

Need for the Program

The program will include a needs assessment with qualitative interviews with the population and workers at social service agencies who interact with the population. Focus groups including qualitative questioning will be conducted to collect accurate data. Sources of data using customized surveys and focus groups will be implemented in each agency to address homelessness, housing insecurity, mental health issues, and substance abuse. Research from the Homeless Coalition will be used to compare trends within the population. The needs assessment will also include quantitative measures. Some of these quantitative measures include surveying participants within the sample and professionals who work in the agencies. The surveys will contain close-ended questions related to homelessness, mental health, and substance abuse.

The services offered for those with a mental illness and no disability benefits within Hamilton County are limited. Therefore, this creates a gap within the services for this population. Contacting 211 provided some limited resource information, but searching online provided more.

Joe Johnson Mental Health - Chattanooga is an agency that provides mental health services to chronically homeless individuals, but they are limited in how many resources they have and how many people they can take on as clients, sometimes creating wait times, and they are limited in what services they can provide to uninsured individuals. The agency does help with housing for the chronically homeless population, but a limitation is that their only program for this is specifically for those who qualify for public housing, and many of the people in this population do not qualify for public housing (unemployment, currently using illicit drugs, immigration status, may have been evicted in the past, criminal record, etc.) and therefore this creates a gap in services.

Habitat for Humanity helps people who have housing but need renovations that they cannot afford or that have been impacted by natural disasters. As the vast majority of the target population for this program does not have housing, this resource does not help this population very much, as they serve a different population.

Chattanooga Rescue Mission, Salvation Army, and Chattanooga Room in the Inn all serve the housing insecure population but do not provide the necessary services for those suffering from comorbidities of mental health issues and/or substance abuse issues. Chattanooga Room in the Inn serves women and children, but not the men in this population.

The Chattanooga Regional Homeless Coalition provides case management and coordination of care between social workers from various agencies, helping housing-insecure individuals to find housing. However, there are limitations as those who have been previously evicted from public housing and still owe money to public housing are facing an additional barrier. This barrier can sometimes be addressed by a grant from the participating agencies, however, only if the individual would otherwise be accepted into a public housing program again. If an individual is not accepted into public housing and/or does not have a family and therefore cannot be referred to housing resources for families, then options become limited mainly to staying in shelters or half-way houses.

Homeless Health Care Center in Chattanooga provides mental health services to those with TennCare or offers services on a sliding scale basis. They provide outpatient treatment for mental health issues and substance abuse. Limitations of these resources include those who cannot afford the sliding scale may be left out, they do not offer inpatient treatment, they do not offer support groups or psycho-educational groups, etc. to build a community which was found to be a necessary protective factor in this population, and they are also limited to helping people fill out public housing applications, refer to resources only for families with children, or referring clients to homeless shelters.

Mental Health Cooperative provides treatment for substance abuse and mental health issues and provides affordable prescriptions. They also assist with case management, including budgeting, applying for housing, etc. They can help individuals with budgeting if they have income and looking for housing, however, there is no alternative housing provided other than the option of applying for public housing. If clients are not eligible for public housing, or are put on long wait-lists, and do not have sufficient income or resources to rent their own housing, their needs may be unmet by this service. Also, homeless individuals who do not have TennCare and do not have income may have their needs unmet. Another gap

in services is that while there is group therapy provided, it does not act as a support group for individuals struggling with both housing insecurity and mental health issues including substance abuse problems.

Veterans Affairs of Chattanooga provides primary care and dental care, mental health services, cardiology, podiatry, audiology, laboratory work, prescriptions, and other specific health services. An obvious limitation is that the client must be a veteran or relative of a veteran to access these services. They can also deny or cap certain benefits to those who were not active in combat. Those who were dishonorably discharged are ineligible for all Veterans Affairs benefits. While this can be a great resource for veterans, it is often difficult to receive timely and adequate services, making it common for individuals to be neglected.

The program proposal fills the gaps left by the aforementioned services by providing assistance to those with no health insurance, no income, and who do not qualify for public housing or disability benefits. The program will also provide alternatives to those who have been put on a long wait-list for public housing and will be homeless while they wait. Another gap that this program will fill is to provide community housing, support groups, psycho-educational groups, and group therapy in addition to individual therapy and case management with a focus on building resilience and social support through trauma-informed care, as this is what has been found to be effective from the literature review conducted in the previous section.