# 1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

**1A-1. CoC Name and Number:** TN-502 - Knoxville/Knox County CoC

**1A-2. Collaborative Applicant Name:** Knoxville-Knox County Office of Housing Stability

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** KnoxHMIS

# 1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

| 1B-1. | Accountable Structure and Participation. | |
|---|---|---|

| | In the chart below for the period from June 1, 2025 to May 31, 2026: |
|---|---|
| 1. | select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and |
| 2. | enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column. |

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

| | Entity | Participated in CoC Meetings | Number of Board Members |
|---|---|---|---|
| 1. | Affordable Housing Developer(s) | Yes | 0 |
| 2. | CDBG/HOME/ESG Entitlement Jurisdiction(s) | Yes | 1 |
| 3. | Certified Community Behavioral Health Clinic (CCBHC) | Yes | 1 |
| 4. | Community Mental Health Center (CMHC) | Yes | 1 |
| 5. | Disability Advocate(s) | No | |
| 6. | Disability Service Organization(s) | No | |
| 7. | Emergency Medical Services (EMS)/Crisis Response Team(s) | Yes | 0 |
| 8. | Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center) | Yes | 1 |
| 9. | Faith-based Organzation(s) | Yes | 0 |
| 10. | Homeless or Formerly Homeless Person(s) | Yes | 3 |
| 11. | Hospital(s) | Yes | 1 |
| 12. | Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless) | Yes | 1 |
| 13. | Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations) | Nonexistent | |
| 14. | Law Enforcement | Yes | 1 |
| 15. | Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court) | No | |
| 16. | Local Government Staff/Official(s) | Yes | 2 |

| | | | |
|---|---|---|---|
| 17. | State Government Staff/Official(s) | No | |
| 18. | State or Local Elected Public Official(s) | No | |
| 19. | Local Jail(s) | No | |
| 20. | Mental Health Service Organization(s) | No | |
| 21. | Mental Illness Advocate(s) | No | |
| 22. | Organization(s) led by and serving people with disabilities | No | |
| 23. | Other homeless subpopulation advocate(s) | Yes | 1 |
| 24. | Other nonprofit homeless assistance provider(s) | Yes | 4 |
| 25. | Other social service provider(s) | Yes | 3 |
| 26. | Public Housing Agencies | Yes | 1 |
| 27. | Recovery Housing or Sober Living Provider(s) | No | |
| 28. | School Administrators/Homeless Liaison(s) | No | |
| 29. | School District(s) | No | |
| 30. | Street Outreach Team(s) | Yes | 3 |
| 31. | Substance Abuse Advocate(s) | Yes | 1 |
| 32. | Substance Abuse Service Organization(s) | Yes | 1 |
| 33. | Universities | No | |
| 34. | Veteran Serving Organization(s) | Yes | 1 |
| 35. | Agencies Serving Survivors of Human Trafficking | No | |
| 36. | Victim Service Provider(s) | Yes | 1 |
| 37. | Domestic Violence Advocate(s) | No | |
| 38. | Other Victim Service Organization(s) | No | |
| 39. | State Domestic Violence Coalition | No | |
| 40. | State Sexual Assault Coalition | No | |
| 41. | Youth Advocate(s) | Yes | 1 |
| 42. | Youth Homeless Organization(s) | Yes | 0 |
| 43. | Youth Service Provider(s) | Yes | 1 |
| 44. | Other Homeless Assistance Provider(s) | Yes | 4 |
| 45. | Local Business or Chamber of Commerce or a Member of a Business Improvement District | No | |
| | Other: (limit 50 characters) | | |
| 46. | | | |
| 47. | | | |

| | | |
|---|---|---|
| 1B-2. | Open Invitation for New Members. | |

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

A.The Lead Agency of TN-502, the Knoxville-Knox County Office of Housing Stability (OHS) has engaged deeply with providers across the entirety of Knox County, which is also the geographic boundary of the CoC. OHS works in close partnership with the Knoxville-Knox County Homeless Coalition, as well as other large volunteer, treatment, and faith-based coalitions to ensure that membership within the CoC is representative of the spectrum of programs and services being provided.

This communication and partnership happens a number of ways, including direct engagement and shared communications, such as sending notices across each others email contact lists. It also happens through direct monthly engagement, as lead agency staff serve on multiple committees of the Homeless Coalition – directly targeted at keeping lines of communication open and actively engaged between homeless service providers and the Lead Agency.

The CoC general membership meetings are free and distributed across the list serves of all partner organizations. They are also posted to the Knoxville-Knox County Office of Housing Stability's website. These meetings are regularly scheduled, to also help ensure continuity and easier planning for people to attend if they cannot make any single meeting. TN-502 uses a range of communication tools to ensure that calls for membership are widely published and available to the general public, and also specifically advertised towards those programs and entities doing work in any way related to the work of the CoC to end homelessness.

B.Invitations are distributed via the CoC listserv in advance of each bi-monthly meeting, as well as during an annual push to increase engagement and attendance in the general CoC body. In 2026 the first Chair and Co-Chair were elected to help lead the general membership body and also serve as ambassadors to the CoC, helping agencies and key partners understand the work of the CoC and how they can plug in and engage. Key events throughout the year also serve as opportunities and gateways for engagement, such as the large volunteer push and recruitment effort around the annual Point in Time Count.

The calendar on the Knoxville-Knox County Office of Housing Stability website is updated monthly. Public notice is provided to the Knoxville Focus print newspaper, in addition to distribution of meeting minutes and agendas on the Office of Housing Stability website in accordance with the Tennessee Open Meetings Act.

| 1B-3. | CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness. | |
|---|---|---|

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The invitation to join the Continuum of Care is made regularly across TN-502. Over the last year the Knoxville-Knox County Office of Housing Stability (OHS) acting as the newly designated Lead Agency for TN-502 has reinvigorated the engagement and feedback process around what the Continuum of Care Program is capable of facilitating in the community.
The Knoxville-Knox County Homeless Coalition, a non-profit, volunteer led agency, had been acting as the administrator for the CoC with targeted and limited staff support provided by the City of Knoxville. This structure created noticeable gaps in engagement, as the conversations were drawn more directly towards homeless service providers, rather than to the broader community of organizations and groups with an interest in ending homelessness. As lead agency, OHS has worked to broaden the level of engagement across multiple sectors of care, including to hospitals and healthcare providers, law enforcement, schools, and the justice re-entry system.
The CoC has a regular e-newsletter that is published bi-monthly, to help the community stay connected with the work of the office and the CoC. The Executive Director speaks at community and neighborhood events, to help create engagement and understanding around the CoC. A component of this is also asking for and receiving feedback about the work of the Lead Agency and the CoC.
OHS staff regularly attends the Youth Action Board (YAB), supported by Youth Wins program within the Community Action Committee. The YAB is a group of homeless and formerly homeless youth who meet monthly to bring forward policy and tailored recommendations for programming based on their lived experience. This group was critical in helping coordinate the initial application for Youth Homelessness Demonstration Planning (YHDP) funds, which was successful, and established a dedicated youth navigation program, diversion funding, and a joint TH/RRH program, which has successfully partnered with KCDC – the Knoxville Community Development Corporation – to house YYA in KCDC owned Low Income Housing Tax Credit (LIHTC) affordable housing.

| | | |
|---|---|---|
| 1B-4. | Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding. | |

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The Knoxville-Knox County Office of Housing Stability as the newly designated lead agency for TN-502, has a public website, and within the last year has created a dedicated CoC Newsletter. To help the community keep the work of OHS and the CoC distinct, OHS helped the CoC Board settle on a name and logo for TN-502, the Knox Housing Continuum.
The Knox Housing Continuum has a much broader base of engagement and participants than the Continuum of Care has historically had, because there has been intentional effort and energy invested in creating the structures needed to coherently communicate and invite engagement from outside organizations. Many of these organizations had historically been distant from the Knoxville-Knox County Homeless Coalition – the former CoC Board – and thus effectively disconnected from the work of the CoC.
With OHS as the Lead Agency, actively creating structures to increase knowledge, awareness, and engagement, that enabled for a direct increase in the number of applicants for FY 2026 Continuum of Care funding. Invitations were made across networks of service providers, including through the Compassion Coalition, a faith-based member organization in Knoxville. The Compassion Coalition comprises over 200 local member churches and is deeply nested across larger religious regional conferences.
OHS as a lead agency has also started offering training and technical support assistance to smaller non-profits, to help ensure that agencies and organizations who may otherwise have considered federal funding to be out of their wheelhouse, have an opportunity to dive in and determine if CoC or ESG funding would be practical and feasible for them to implement. This is an ongoing process, but one OHS is committed to as we move forward in the community and work to ensure a wide array of effective homeless services.
The FY 2026 NOFO represents the broadest pool of applicants in the Knox Housing Continuum's history. Five new agencies who have never received CoC funding are included in the Priority Listing, including three new faith-based organizations. This year represents the first DV Bonus application received, as well as the first SSO-Coordinated Entry specific application.

| 1B-5 | Plan for Comprehensive Strategies for Reducing Homelessness. |
|---|---|

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

TN-502 identified inadequate access to appropriate healthcare for people experiencing homelessness—and resulting reliance on emergency systems—as a significant system gap. In response, the Office of Housing Stability and Knox County Health Department convened the Healthcare for the Unhoused Work Group, bringing together healthcare, EMS, behavioral health, substance use treatment, shelter, outreach, and homeless-service partners to develop a coordinated response. The group's measurable objective was to reduce emergency calls from the Mission District by at least 25%.
The strategy combines street-based engagement, accessible clinical care, recuperative care, treatment and recovery connections, and housing navigation. Mission District Medical Outreach brings multidisciplinary teams directly to people experiencing unsheltered homelessness and connects individuals to appropriate care and services. The Work Group built a foundation for smooth referrals between clinical services inside KARM, the local FQHC, and medical outreach.
Early results demonstrate measurable impact. Mission District Medical Outreach has completed approximately 4,800 encounters with more than 515 individuals, connected more than 140 people to treatment or sober living, required only nine ambulance transports from outreach encounters, and contributed to a 32% reduction in traditional EMS call volume in the Mission District.
The CoC will build on these results over the next 12 months. The updated goal for this group is to reduce calls past the current 32% baseline, an additional 18%, meaning a full 50% reduction. The workgroup regularly refers to TCRN data, the Tennessee Community Resource Network, which is a shared database for active referral, case, and healthcare management. Individual providers connected to TCRN are also connected to KnoxHMIS, to help facilitate effective case management and coordination of services.
Implementation is coordinated through the Healthcare for the Unhoused Work Group with OHS, Knox County Health Department, healthcare providers, EMS, and homeless-service partners. The strategy leverages donated staff capacity from AMR and the Health Department, healthcare investment from Covenant Health, Knox County Opioid Settlement funding supporting clinical services at KARM, and other partner resources. Knox County has also applied for SAMHSA STREETS funding to expand street-based engagement, treatment, recovery, and housing-support services.

| 1B-5a | Confirmation of Plan Coverage. |
|---|---|

| Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system. | |
|---|---|
| 1. Identifies the gap, using data or stakeholder feedback | Yes |
| 2. The strategy to address the needs of all relevant subpopulations | Yes |
| 3. Sets quantifiable performance measures | Yes |
| 4. Identifies timelines for the completion of specific tasks | Yes |
| 5. Identifies specific funding sources for planned activities | Yes |

| | |
|---|---|
| **6. An individual or body responsible for overseeing implementation of specific strategies** | Yes |

# 1C. Coordination and Engagement

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| | | |
|---|---|---|
| 1C-1. | **Treatment and Recovery Services—On-site Substance Use Treatment Availability.** | |
| | **You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.** | |
| | **What percent of your TH/RRH/PSH projects have substance use treatment available on site?** | 0% |

## If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

Not a rural CoC

## 1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

TN-502 has a coordinated network of community-based providers that supports individuals experiencing homelessness who have mental health and/or substance use disorders. These partnerships provide access to a range of appropriate levels of care, including behavioral health assessments, outpatient counseling and treatment, medication management, crisis intervention, recovery supports, and referrals to more intensive services when clinically indicated.

This continuum is strengthened through partnerships with McNabb Center, River Valley Health and KARM-Care Center, which provide complementary pathways to behavioral health, healthcare, substance use treatment, and recovery resources.

McNabb Center is a key behavioral partner within the CoC and provides a comprehensive continuum of mental health and substance use disorder services. Through its community-based behavioral health outpatient services, individuals can access assessment, counseling and psychosocial interventions, psychiatric services and medication management, crisis services, substance use treatment, and recovery-oriented supports. When individuals require a higher level of care, McNabb Center can facilitate connections to move intensive services. CoC providers coordinate referrals and follow-up as individuals transitions between outreach, shelter, housing, and community-based treatment.

Additional partnerships with River Valley Health allow TN-502 to strengthen its ability to address behavioral health needs within an integrated healthcare setting.

The Knox Area Rescue Mission Care Center that lives within the emergency shelter provides another important point of connection for individuals experiencing homelessness who may need outpatient treatment for mental health and substance use disorders. As individuals engage with the Care Center, staff can help identify needs and connect them with appropriate community-based healthcare, behavioral health, treatment, and recovery resources. This connection is particularly important for individuals who may not otherwise be engaged with traditional healthcare or behavioral health systems.

Together these partnerships create multiple entry points into behavioral health care while facilitating referrals to more intensive services when appropriate. This collaborative approach helps reduce gaps in care and supports individuals in maintaining treatment and recovery while working toward and sustaining housing.

## 1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

The Knoxville-Knox County CoC partners with community organizations to provide individuals experiencing homelessness with access to peer recovery support, recovery navigation, overdose prevention services and connections to behavioral health and substance use treatment. These partnerships help individuals build relationships with trusted providers, identify recovery goals, navigate services, and maintain connections to supports that promote housing stability and long-term recovery.

For more than three decades, Metro Drug Coalition (MDC) has been a primary community partner within the CoC's substance use and recovery network. MDC strengthens the local recovery continuum through its longstanding collaboration with recovery-focused organizations, recovery housing providers, and community partners. MDC-approved recovery housing provides peer-oriented environments and connections to recovery resources that support individuals transitioning from homelessness and treatment toward stable housing and sustained recovery.

The Knox County Health Department (KCHD) provides direct access to recovery navigation and peer support through its Substance Misuse Response Division. Recovery navigators and peer support staff engage individuals through street outreach and those receiving care at the Health Department and help connect them to substance use treatment, recovery resources, overdose prevention resources, and other community supports. This low-barrier model creates opportunities to engage individuals who may not otherwise connect with traditional treatment systems and provides ongoing support as they navigate services.

The Mental Health Association of East Tennessee (MHAET) further expands access to peer-based recovery support through its Peer Recovery Call Center, providing individuals with a direct connection to peer support and recovery resources. The service offers an additional, accessible point of engagement for individuals seeking support from people with lived experience.

These partnerships extend recovery support across the continuum – from outreach and initial engagement through treatment, recovery, housing placement, and long-term housing stability. CoC providers use coordinated entry, case management, warm referrals, and cross-system collaboration to connect individuals with peer and recovery supports throughout their housing and recovery journey.

### 1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The Knoxville-Knox County CoC identifies individuals experiencing serious mental illness through street outreach, Coordinated Entry, shelter and housing programs, healthcare encounters, and behavioral health crisis services. The CoC works closely with the McNabb Center, whose PATH program is integrated with the homeless response system and connects individuals experiencing homelessness with behavioral health treatment and stable housing.
For individuals requiring intensive community-based treatment, McNabb operates a Program for Assertive Community Treatment (PACT) serving adults with severe mental illness. PACT uses a multidisciplinary model that includes psychiatry, nursing, therapy, vocational support, medication support, crisis intervention, and intensive community-based engagement to promote stability, independent living, and reduced hospitalization.
Individuals experiencing acute psychiatric crises can also access McNabb's 24/7 EmPATH/BHUCC continuum for psychiatric evaluation, medication support, therapeutic intervention, stabilization, and transition planning to ongoing care. These services complement PATH, PACT, outreach, Coordinated Entry, and housing-provider efforts by providing different levels of intervention based on individual need.
Knox County and TN-502 are also working to expand behavioral-health capacity for individuals experiencing unsheltered homelessness with serious mental illness through its pending SAMHSA STREETS application, which would strengthen coordination among behavioral health, healthcare, outreach, housing, and public-safety partners.

## 1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

TN-502 partners with Knoxville’s Homeless Persons’ Court and Knox County Mental Health Court. Community Action Committee, Volunteer Ministry Center, McNabb Center, Knoxville Area Rescue Ministries, and the Office of Housing Stability participate in the Homeless Persons’ Court, connecting participants with Coordinated Entry, housing, treatment, and supportive services.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

TN-502 coordinates with Knoxville's Homeless Persons' Court and Knox County Mental Health Court to connect court-involved individuals with housing, treatment, case management, and other services that support housing stability and movement toward independence.
The Homeless Persons' Court offers eligible individuals charged with certain misdemeanors associated with homelessness an alternative court process. CoC and community partners, including Community Action Committee, Volunteer Ministry Center, Knox Area Rescue Ministries, and McNabb participate in the court. A Public Defender social worker completes an initial assessment of factors contributing to homelessness. Participants without a current CHAMP Coordinated Entry assessment are connected with a qualified assessor, and service providers work with each participant to develop a plan addressing housing and other identified needs.
The participant and counsel present the plan to the presiding judge, who approves the plan and may require the participant to return to subsequent court sessions to report progress. When the judge determines adequate progress has been made, the underlying charges may be dismissed, while service providers continue working with the participant toward housing. The court also connects households facing eviction with participating providers for assistance with rehousing.
Knox County Mental Health Court provides an additional treatment-focused judicial partnership. Two full-time case managers connect participants with housing and homeless-service agencies, accompany participants in exploring housing options, and assist with public-housing processes. Participants are held accountable to an agreed-upon course of treatment, housing, and other services through case management, weekly drug testing, and regular court review.
Together, these partnerships use judicial oversight alongside housing-focused case management, treatment engagement, Coordinated Entry, and community services to address barriers contributing to homelessness and support longer-term stability.

## 1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

TN-502 partners with the McNabb Center's 24/7 crisis continuum. Mobile Crisis provides 24/7 screening and response and connects individuals to the appropriate level of care. McNabb's EmPATH unit provides 24/7 psychiatric assessment, stabilization, medication management, therapeutic intervention, and transition planning, with connections to ongoing behavioral health and community services.

| | |
|---|---|
| 1C-1f. | Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use. |

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|---|
| **You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.** |

| | |
|---|---|
| **Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.** | 0 |

| | | |
|---|---|---|
| **1C-1g.** | **Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.** | |

| | |
|---|---|
| **Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?** | Yes |

## 1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

TN-502 maintains formal partnerships with the McNabb Center, a PATH provider, and River Valley Health, a Community Mental Health Center. McNabb PATH participates directly in Coordinated Entry, accepts referrals, and engages in case consultation. McNabb and River Valley Health are also represented on the CoC Board, integrating behavioral and mental health partners into system planning and governance.

## 1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

YWCA Knoxville & the Tennessee Valley’s Keys of Hope and Catholic Charities’ Samaritan Place are proposed FY2026 CoC Program projects that operate sober housing. Keys of Hope prohibits drugs and alcohol and conducts drug screening while permitting prescribed medications, including MAT. Samaritan Place prohibits possession or use of drugs/alcohol, refers participants needing treatment, and permits return following successful treatment.

### 1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

TN-502 partners use coordinated referrals and warm handoffs to help individuals move between behavioral health and substance use treatment, shelter, housing, and other community supports without unnecessarily disrupting housing or shelter stability. Providers assess individual needs, facilitate connections to appropriate treatment, and coordinate continued services as participants move between systems.
The Salvation Army's Knoxville Area Command maintains referral relationships with substance use treatment providers, including Salvation Army Adult Rehabilitation Centers and community-based treatment providers such as McNabb Center, Metro Drug Coalition, and Buffalo Valley. When a participant chooses to enter treatment, the Salvation Army works to preserve the participant's place in the program and permits the individual to return following progress or completion rather than treating entry into treatment as loss of program participation. Its operating procedures similarly direct staff responding to positive drug screens to provide education, resources, counseling, and referrals while making every feasible effort to help the participant remain in the program.
Catholic Charities' Samaritan Place uses a similar approach for older adults experiencing homelessness. When staff identify a substance use concern requiring treatment, participants are offered referral to treatment and may return to Samaritan Place following successful completion. When necessary, Samaritan Place has allowed participants to remain temporarily while treatment placement is arranged, helping prevent a gap between shelter and treatment. These practices complement broader CoC partnerships with behavioral health and substance use treatment providers and help reduce the risk that entering treatment results in a return to unsheltered homelessness. Providers maintain connections to participants and coordinate transitions back to shelter, housing, or other appropriate services following treatment.

| 1C-2. | Supportive Services Investment. | |
|---|---|---|

| | Number |
|---|---|
| 1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD). | $2,964,546 |
| 2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items. | $1,119,197 |
| 3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above). | 38% |
| 4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD. | |

| | |
|---|---|
| 5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above). | 38% |

**You must provide a response for elements 1, 2 and 4 in question 1C-2.**

| 1C-3. | Participation Requirements for Supportive Services. |
|---|---|
| | You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen. |

| | |
|---|---|
| What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)? | 83.00% |

## 1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

TN-502 coordinates with Emergency Solutions Grants (ESG) recipients and subrecipients through ongoing system planning, Coordinated Entry, HMIS, street outreach, housing and shelter coordination, and CoC governance. In Tennessee, ESG funding is administered by the Tennessee Housing Development Agency (THDA), which verifies CoC involvement as part of the ESG application process. This provides a formal mechanism for TN-502 to participate in ESG planning and funding decisions affecting its geographic area. Locally, ESG-funded providers participate extensively in CoC planning and implementation. Knoxville-Knox County Community Action Committee (CAC), for example, operates ESG-funded homeless assistance activities and participates in street outreach, Coordinated Entry, Rapid Rehousing, youth homelessness initiatives, case conferencing, and CoC committees and work groups. This ongoing coordination helps align ESG-funded activities with CoC priorities and other housing and service resources.
TN-502 uses HMIS and system-performance data, Coordinated Entry information, provider input, and identified service gaps to inform its coordination with ESG-funded partners. The CoC will continue working with THDA and local ESG providers through the state application process and ongoing system planning to ensure ESG resources complement CoC-funded housing and services and respond to identified community needs.

## 1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

TN-502 coordinates with emergency shelter providers to connect individuals and families experiencing homelessness with Coordinated Entry, housing assistance, treatment, healthcare, benefits, and other services available through the CoC and community partners. Shelter providers participate in CoC planning and referral processes and work with outreach, housing, behavioral-health, healthcare, and other partners to identify participant needs and facilitate connections to appropriate resources.
Coordinated Entry provides a primary pathway from shelter to CoC housing assistance. Individuals and families are assessed for housing needs and connected to appropriate interventions, including Rapid Rehousing and Permanent Supportive Housing. Population-specific coordination further supports connections for veterans, youth and young adults, survivors of domestic violence, families with children, and individuals with significant behavioral-health or medical needs.
Major shelter partners, including Knoxville Area Rescue Ministries, The Salvation Army, Catholic Charities' Samaritan Place, and other community shelters, participate in the broader homeless response network. CoC partners also use case conferencing and direct provider-to-provider coordination to address barriers, identify available housing resources, and facilitate referrals. Street outreach teams similarly connect unsheltered individuals to shelter when appropriate while linking them to Coordinated Entry and other CoC services. TN-502's ongoing redesign of Coordinated Entry is intended to further strengthen these connections by establishing clearer intake and referral processes, population-based case conferencing, consistent Written Standards, and improved HMIS-based coordination so shelter stays can function as an entry point to housing-focused assistance rather than an isolated service.

## 1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

TN-502 regularly makes system performance data publicly available via the KnoxHMIS data dashboard which is updated quarterly. It covers a broad array of key indicators, such as how many people are accessing services, where people are entering the system from, and to what types of housing people are exiting the system. It also covers general housing data in order to help provide greater context for the data within HMIS. Utilization rates for beds, and overall demographics are also covered. Historically an annual summary HMIS report has also been published, which is in the process of being reworked for 2027.

In addition to the regularly updated data dashboard, annually following the Point in Time Count, the full results of the unsheltered survey, in addition to the sheltered data from HMIS and the Housing Inventory Count are combined and published as the annual PIT report. Prior to 2024 the results of the PIT and HIC were solely shared via Press Release. This PIT report is shared directly on the Lead Agency website, and via email with key housing and policy representatives with both the City of Knoxville and Knox County.

The annual PIT report is also presented on at various board and community meetings, such as the Knoxville-Knox County Homeless Coalition, the CoC board, and CoC general membership. The Knoxville-Knox County Office of Housing Stability is very data forward, ensuring that data is regularly used as a touchpoint nested throughout the work conducted within the CoC, also including the Coordinated Entry workgroup. Looking at the data to center addressing issues that exist in the system is a key function of improving system wide outcomes and general performance.

The TN-502 privacy notice explicitly allows for aggregate level data sharing for research, statistical purposes, reporting for funders, the general public and key decision makers for the purposes of informing future homeless services efforts. This is actively done through regular data updates during Continuum of Care Board and General Membership meetings, as well as timely responses to requests for information.

Within Knox County, there are three local government bodies represented: the Town of Farragut, the City of Knoxville, and Knox County. Representatives from both the City of Knoxville and Knox County sit on the Lead Agency Board, as well as the CoC Board, and so are regularly updated on events and information related to the homeless response system.

## 1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The Healthcare for the Unhoused Continuum of Care workgroup has representatives from Knoxville Academy of Medicine Foundation (KAMF), which has programs such as Tennessee Community Resource Network (TCRN) and Knoxville Area Project Access (KAPA). TCRN is a shared provider database that is HIPAA compliant that allows for regular and active updates on clients who are being served in the community. This is to help coordinate the activities of street outreach, EMT's, and direct healthcare providers. Summit Clinic was opened in 2025 in the basement of the Knoxville Area Rescue Ministry (KARM), the area's largest Emergency Shelter.

To be able to coordinate closely and effectively utilizing TCRN has drastically improved the level of services to homeless individuals throughout key City of Knoxville corridors. Recently a study was done to review the level of 911 calls from one particularly homeless service dense district, and the number of calls to 911 had dropped over 30%. There was widespread news coverage about the success, as this has helped reduce EMT response times across the entire geographic area.

TN-502 is in close partnership with local law enforcement, and the Chief of Police is a member of the CoC Board. Knoxville Police Department (KPD) has a homeless liaison to help facilitate coordination and response. KPD is very responsive to complaints about homeless encampments, and approaches resolution in a coordinated way. Prior to engaging with residents at illegal encampments, law enforcement shares the locations with street outreach teams. Street outreach reaches out to make a preliminary connection to services. If anyone is missed by street outreach, the homeless liaison at the time of resolution makes every effort to ensure individuals are provided information and referrals.

Knoxville has both homeless court and active justice re-entry programs. While there is not a direct data sharing agreement between the CoC and the corrections system, there is a lot of indirect engagement and formalized relationships that help connect individuals exiting the system to homeless service providers prior to release. For example, the Knoxville-Knox County Office of Housing Stability, the lead agency for TN-502, has a contract with the Community Action Committee to provide Rapid Rehousing for those exiting the system. The Health Department outreach team also regularly engages within the City and County jails, and helps ensure early referral to resources.

## 1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

TN-502 partners with homeless-service and workforce organizations to connect participants to employment and career pathways. Partners include Knoxville-Knox County Community Action Committee, the American Job Center, Pellissippi State Community College and Tennessee College of Applied Technology. Knox Area Rescue Ministries also provides structured culinary and commercial janitorial job training and employment placement.

## 1C-7. Street Outreach–Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

TN-502's street outreach providers work closely with law enforcement, first responders, healthcare, and public health partners to engage individuals experiencing unsheltered homelessness and connect them to housing and supportive services. The Knoxville Police Department (KPD) operates a co-response team that coordinates with the CoC and community providers to connect individuals encountered by law enforcement with appropriate services. KPD also coordinates closely with outreach providers around encampments. Each week, KPD shares a list of encampments planned for clearing with local outreach teams, allowing providers to engage individuals beforehand, assess needs, and offer connections to Coordinated Entry, shelter, housing, behavioral health and substance use treatment, and other community resources. This coordination creates opportunities for service engagement before enforcement actions occur.

First responders and healthcare partners have also shifted toward proactive outreach in Knoxville's Broadway Mission District, an area with a high concentration of homelessness and homeless services. The Mission District Medical Team brings medical care and service navigation directly to individuals through a partnership that includes American Medical Response, Knoxville Fire Department, Knox County Health Department, Metro Drug Coalition, Project ReLAUNCH, Knoxville Area Project Access, and other community partners. Over two years, the initiative recorded more than 4,800 encounters, served more than 515 individuals, and connected more than 140 people to treatment or sober living. Only nine outreach encounters required ambulance transport, while 911 requests from the Mission District decreased 32%.

These partnerships complement behavioral health, medical, public health, and homeless street outreach occurring throughout the CoC. Partners also use public health and EMS data, including overdose trends and geographic hotspots, to inform outreach and linkage-to-care efforts. By coordinating information, bringing services directly to individuals, and creating opportunities for outreach engagement during law-enforcement and first-responder contacts, TN-502 increases connections to treatment, housing, and other CoC services while reducing reliance on emergency response.

## 1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

TN-502 supports family and support-network reunification through coordination between the Knoxville Police Department (KPD) Homeless Liaison and Volunteer Ministry Center (VMC). When KPD identifies an individual experiencing homelessness who may have family or another support network in another community, VMC social workers work with the individual and proposed receiving household to determine whether reunification is a safe, viable housing option. VMC verifies that the receiving family/support person is willing and prepared to receive and house the individual before travel assistance is provided.
When reunification is verified, KPD and VMC coordinate assistance with transportation costs, including intercity bus travel, so the individual can return to the receiving community. The program is specifically intended to resolve homelessness through verified reunification rather than simply transport people experiencing homelessness out of the CoC's geographic area.
The CoC and its providers also use case management to explore safe family and natural-support connections as part of housing problem-solving and diversion, including helping households identify opportunities to stay with family or friends when appropriate.

| | | | |
|---|---|---|---|
| 1C-9 | **Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.** | | |
| | **Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?** | Yes | |

## 1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

TN-502 cooperates closely with law enforcement, first responders, behavioral health providers, public health, and street outreach partners to address public-safety concerns involving individuals experiencing homelessness while connecting people with appropriate housing, treatment, and supportive services. The Knoxville Police Department (KPD) is an active CoC partner, with the Chief of Police serving on the CoC Board, and KPD's homeless outreach and co-response functions regularly coordinate with community providers.

KPD works directly with outreach teams around encampments and public-space concerns. Each week, KPD shares information about encampments planned for clearing so outreach providers can engage individuals beforehand, assess needs, and connect them with Coordinated Entry, shelter, housing, behavioral health and substance use treatment, and other services. This coordination supports enforcement of applicable public-space requirements while creating opportunities for individuals to engage voluntarily with services before camps are cleared. KPD's longstanding homeless-outreach practice includes advance notice and resource connection during encampment cleanups.

KPD and McNabb Center also operate a co-response model pairing law enforcement with behavioral health professionals to respond to mental health and substance use crises, assess needs, and connect individuals to treatment and other services when appropriate. First responders, healthcare providers, public health, and homeless-service partners further collaborate through proactive medical and service outreach in Knoxville's Broadway Mission District and through other street-outreach initiatives.

Through these partnerships, TN-502 supports local efforts to address encampments, public illicit-drug use, behavioral health crises involving danger to self or others, and other public-safety concerns. The CoC does not direct or impede law-enforcement actions; its role is to coordinate homeless-service resources, facilitate outreach and service connections, and assist first responders in connecting individuals with housing, treatment, healthcare, shelter, and other appropriate services.

## 1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Tennessee's Equal Access to Public Property Act, T.C.A. §39-14-414, prohibits unauthorized camping on public property and establishes a Class E felony offense under specified circumstances. Knoxville Police Department (KPD) policy and practice provide the local framework for addressing encampments while coordinating with homeless-service providers.
TN-502 cooperates with enforcement efforts and uses advance coordination to connect individuals with services before encampments are cleared. KPD shares a weekly list of encampments planned for clearing with local outreach teams, allowing providers to engage individuals beforehand, assess needs, and connect them to Coordinated Entry, shelter, housing, behavioral health and substance use treatment, healthcare, identification assistance, transportation, and other resources. KPD's established encampment practice also includes advance notice and information about available resources.
This coordination is particularly important because the 2026 PIT Count identified 239 people experiencing unsheltered homelessness, with most unsheltered respondents staying in wooded areas or encampments. Encampments have increasingly dispersed beyond the downtown Mission District into suburban and rural areas. More than 50% of PIT respondents reported changing sleeping locations at least weekly, including 67 who moved daily; 129 reported police contact within the prior three months, exceeding reported contact with outreach workers or case managers.
TN-502 leverages KPD's advance-notice and interagency coordination practices to support timely clearing of public encampments while mitigating potential harms of displacement. Outreach before clearing creates opportunities to preserve connections with individuals, protect identification and belongings needed for housing, and transition people from public camping to shelter, treatment, housing, and other services. Because unsheltered residents are highly mobile and frequently encounter law enforcement, TN-502 treats those encounters as important opportunities for service engagement rather than allowing enforcement and homeless-service responses to operate independently.
TN-502 mitigates the destabilizing effects of encampment displacement by coordinating outreach before clearing whenever possible, preserving service connections and creating opportunities to move individuals toward shelter, treatment, and housing.

## 1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC’s geographic area.

(limit 2,500 characters)

Unsheltered homelessness and encampments remain a significant concern throughout Knoxville and Knox County. The 2026 Point-in-Time (PIT) Count identified 239 individuals experiencing unsheltered homelessness. Most unsheltered respondents were residing in wooded areas and encampments, with others sleeping under bridges or overpasses, in vehicles, abandoned buildings, and parks.

Encampments are geographically dispersed. Historically, unsheltered homelessness was concentrated near Knoxville's Broadway Mission District, where many homeless services are located, but current data and outreach experience indicate that encampments have increasingly spread into suburban and rural areas. KPD data further demonstrate this dispersion: from January 1, 2025 through April 19, 2026, officers documented 263 field interviews in which the location of a homeless camp was noted. KPD's heatmap shows these encounters occurring throughout Knoxville and surrounding areas rather than being limited to the downtown core.

The unsheltered population is also highly mobile. More than 50% of 2026 PIT respondents reported changing their sleeping location at least weekly, including 67 individuals who reported moving daily. Additionally, 129 individuals reported police contact during the previous three months, exceeding reported contact with outreach workers or case managers.

Together, these data indicate that TN-502's encampment environment is characterized by substantial geographic dispersion, frequent movement between sleeping locations, and significant interaction with law enforcement. These conditions make sustained outreach and service engagement more challenging and reinforce the need for coordinated responses among KPD, outreach teams, first responders, and homeless-service providers across the CoC's geographic area.

## 1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

TN-502 works within applicable state and local public-safety laws and enforcement practices, including Tennessee's prohibition on unauthorized camping on public property and the City of Knoxville's prohibition on camping on City public property. The CoC coordinates with law enforcement, EMS, behavioral health, public health, healthcare, and street outreach partners so that encounters involving public illicit-drug use or related public-space concerns can create pathways to treatment, recovery services, shelter, and housing in addition to appropriate enforcement. Knox County Sheriff's Office (KCSO) enforces prohibitions on open illicit-drug use, while outreach and treatment partners provide pathways to behavioral health treatment, recovery services, shelter, and housing.

In Knoxville's Broadway Mission District, an AMR-led multidisciplinary initiative involving first responders, public health, medical, recovery, and homeless-service partners provides direct medical care, service navigation, and connections to treatment. Over two years, the initiative reported more than 4,800 encounters, served more than 515 individuals, and connected more than 140 people to treatment or sober living. Only nine outreach encounters required ambulance transport, while 911 requests from the district decreased 32%.

The community is also seeking to expand this capacity through Knox County's 2026 SAMHSA STREETS application. If funded, multidisciplinary Mobile Clinical Engagement Teams would provide medical and behavioral-health intervention in encampments and other unsheltered locations, combining CAC and VMC outreach with AMR/Knoxville Street Medicine Outreach medical services and McNabb behavioral-health treatment. Law enforcement would support referrals during crisis or enforcement encounters. The proposed project targets initiation of 30 individuals on evidence-based SUD treatment during the first grant period and connection of 80% of participants to housing navigation and supportive services.

TN-502 further uses EMS, emergency-department, overdose-surveillance, and public-health data to identify geographic hotspots and target outreach and treatment resources. Together, these strategies mitigate the limitations of an enforcement-only response by pairing public-space and law-enforcement encounters with rapid pathways to treatment, recovery, healthcare, and housing.

## 1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC’s geographic area.

(limit 2,500 characters)

Overdose and illicit substance use remain significant public-health and public-safety concerns in Knoxville and Knox County, particularly among individuals experiencing unsheltered homelessness. The Knox County Regional Forensic Center reported 307 fatal overdoses in 2025. As of July 2026, Knox County had recorded 139 suspected overdose deaths during 2026. The county's reported nonfatal overdose rate was 300 per 100,000 residents, compared with 286 per 100,000 statewide.

Local fatality-review data further demonstrate the intersection between overdose risk and housing instability. Among 36 overdose deaths comprehensively reviewed by the Knox County Overdose Fatality Review Team, 8 individuals (22%) were unsheltered homeless at the time of death and another 9 (25%) were couch surfing or residing in a hotel. Twenty-two (61%) had a mental health diagnosis, most commonly depressive, anxiety, and bipolar disorders. Substance use is also prevalent among people experiencing unsheltered homelessness. More than 55% of unsheltered individuals surveyed during the 2026 Point-in-Time Count reported substance or alcohol use, an increase from 50% in 2025. Knox HMIS data further indicated that 20% of individuals experiencing homelessness at the end of the fourth quarter of 2025 attributed their homelessness directly to substance use.

The intersection of homelessness, public substance use, overdose risk, and emergency-system involvement is particularly visible in areas with high concentrations of unsheltered homelessness. Knoxville's Broadway Mission District has historically concentrated homeless services and unsheltered residents, while encampments have increasingly dispersed into other urban, suburban, and rural locations. Outreach and first-responder experience demonstrates continued need for overdose response, medical intervention, behavioral-health treatment, and recovery engagement in these settings.

Knox County monitors these conditions using multiple data sources. The Knox County Health Department provides EMS data, emergency-room utilization trends, overdose surveillance, infectious-disease monitoring, and syndromic indicators that help identify geographic hotspots, emerging public-health risks, and individuals at elevated risk for overdose or medical deterioration. These data demonstrate an ongoing need for coordinated law-enforcement, first-responder, treatment, recovery, healthcare, and homeless-service responses in public spaces throughout the CoC.

## 1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Tennessee law establishes standards for responding when an individual with mental illness or serious emotional disturbance poses an imminent substantial likelihood of serious harm. Title 33 provides for emergency detention, evaluation, and involuntary treatment when statutory criteria are met and less restrictive alternatives are unsuitable. Tennessee amended the standard from “immediate” to “imminent” substantial likelihood of serious harm in 2024.
TN-502 leverages this framework through coordination among law enforcement, EMS, healthcare, behavioral health, and homeless-service providers. McNabb Center provides Mobile Crisis and crisis behavioral-health services, creating pathways for assessment, de-escalation, stabilization, treatment, and emergency evaluation when necessary. This capacity is particularly relevant for the unsheltered population: 42% of unsheltered respondents in the 2026 PIT Count reported a mental health condition, and 129 reported police contact during the prior three months.
TN-502 is also addressing longer-term safety and capacity concerns that may not be resolved through repeated crisis intervention. The CoC's Healthcare for the Unhoused Work Group is examining barriers and developing community approaches related to conservatorship for individuals experiencing homelessness whose cognitive, psychiatric, medical, or other impairments may substantially limit their ability to protect their health and safety or manage their affairs. In Tennessee conservatorship is a separate court process through which a court may provide partial or full supervision, protection, and assistance to an adult determined to need it because of mental or physical incapacity.
If Knox County's pending SAMHSA STREETS application is funded, multidisciplinary street-based clinical teams would provide behavioral-health assessment, suicide-risk screening, immediate safety planning, Mobile Crisis coordination, and connection to appropriate levels of care for individuals encountered in encampments and other unsheltered settings.
Together, these strategies provide a continuum from street-based identification and voluntary crisis intervention to emergency detention when statutory standards are met, while developing longer-term protective approaches for individuals with persistent capacity and safety concerns.

## 1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Tennessee's Sex Offender and Violent Sex Offender Registration, Verification and Tracking Act establishes registration and reporting requirements for individuals subject to sex-offender registration, including individuals without a fixed residence. The Tennessee Bureau of Investigation maintains the statewide Sex Offender Registry, while local law enforcement agencies are responsible for registration, verification, and enforcement.
In Knox County, individuals experiencing homelessness who are subject to sex-offender registration requirements must register monthly. According to the Knox County Sheriff's Office Sex Offender Unit, individuals may register through the Knox County Sheriff's Office, Knoxville Police Department, or Tennessee Department of Correction. Most individuals experiencing homelessness maintain their required registration; failure to report as required may result in an arrest warrant.
TN-502 cooperates with these requirements and does not maintain policies or practices that impede registration or enforcement. Emergency shelter providers, including Knox Area Rescue Ministries and The Salvation Army, check the Tennessee Sex Offender Registry as part of their safety and eligibility processes. CoC providers coordinate with law enforcement as appropriate when registration status, placement restrictions, location information, or other public-safety considerations affect an individual experiencing homelessness. Because individuals without a fixed residence may move among shelters, encampments, and other locations, coordination among law enforcement, outreach, shelter, Coordinated Entry, and housing providers can help address practical barriers associated with homelessness while maintaining appropriate roles. Law enforcement retains responsibility for registration and enforcement, while homeless-service providers can connect individuals with the appropriate agency and coordinate around housing and service needs consistent with applicable law and privacy requirements.

## 1C-11. Outreach Strategy.

Describe your CoC’s strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The CoC aligns efforts across homeless outreach agencies in the continuum. There are five agencies with homeless outreach programs in TN-502: Volunteer Ministry Center (VMC), Community Action Committee (CAC), McNabb Center, Knox County Health Department and Knox Area Rescue Ministries. Across these five organizations, the CoC has outreach capability to provide services and referrals in the field, to house homeless individuals from the street, address encampment complaints, document homeless status across time, administer care for infectious diseases, and offer special shelter and supports during dangerous heat or cold.
The two largest outreach teams are under VMC and CAC, and these teams respond to community inquiries and encampment complaints, as well as having their own case loads and successfully housing people experiencing homelessness (chronic and otherwise) from the street. McNabb's outreach team focuses on individuals with severe and persistent mental illness and/or co-occurring disorders, and are able to quickly refer individuals to McNabb's PATH program (Program for Assistance in Transition from Homelessness). The Health Department's outreach team focuses on individuals with substance use disorder and/or certain infectious diseases such as HIV and Hepatitis C. Knox Area Rescue Ministries' outreach team is comparatively small and focuses on bringing individuals into emergency shelter, as well as supplementing community response during dangerous weather (heat, cold, etc.).
TN-502 is also home to two new organizations offering medical outreach: Mission District Medical Outreach and Knox Street Medicine Outreach. Mission District Medical Outreach is a partnership between the local contracted ambulance service provider, the Knox County Health Department, Knoxville Fire Department, and others. They currently focus on providing first aid and care at least once a week in the 'mission district' where homeless services and people experiencing homelessness are concentrated. As a result of their work, along with a new clinic located inside the Mission, emergency calls from the Mission District are down by 32% since 2025. Knox Street Medicine Outreach is a local nonprofit run by a physician who does 'rounds' in encampments several times a month. While this group started out in the Mission District, access there has improved enough that they now are able to provide services in other parts of the city and county.

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| 1C-12. | **Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.** | |

**Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:**

| | | Written Agreement |
|---|---|---|
| 1. | Child Care (including Child Care and Development Fund) | No |
| 2. | Early Childhood Providers | No |
| 3. | Early Head Start | No |
| 4. | Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV) | No |
| 5. | Head Start | No |
| 6. | Healthy Start | No |

| | | |
|---|---|---|
| 7. | Public Pre-K | No |
| 8. | Tribal Home Visiting Program | No |
| | Other (limit 150 characters) | |
| 9. | | |

| | | |
|---|---|---|
| 1C-12a. | Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers. | |

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

| | | |
|---|---|---|
| 1. | McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA)) | Yes |
| 2. | School District(s) | Yes |
| 3. | General Education Development (GED) Program(s) | Yes |
| 4. | Community College(s) | Yes |
| 5. | Technical College(s) | Yes |
| 6. | Other Post-Secondary Education Provider(s) | Yes |

## 1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

TN-502's Grant Management Guidelines establish the McKinney-Vento Homeless Assistance Act as part of the governing federal framework for CoC-funded programs and require grantees to operate in accordance with applicable federal requirements. TN-502 implements these requirements in coordination with the Knox County Schools McKinney-Vento Homeless Education Program. The district's McKinney-Vento liaison and school-based staff inform students and families experiencing homelessness of their educational rights and available services. Educational-rights information is available in English and Spanish through schools and guidance offices, shelters, community partner locations, and the district's website. The program maintains relationships with homeless-service providers, including KARM, The Salvation Army, and Family Promise, to identify and connect eligible students and families with educational assistance.

## 1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

TN-502 coordinates with child welfare, education, and youth-service partners to prevent homelessness among youth transitioning from foster care. Knox County Schools works with the Tennessee Department of Children's Services (DCS) through designated points of contact, while CAC Youth WINS coordinates with DCS and Youth Villages LifeSet to support young adults transitioning from foster care. Youth WINS connects eligible young adults to case management, housing, employment, budgeting, education, and other supports. TN-502's youth housing resources also include YHDP-supported housing and case management designed to help young adults achieve stable housing and increasing independence.

### 1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

TN-502 partners with McNabb Center, a federally funded Runaway and Homeless Youth (RHY) provider. McNabb participates in weekly youth case conferencing with YHDP providers, including CAC, and other youth-serving organizations to coordinate services for youth experiencing homelessness. McNabb also coordinates with street outreach providers to ensure minors encountered while experiencing homelessness are connected to age-appropriate services. When child-welfare involvement is required, CoC-funded providers coordinate with the Tennessee Department of Children’s Services and McNabb’s RHY program to connect minors to appropriate care.

### 1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The Community Action Committee receives CoC funding for the RRH program called “Families in Need” (FIN), which primarily serves families with children experiencing homelessness. They offer case management, short-term rental assistance and other supports.

### 1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

Many FIN clients already have employment but still have trouble affording housing costs, especially if they need to move apartments. If clients do not have employment (which is rare), they are referred to CAC's workforce department. CAC's workforce department includes four programs.
1) Workforce Connections provides a comprehensive set of employment services tailored to the needs of job-seekers, helping them maximize their ability to compete in the current labor market and find employment opportunities. Employment specialists work with clients to develop service plans with the most effective strategies to find employment, including career assessments, information on training opportunities and adult education, employability workshops and more. Participants who obtain employment may be eligible for support services such as transportation assistance, work clothing, and safety equipment to help with a successful transition into the workplace.
2) Ticket to Work connects disability beneficiaries who wish to reenter the workforce to employment. The program is a good fit for people who want to improve their earning potential and are committed to preparing for long-term success in the workforce. Staff work with clients on achieving employment goals and increasing financial independence.
3) CAC's Re-Connections program helps justice-involved individuals seek employment and community resources in order to re-integrate into the community.
4) CAC also runs the Workforce Education and Re-Entry program, which facilitates free, family-oriented DCS and Knox County Court-approved certification classes, including fatherhood, non-offender domestic violence education, and parenting.
All of CAC's workforce programs collaborate with the American Job Center and the START Center (Skilled Trades Academy Regional Training Center). The START Center is a public-private partnership between Knox County and trade-based industry and education leaders that is dedicated to building better economic opportunities through trade-based education, innovative teaching, industry experiences and foundational development. The START Center offers apprenticeship training for adult learners, current industry certification and credentialing, and partners with other entities to offer courses in HVAC, electrical, plumbing and carpentry.

## 1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Case managers with the Families in Need (FIN) program conduct an extensive needs and eligibility assessment with each family, and offer support in accessing both subsidized and affordable market-rate housing. Program staff work to connect clients to mainstream support programs, but most families in the program have at least one member who is employed. As such, many families are not eligible for some support programs, though SNAP fills a common need for participating families.
Program staff often intervene with local utility providers to set up payment plans for families to pay down outstanding balances. The largest local utility, Knoxville Utilities Board, has a social services department that will only communicate with case managers and other agency staff, so many times a case manager is the only person who is allowed to negotiate a payment plan.
The FIN program keeps at least one case manager on staff who is SOAR-trained (SSDI Outreach, Access and Recovery), to help maximize support for families who are eligible for mainstream support programs. If an adult or child in the family has a serious mental illness, medical impairment and/or co-occurring substance use disorder, they can be referred to CAC's Access to Benefits (A2B) program, which also utilizes SOAR-trained staff to help clients access benefits for which they are eligible.

### 1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The Families in Need (FIN) program is focused on connecting clients with parenting supports as needed, and CAC runs a tutoring and mentoring program for children kindergarten through sixth grade, with classes meeting in a local community center. FIN staff coordinate with Knox County Schools' McKinney-Vento Liaison to help support clients/families with school-aged children.
CAC also runs the Workforce Education and Re-Entry program, which facilitates free, family-oriented DCS and Knox County Court-approved certification classes, including fatherhood, non-offender domestic violence education, and parenting.
The FIN program partners with local non-profits to ensure program participants have necessary school supplies, as well as gas cards and gift cards. They partner with the local nonprofit Helping Mamas to connect families who have young children with diapers and baby supplies. Families enrolled in FIN are generally able to access healthcare for their children because all children in Tennessee are eligible to be covered by Medicaid (TennCare). Pregnant women have presumptive eligibility for TennCare, and are covered up to one year after birth, which helps families access care efficiently.
Childcare is a real challenge in TN-502, with many families unable to afford full-time, quality care. While the local United Way is piloting onsite micro-childcare centers with large employers, this program is in its infancy.

## 1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

TN-502 partners with the U.S. Department of Veterans Affairs and veteran-serving providers to identify and connect veterans experiencing homelessness with housing and services. VA staff participate in Veteran Tuesdays, where VA and CoC partners coordinate housing and service referrals, address barriers, and connect veterans to HUD-VASH, SSVF, healthcare, treatment, Coordinated Entry, and other resources.

 

| | | |
|---|---|---|
| 1C-14a | Collaboration with Veteran Serving Organizations. | |
| | Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following: | |

| | | |
|---|---|---|
| 1. | Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance? | Yes |
| 2. | Coordinates the provision of emergency shelter, supportive services, and housing for veterans? | Yes |
| 3. | Ensures access to a full spectrum of employment and career pathway opportunities? | Yes |
| 4. | Shares data with the Department of Veterans Affairs as appropriate? | Yes |
| 5. | Identifies service gaps for veterans? | Yes |
| 6. | Fills service gaps for veterans? | Yes |

## 1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

TN-502 partners with the YWCA Knoxville and the Tennessee Valley, a victim service provider serving survivors of domestic violence, through both system planning and direct service coordination. YWCA representation on the CoC Board embeds survivor-service expertise in CoC governance, while community referral pathways connect survivors with emergency shelter, safety planning, advocacy, housing assistance, legal services, and other supports.

## 1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

TN-502 coordinates with Knox County re-entry partners to prevent homelessness after incarceration. Knox County Health Department Justice-Involved Navigators work within the detention facility and probation to connect individuals to housing resources, treatment and community supports. The START Center and other re-entry partners address barriers through identification assistance, workforce credentialing, apprenticeships and recovery support.

## 1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

TN-502 collaborates with the Knox County Health Department through Knox County Health Department's Overdose Data to Action (OD2A) initiative, which embeds peer navigators in emergency departments to connect individuals with substance use disorders, including people experiencing homelessness, to treatment, behavioral healthcare, housing resources and overdose-prevention services through warm handoffs.

## 1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

TN-502 partners with Catholic Charities of East Tennessee, which operates Samaritan Place for adults age 60+ experiencing homelessness or housing instability. Samaritan Place provides emergency shelter, transitional housing, case management and supportive services tailored to older adults, including assistance with daily living, meals, transportation, and connections to community resources that support stability and independence.

## 1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

Flenniken Landing, operated by Southeastern Housing Foundation II, is a 48-unit Permanent Supportive Housing community serving single adults transitioning from chronic homelessness. Participants are referred in coordination with CHAMP, and the project combines permanent housing with full-time onsite case management and individualized supportive services focused on long-term housing stability and self-sufficiency.

## 1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Flenniken Landing residents have access to behavioral-health services through KLF's TNMHSAS-licensed Counseling Center. A staff clinician provides individual and group psychotherapy and crisis intervention/navigation to KLF participants, including PSH residents. Care Coordination staff also connect residents with external behavioral-health providers, including McNabb and River Valley Health for psychiatry, prescribing, medication management, and other services based on individual need.

## 1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

KLF uses written guidance to assess when a PSH resident needs support beyond what onsite Care Coordination can provide. Staff identify concerns such as declining activities of daily living, lease violations affecting housing stability, self-disclosed needs, or needs identified following hospitalization or incarceration. Staff first seek community-based and in-home supports that allow the resident to remain safely housed. When those supports are insufficient, staff engage qualified professionals, healthcare providers, hospital discharge planners, insurers, APS, and other appropriate partners to evaluate and facilitate a higher level of care while seeking to preserve housing stability.

## 1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

TN-502 uses Coordinated Entry to prioritize Permanent Supportive Housing for individuals with chronic homelessness and significant barriers to housing stability, helping ensure that limited PSH resources are targeted to individuals who need the long-term housing and supportive-services model. Consistent with the permanent nature of PSH, Flenniken Landing does not impose an expectation that residents “graduate” from housing after a predetermined period.
Resident circumstances are reassessed throughout tenancy, including required income reviews associated with the Project-Based Voucher. When increased income or other changes indicate that a resident may be able to maintain permanent housing without the PSH subsidy, property management and supportive-services staff can assist with planning for an appropriate transition while protecting housing stability. Residents may otherwise remain at Flenniken as long as they continue to meet voucher and lease requirements.

# 1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

| | | |
|---|---|---|
| 1D-1. | Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. | |

| |
|---|
| You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen. |
| Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition: |

| | | |
|---|---|---|
| 1. | Established total points available for each project application type. | Yes |
| 2. | At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications. | Yes |
| 3. | At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications. | Yes |
| 4. | Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH). | Yes |
| 5. | Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH). | Yes |
| 6. | Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH). | Yes |

| | | |
|---|---|---|
| 1D-2. | New Proposals. | |
| | Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist? | Yes |

| | | |
|---|---|---|
| 1D-2a. | Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline. | |

| | | |
|---|---|---|
| | Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included:<br>1. the CoC Application, and<br>2. Project Priority Listings. | 09/28/2026 |

| | | |
|---|---|---|
| 1D-2b. | Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website. | |

| | | |
|---|---|---|
| | Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website. | 09/28/2026 |

| | | |
|---|---|---|
| 1D-2c. | Local Competition Selection Results for All Projects. | |
| | You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen. | |

| | | |
|---|---|---|
| | Does your attachment include:<br>1. Project Names,<br>2. Project Scores,<br>3. Project Rank,<br>4. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated,<br>5. Amount Requested from HUD, and<br>6. Reallocated Funds +/-. | Yes |

| | | |
|---|---|---|
| 1D-2d. | Projects Rejected/Reduced–Notification Outside of e-snaps. | |

| | | |
|---|---|---|
| 1. | Did your CoC reject or reduce any project application(s) submitted for funding during its local competition? | Yes |
| 2. | If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. | 07/27/2026 |
| 3. | Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition? | Yes |

| | | |
|---|---|---|
| 1D-2e. | Projects Accepted–Notification Outside of e-snaps. | |

| | | |
|---|---|---|
| | Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. | 08/05/2026 |

| | | |
|---|---|---|
| 1D-3. | Reallocation–Reviewing Performance of Existing Projects. | |

| | Describe: |
|---|---|
| 1. | your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed, |
| 2. | whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year, |
| 3. | whether your CoC reallocated any low performing or less needed projects during its local competition this year; and |
| 4. | why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable. |

(limit 2,500 characters)

1.TN-502 is committed to the reallocation process as it ensures that CoC funding remains competitive. The formal reallocation policy was amended in 2026 to allow for quicker and more responsive reallocation.

The current policy allows for reallocation for a specific set of reasons, and also leaves for flexibility and the critical decision making of the Rank and Review committee and the Knoxville-Knox County Office of Housing Stability as the lead agency conducting monitoring and programmatic review within the CoC. The specific reasons listed include: spending less than 80% of awarded funds, utilizing less than 80% bed or unit capacity on average, receiving 60% or fewer of total available points during the local scoring tool in the most recent CoC funding competition, not serving the intended population, unresolved findings, not submitting a renewal application by the deadline, and changing priorities at the federal level.

2.There were no low-performing projects that were identified during the FY 2026 TN-502 local competition. However, in response to the community mix of services, and the change of context offered by the NOFO, many renewal projects are taking advantage of the opportunity to reconsider their structure and transition their programs. These programs are shifting in part to be able to maximize the structures of their own organizations to meet the needs of the community with more flexibility, and in greater depth regarding the menu of supportive services being offered.
3.There were no low-performing projects that were involuntarily reallocated during the FY 2026 TN-502 local competition.
4.Many projects determined it was a prudent opportunity to either right-size their program funding request, or update their overall provision of services to align with the focus on offering more direct pathways to mental, behavioral, and economic development supports. This resulted in a voluntary reduction by some agencies, and some reconsiderations of expansion applications within the CoC, as well as transition of project type by others. With this broad array of shifts, including new projects, expansions, reductions, and transitions, all applications which will be received will be able to be included in the priority listing for funding, and all will fall within either Tier 1 or Tier 2.

| | | |
|---|---|---|
| 1D-3a. | **Reallocation Between FY 2021 and FY 2026.** | |

| | | |
|---|---|---|
| | **Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?** | Yes |

# 2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

| | | |
|---|---|---|
| 2A-1. | HMIS Vendor. | |
| | Not Scored–For Information Only | |

| | | |
|---|---|---|
| | Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters) | Wellsky |

| | | |
|---|---|---|
| 2A-2. | HMIS Implementation Coverage Area. | |
| | Not Scored–For Information Only | |

| | | |
|---|---|---|
| | Select from dropdown menu your CoC's HMIS coverage area. | Single CoC |

| | | |
|---|---|---|
| 2A-3. | PIT Count–Methodology Change. | |

| | Describe: |
|---|---|
| 1. | any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and |
| 2. | how the changes affected your CoC's PIT count results. |

(limit 2,500 characters)

1. The unsheltered PIT count implementation remained consistent in the overall approach and application, though there were some key factors that impacted the final results. In TN-502 during December-March, there is a local and concerted effort to expand capacity at one temperature threshold – 32F, and then to also open emergency warming shelters when the temperature is cold enough – 25F. In 2025 the emergency warming shelters were open, which represented an additional 417 individuals in emergency shelter.
The broader implementation remained similar from 2025 to 2026, though there were some notable differences in the events at which the survey was conducted during the week, as well as the main body of volunteers who engaged in direct PIT survey outreach. In 2025 the main body of volunteers were those already directly engaged in homeless services and outreach, and in 2026 the call for volunteers was made to the broader community through Volunteer East TN, a volunteer website and management platform.
In 2025 there were a select number of “Come and Be Counted” events, places where providers were already engaging in providing services that PIT volunteers would conduct the survey and distribute incentives. In 2026 there was a much broader call for event hosts, which generated new leads and locations at which to conduct the survey. It was noted that though there were hundreds of surveys conducted, there were a limited number of duplicates – meaning that even if people came across the survey more than once, they generally were not engaging with it multiple times.
2. The main impact from implementation in 2025 to 2026 was specific to the fact that emergency warming shelters were in operation on PIT night, which required a pivot to account for conducting surveys as folks were entering shelter. This helped us understand that 73% of those who were in warming shelters on PIT night, and thus included in the emergency shelter portion of the count, had the night prior been living unsheltered.
Though the PIT outreach effort is comprehensive it is incredibly difficult to not only find everyone to do the survey with, then to also have a 100% response rate. If people do not want to answer the survey, they are not incorporated into the count. The emergency warming shelter capacity increased the count in emergency shelter to 814 in 2025, down to 583 in 2026.

## 2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

During 2025, TN-502 coordinated encampment response among street outreach providers, the Knoxville Police Department, local government, Coordinated Entry, shelters, behavioral health providers, and other community partners. Knoxville Police Department regularly shared information regarding encampment locations and planned clearing activity with outreach partners, allowing outreach workers to engage residents before clearing when possible, assess needs, and connect individuals to emergency shelter, housing resources, behavioral health and substance use treatment, healthcare, identification assistance, transportation, and Coordinated Entry.
The CoC and its partners used street outreach observations, law-enforcement information, Point-in-Time Count data, and City of Knoxville 311 Homeless Camp Reports to identify locations of unsheltered homelessness and coordinate engagement. City 311 reports also informed Knoxville Police Department encampment response and helped identify locations requiring outreach.
TN-502 does not have an unduplicated data source that identifies the number of unique encampments or people residing in encampments at both the beginning and end of the evaluation period. City 311 data are therefore not a precise encampment count: a report represents a complaint regarding a homeless camp rather than a unique encampment or resident. However, this is the only measure of encampment activity that is consistently collected across time and so we are using it for the metrics in this application. For the number of people in encampments, we are utilizing estimates from outreach teams that most camps here are small, with an average of 3 people residing in them. As a supplemental indicator, the City received 264 Homeless Camp Reports during 2025, compared with 156 during 2024.

| 2A-4a. | Reduce Encampments—Number of Encampments. | |
|---|---|---|

| | |
|---|---|
| 1. Enter the estimated number of encampments in the beginning of your evaluation period. | 22 |
| 2. Enter the reduction in the number of encampments during your evaluation period. | 15 |

| 2A-4b. | Reduce Encampments—Number of People in Encampments. | |
|---|---|---|

| | |
|---|---|
| 1. Enter the estimated number of people in encampments in the beginning of your evaluation period. | 66 |
| 2. Enter the reduction in the number of people in encampments during your evaluation period. | 45 |

 

| 2A-4c. | Reduce Encampments—Plans to Reduce Encampments. |
|---|---|

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

TN-502 is strengthening a coordinated strategy to reduce both the number of encampments and the number of people residing in them by increasing pathways from unsheltered homelessness to shelter, treatment, and permanent housing. The CoC coordinates with the City of Knoxville, Knox County, law enforcement, street outreach providers, shelters, behavioral health providers, and other community partners to identify encampments, engage individuals, and connect them with appropriate resources.
Knoxville Police Department shares information about encampments and planned clearing activity with outreach partners, allowing outreach teams to engage individuals before clearing when possible. Outreach workers connect individuals to emergency shelter, Coordinated Entry, housing resources, behavioral health and substance use treatment, healthcare, identification assistance, transportation, and other services. The CoC is also strengthening population-based case coordination and redesigning Coordinated Entry to improve movement from outreach and assessment to appropriate housing and services.
TN-502 is simultaneously working to expand the resources available to people leaving encampments. Community partners are increasing emergency shelter capacity, while the CoC is pursuing additional housing and service resources through the FY2026 CoC Program Competition. Knox County has also applied for SAMHSA STREETS funding to expand multidisciplinary street outreach and clinical engagement for people experiencing unsheltered homelessness and substance use disorders.
The CoC will continue using PIT, HMIS, outreach, law-enforcement, and local-government data to identify concentrations of unsheltered homelessness, coordinate responses, and evaluate whether these strategies reduce encampments and the number of people residing in them.

## 2A-5. Reducing the Number of First Time Homeless–CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The Office of Housing Stability, as Lead Agency, helped create a 3 year strategic plan (2026–2028) to guide CoC system coordination and community goals. Goal 2 focuses on preventing homelessness through diversion, stabilization, and responsive support for those at risk, including quick access to flexible funding.
Within the next six months, Knox County will launch two homelessness prevention programs. The first, the Housing Diversion Program, supports individuals within 21 days of eviction who meet HOME ARP eligibility. Participants receive mediation and case management, with possible financial assistance depending on program criteria and mediation outcomes. The program's primary goal is to help people remain housed, have time to secure alternative housing, or move in with family or friends, while avoiding eviction records. County staff will conduct periodic surveys to evaluate effectiveness and housing stability.
The Office of Housing Stability will coordinate closely on system alignment as this program is implemented. The second initiative, the Housing Stabilization Program, will primarily serve individuals who are literally homeless. Eligible participants may receive deposits, first month's rent, or utility support. Knox County is partnering with local nonprofits to ensure access to case management and other stabilization services.
Meeting the need for rental and utility assistance county wide is central to prevention efforts, alongside coordination of landlord incentives and housing navigation. One local nonprofit provided 1,824 rental assistance payments and 2,484 utility payments in 2025. From January to June 2026, rental assistance remains high at 902 payments, while utility assistance is lower due to a milder winter. Since the end of THDA's ERA EPP program, prevention funding has depended largely on donations. While the community remains committed to preventing evictions, current resources are extremely limited relative to need, and only a small number of households can be assisted.

## 2A-6. Reducing Length of Time Homeless–CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The CoC's 2026–2028 Strategic Plan establishes Objective 4b, reducing the average duration of homelessness by 60 days by 2028 (from 280 to 220 days). To achieve this goal, the CoC is implementing a coordinated strategy that combines system improvements with expanded housing opportunities. Key initiatives include developing consistent Written Standards for Permanent Supportive Housing and Rapid Rehousing, redesigning the Coordinated Entry system to improve prioritization and reduce delays between assessment and referral, strengthening population-based case conferencing, and working with local government, nonprofit, and private-sector partners to expand Permanent Supportive Housing, Rapid Rehousing, and other housing resources. Together, these efforts are intended to improve the efficiency of the homeless response system, reduce unnecessary time spent waiting for housing, better match households to appropriate interventions, and increase successful exits to permanent housing.

| | | |
|---|---|---|
| 2A-7. | Successful Permanent Housing Placement–Exits to Unsubsidized Housing. | |

| | |
|---|---|
| Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing? | 33.00% |

### Describe how you calculated the data for this response.

### (limit 2,500 characters)

There are 28 reporting TH, RRH, and PSH projects in the TN-502 HMIS system. These include: CAC - YHDP (Crisis TH), TH; CCETN – TH, TH; Salvation Army Bootstrap: TH-RRH Tier 1, TH; YWCA--Keys of Hope, TH; ZZZ - Steps House - TH (VA GPD), TH; Salvation Army Bootstrap: TH-RRH Tier 2, RRH; CAC – CITY RRH, RRH; CAC - ESG Direct Financial Assistance, RRH; CAC - Families In Need RRH, RRH; CAC - YHDP (RRH), RRH; CAC - Youth WINS County ESG RRH, RRH; VMC Rapid Re-Housing (ESG), RRH; VOA - SSVF (RRH), RRH; Callahan Flats - Knoxville Leadership Foundation, PSH; Flenniken Landing - Knoxville Leadership Foundation, PSH; HUD VASH, PSH; McNabb Center - Cedar Crossing, PSH; McNabb Center - Ginn Road, PSH; McNabb Center - Maple Grove Apts., PSH; McNabb Center - Middlebrook Pike, PSH; McNabb Center - Morgan Street, PSH; McNabb Center - New Hope Apartments, PSH; McNabb Center - Pleasantree HUD, PSH; McNabb Center - The Willows, PSH; McNabb Center - Washington Oaks, PSH; VA - Liberty Place PSH, PSH; VMC Caswell Manor, PSH; VMC Minvilla Manor, PSH. These TH, RRH, and PSH projects had 1084 exiting clients in 2025 (APR 5A-5, “Number of Leavers”). Of those, 361 (33%) exited to unsubsidized permanent housing: 65, Staying or living with family, permanent tenure; 14, Staying or living with friends, permanent tenure; 276, Rental by client, no ongoing housing subsidy; 6, owned by client no ongoing housing subsidy.

| | | |
|---|---|---|
| 2A-8. | Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date. | |

| | | |
|---|---|---|
| | Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count. | 01/21/2026 |

| | | |
|---|---|---|
| 2A-8a. | HIC and PIT Count Data–HDX 2.0 Submission Date. | |

| | | |
|---|---|---|
| | Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT? | Yes |

| | | |
|---|---|---|
| 2A-8b. | Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date. | |
| | You must upload your CoC’s FY 2026 HDX Competition Report to the 4A. Attachments Screen. | |

| | |
|---|---|
| Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST? | Yes |

| | | |
|---|---|---|
| 2A-8c. | System Performance Measures (SPM) Data–HDX 2.0 Submission Date. | |

| | | |
|---|---|---|
| | Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT? | Yes |

| | | |
|---|---|---|
| 2A-9. | HMIS and Comparable Database Participation—Bed Coverage Rate. | |

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

| Project Type | Adjusted Total Year-Round, Current Non-VSP Beds | Adjusted Total Year-Round, Current VSP Beds | Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database | HMIS and Comparable Database Coverage Rate |
|---|---|---|---|---|
| 1. Emergency Shelter (ES) beds | 437 | 33 | 117 | 24.89% |
| 2. Safe Haven (SH) beds | 0 | 0 | 0 | 0.00% |
| 3. Transitional Housing (TH) beds | 136 | 25 | 101 | 62.73% |
| 4. Rapid Re-Housing (RRH) beds | 88 | 0 | 88 | 100.00% |
| 5. Permanent Supportive Housing (PSH) beds | 440 | 0 | 419 | 95.23% |
| 6. Other Permanent Housing (OPH) beds | 130 | 0 | 130 | 100.00% |

| | | |
|---|---|---|
| 2A-9a. | Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9. | |

| | For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe: |
|---|---|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,500 characters)

Narrative for 1 (Emergency Shelter):
1.Steps: KnoxHMIS, the HMIS Lead for TN-502, is working to restore HMIS participation for Knox Area Rescue Ministries (KARM), the CoC's largest emergency shelter provider. KARM historically contributed ES and TH data through an import from its Spero database. When Spero was sunset in April 2025, KARM moved to ClientTrack and subsequently learned that an HMIS import was not feasible. KARM transitioned again to MissionTracker in April 2026. KnoxHMIS is now working with KARM, MissionTracker, and WellSky to complete the new import and establish an ongoing data feed. Once KARM's current ES data are incorporated, ES bed coverage is expected to exceed 95%. While it is difficult to estimate an exact timeline, all parties are in close communication and coordination, and so estimated to be well within the next 6-12 months.

2.Implementation: KnoxHMIS will coordinate regularly with KARM and both software vendors until the import is operational; validate the initial data against KARM source records and HMIS project setup; resolve data-quality or mapping issues; and establish a recurring import schedule. KnoxHMIS will then monitor ES participation and data quality through routine reporting and address interruptions promptly with the provider and vendors.
Narrative for 3 (Transitional Housing):
1.Steps: Three providers account for the current TH coverage gap. The largest component is KARM Serenity, whose 44 TH beds will be restored to active HMIS participation through the same MissionTracker-to-WellSky import described above. Based on current bed inventory, this is expected to increase TH coverage to 90%. The full import is expected to be completed within the next 6-12 months, at a conservative estimate. It is possible the data will be fully incorporated and reflected on the KnoxHMIS data dashboard much sooner.
2.Implementation: KnoxHMIS will complete and validate KARM's recurring import, then provide each newly participating TH project with HMIS project setup, participation documentation, user access and training, data-entry/import specifications, and data-quality monitoring. KnoxHMIS and the Office of Housing Stability will review TH bed coverage at least quarterly, identify any remaining nonparticipating beds, and conduct targeted provider follow-up until the rate is at least 85%, with a local goal above 90%.

# 3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

| | | |
|---|---|---|
| 3A-1. | **Supporting Activities within an Opportunity Zone.** | |
| | **You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.** | |

| | | |
|---|---|---|
| 1. | **Will the proposed activities/projects occur within Opportunity Zone Census Tracts?** | Yes |
| 2. | **Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?** | No |

| | |
|---|---|
| 3A-2 | **Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.** |

**Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?** No

# 4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

| We have provided the following guidance to help you successfully upload attachments and get maximum points: |
|---|

| | |
|---|---|
| 1. | You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete. |
| 2. | You must upload an attachment for each document listed where 'Required?' is 'Yes'. |
| 3. | We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube. |
| 4. | Attachments must match the questions they are associated with. |
| 5. | Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. |
| 6. | If you cannot read the attachment, it is likely we cannot read it either. |
| | . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time). |
| | . We must be able to read everything you want us to consider in any attachment. |
| 7. | After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include. |
| 8. | Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions. |

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| 01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment | Yes | | |
| 02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment | Yes | | |
| 03. 1C-3. Language from Project Supportive Service Agreements | Yes | | |
| 04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety | Yes | | |
| 05. 1D-1. Local Competition Scoring Tool | Yes | | |

| | | | |
|---|---|---|---|
| 06. 1D-2c. Local Competition Selection Results | Yes | | |
| 07. 2A-8b. FY 2026 HDX Competition Report | Yes | | |
| 08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points | No | | |
| 09. 3A-2a. Project List for Other Federal Statutes | No | | |
| 10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery | No | | |
| 11. Other | No | | |

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# Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

| Page | Last Updated |
|---|---|
| 1A. CoC Identification | 09/24/2026 |
| 1B. Coordination and Engagement–Accountable Structure and Participation | 09/24/2026 |
| 1C. Coordination and Engagement | Please Complete |
| 1D. Project Review/Ranking | 09/27/2026 |
| 2A. HMIS Implementation | 09/24/2026 |
| 3A. Policy Initiatives | 09/24/2026 |
| 4A. Attachments Screen | Please Complete |
| Submission Summary | No Input Required |