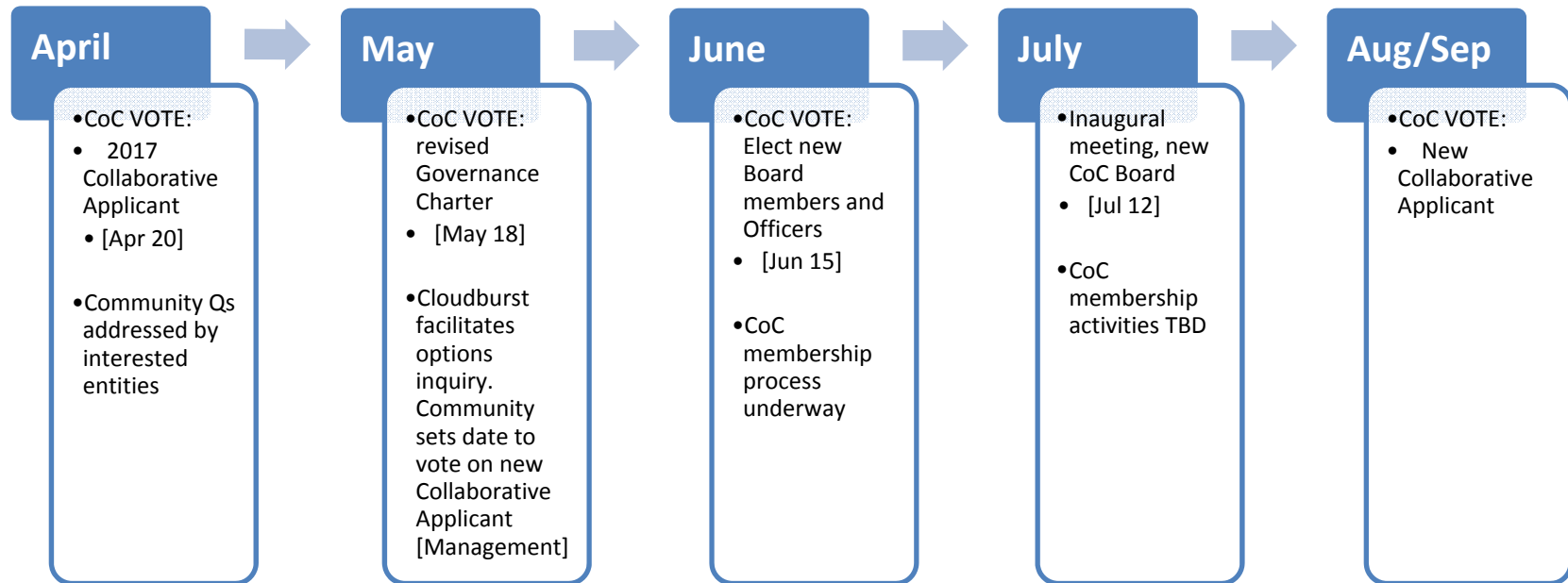


Cloudburst Option 3

- Federal - Homelessness Emergency Assistance and Rapid Transition to Housing Act (HEARTH)
 - Chronic Homelessness (1 year or 4 separate events in 3 years)
 - Consolidates competitive grants
 - Basis for HUD rule establishing Continuum of Care (CoC)
- CoC is the vehicle for Federal funds, roughly \$2.5M/year
 - Governance determined by CoC members; approved by HUD
 - CoC charter establishes governance
 - Members receiving Federal Homelessness funds
 - Members providing Homelessness services
 - Nashville CoC governance presently under HUD funded Technical Assistance consultant led review (Cloudburst); review began in October 2106 and is ongoing
- Local/Metro – Metropolitan Homelessness Commission (MHC)
 - How's Nashville 100,000 Homes
 - Collaborative network for non-profits and providers
 - HUD & Metro funded review of MHC Homelessness and Strategy by Focus Strategies was completed in March 2016
 - Recommended MHC as unified governance and decision making entity
- Cloudburst TA Scope of Work: Strengthen CoC Governance & Identify Options for Restructuring CoC
 - (1) educate on HEARTH/HUD requirements, limitations and opportunities;
 - (2) present draft structural leadership and management options;
 - (3) facilitate community and CoC discussions leading to governance decisions and an updated homelessness plan

Cloudburst/CoC Plan of Action and Milestones



Cloudburst Assessment Feb 2017

Option	CoC Board & Coc Leadership (Strategy & Policy)	CoC Management & Collaborative Applicant	Organizational Structure & HMIS
Existing	CoC (Charter dated)	MDHA – Collaborative Applicant	MDHA - HMIS
Non-Profit	New Board based on new charter and new Non-Profit	Form a new Non-Profit	Form a New Non-Profit
MHC	New MHC Ordinance to meet HEARTH & HUD requirements	MHC	MHC
Strengths Model	MHC becomes CoC Board setting Policy & Strategic Direction	MDHA develops enhanced management model with expanded responsibilities	MDHA grows enhanced capacity and expanded staffing model

Nashville Conditions

- Challenge in accurate identification of those chronically homeless
- Weak coordinated entry into a systematic process with tracking to housing and support services compounded by incompatible and multiple software systems
- HUD requires CES in practice by January 2018
- Nashville Point In Time Count 5 year average = 2286 with 1983 in shelters & 303 on street
- No systematic coordination between CoC and MHC
- How's Nashville Campaign (2013 – 2020) entering 5th year
 - Success thus far in transitional housing, emergency shelters and permanent supportive housing
 - 1011 formerly homeless with vouchers in leased apartments since 2013 at end of March 2017: (376 VASH; 269 Shelter Plus Care; 366 100,000 Homes)
 - 2980 vouchers issued; 1011 still housed
- Public and stakeholder frustration with present approach and a strong desire to improve process

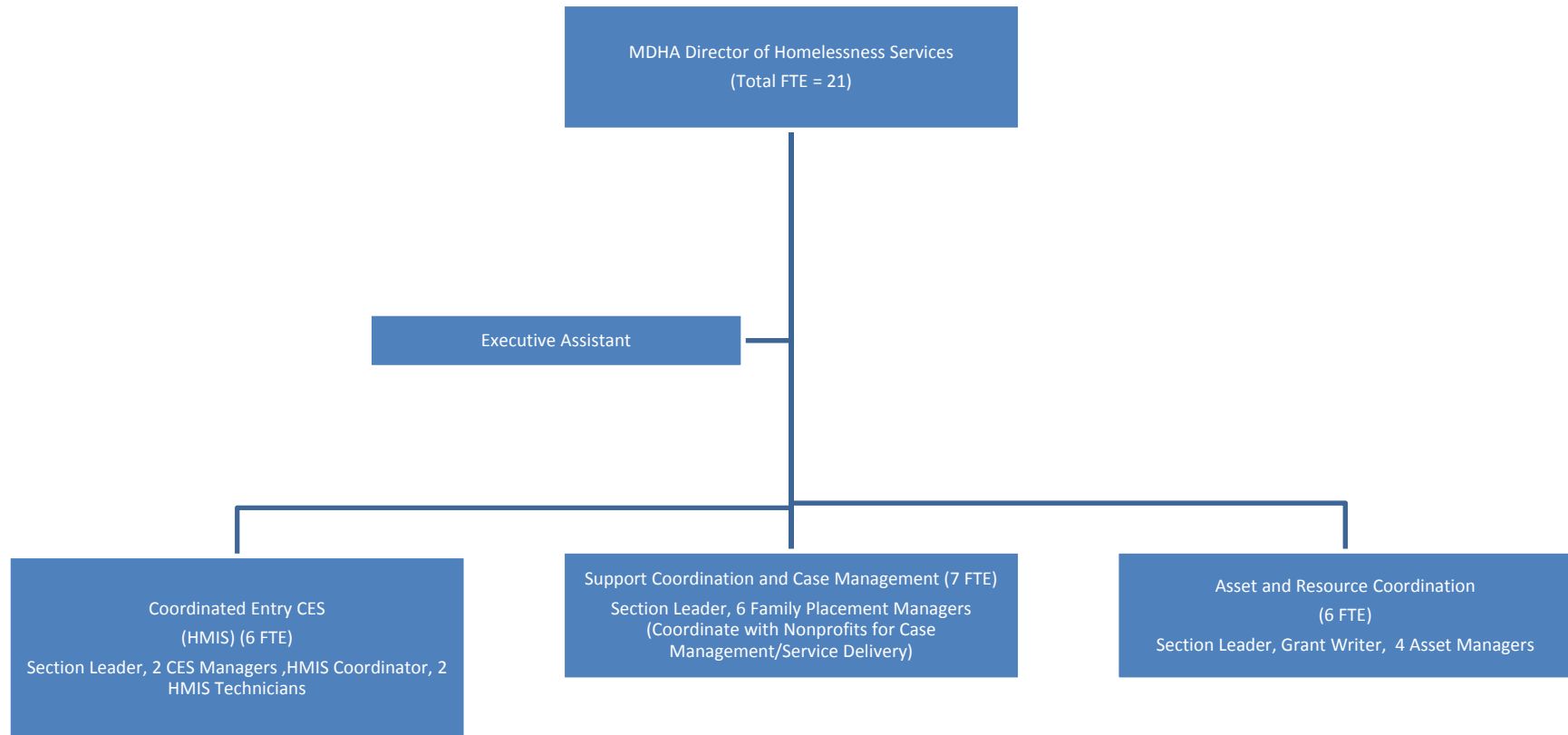
Option 3: MDHA Goals & Limitations

- Provide cohesive process to identify, track and place the homeless
- Permanently house 2000 families in 4 years
- Build 200 new apartments dedicated to the Homeless
- Grow available homeless resources
- Incubate a non-profit ready to assume leadership and management role in 4 years as a CoC option
- Best practice steward funds provided
- No MDHA budget resources for expanded role

Option 3 Process

- Coordinated Entry/Identify
 - MDHA as backbone of expanded HMIS
 - Homeless ID card issuance pending permanent housing
 - Coordinate TB check (Metro Health)
 - Coordinate homeless transportation to initial entry and placement (MDHA possible transition to MTA)
 - Coordinate rapid housing
 - Transitional, emergency, permanent
- Tracking and Case Management
 - Track families and services pre & post permanent placement
- Asset and resource development and management
 - Grant coordinating and application
 - Coordination of property development for 200 apartments in 4 years
 - Coordinate resources for 2000 homeless family placement in 4 years
 - Coordinate/track homeless housing assets
 - Track metrics on needs, resources and placement

MDHA Homeless Directorate



Cloudburst Option 3 – Proposed MDHA Partners

- Homeless Non-Profits
- Metro Nashville
 - Metro Health
 - MNPD
 - Metro Social Services
 - MTA
- MNPS
- Private partners: Real Estate Developers
- HUD

Rough Order Of Magnitude Operating Budget

- S&E for 21 FTE = \$1.985M/year with 1 Level 16, 3 Level 15, 6 Level 13, 5 Level 12, 4 Level 10; 1 Level 9 – Will conduct national search to fill new positions
- \$555,000 operating budget for transportation, admin, IT
- **Total = \$2,540,000**
- Sources TBD with 2 FTE carried at MDHA now from HUD resources
- Does not include Development Budget for 200 new apartments
- MDHA Contracted to Metro for specific scope of work

Requirements for MDHA Participation

MDHA's proposal hinges on the CoC's commitment to do the following in the next 2-3 years:

1. Become a high performing CoC
 - Meet requirements for length of homelessness, reduced recidivism, HMIS coverage, serving families and youth, and having a comprehensive outreach plan.
 - Articulate to HUD a Housing First Strategy
2. Designate MDHA as a Unified Funding Agency
 - MDHA will enter into a single grant agreement with HUD for the entire CoC area, then MDHA will contract with local agencies (subrecipients) for specific programs.
3. Funding

These requirements will strengthen accountability, ensure optimal service delivery, and position the CoC to be more competitive.

Three Questions

- Vision to end Homelessness in Nashville:
 - 2000 homeless permanently housed in four years
 - 200 new apartments dedicated to the Homeless
 - Non-profit incubator: an effective staff ready to spin off as a non-profit
 - If meet goals sooner than four years, recalibrate with new goals based on needs metrics and assessments
- Why MDHA desires to participate: Our Mission
- If not selected, we will support whatever choice is made.

Cloudburst Option 3 – Strengths Based Model

2000, 200, Incubate In Four Years

MDHA

May 2017