is likely that many of the reasons were interrelated.

In light of the lack of stable employment, the research explored perceived reasons for not working. There was some indication that persons chronically homeless may increasingly perceive themselves as disabled and that there may be an actual loss of job

relevant social skills as homelessness endures. **Table 11** identifies the reported reasons of individuals for not working and provides comparison with earlier findings.

The frequency of self reported disability among the reasons for not working raises a number of questions about the nature of the disability and when it occurred. Three percent indicated that lack of an I.D. prevented employment. Other reasons included “recent release from prison”, “leaving soon”, “school”, “lack of housing”, and “lack of suitable work clothes”. An area for consideration may be the number of respondents who said “not allowed to by rules of shelter.”

<b>TABLE 11: REASONS FOR NOT WORKING</b>		
<b>Resource</b>	<b>2002 Percent* (n = 78)</b>	<b>2004 Percent* (n = 159)</b>
"No One Will Hire/No Work"	28	20
"Alcohol/Drugs"/"In Recovery"	15	8
"Disabled"/"Sick"/"Mental Illness"	15	32
"No Transportation"	10	14
"No Child Care"/"Pregnant"	5	3
"In a Shelter Program"	12	11
"Waiting on Program/Job"/"Looking"	8	8
"New to Area"	4	2
"Don't Want To"	4	4
"Other"	12	10
*Total does not equal 100 since multiple responses were accepted		

When asked about the need for job training thirty-five percent replied that they needed job training. Several additional questions may relate to employability. Thirty-five percent had a valid drivers' license. Eighty percent had a social security card. Fifty

percent had access to a computer. Unfortunately these self reports do not assess the level of literacy or proficiency.

## HEALTH

When respondents were asked about their health, fifty-two percent rated it good to excellent. This finding was particularly interesting given the reported mental illness, substance use and disability reported in questions about employment. **Table 12** identifies the health problems identified by respondents.

<b>TABLE 12: HEALTH PROBLEMS SINCE HOMELESSNESS</b>		
<b>Response</b>	<b>2002 Percent* (n = 202)</b>	<b>2004 Percent* (n = 227)</b>
Pneumonia	19	19
Foot/Feet	33	38
Breathing/Ear/Nose/Throat	43	42
Tuberculosis	3	4
Headaches	35	36
Skin Problems	13	10
Accident/Injuries	19	22
Epilepsy/Seizures	3	7
Hypertension	13	25
Pregnancy	4**	3
Dental	40	45
Eye	36	37
Diabetes	–	9
Hepatitis	–	11
Other	8	22

\*Totals may not equal 100 since multiple responses were accepted.  
 \*\*Nineteen percent when women only

Headaches, ear, nose and throat infections, foot problems, and accident/injuries were frequently reported. The “Other” category included arthritis, cancer, virus, and

various physical illnesses. Ten percent said that they had no health problems while homeless. Comparison with earlier studies suggests that the frequencies of these problems have been very consistent.

The 2004 study included several new questions about health. They asked if medication had been prescribed for any of the health problems identified. Sixty-one percent indicated that medicine had been prescribed, but less than half (forty-four percent) were currently taking it. Thirty-nine percent stated that they no longer needed it. However, twenty-eight percent reported lack of money or insurance. Various other responses cited difficulty getting an appointment, lack of transportation, or not wanting to take medicine. Respondents were asked if they had chronic health problems, if so what type and if they had seen a health care provider in the past year. Forty percent said that they had chronic health problems (forty-one percent in 2002). Among the ninety-one individuals, various problems were cited, including: back/feet/joint aches, asthma, diabetes, hepatitis, mental health, hypertension, other respiratory, seizures, and various other complaints, (e.g. ulcers, cardiac problems, thyroid, kidney disease, and cancer). Sixty-six percent had seen a health care provider during the previous year.

Thirty-five percent of respondents said that they had been hospitalized while homeless (forty-three percent in 2002). For the seventy-five individuals hospitalized treatment had occurred at: Baptist (thirty-three percent), University of Tennessee Medical Center (seventeen percent), St. Mary's (twenty-one percent) and Fort Sanders (thirty-six percent). Several children had been in Children's Hospital. The other category included hospitals in East Tennessee, and out-of-state facilities. **Table 13** identifies the reasons for hospitalization while homeless.

Illness was the most frequent reason for hospitalization, but the reports of injury, assault, and alcohol related problems suggested that these are frequent among the homeless. The other category included various physical ailments, infections, and emotional problems.

TABLE 13: REASONS FOR HOSPITALIZATION		
Response	2002 Percent* (n = 87)	2004 Percent* (n = 70)
Illness	34	45
Injury	11	21
"Beat up"/Stabbed	5	12
Alcohol /Drug Related	9	7
Suicide Attempt	8	--
Pregnancy	9	3
Other	16	10
*Due to rounding error, all totals may not equal 100.		

Respondents were also asked where they went with a health or medical problem not requiring hospitalization. **Table 14** identifies the sources of treatment not requiring hospitalization. The other category included various clinics, the most frequently cited being the *Veterans Administration*. *Cherokee Health Systems* and the *Mechanicsville Clinic* were mentioned by several.

<b>TABLE 14: TREATMENT NOT REQUIRING HOSPITALIZATION</b>		
<b>Response</b>	<b>2002 Percent* (n = 196)</b>	<b>2004 Percent* (n = 158)</b>
"Health Department"	44	39
"Emergency Room"	20	38
"VMC-People's Clinic"	--	13
"Interfaith Clinic"	3	2
"Family Doctor"	8	19
"Nowhere"	8	10
Other	17	8
*Due to rounding error, all totals may not equal 100.		

When asked in 2004 if they had ever been refused health care, eighteen percent reported being refused as compared to fourteen percent in 2002. Thirty-six percent reported having *TennCare*.

## **MENTAL HEALTH**

Chronic mental illness and deinstitutionalization continue to be cited as major reasons for the number of homeless. Fifty percent of the total (n = 227) had been treated for emotional problems. Sixty-four percent of those receiving treatment for emotional or mental illness had been hospitalized. Stated differently, thirty-three percent of the total had been hospitalized for mental illness.

Among those individuals reporting prior hospitalization, a number reported multiple hospitals; thirty-three percent had been at Lakeshore, and, forty percent had been at Peninsula Hospital. Seven percent had been at other state hospitals in Tennessee, and fifteen percent had been at state mental health institutions in other states. Twelve percent

identified local hospitals with psychiatric units. Three percent had been in Veterans Administration hospitals.

Among those who had been hospitalized, twenty-three percent reported only one hospitalization and another fifty-three percent had been hospitalized between two and five times. Eleven percent had been hospitalized eleven or more times. For thirty-three percent hospitalization had occurred more than one-year earlier. However, twenty-eight percent had been discharged within the previous six months. The length of most recent hospitalization varied: twenty-seven percent reported less than one week and fifty-three percent had been hospitalized between one week and one month. Seventy-six percent said that they were ready to be discharged. Among those hospitalized, eighty-four percent had been discharged on medication, but over one-half (fifty-four percent) of these were no longer taking it. Interestingly seventeen percent of those who stopped their medicine cited, “don’t like the way it makes me feel”, as the reason and another fourteen percent said that they couldn’t afford or the prescription ran out. The most frequent reason was “never started”, cited by eighteen percent.

At the beginning of the deinstitutionalization movement, sixty-five percent of persons discharged from institutions returned to live with family; however, this number has declined (Talbot, 1980). **Table 15** indicates post-hospital residence and illustrates the significant number of persons who went directly to the streets/shelters after discharge from psychiatric facilities. The data indicate that fewer persons were discharged directly to the shelters, however, studies have suggested that as high as thirty percent discharged into other facilities may become homeless within six months (Belcher and Toomey, 1988).

The substantial percentage increase since the initial study in 1986 parallels bed reductions and closing of state facilities.

<b>TABLE 15: POST-HOSPITAL RESIDENCE</b>		
<b>Residence</b>	<b>2002 Percent* (n = 54)</b>	<b>2004 Percent* (n = 76)</b>
Relatives/Friend	30	27
Boarding Home/Group Home	2	7
Own Home	12	25
Street/Shelter	50	30
Jail/Custody	5	5
Other	2	8
*Due to rounding error, all totals may not equal 100.		

Thirty percent of all respondents perceived their “nerves” as bad. Seventy-eight percent said that they experienced depression, with over a third of those saying they were depressed everyday. Seventy-two percent of all respondents reported having been to a mental health center, and one-half of those were currently receiving treatment.

### **ALCOHOL AND OTHER DRUGS**

Substance abuse has been identified as a major factor in homelessness. While the study relied on self reports, there appears to have been consistency in the incidence of substance use and abuse in recent years. **Table 16** reflects the responses about alcohol and other drugs.

<b>TABLE 16: ALCOHOL AND DRUG USE</b>		
<b>Response</b>	<b>2002 Percent yes (n = 202)</b>	<b>2004 Percent yes (n = 227)</b>
Alcoholic	29	32
Recovering	17	10
Drug Use	49	48

The frequency of self identified alcoholism has remained high since the original study in 1986. In addition, ten percent of those who did not consider themselves alcoholic did indicate a problem with alcohol. Other drug use has also been frequent since the 1990's, with forty-eight percent indicating usage. Among the users (n = 106), forty-two percent considered themselves addicted, with another twenty-eight percent identifying themselves as being in recovery. These data suggest that thirty-two percent of the total interviewed (n = 227) believed that they were or had been addicted to drugs. It appeared that many used both alcohol and drugs. Among those who used drugs, marijuana was most frequently cited (forty-six percent), followed by cocaine (thirty-four percent) and crack (twenty-two percent). Methamphetamine was identified by eight percent. Various prescription drugs were also identified. Among the users, thirty-five percent indicated daily use and thirteen percent reported using substances several times per week. Smoking was the most frequently identified method of use (seventy-eight). These 2004 percentages regarding drug use were fairly consistent with the 2000 and 2002 statistics.

In the total sample, fifty-two percent had received inpatient treatment in a detoxification facility. Previously, “*Detox*” *Knoxville* was most frequently cited (seventeen percent in 2002), which may refer to *DRI-Dock* that no longer exists. Several respondents still cited *DRI-Dock* and *DRI*, but more frequently mentioned were *Peninsula*, *Centerpoint*, and *Cornerstone*. Respondents identified a wide variety of unspecified facilities in Tennessee and other states; over thirty facilities were mentioned which likely reflects the lack of clarity in treatment identity and availability. Thirty-two percent of those hospitalized reported only one inpatient experience and fifty percent reported two to five hospitalizations. Forty-four percent of those who had been hospitalized reported inpatient detoxification during the past year.

## **AIDS**

Recent studies have included questions directed at assessing risk factors for AIDS. Eighty-nine percent said that they take precautions to avoid HIV and sexually transmitted diseases.

## **CRIME**

Homeless persons are vulnerable to being victims of crime. Many of these crimes go unreported, but in most years there are at least one or two media accounts of the murders of homeless people. Thirty-five percent of respondents had been victims of crime since being homeless. Sixty-seven percent of these victims had been robbed or experienced theft, and fifty-three percent of the victims had been stabbed or assaulted while homeless. Six percent identified themselves as victims of other crimes, including

sexual offenses and being conned out of money. As noted in previous studies, the aged or infirmed are particularly vulnerable to crime. Deinstitutionalized individuals, chronic alcoholics, loners and recipients of Supplemental Security Income (SSI) or other benefits are at greater risk.

In contrast to being victims, respondents were also asked if they had served time in correctional facilities. Seventy-six percent had spent time in jail and twenty-one percent had spent time in a state or federal prison (both consistent with 2000 and 2002 findings).

**Table 17** summarizes incarceration.

<b>TABLE 17: INCARCERATION</b>		
<b>FACILITY</b>	<b>2002 Percent (n = 200)</b>	<b>2004 Percent (n = 227)</b>
Jail	76	76
Workhouse	22	9
State or Federal prison	26	21

The comparison offered in **Table 17** indicates a consistency in the frequency of incarceration in jail. Respondents who had served time were asked about the offenses that resulted in incarceration. Thirty-eight individuals who had served time in prison identified various crimes including theft/robbery (thirty-nine percent), drug related (twenty-four percent), and assault/battery (eleven percent). Several had served time for murder (eleven percent). The most frequently cited reason for jail time, as contrasted to more serious offenses, was public intoxication or alcohol related such as DUI. Prostitution was

cited by several female respondents. Examples of other reasons identified, were trespassing, vandalism, shoplifting, neglect, theft, and probation violation.

Beginning in the 2002 study several questions about public intoxication were included. Thirty-nine percent had been arrested for public intoxication within the last three years (thirty-eight percent in 2002). The majority (thirty percent) of these reported one arrest and another twenty-one percent had two arrests. Approximately twenty-eight percent had from five to over fifty arrests during the three year period.

Respondents were asked about their last release from correctional facilities. Thirty-seven percent of those released from jail and sixteen percent released from prison had been out six months or less. Respondents who had served time were also asked where they went when released the most recent time. This question did not discriminate among jail, workhouse, or prison. From the 157 responses, twenty-two percent returned home, fifteen percent went to live with relatives, seven percent moved to a group or transitional facility, and forty-three percent were homeless (shelter/street). Other responses included living with a girlfriend, camping, or a rehabilitation program.

Despite the small sample, the finding that approximately forty-three percent of those incarcerated go directly to emergency shelters or the street upon release remains an area for concern. Emergency shelters do not have the supervision, support, and services that may be necessary to assist a person achieve successful reintegration into the community. Homelessness will likely increase the chance of recidivism.

## LIFE ON THE STREETS

The 2004 findings suggested that the majority of homeless persons preferred shelters and most stayed in shelters at some time. Many respondents report a combination of sleeping locations, including shelters, outside sites, abandoned buildings, cars, SRO's and with friends; approximately eleven percent said that they stayed in hotels. The 2002 percentages include multiple responses and are identified in **Table 18**.

<b>TABLE 18: USUAL SLEEPING LOCATIONS</b>		
<b>Location</b>	<b>2002 Percent* (n = 200)</b>	<b>2004 Percent* (n = 227)</b>
Abandoned Building	3	3
Car	2	8
Shelters	58	77
Friends/Relatives	4	16
Outside Locations	20	31
Transitional Housing	9	10
*Due to multiple responses, all totals may not equal 100.		

The Table above indicates that the shelters were the most frequently used locations. The number staying in transitional facilities has increased significantly since early studies. Most respondents will stay in shelters at least one or two nights per month, so the shelter total is probably under reported because the question asked "usual sleeping location". To explore mobility, respondents were asked about the number of different cities visited during the past year. **Table 19** summarizes the number of different cities visited.

<b>TABLE 19: NUMBER OF CITIES VISITED</b>		
<b>Number</b>	<b>2002 Percent* (n = 198)</b>	<b>2004 Percent* (n = 227)</b>
One	40	49
Two	30	23
Three	13	14
Four	8	5
Five	2	3
Six	1	3
Seven or More	7	4

\*Totals may not equal 100 due to rounding error.

The findings suggest that highly mobile homeless individuals represent a relatively small percentage of the population. Seventy-eight percent of all respondents indicated that they had a permanent address here for receiving mail. Forty-five percent (forty-four percent in 2002) said that they had family in the Knoxville area, and sixty-one percent of these had been in contact with them during the past week. Only two percent of persons with area relatives reported never contacting them. It appeared that those without family in the area are more mobile and had less contact with relatives.

Several questions were asked about staying with relatives and time in counties other than Knox. Sixty-two percent (forty-three in 2002) had stayed with friends or relatives during the past year. Forty-eight percent had spent time in counties other than Knox County during the past two years. Among the one-hundred and two who had spent time outside Knox County, most frequently mentioned was out-of-state (twenty-five percent). Tennessee counties most frequently identified in order of frequency were:

Blount, Sevier, Anderson, Union, and Sullivan. Twenty-four other counties were mentioned by individuals.

In regard to living on the streets, sixty percent believed it was easier to live alone as opposed to being with a group, which is somewhat surprising in light of the use of shelters. Similarly, only thirty-five percent indicated having used a program to help one get out of homelessness, despite the fact that most used shelter and food programs.

Respondents were asked about sources of food while homeless. **Table 20** summarizes the resources for food.

<b>TABLE 20: SOURCES OF FOOD</b>		
<b>Number</b>	<b>2002* Percent* (n = 202)</b>	<b>2004 Percent* (n = 227)</b>
Shelters/Dayroom	87	92
Food Pantry	14	15
Restaurant	16	12
Grocery	20	13
Churches	12	14
Friends	18	11
Family	3	3
Trash	5	4
*Totals may not equal 100 due to multiple responses.		

The above Table illustrates that most respondents ate at the shelters, but occasionally used different resources. The “other” category included working, panhandling, begging, food stamps, as well as various programs that serve the homeless.

One of the most interesting responses was “churches and stealing.” A follow-up question asked respondents if they had eaten at specific programs. These included:

*Union Rescue* (sixty-six percent); *Salvation Army* (sixty-three percent); *Volunteer Ministry* (fifty-two percent); *Church Street Methodist* (forty-two percent); *Second Harvest* (thirteen percent); *Fish* (twelve percent); *Lost Sheep Ministry* (thirty-seven percent); *Love Kitchen* (thirteen percent); *Second United Methodist* (twenty-eight percent) and several other churches and agencies such as *Preacher Bob's* and *Ladies of Charity*. The reader is cautioned that these percentages do not indicate the number of meals served or even the number of times an individual had eaten at a particular location. For example, a person might eat at a shelter seven days per week, and have one meal at another agency or program and thus answer that they had eaten at the respective sites.

When asked about their food situations, fifty percent of respondents indicated getting enough of the foods they wanted, and thirty-five percent reported enough food, but not always what was wanted; however, nine percent said that sometimes they did not get enough to eat and four percent said that they often did not have enough to eat.

The 2004 study included additional questions about transportation. **Table 21** summarizes the responses to usual means of transportation. The “other” category included bike, family and church or agency transportation. While walking is the most frequent form of transportation, the finding of seventy-seven percent using buses underscores the importance of public transportation.

TABLE 21: TRANSPORTATION		
Transportation	2002 Percent* (n = 202)	2004 Percent* (n = 227)
Walk	73	77
Bus (incl. trolley)	69	77
Friends' Car	17	17
Own Car	12	13
Hitch-hike	6	4
Tenn-Care	4	6
Shelter Van	7	4
Other	8	8
*Totals do not equal 100 due to multiple responses		

In order to achieve a clearer understanding of life on the streets, several additional questions were asked about how time was spent, specifically “How/where do you spend the day?” Multiple responses were accepted and the respondents identified 321 activities.

**Table 22** summarizes daytime activities.

Many of the responses were overlapping, for example, several mentioned “working at the shelter”. The “other” category included a range of responses including “staying in camp,” “shopping,” “sleeping,” meditating” and “riding the trolley” (four percent).

TABLE 22: DAYTIME ACTIVITY		
Response	2002 Percent* (n = 202)	2004 Percent* (n = 227)
"Working"	28	29
"Loafing/On the Street"	5	4
"Looking for Work"	14	15
"Chores"	3	4
"Walking"	9	10
"At the Shelter"	17	13
"At the Library"	11	13
"Day Room" (VMC)	10	11
"Reading"	3	5
"Child Care"	2	2
"Canning"	1	1
"School"	6	3
"Friends House"	2	2
"Looking for Housing"	1	1
"Drinking/Drugs"	1	2
"Treatment"	5	9
"Watching T.V."	3	2
"Trying to Get Things in Order" (Secure Agency Services)	1	1
"Visiting Family"	1	1
Other	10	12
*Totals do not equal 100 due to multiple responses		

The most sensitive area in the interviews has always been questions about money. The reluctance to talk about income is reflected in inconsistent responses to questions about income. Respondents were asked about approximate weekly income and sources of income. Most likely the responses represented an under reporting of income and sources. **Table 23** summarizes average weekly income.

<b>TABLE 23: WEEKLY INCOME</b>		
<b>Amount</b>	<b>2002 Percent* (n = 202)</b>	<b>2004 Percent* (n = 227)</b>
\$ 0.00	21	25
\$ 1.00 - 50.00	27	26
\$ 51.00 - 100.00	11	10
\$101.00 - 200.00	21	17
\$201.00 - 300.00	14	15
\$301.00 or more	6	7
*Due to rounding error totals may not equal 100.		

Respondents were asked about sources of money. Multiple responses were accepted. **Table 24** summarizes the sources of income.

<b>TABLE 24: SOURCES OF INCOME</b>		
<b>Source</b>	<b>2002 Percent* (n = 202)</b>	<b>2004 Percent* (n = 211)</b>
Work	64	70
Government Assistance	19	15
Plasma Center	4	6
Handouts	12	14
Relatives	19	16
Food Stamps	11	16
Other	8	18
*Totals do not equal 100 due to multiple responses.		

Although work was the largest category, it included day-labor. Five percent received shelter or agency funds that may not provide income for self sufficiency. Two

percent of the respondents identified picking up cans as a source of income. The “other” category included various sources such as friends, child support, trading and prostitution. Technically food stamps could be included in government assistance. Among the thirty-seven citing government assistance, approximately fifty-two percent received SSI; fifteen percent, received *Families First/TANF*, and another six percent listed social security disability. Comparison with data from 1996 when several major reforms were started suggested declines, especially in SSI. Twenty-four percent of the respondents indicated that they had lost government benefits during the past two years following a reported loss by thirty-four percent in 1998; twenty-one percent in 2000; and fifteen percent in 2002. Eight percent were enrolled in *Families First* as compared to eleven percent in 2000, and five percent in 2002. Twenty-eight percent of the respondents indicated that they had engaged in illegal activity at some time to support themselves.

In early studies, there appeared to be a lack of accountable payees or guardians for those receiving disability checks. Some receiving assistance did not seem to have the skills or ability to effectively manage those funds and were vulnerable to exploitation. Twenty-one percent (eleven in 2002) of those receiving assistance had a payee other than self and twenty-eight percent of these were identified as relatives followed by friends (twenty-two percent) and agency employees (fourteen percent).

## **ESCAPING HOMELESSNESS**

Respondents were asked a series of questions about resolving their homelessness. The two hundred and twenty-seven respondents identified two hundred and forty-eight

things that would help them escape homelessness. **Table 25** illustrates the responses when asked about needed resources or changes that would help. The 2002 statistics provided a comparison.

<b>TABLE 25: RESOURCES TO ESCAPE HOMELESSNESS</b>		
<b>Need</b>	<b>2002 Percent* (n = 202)</b>	<b>2004 Percent* (n = 227)</b>
"Job"/"Better Job"	37	39
"Place to Live/Home"	19	19
"Money"	8	7
"SSI/SS"	3	5
"Sobriety"	8	12
"Job Training"/"Education"	3	3
"Someone to Listen/Help"	1	1
"Motivation/Stay Out of Trouble"	7	4
"Go Home"	2	1
"Marriage/Family"	3	--
"Transportation"/"Car"	5	4
"Protection"/ "Security"	1	--
"Health Care/Treatment"	3	2
"Child Care"	1	1
"Don't Know"	3	2
Other	15	15

\*Totals do not equal 100 since multiple responses were accepted.

The other category included: "drivers license/I.D.", "completing program", money management and release from court/probation. The responses were consistent with previous studies.

Approximately sixty-five percent, (seventy percent in 2002) of these respondents indicated that they had not used "agency or shelter programs that help people get out of being homeless." This finding continued to be surprising in that the majority of interviews were conducted inside shelters. It appeared that respondents tend to make a distinction

between emergency shelters and the other services that may be offered. One-hundred and thirty-eight of those who said that they had not used services responded to a follow up question about their reasons. **Table 26** summarizes the reasons for not using services.

<b>TABLE 26: REASONS FOR NOT USING AGENCY SERVICES</b>		
<b>Reason</b>	<b>2002 Percent* (n = 126)</b>	<b>2004 Percent* (n = 138)</b>
"Don't Know About"	28	23
"Don't Like/Trust/Staff"	2	7
"Don't Need"	6	4
"No Particular Reason"	8	9
"Embarrassed"	1	1
"Don't Help"	13	8
"Can Get By On My Own"	12	9
"Never Contacted By Them"	2	4
"New In Town"	5	6
"Looking For Work"	1	1
Other	19	27
*Totals do not equal 100 percent due to rounding.		

As in past studies, the most frequent reason cited for not using services, was "don't know about". This is contradictory in that most of the homeless interviewed were utilizing shelter services and even those outside often ate at the shelters. At the same time, there was a perception among a small number of the respondents that the agencies/shelters were not helpful, or that the agencies had a responsibility to contact them. The other category included a range of responses, such as not considering self homeless, the red tape at agencies taking too long, being transient, other people in the

programs, and preferring to be homeless. Four percent said that they were in a program that prevented them from using resources designed to help one get out of homelessness.

As noted earlier, thirty-five percent of the respondents had, or were currently, using programs designed to reduce homelessness. Based on the current and past studies, approximately eighty percent use emergency shelter at some time. Past behavior may have impacted service utilization; for example, seventeen percent of respondents had been denied housing due to criminal behavior, and a number of outside respondents reported being barred from shelters because of unruly behavior. Nevertheless, most receive some type of service. Among the eighty-two individuals who had used agency services designed to help one escape homelessness, forty-one percent of these were currently in a program and several reported that they were waiting on housing. Various reasons were given for the failure to help including unfair treatment, staff, having a criminal record, lack of motivation, and relapse.

The 2004 study included asking respondents to identify services used. A list of thirty agencies was read and respondents were asked to indicate if they had used an agency in the past, currently, or both. This information will be available to the respective agencies.

## **WOMEN**

In past studies the number of homeless women has been reported; however the number of women in the interview sample was relatively small. Beginning in 1998 the studies over sampled sites where women stayed in order to examine this segment of the

population in more depth. Ninety-five ( $n = 95$ ) women were interviewed using the standard questionnaire.

The shelter census-enumeration indicated that three hundred and twenty-eight adult women were in emergency shelters during the month of February 2004. Examination of the characteristics of homeless women suggests that family problems, including abuse, conflicts, separation and divorce, were major causes of homelessness. The causes did not appear mutually exclusive. Substance abuse had increased. Mental illness as a cause was cited by nine percent of the women.

When asked about experiences growing up, ten percent reported that their families had been homeless at some time. Twenty-one percent had been in foster care, with forty-five percent of those being in three or more foster homes (twenty-five percent had been in a single foster home). Approximately forty-four percent had been physically and/or sexually abused (forty-two percent) as a child.

Forty-two percent of the women reported current employment as compared to twenty-six percent in 2004. Multiple reasons were given by thirty-seven women not working. Disability/illness (seventy percent) was often identified. Twenty-four percent cited shelter and program participation or child care responsibilities (six percent). Substance abuse was cited by fourteen percent. Lack of transportation was cited by fourteen percent. Consistent with cited health reasons, fifty-one percent considered their health as fair or poor, as opposed to good/excellent. Overall, forty-eight percent indicated a need for job training, which was higher than the previous studies. **Table 27** summarizes the characteristics of homeless women.

<b>Table 27: Characteristics of Women</b>		
<b>Item</b>	<b>2002 Percent* (n = 81)</b>	<b>2004 Percent* (n = 95)</b>
<b>AGE**</b>		
Under 18 years	1	1
18-30 years	30	36
31-60 years	69	63
Over 60 years	--	1
	(mean = 36.4)	(mean = 36.3)
<b>ROOTS</b>		
Tennessee Native	51	51
<b>RACE</b>		
White	73	81
Black	22	14
Other	5	5
<b>MARITAL STATUS</b>		
Single	43	33
Married	17	15
Divorced/Separated	35	51
Widowed	5	2
<b>EDUCATION</b>		
8 Years or Less	7	2
Some High School	20	29
High School/GED	41	47
Post High School	32	22
<b>REASONS FOR HOMELESSNESS*</b>		
"Abuse"	25	22
"Family Conflict" (Incl. Divorce)	21	16
"No Money for Housing"	16	24
"Drugs"	21	32
"Alcohol"	11	13
"Eviction"	15	10
"Lost Job"	15	15
"Mental Illness"	--	9
Other	17	24
<b>LENGTH OF HOMELESSNESS</b>		
Less Than One Month	14	16
One to Six Months	44	33
Over Six Month to One Year	18	23
Over One to Three Years	13	14
Over Three Years	13	14
<b>MILITARY STATUS</b>		
Veteran	5	3
*Multiple responses were accepted.		
**Does not include under 16 years of age.		

Seventy percent of the ninety-five women reported treatment for emotional problems with fifty-five percent of those having been hospitalized. (**Note:** thirty-eight percent of the total number of women had been hospitalized.) Hospitalization for emotional problems was consistent with the homeless population, however, the women reported a higher percentage of treatment in general and more hospitalization within the past year. Eighty-five percent of the total reported depression with approximately fifty-seven percent of those indicating feeling depressed several times a week to continually. When asked about alcoholism, twenty-three percent considered themselves alcoholic and another ten percent were in recovery. Forty-four percent of the total used drugs. Forty-six percent had been inpatients in a detoxification facility for alcohol or other drugs. Twenty-three percent had been arrested for public intoxication within the past two years. Forty-two percent reported chronic health problems.

Twenty-seven percent of the women said that they had been victims of crime while homeless which was consistent with the overall homeless population rate. Sixteen percent reported having been sexually assaulted while homeless. In contrast to being victims, sixty-one percent had spent time in jail and two percent had been in prison, with alcohol/drug related offenses being the most frequent reasons.

Fifty-five percent of the women had family in the Knoxville area and approximately eighty-three percent of those had contacted family within the last week. In regard to source of money, forty-six percent worked and twenty-nine percent of the women received financial assistance from relatives. Government assistance was reported by twenty-seven percent. Among these respondents, *SSI*, was most frequent with *Families First/AFDC* and

SSD also identified. Thirty-five percent reported having food stamps. Sixty-six percent had *TennCare*.

Forty-eight percent of the women had been homeless before the current episode. Eighty-two percent of those had experienced two or more prior episodes of homelessness. Forty-six percent had received assistance with housing, primarily locating and rental assistance, but forty-one percent of those assisted lost the housing within a year. “Just wanted to move”, “No money for rent,” “Drugs and alcohol”, “Evicted,” and “Not safe” were cited reasons. Eleven percent of the respondents had been denied housing because of criminal behavior.

Thirty-six percent of the women reported a loss of government benefits during the past two years. Nineteen percent had enrolled in *Families First*. Forty-three percent had used programs to help them escape homelessness.

## **CHILDREN**

Among the adult women in shelters, eighty-two percent had children and seventy-two percent of these women had children under eighteen years of age. In other words, fifty-six of the ninety-five women had children under eighteen. Approximately thirteen percent of the women had been pregnant while homeless. Thirty-eight percent of the women with children under eighteen were identified as having their children with them. On the evening of the interviews eighteen children were present with family size ranging from one to six children. During the month, ninety school-aged and younger children were living in shelters.

The findings underscore the special needs of school-age homeless children; however, the statistics may not show special needs such as a place to do homework, school stability, school supplies, transportation, emotional care, physical health care, and compensatory education for developmental delays that these children are facing.

“Sam” is a middle school student in Knoxville whose story personifies many of the problems faced by homeless students. Chronically homeless since kindergarten, Sam and his mother have moved back and forth between shelters and five different relatives’ homes during his school years. Some of these temporary stays lasted only a few weeks, meaning that Sam would be in three different school zones in a very short time. Substance abuse, mental illness and an absent father all factor into Sam’s history. Shelter stays have averaged about three times per year. Sam’s education and emotional state have suffered. Although he seems clever to people who converse with him, he tested mentally retarded and has been in special education classes. Sam has been unkempt and ill cared for and he never had a barber’s haircut before this year. His mother is diabetic and hasn’t recovered from surgery performed a year ago. Sam was in the temporary custody of a family friend for several months. During that temporary custody, his teachers remarked that he seemed to feel much better about himself, especially with new clothes purchased for him by his custodian. Sam has been transported back to his school of origin from various temporary “homes” by Knox County Schools, using McKinney funds. Currently, he is living with his mother and another relative.

The *Stewart B. McKinney Act* provided funding to address the needs of school age individuals. Each state is provided funds for distribution to local school systems. Knox County has had a *Homeless Education Program* since 1993-94, providing a coordinator, transportation resources, funds for tutoring, and a summer enrichment program. Program statistics for 2003/2004 indicated that 375 homeless children were in this program. This total included 45 preschool, 275 elementary, 35 middle and 20 high school students. Data previously furnished by the program, indicated that during the 2001–2002

school year, Knox County schools had forty preschool, two hundred elementary school, forty middle school and thirty high school students that could be classified as being from homeless families. This total of 310 students reflects an increase from the 244 identified in the 1999–2000 school year and the 2004 data shows an even greater increase. The data from the summer enrichment program was consistent with the coalition study findings in identifying selected family issues.

Local and national data continue to indicate that homeless children are at risk for emotional and mental health issues, developmental delays, family violence, and a high incidence of substance abuse in the families. The foregoing described children in shelters where a parent was present. Additionally, there was an adolescent segment of the homeless population that was separated from parents. This group continued to be difficult to enumerate since many avoid shelters and/or programs for the homeless. Service providers and law enforcement officials shared anecdotal evidence of homeless adolescents who spend considerable time in the Old City or who had been “taken in” and exploited by adults, but it was a difficult group to identify and interview.

In the study, eight adolescents were interviewed and many of these would be classified as runaways or children who had been placed in state custody. The adolescents were between ages fourteen to seventeen years. Responses consistently suggested a high frequency of family instability. However the statistics did not explain whether this instability was a contributor to or consequence of the adolescents’ behavior. All of the adolescent respondents identified themselves as students. Mobility and possible running away among the adolescents was reflected in responses to questions about number of different cities visited in the past year. The adolescents seemed to maintain

contact with families and received some support from them. The responses by the adolescents as well as the adults underscore their need for support systems. Resiliency involves the opportunity to feel good about oneself, to experience support and have the chance for success.

### III. COMMENTS

The February 2004 study represented eighteen years of Coalition sponsored studies. Coalition members have actively supported the studies through participating as interviewers and ensuring the cooperation of the agencies that they represent. The University of Tennessee College of Social Work has contributed significantly by providing consultation and resources for data analysis. The studies have been designed to provide pragmatic information to service providers and also to promote community awareness about the problems of homelessness.

Many of the conclusions from previous studies can be repeated in the current study. **First, the incidence of homelessness is significant.** The monthly total is over nineteen hundred, more than double the total identified in 1986. **Second, the number of women and children who are homeless has remained high.** While the percentage of women who are homeless has not drastically increased since the 2002 study, the overall numbers of persons homeless has meant more women and children in shelters. Women have become more vulnerable to homelessness as government benefits have been lost. The homeless experience for children will likely have long-term consequences as evidenced by the findings that suggest childhood disruptions increase the risk for adult homelessness and other problems. **Third, the percentage of homeless persons suffering from mental illness and substance abuse has continued to increase.** The current data indicated that over half of the homeless adults had experienced emotional problems with many having a history of hospitalization. Area hospitals acknowledge discharging patients to shelters and complain of lack of alternatives. Many others who are discharged to relatives, homes quickly drift into homelessness. Unfortunately, a large

number of these persons spend time in jails, that have become today's asylums, ill-equipped to provide mental health treatment. **Fourth, many persons recycle in and out of homelessness with almost half reporting prior episodes.** The challenge for service providers is to find ways to engage persons, especially those who are service resistant, and to help them achieve stability. **Fifth, diversity among the homeless population has continued to increase.** There are more women, children and minorities, but also more Spanish speaking individuals. Many migrant workers stay in crowded motel rooms at risk for homelessness. Service providers will increasingly face the challenge to be multi-culturally competent. **Sixth, the number of potentially homeless and at risk persons in transitional, group, and nonpermanent living arrangements continues to increase.** The study noted the number of persons who stay with relatives and friends. There is a large number of previously homeless persons in transitional or group facilities that house from several persons to over one hundred persons. Often these facilities develop and operate because of the dedication of a single individual, and changes in the ability of these individuals or commitment to provide services could potentially dislodge many of these residents back into homelessness. **Seven, the majority of area homeless continue to be from East Tennessee or have come to the area to be near family or to seek employment.** There is a perception that Knoxville shelters and services attract large numbers of people from various parts of the country. The data indicated that the more common reason is the individual or family that comes to the area with hope of finding immediate employment and housing, but who lacks the skills for self-sufficiency. **Eight, homeless individuals are no longer confined to the central city**

**camps and motels that serve as SROs were identified in various areas of Knox county.**

As reflected, in the foregoing, the current study had a number of findings that were consistent with the 2000 and 2002 studies. The number of homeless persons was approximately 1900 individuals in any month. The number of women with children and families remained high, and there is a need for family shelter. While shelters work to provide housing, it appears that more are staying in outside locations, doubling up with friends and relatives and cars. The percentage of homeless persons suffering mental illness and substance abuse has continued to increase. Many of these persons were hospitalized in state facilities; current findings indicate that an increasing number have been discharged from private hospitals.

Perhaps the most glaring findings in the 2004 study were the increased number of homeless persons, the number of “couch or doubled up homeless”, the significant number who are mentally ill and/or substance abusing and spreading of homeless locations. There are various factors that contribute to these findings: 1) shelters have developed policies banning persons who are unruly or heavy substance abusers 2) public housing has adopted a “one strike rule” banning those with histories of criminal activity, substance convictions and poor payment records 3) welfare reform including reduction in SSD for substance addiction 4) the closure shelters 5) the closure of detox facilities for public inebriates, 6) agencies focusing on individuals willing to commit to becoming program participants and 7) a number of persons who avoid group living.

While the above factors have contributed to the increased number staying outside, there has been an increase in services to those outside the shelters. The number of

feeding programs, outreach activities and resources for those outside have increased significantly. In many respects this increase in services poses a dilemma for providers. While recognizing the needs of those living outside, there is a danger in enabling chronic homelessness and substance abuse. Perhaps the issue is how to engage these individuals toward more stable living and/or promote suitable alternative living facilities.

Homelessness provides a major challenge for the community. While there are no simple solutions, it does underscore the need for different sectors—social services, government and businesses—to work together. The development of a *Homeless Management Information System* (HMIS) and the City and County Mayors appointment of a work group to develop a “Ten Year Plan to End Chronic Homelessness” are promising opportunities to address the problem.

In sum, homelessness is an extremely complex problem. The lack of job skills, mental illness, substance abuse, and domestic violence are exacerbated by the elimination of *SSI* for alcohol/drug disability, loss of homeless preference for *HUD* housing, the implementation of *Families First*, and the “one strike and you’re out” policies. Despite the complexity of the problem, a number of agencies and individuals are collaborating and making significant progress toward solutions. Individuals and families are escaping homelessness and becoming self sufficient. As noted previously, “Perhaps the greatest danger is community acceptance of homelessness as inevitable rather than an urgent social issue demanding increasingly effective solutions.”

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