Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- 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).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: TN-504 - Nashville-Davidson County CoC

1A-2. Collaborative Applicant Name: Metropolitan Development & Housing Agency

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Metropolitan Homeless Impact Division

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	**Affordable Housing Developer(s)**	Yes	Yes	Yes
2.	**Agencies serving survivors of human trafficking**	Yes	Yes	Yes
3.	**CDBG/HOME/ESG Entitlement Jurisdiction**	Yes	Yes	Yes
4.	**CoC-Funded Victim Service Providers**	Yes	Yes	Yes
5.	**CoC-Funded Youth Homeless Organizations**	Yes	Yes	Yes
6.	**Disability Advocates**	Yes	Yes	Yes
7.	**Disability Service Organizations**	Yes	Yes	Yes
8.	**Domestic Violence Advocates**	Yes	Yes	Yes
9.	**EMS/Crisis Response Team(s)**	Yes	No	Yes
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	Yes	Yes	Yes
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	No	No	No
13.	**Law Enforcement**	Yes	No	Yes
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	Yes
15.	**LGBT Service Organizations**	Yes	Yes	Yes
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	Yes	Yes	Yes
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	Yes	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	Yes	Yes
24.	**Organizations led by and serving people with disabilities**	Yes	Yes	Yes
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	Yes
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	VA, AIDS orgs, United Way, Universities	Yes	Yes	Yes
34.	Legal Aid, TN Conf Soc Welfare	Yes	No	No

1B-2.	**Open Invitation for New Members.**	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

1.The CoC Membership application was sent to individuals on the listserv in November 2020 and May 2021; over 100 people were added to the CoC listserv, bringing the total to 624. An invitation to join, the form & a link to CoC committees is posted on MDHA's website; the link is shared on all agendas for General Membership meetings. Solicitation is enhanced by CoC & Homelessness Planning Council meetings posted on Metro Nashville's website.
2.CoC General meeting agendas invite the public & are distributed via email to the CoC listserv & posted to Metro Nashville's website; MDHA connected with EmpowerTN to review the electronic form & make it more accessible to people with disabilities. Room in the Inn printed hard copies of CoC Membership forms for community members with limited internet access.
3.The CoC governing board's 5 seats for people with lived expertise are filled via CoC membership vote and mayoral appointment. The Consumer Advisory Board (CAB) is the prime avenue for input. The Nashville-based National Health Care for the Homeless Council's Director of Community Engagement conducted an August 19 training to strengthen the CAB & Youth Action Board, reviewing strategies to include opinions of persons who have are or have been homeless

into all levels of decision making. Several agencies are creating CABs to ensure those with lived expertise inform work within their agency and city-wide, & strengthen diversity, equity, and inclusion.
4.Invitations to join went to a broad swath- people with disabilities, agencies serving persons of color, formerly incarcerated, youth/young adults, and human trafficking survivors. In Systems Mapping sessions to prepare for CARES & ESG-CV funding, MDHA invited stakeholders including AIDS Service Organizations, Promise Zone Steering Committee, The Nashville Urban League, Conexión Américas, & Gideon's Army. The CoC Membership Committee followed up with these agencies, to ensure that CoC committees include wide representation.

1B-3.	**CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.**	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	**solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
2.	**communicated information during public meetings or other forums your CoC uses to solicit public information; and**
3.	**took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.**

(limit 2,000 characters)

1. The CoC Consumer Advisory Board (CAB) designed a survey to get input from people who have experienced homelessness, forwarded to over 600 individuals on the CoC listserv. It asked if persons were working with an agency to get into housing & any information they wanted to gain or share while living without a permanent home. The CAB Chair is creating a Public Comment Process with Nashville's HUB (the city's comprehensive customer service system), an avenue for all community members to ask questions & share feedback. CoC governance & committee meetings are open to the public, with agendas posted online, reaping broader participation & resulting in attendance by people seeking public office, community volunteers and members of neighborhood advocacy groups. The CoC listserv is an effective vehicle for soliciting public comments, and collects opinions for updates on the Governance Charter, the city's Coordinated Entry tool, & HMIS policies.
2. Information is communicated via the CoC listserv, meetings of the CoC/Planning Council, & regular extensive updates emailed by MHID posted on Metro's website.
3. MHID participates in public meetings of Metro Council members and neighborhood meetings to listen to citizens' concerns about homelessness and solutions, progress on Rapid Re-Housing, encampment approaches that focus on housing, and the new Mobile Housing Navigation Center concept. MHID also responds to the city's 3-1-1 (HUB) requests and contacts citizens voicing concerns. The CAB intends to hold listening sessions in areas frequented by those experiencing homelessness to collect feedback on improvements and new approaches. To address issues about evictions raised at a September Planning Council meeting, staff from MHDA described efforts to link public housing residents with prevention assistance including ARP avenues, & got ideas about how to better reach households via flyers from Resident Associations & partnering with trusted service providers.

1B-4.	**Public Notification for Proposals from Organizations Not Previously Funded.**	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	**that your CoC's local competition was open and accepting project applications;**
2.	**that your CoC will consider project applications from organizations that have not previously received CoC Program funding;**
3.	**about how project applicants must submit their project applications;**
4.	**about how your CoC would determine which project applications it would submit to HUD for funding; and**
5.	**how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.**

(limit 2,000 characters)

1.On August 23, the 623 individuals then on the CoC listserv were notified via email of the funding available, and invited to a September 9 workshop covering details. The NOFO was attached. Related information was also publicly posted to MDHA's website.
2.The email cited above, as well as the New Project Application, clearly stated "applications are encouraged from nonprofit agencies that have never previously received CoC funds as well as from applicants that are currently receiving, or have in the past received, CoC funds." At the September 9 applicant workshop, organizations that had not received CoC funding were in attendance.
3.In the August 23 email, the online posting and the application document itself, applicants were asked to submit their applications electronically via email to the Homeless Coordinator at MDHA, Collaborative Applicant.

4.The CoC Renewal Application included a draft scoring matrix, and the New Project Application included specifics on how each section would be scored.
5.The CoC email announcement was sent to 623 individuals on the CoC listserv. This included staff at agencies serving persons with disabilities (severe & persistent mental illness, HIV/AIDS, wrestling with substance use issues, deaf and hard of hearing, etc.). The applications stated that MDHA would provide technical assistance to ensure the application process was accessible to all applicants.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistent if the organization does not exist within your CoC's geographic area.**

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	**Funding Collaboratives**	Yes
2.	**Head Start Program**	Yes
3.	**Housing and services programs funded through Local Government**	Yes
4.	**Housing and services programs funded through other Federal Resources (non-CoC)**	Yes
5.	**Housing and services programs funded through private entities, including Foundations**	Yes
6.	**Housing and services programs funded through State Government**	Yes
7.	**Housing and services programs funded through U.S. Department of Health and Human Services (HHS)**	Yes
8.	**Housing and services programs funded through U.S. Department of Justice (DOJ)**	Yes
9.	**Housing Opportunities for Persons with AIDS (HOPWA)**	Yes
10.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	No
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes
12.	**Organizations led by and serving LGBT persons**	Yes
13.	**Organizations led by and serving people with disabilities**	Yes
14.	**Private Foundations**	Yes
15.	**Public Housing Authorities**	Yes
16.	**Runaway and Homeless Youth (RHY)**	Yes
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.	Faith-based/congregations, Behavioral/acute health	Yes

1C-2.	**CoC Consultation with ESG Program Recipients.**	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	**consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;**
2.	**participated in evaluating and reporting performance of ESG Program recipients and subrecipients;**
3.	**provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and**
4.	**provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.**

(limit 2,000 characters)

1.MDHA benefits as the Collaborative Applicant & administrator of Nashville's Consolidated Plan. These functions are in the same MDHA directorate & integrated at staff level for efficient collaboration on CDBG, HOME, HOPWA & ESG programs. ESG funding is prioritized annually through consultations with stakeholders, such as CoC members, & awarded competitively. In regular planning sessions led by HUD Technical Assistance staff, MDHA, MHID and the CoC provider community worked to allocate and budget the ESG-CV funds through a collaborative process in the areas where they would have the most impact in preventing the spread of the Coronavirus.
2.In evaluating ESG funding requests, a review committee is given monitoring reports & assessments on the quality of data entered into HMIS. This year, the ESG review committee included one member of the CoC Performance Evaluation Committee (charged with rating & ranking) as well as HMIS staff, to further integrate the two processes.
3.PIT Count and HIC data was provided by HMIS staff at MHID to MDHA for use in the Consolidated Plan for Nashville-Davidson County.
MDHA serves as the Collaborative Applicant and oversees ESG, HOPWA, and Con Plan efforts. MDHA staff consults with ESG Program recipients, stakeholders and CoC members annually during the Action Plan planning process on the priorities for allocating ESG funds. MHDA contracted with the city's Homeless Impact Division to host public input sessions for the 2018-2023 Consolidated Plan, designed to prioritize key homelessness activities eligible for funding via HUD block grant funds, particularly ESG funds. PIT Count and HIC data was provided by HMIS staff at MHID to MDHA for use in the Consolidated Plan for Nashville-Davidson County.

1C-3.	**Ensuring Families are not Separated.**	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	No

2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	No
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	No
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	No
6.	**Other. (limit 150 characters)**	
	Emailed Nov 4 HUD email re: updated Equal Access Rule Assessment Tool & requested CoC agency staff to review webinar by mid-November	Yes

1C-4.	**CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	**how your CoC collaborates with youth education providers;**
2.	**your CoC's formal partnerships with youth education providers;**
3.	**how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);**
4.	**your CoC's formal partnerships with SEAs and LEAs;**
5.	**how your CoC collaborates with school districts; and**
6.	**your CoC's formal partnerships with school districts.**

(limit 2,000 characters)

1. The primary youth education provider is The HERO Program for Families in Transition at Metropolitan Nashville Public Schools. The Coordinator serves on the Homelessness Planning Council, the Data Committee, & Youth & Young Adults Committee.
2. School Policy 6.503 (updated August 2018 & reviewed annually in April) states that in collaboration with community organizations, the HERO Program will identify children in & out of school and train school personnel on homeless indicators.
3. Metro Public Schools (LEA) houses the McKinney-Vento HERO Program, which helps students and families access educational supports & provides referrals for housing and other services. HERO staff speaks each year to CoC members to update attendees. Due to COVID, the Tennessee Interagency Council on Homelessness has not been meeting. However, Nashville's CoC Collaborative Applicant participates on State Homeless Community of Practice calls, which convened state-level departments and CoC Lead reps virtually to discuss CARES Act funding, non-congregate shelter approaches & stock of PPE for the start of schools.
4. The HERO Program Coordinator at the LEA trains shelter staff and service providers yearly. A Documentation of Collaboration outlining key commitments was signed by 24 shelter/community agency CEOs in April 2019 and will be reviewed in April 2022 when the next McKinney-Vento grant application is due.
5. A Residency Questionnaire identifies children who qualify as homeless under the McKinney-Vento definition. Services include: assistance with enrollment; housing & community resource information; obtaining birth certificates, immunization/school records; referrals to dental, medical and mental health services; school supplies/clothing; and transportation to school & school-related activities.

6. The formal partnership is mentioned in #4.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

The coordinator of the Metropolitan Nashville Public Schools' (MNPS) HERO program works closely with school social workers, administrators, teachers and counselors to identify needs and provide additional support to students who meet the US Department of Education's definition of homeless, and their families. Posters detailing McKinney-Vento rights for parents and unaccompanied youth were displayed at more than 72 community agencies serving families experiencing/at-risk of homelessness during the months of June and July 2021.
The information collected on the MNPS McKinney-Vento Eligibility Assessment is required to meet the McKinney-Vento Homeless Assistance Act, Subtitle VIIB Title IX, Part A of the Every Student Succeeds Act. Under federal law, a student may qualify for services under the McKinney-Vento Act if he/she is living in certain situations. The answers given on the form help local schools determine the services the student may be eligible to receive. The students are not discriminated against based upon the information provided, and the information provided is confidential.
The standard McKinney-Vento Needs Assessment form collects key data from families, and assures referrals to resources within the school system that address concerns including academic performance, food, school supplies & attendance, as well as assistance outside the system including health insurance or getting a medical appointment, offered by the National Health Care for the Homeless Council. Collaborative Agreements are signed between Metro Public Schools and 24 local agencies, which include all area family and domestic violence shelters,
The Bridge Ministry, Catholic Charities, Second Harvest Food Bank, the YMCA and the National Health Care for the Homeless Council.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No

5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	No	No
6.	**Head Start**	No	No
7.	**Healthy Start**	No	No
8.	**Public Pre-K**	No	Yes
9.	**Tribal Home Visiting Program**	No	No
	Other (limit 150 characters)		
10.			

1C-5.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	**Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**
2.	**Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**

(limit 2,000 characters)

1. Through strong collaborative partnerships, Victim Service Providers (VSP) discuss cases (either without sharing identifying information or with a release of information) to prioritize safety and coordinate emergency transfers if the need arises. VSPs attend CE Care Coordination meetings to staff such issues. Guidance from federal funding entities such as HUD & the Department of Justice helps shape policies and procedures to prioritize safety. ESG Grant Agreements don't disclose location of DV shelters, to ensure records containing personally identifying information are kept secure and confidential. All VSPs adhere to a trauma-informed care model and provide victim-centered services that are voluntary and optional, promoting client choice and autonomy. Our CoC funded VSP, The Mary Parrish Center, provides trainings throughout the CoC on a monthly basis.
2. The Mary Parrish Center, a Nashville VSP, was awarded an FY18 DV Bonus grant to build a domestic violence CE with the assistance from Metro's Homeless Impact Division, Metro's Office of Family Safety, the YWCA, and Morning Star Sanctuary. The parallel system allows survivors in Nashville to access housing and support services that prioritize safety and confidentiality, via utilizing an HMIS comparable database & a hotline so assessments (built around Jacqulyn Campbell's Danger Assessment) can be done safely over the phone, and offering DV-CE at Nashville's Family Safety Center.
To secure appropriate housing, DV-CE staff take part in Individual, Families, and Veterans Care Coordination Meetings led by Metro's Homeless Impact Division's CE Manager. Staff obtain informed, time limited consent in order to case conference at these meetings. Staff also attend Metro's Office of Family Safety's High-Risk Panel to case conference survivors who are at imminent risk of danger and have a prioritized need for safe, stable housing. DV-CE staff conduct DV-CE trainings to different CoC entities on a monthly basis.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

In 2019 The Mary Parrish Center created a Domestic Violence Coordinated Entry system with the assistance and support of Metro's Homeless Impact Division, Metro's Office of Family Safety, the YWCA, and Morning Star Sanctuary. The parallel system allows survivors in Nashville to access housing and support services that prioritize safety and confidentiality.

Our CoC uses de-identified aggregate data collected from The Mary Parrish Center's HMIS comparable database to assess the special needs related to survivors of domestic violence, sexual assault, dating violence stalking and human trafficking. From 7/1/2020- 6/30/19, 1279 people and 578 households were served through DV-CE. Each of these households have experienced interpersonal violence within the last year. One hundred percent of households were fleeing/attempting to flee DV and 50% were experiencing literal homelessness. 3% were survivors of human trafficking and 14% were a part of Metro's High-Risk Intervention Panel.

Domestic violence is a leading cause of homelessness for families. 177 households are on the DV By Name List each month. Our CoC uses this data to inform policy and practices that best address the special needs of survivors such as safety, confidentiality and trauma related to interpersonal violence. Our DV-CE prioritizes survivors who are at the highest risk of being murdered by their abuser. Our CoC's only domestic violence transitional housing program serves the highest risk survivors because it is a confidential, clustered site property with support services on site.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1. In 2019 The Mary Parrish Center created a Domestic Violence Coordinated Entry system with the assistance and support of Metro's Homeless Impact Division, Metro's Office of Family Safety, the YWCA, and Morning Star Sanctuary. The parallel system allows survivors in Nashville to access housing and support services that prioritize safety and confidentiality. A few ways in which safety and confidentiality is prioritized: DV-CE utilizes an HMIS comparable database, DV-CE is offered at Nashville's Family Safety Center, DV-CE utilizes a hotline so assessments can be done safely over the phone,

and the assessment was built around Jacqulyn Campbell's Danger Assessment.
DV-CE staff take place in all appropriate Care Coordination meetings to ensure that appropriate housing is obtained. Staff obtain informed, time limited consent in order to case conference at these meetings. Staff attend the current Individual, Families, and Veterans Care Coordination Meetings led by Metro's Homeless Impact Division's CES Manger. Staff also attend Metro's Office of Family Safety's High-Risk Panel to case conference survivors who are at imminent risk of danger and have a prioritized need for safe, stable housing. DV-CE staff conduct DV-CE trainings to different CoC entities on a monthly basis.

Leadership from The Mary Parrish Center and other organizations in our CoC have ongoing planning and stakeholder consultation with all stakeholders participating in Coordinated Entry. Survivor input is solicited to help shape the procedures and systems and continually improve the process of connecting survivors to the housing resources and support services they need. Stakeholders provide community oversight to ensure that the process is victim-centered, trauma-informed, housing first, low-barrier, prioritizes high-risk survivors and survivors with the greatest needs, provides fair and equal access, and ensures that all safety measures are in place, including safety planning and emergency transfers.

1C-6.	**Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.**	
	NOFO Section VII.B.1.f.	

1.	**Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?**	No
2.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?**	Yes
3.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?**	Yes

1C-7.	**Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?

MDHA- Housing Choice Vouchers	44%	Yes-HCV	No
		No	No

1C-7a.	**Written Policies on Homeless Admission Preferences with PHAs.**	
	NOFO Section VII.B.1.g.	

	Describe in the field below:
1.	**steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or**
2.	**state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.**

(limit 2,000 characters)

MDHA is the sole PHA in the CoC's geographic area (Nashville-Davidson County).
The Homeless Coordinator is working with MDHA Rental Assistance and Asset Management leadership (housing vouchers and public housing units) to see if the MDHA board would consider preference for homeless again for both vouchers and public housing, beyond the current limited preference. There are more folks on the streets of Nashville now than ever, and when the ESG-CV rental assistance ends, many more will need true permanent housing to stay housed. Years ago, a homeless preference existed, and many folks who did not, and would not now, meet the HUD homeless definition self-certified their homeless status. The city/MDHA use referrals verified as homeless and most in need from Coordinated Entry, and other outreach/service providers would verify homelessness and prioritize for vulnerability. The Homeless Coordinator viewed HUD's October 5 webinar to introduce the new "How PHAs Can Assist People Experiencing Homelessness" guidebook, and learn from other PHAs about MDHA can play an even more critical role in reducing homelessness. MDHA currently has a homeless preference for a monthly set-aside of 18 Housing Choice Vouchers, which are referred via Coordinated Entry, as well as for its recent award of Emergency Housing Vouchers.

1C-7b.	**Moving On Strategy with Affordable Housing Providers.**	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	**Multifamily assisted housing owners**	Yes
2.	**PHA**	Yes
3.	**Low Income Tax Credit (LIHTC) developments**	No
4.	**Local low-income housing programs**	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	**Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

1C-7c.1.	**Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	**how your CoC includes the units in its Coordinated Entry process; and**
2.	**whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.**

(limit 2,000 characters)

1.The CoC has units prioritized for referral in Coordinated Entry via the following rent subsidies administered by MDHA (Nashville-Davidson County's sole PHA): a monthly set-aside of 18 Housing Choice Vouchers; 247 Mainstream Housing Vouchers; 212 vouchers funded with CoC PSH funding ("Shelter Plus Care") and 198 new Emergency Housing Vouchers (EHV). This assures an effective assessment that prioritizes persons with the greatest need and highest vulnerability to continued instability, a review and submission of eligible referrals directly to MDHA, and collaboration with MDHA in the coordination of services to individuals and families residing in the units, as necessary.
2. The agreement for the EHV award is formalized in a Memorandum of Understanding signed in late July 2021 by MDHA's Interim Executive Director & the Chair of the Homelessness Planning Council, the CoC governing body. The goals and standards of success in administering the program include providing rental assistance and services to the most vulnerable homeless individuals and families resulting in housing stability, and implementing a continuous quality improvement process, which will include monitoring the distribution of EHVs for equity and will incorporate the voices of persons with lived experience of homelessness. There is also an MOU between MHID and MDHA for the monthly set-aside of Housing Choice Vouchers.

1C-7d.	**Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.**	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

1C-7d.1.	**CoC and PHA Joint Application–Experience–Benefits.**	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	**the type of joint project applied for;**

2.	**whether the application was approved; and**
3.	**how your CoC and families experiencing homelessness benefited from the coordination.**

(limit 2,000 characters)

1.Applications were submitted by MDHA for Mainstream Housing Vouchers, and most recently for Emergency Housing Vouchers.
2.The applications were approved.

3.The CoC and households experiencing homelessness will both benefit from faster access to permanent affordable housing and increased retention and stability resulting from the enhanced coordination between MDHA and partnering service providers, who will:
•support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals & applications for assistance, while aiding households in addressing housing barriers;
•support MDHA in ensuring appointment notifications to eligible individuals and families and assist eligible households in getting to meetings with MDHA;
•provide culturally relevant housing search assistance for eligible individuals and families;
•offer counseling on compliance with rental lease requirements;
•ensure people who need assistance with security deposits, utility hook-up fees, utility deposits, etc. are connected to relevant resources
•assess and refer individuals and families to benefits and supportive services, where applicable; and
•ensure services are culturally relevant and tailored to individual household needs.
In addition to handling details related to administration of the rent subsidies, MDHA agreed to:
•consult with the CoC in developing services to be offered under the EHV services fee;
•make funds available for security deposits, application fees, utility deposits; and
•implement a landlord incentive program that encourages new landlords and landlords with units in areas of low-poverty.

If deemed necessary through continuous quality improvement evaluation, MDHA will provide available EHV funding assistance to increase capacity for partnering services provide culturally relevant housing search assistance.

1C-7e.	**Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.**	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	**Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.**	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
TN-05 Metro Devel...

1C-7e.1. List of PHAs with MOUs

Name of PHA: TN-05 Metro Development & Housing Agency

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	No
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	13
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	10
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	77%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

MDHA's Homeless Coordinator and MHID HMIS staff conduct annual monitoring visits to CoC-funded agencies. This last occurred in late May-mid-June 2021. The primary tools used for CoC financial and programmatic compliance are the HUD Monitoring Exhibits 29 & 34, which do not cover

Housing First specifics. To evaluate fidelity with the Housing First approach, a review of program policies and client files was necessary. CoC recipients in Nashville understand the basics of the model but several are still early in the learning curve about how to implement in practice.

To support local efforts that align with Housing First and help providers document how closely their projects align with the model, the CoC Performance Evaluation Committee added HUD's Housing First Assessment Tool to this year's local CoC renewal application. MDHA is also working with HUD TA staff on ways to use CoC Planning Grant dollars to develop an intensive community training for CoC agencies and other interested organizations, designed to enhance their skills and understanding of proven practices to implement Housing First to fidelity and promote strong collaboration between property management and service providers. The CoC is also looking into practical applications of Harm Reduction in Supportive Housing, enhancing skills in working with private market landlords, and knowledge of how rapid rehousing fits within the context, with follow-up consultation as a key measure to promote change. The intended result of these sessions is an increase in projects employing Housing First from a current 77% to 85% in FY2022.

1C-9b.	**Housing First–Veterans.**	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No

1C-10.	**Street Outreach–Scope.**	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	**your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;**
2.	**whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
3.	**how often your CoC conducts street outreach; and**
4.	**how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.**

(limit 2,000 characters)

1. Metro Homeless Impact Division (MHID) staff, and staff from myriad other agencies, uses clothing, hygiene products, bus passes and food to initiate conversation and build rapport, & collaborates with other Metro departments. Training covers personal/systemic aspects of homelessness, effective engagement, navigating resources, reflective listening skills and healthy boundaries.
2. 100% of the CoC's geographic area is covered, enhanced by an infusion due to funding increases in HUD ESG-CV.
3. Street outreach is conducted throughout Nashville daily. Bi-weekly coordination meetings cover gaps, review data collected in HMIS, share techniques and updates on encampment activity, interface with police, & pinpoint areas that need attention.

4. Effective outreach relies on staff that is well-trained to interface with persons least likely to request assistance. MHID trains on HMIS, Coordinated Entry, and housing navigation, setting standards that view street outreach as a door to the coordinated entry process. Park Center & the PATH team at the Mental Health Cooperative reach people with severe mental illness who avoid shelter and services. The VA works with veterans unwilling to go to the VA hospital. The Downtown Partnership focuses on offenders in the central city with long arrest records. Oasis Center engages unaccompanied youth/young adults. Open Table Nashville focuses on people experiencing chronic homelessness; and MHID responds to city complaints & serves people with extremely high barriers. Nashville's Extreme Weather Plan activates to connect homeless persons with low-barrier shelter beds. A street outreach worker speaks Spanish & engages that community. Staff refers those with hearing loss to Bridges for the Deaf. Year-long bus passes assist with transportation for those working with housing navigators. Staff deploys to camps, refers people to libraries for internet access and helps people apply for subsidized cell phone service.

1C-11.	**Criminalization of Homelessness.**	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	**Engaged/educated local policymakers**	Yes
2.	**Engaged/educated law enforcement**	Yes
3.	**Engaged/educated local business leaders**	Yes
4.	**Implemented communitywide plans**	Yes
5.	**Other:(limit 500 characters)**	

1C-12.	**Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).**	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	243	607

1C-13.	**Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.**	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	**Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes
2.	**Private Insurers**	Yes	No
3.	**Nonprofit, Philanthropic**	Yes	Yes
4.	**Other (limit 150 characters)**		
	COVID vaccinations- transportation, medical outreach to encampments	Yes	Yes

1C-13a.	**Mainstream Benefits and Other Assistance–Information and Training.**	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	**systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;**
2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

1. The Metro Homeless Impact Division (MHID) developed a Mainstream Resources Checklist available online at the CE Website & used by case managers and housing navigators to assess which resources a participant receives, identify eligible benefits and services, & track where the participant is in the application process. A companion document lists websites/phone numbers for resources including TennCare, Medicare, Veterans healthcare, Food Stamps & SCHIP. Access to Social Security benefits is maximized through SOAR by dozens of local providers.
2. Quarterly, MHID trains case managers & street outreach at 30 partner organizations to help homeless persons enter permanent housing and link to retention supports. Weekly housing workgroup meetings coordinate housing secured with over $10M in ESG-CV funds. Monthly, the Nashville Coalition for the Homeless enhances networking & educates front-line staff. The Contributor newspaper walks homeless vendors through the complicated process of obtaining Social Security, medical appointments, housing interviews, etc. Open Table Nashville is available to host trainings covering the Where to Turn in Nashville guide, tips for navigating housing and connecting with services from food to mental health care.
3. The National Health Care for the Homeless Council enrolls clients & partners with local clinics and hospitals to provide consultation & referrals. Each month, they conduct training on conflict resolution, consumer engagement, supporting homeless families and homeless students, substance use, harm reduction, housing first, anti-racism (DEI) and other issues at the intersection of health care and homelessness.
4. The Council assists clients who have Medicaid/TennCare but can't utilize services for some reason. Council staff conducts free training on Severe Mental Illness and Homelessness & provided information on TennCare – who is eligible, how to apply, and how the re-determination process affects those who

are unstably housed.

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	**covers 100 percent of your CoC's geographic area;**
2.	**reaches people who are least likely to apply for homeless assistance in the absence of special outreach;**
3.	**prioritizes people most in need of assistance; and**
4.	**ensures people most in need of assistance receive assistance in a timely manner.**

(limit 2,000 characters)

1.Access points exist throughout Nashville where the Preliminary Assessment is completed in HMIS for individuals & families. Staff at each Access Point assesses all households. Street outreach programs act as mobile access points.
2.The Metro Homeless Impact Division's (HID) Homeless Outreach Team coordinates outreach to identify all persons experiencing literal homelessness. CE Specialists at the local VA assure full participation of vets in CE. MHID enrolls street vendors of the homeless newspaper The Contributor in HMIS and CE. CoC-funded CE staff visit day shelters, the library and other non-designated entry points to identify people. During last winter's overflow shelter program, the HID outreach team conducted Preliminary Assessments with people who avoid traditional shelters. A DV CE Advocate works to inform survivors of CE assessment, provide mobile advocacy & meet survivors where it is safe & convenient. If a survivor is not able to meet in person, the assessment is conducted via phone.
3.All persons experiencing a housing crisis complete the Preliminary Assessment. Those experiencing literal homelessness who identify housing as a goal complete the VI-SPDAT. People who are literally homeless but not quite prepared to work towards housing continue to be engaged by outreach. The VI-SPDAT is the CoC's housing assessment tool and part of the prioritization process, dependent on resource availability, and the following criteria: chronically homeless (HUD); literally homeless (HUD); VI-SPDAT score, considering discussion at Care Coordination Meetings if a score does not represent the person's situation; length of time homeless; date of identification (tie-breaker for 2 households with same score); and – for the last year-and-a-half - COVID test results.
4.Prioritization ensures those currently experiencing chronic homelessness, or at risk of such, are served as quickly as possible. It is important to note that all agencies participating in CE have program eligibility requirements.

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	

12.	The CoC conducted a Workforce Survey to explore role of race in hiring, promotion, board and management composition, cultural sensitivity; the Planning Council adopted an anti-racism statement 1/13/21. An Equity and Diversity Committee was established & is creating trainings for direct service providers, as well as their Executives and Board members. HMIS staff tracks data on race of people served with ESG-CV RRH assistance for any disparities observed, and updates weekly.	Yes

1C-15c.	**Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.**	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

A summer 2019 Data Committee survey about equity & inclusion gleaned input on how those working in homeless services reflect people served, and perceptions of equity across hiring and advancement. Subsequent recommendations prioritize equity in community-wide planning.
In September 2020, Nashville was one of 8 cities chosen to participate in the first cohort of a national Equity Demo to design equitable assessment processes. Among action steps in the selected local objective to reduce single Black males experiencing homelessness: identify PH need; reduce background check requirements by landlords; & reach out to historically Black churches.
In January 2021, Neighborhood Health analyzed state data that illustrated overrepresentation of African Americans hospitalized with COVID & the slow pace of vaccination among racial/ethnic minorities. To bolster trust, they added videos about vaccination designed by and for African Americans to a social media campaign supported by over 50 local public & private agencies.
In July 2021, HUD invited Nashville to join a team to update race/ethnicity data elements in HMIS (2-year engagement process). In its MOU with the CoC for Emergency Housing Vouchers, MDHA committed to administering the resource in alignment with racial & disability equity principles. A free virtual training in October on Building Racial Equity in Nashville's Response to Homelessness was hosted by the CoC Equity & Diversity Committee & attended by 79 people. The committee's next endeavor focuses on equity/inclusion via training for C-Suite executives at housing & service agencies.
Dr. James Hildreth, President of Meharry Medical College & Bobby Watts, CEO of Nashville-based National Health Care for the Homeless Council, joined President Biden's COVID-19 Health Equity Task Force & hope to use their positions to correct the inequalities of the current virus response and set a fair foundation for any future pandemics.

1C-16.	**Persons with Lived Experience–Active CoC Participation.**	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within	Number of People with Lived Experience

		the Last 7 Years or Current Program Participant	Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	20	6
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	20	1
3.	Participate on CoC committees, subcommittees, or workgroups.	20	1
4.	Included in the decisionmaking processes related to addressing homelessness.	20	1
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	No
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	No
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1.Metro Homeless Impact Division (MHID) coordinated with street outreach providers in early April 2020 to coordinate food drop offs in encampments as food scarcity became an issue. In May, Neighborhood Health - Middle Tennessee's Health Care for the Homeless provider- created its Pandemic Handbook for Outreach Workers Visiting Encampments & hosted webinars to train outreach providers. These protocols were adopted by the National Health Care for the Homeless Council and made available nationwide. Also in May, MDHA contracted with Neighborhood Health to create a 2-person team (Nurse Practitioner & Medical Assistant) to visit camps with outreach workers, check on existing patients with chronic conditions, assess symptomatic individuals for COVID, & check on individuals tested for COVID to provide results. Room in the Inn significantly altered service delivery at its large day shelter, & moved critical services to a trailer/tents outside. The Metro Health Department placed Sanitation Stations (port-a-potties/hand washing) in areas accessible to people experiencing homelessness.
2.Soon after news of the pandemic, efforts were quickly underway in Nashville to decrease density in shelters. An overflow shelter was started by the city where social distance could be assured, shelter offered while awaiting COVID-19 test results or to recover & quarantine following a COVID diagnosis. The city opened an additional shelter for women. Neighborhood Health partnered with elected officials & the city's bus system to transport residents to vaccination appointments. Adequate personal protective equipment (PPE) was provided to staff, especially frontline staff with greater contact with clients and other staff.
3. Metro Health department worked with transitional housing providers to set up safe quarantine spaces. MHID assisted as an intermediary when transitional

housing providers reported an outbreak or transportation had to be set up to Metro's quarantine shelter.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

In addition to the public health threat posed by COVID, Nashville was hit by a deadly tornado on the night of March 2, 2020 & fell victim to a catastrophic flood in March 2021. MHID worked closely with the city's Office of Emergency Management & Metro Social Services to coordinate water distribution/misting stations & sheltering while assuring social distancing during summer heat waves, "blitz" mask handouts when Metro dictated a mandate downtown, and ways to alert Nashville street outreach providers about potential flash floods/related effects on encampments near waterways. They worked with a HUD consultant who supported a task force on homeless emergency planning to develop a comprehensive plan, including the city's main shelter provider to ensure capacity and access late in the evenings. To improve readiness in the future:
Ensure access to vaccination. Daily rapid testing; mass testing at large shelters; give result in real time, take action right away to isolate based on results.
Honor patient preferences wherever possible.
Acknowledge vital role of outreach workers. However, the more outreach workers who visit encampments, the higher the risk that asymptomatic staff will infect those living there.
Address health disparities heightened in a pandemic. To offset distrust in communities of color, create social media content by and for those groups.
Avoid discharge from hospitals to street/congregate shelter; isolate in motels secured by the city for the CDC-recommended period
Provide clinical/supports to the Nashville Rescue Mission
Offer no-contact med drops; online apps for food stamps; use Uber, etc for transport, & facilitate medical/dental/mental telehealth options.
Stand up 24/7 Mobile Housing Navigation Centers, using churches to shelter small numbers of homeless persons & deliver intensive services.
COVID-19 isn't the only killer. Keep folks safe from COVID while managing their diabetes, blood pressure, HIV, & other chronic conditions, get flu shots in the Fall.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;

4.	**healthcare supplies; and**
5.	**sanitary supplies.**

(limit 2,000 characters)

ESG-CV funding continues to support housing & services to mitigate the impacts of COVID. HUD deemed Nashville a “Stimulus 1” community, assigning dedicated TA staff to guide allocations planning and implementation to rehouse people quickly.
1.More individuals chose to stay outdoors, and Nashville saw a direct increase in need for outreach to people sleeping outside to assure safety during extreme weather, access to vaccinations, & adequate food and water.
On 3/10/21, the Homelessness Planning Council issued a community call for street outreach workers to enter data into HMIS/CE & pull the first monthly street outreach report.
2.The bulk of ESG-CV went to Rapid Rehousing. Weekly housing & care coordination meetings assured regular communication between recipients to share details on progress into housing. On May 13, 2021, Mayor John Cooper announced the creation of the Landlord Risk Mitigation Fund, partially funded by ESG-CV, to increase permanent housing options for people experiencing homelessness, with up to $1,000 in damages above the security deposit, and a risk guarantee of up to two months’ rent if the tenant leaves before the lease to hold unit during turnover. The Low Barrier Housing Collective, an effort funded by ESG-CV to expand landlord engagement, launched in August. The city set a goal of housing 400 homeless households, surpassed that ahead of schedule, and in October was at 137%, having housed 549 people.
3.MDHA awarded 5 agencies ESG-CV prevention funds. The bulk of Round 2 funding focused on Rapid Rehousing and Street Outreach, as prevention dollars were flowing into the city via other CARES Act sources.
4.The ESG-CV funded Street Medicine Team at Park Center partners with Neighborhood Health & schedules appointments, conducts rounds at camps, administers antibiotics, wound care, braces, blood pressure monitors, etc.
5.Recipients used ESG-CV funds to purchase gloves, hand sanitizer, masks, trash cans/bags, boots, clip boards, pens, etc.

1D-4.	**CoC Coordination with Mainstream Health.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	**decrease the spread of COVID-19; and**
2.	**ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).**

(limit 2,000 characters)

1. MHID coordinated calls with the Metro Public Health Department, Neighborhood Health (Nashville’s FQHC), and Ascension-Saint Thomas as well as with street outreach providers. Neighborhood Health led a 19-agency coalition and developed a vaccination outreach plan in shelters and outdoors with the goal to offer COVID vaccines to all people experiencing homelessness by May 31, 2021. That goal was reached and in late June, Nashville became the first city in the nation to ensure that 100% of people experiencing homelessness got real access to the COVID-19 vaccine, achieving a vaccination rate among persons experiencing homelessness that appeared to

be higher than the general adult population in Music City. Specific vaccination outreach efforts have picked up again around flu season with a push for COVID vaccinations. The city also opened a COVID overflow shelter, provided tests in encampments. Homeless Services calls every 2 weeks informed CoCs across the state about CV testing, sheltering models & vaccine campaigns; the Director of the Office of Primary Prevention at the TN Department of Health led the calls, joined by over 6 other state departments.
2.In collaboration with the Health Department, the city set up Sanitation stations all around Nashville in identified hot spots for individuals living outside. All sanitation stations included toilets and hand-washing stations or hand sanitizer stations.

1D-5.	**Communicating Information to Homeless Service Providers.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	**safety measures;**
2.	**changing local restrictions; and**
3.	**vaccine implementation.**

(limit 2,000 characters)

1.Clear and frequent broadcasting of how to stay safe was assured by emails, street outreach to encampments, virtual meetings and fliers from MHID, Neighborhood Health (Health Care for the Homeless grantee in Nashville & the the largest safety net provider of primary care in Middle Tennessee), and the Metro Public Health Department. Neighborhood Health's May 2020 Pandemic Handbook for Outreach Workers Visiting Encampments covered evaluating risks as outreach workers, reducing risk, recognizing symptoms & helping persons access care. An underlying theme was that asymptomatic outreach workers may unintentionally infect those to whom they are delivering supplies and providing supports. By urging outreach to taking all recommended precautions, outreach workers reduced their own risk of exposure and infection. Throughout the pandemic, the agency has committed to provide high quality medical care to any outreach worker or individual who may need it, regardless of their insurance status or ability to pay.
2.Information on the changing local landscape was shared widely, and continues today, via an exciting initiative of the Nashville General Hospital Foundation called Nashville Takes on COVID, a campaign that is sending daily messages, helping remove barriers to free vaccination. Their website and emails include videos of doctors, nurses, researchers and community health care workers who provide facts and dispel misinformation about the COVID-19 vaccines in a FAQ video series, in English and Spanish, from Kaiser Family Foundation with the Black Coalition Against COVID and UnidosUS.
3.Daily emails described above provide a link to a map of over 140 locations & hours in Nashville. Neighborhood Health leads a Zoom call with providers/outreach about CV testing/vaccinations, etc. each Friday afternoon, & regularly email about the eligibility and local availability of COVID booster shots for both outreach staff and persons experiencing homelessness.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

With several COVID outbreaks in shelters, MHID brought together the Metro Public Health Department, Neighborhood Health, and Ascension-Saint Thomas to develop a vaccine outreach plan for people experiencing homelessness. Metro Public Health Department focused on the main shelters with Neighborhood Health developing a comprehensive vaccination plan for people living outdoors.
Priorities were given to all people experiencing literal homelessness. The VA implemented its own vaccination push with Veterans experiencing homelessness working closely with Operation Stand Down TN and other local providers.
In March 2020, the Tennessee Housing Development Agency (THDA) created the COVID-19 Supplemental Funding to CoCs to reduce the risk of transmission of the coronavirus within the homeless community. MDHA awarded funding to Neighborhood Health to support 2 medical staff in a Street Medicine team. Between 7/1/20 and 10/31/20, the team provided medical care to 158 patients in encampments, in a total of 244 visits. They registered patients in HMIS, and enrolled patients in CoverRx and other programs. Services included the following:
• Diagnosis and treatment of acute concerns and chronic disease
• Rapid COVID-19 testing & other lab assays
• Providing Narcan nasal spray (to reverse opioid overdoses)
• Wound care
• Prescribing and dispensing/delivery of medications
• Distributing medical and essential encampment supplies
• Transportation to clinic locations (e.g., for dental care, women's health services, etc.)
• Providing individual sharps containers (for safety) and collection/disposal of sharps
By May 31, 2021, all people experiencing homelessness in Nashville were offered the vaccination and if they refused provided with information where/how to access the vaccination. The vaccination outreach campaign was ongoing after May 31, but slowed down somewhat over the summer months. Renewed efforts started in tandem with the flu season.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

With survivors forced to spend increasingly longer periods of time in the home or in close proximity to their abuser, reports of violence in the home have been

increasing around the world (NNEDV). In Nashville, shelters have reported an increase in hotline calls including an increase in high-risk survivors. Nashville has also seen an uptick in domestic violence related homicides during the pandemic when compared to the same time frame over the past 5 years. Contributing factors for this increase such as job loss, financial distress, and continuous proximity to partners and children may not only increase domestic violence, but also decrease the family's ability to engage in healthy coping mechanisms.
Our CoC has seen first-hand the impact COVID-19 has had on survivors, in particular those who are fleeing or attempting to flee a violent relationship and are in need of safe, stable housing. Residents who were employed when they entered our CoC housing programs prior to COVID-19 experienced scaled back positions or the complete loss of a job.
In addition to financial distress, COVID-19 has also had a significant impact on survivors' health and well-being. Safer at home orders triggered feelings of power and control experienced in abusive relationships. Moreover, attempts to remain safe and healthy from the COVID-19 virus has led to an increase in isolation, depression, and feelings of anxiety. The increase in stress from the pandemic compounds the complex traumas and stress which survivors were already learning to cope with in a healthy manner.

Shelters increased shelter capacity by utilizing hotels, our housing providers sought ESG funding opportunities to help meet the needs of survivors needing to flee DV during COVID-19. Our organizations increased their programming in order to make sure survivors maintained safe, stable housing. In addition to housing, our providers increased mental health services (including adding telehealth) and economic empowerment services.

1D-8.	**Adjusting Centralized or Coordinated Entry System.**	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

CE adapted the Prioritization process to meet the specific the specific demands of the COVID 19 pandemic. Three additional prioritization points were added to the prioritization protocol including unsheltered homelessness, age 55 and older and having pre-existing health conditions that would put a household at risk for severe reactions due to Covid-19. The CoC approved an updated timeline of 10 days for any necessary CE prioritization updates to account for rapid change.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	**Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.a. and 2.g.	

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/09/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	09/09/2021

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.**	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	Yes
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	**the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and**
2.	**considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.**

(limit 2,000 characters)

1. The CoC relies upon volunteers serving on the Performance Evaluation Committee (PEC) to assist in the design of the matrix used to score local projects. Since 2018, the PEC has modeled this on the HUD Rating and Ranking Tool, customized with a sliding scale for criteria based on a desired improvement in actual performance achieved from October 1, 2019- September 30, 2020. Among the criteria were three markers for severity of need- more than one disability, zero income, and living on the streets/ in a place not meant for human habitation. Each indicator had a maximum score of 10, creating a maximum subtotal of 32 “severity/high needs” points in a possible 131-point total project score for PSH projects and 151-point max for TH/RRH projects. At its meeting to rate and rank all submitted applications, the PEC made adjustments related to vulnerabilities: reducing points for High Need Populations and assigning more points to effective use of Coordinated Entry, which serves as a vulnerability prioritization tool and should account for high needs; & removing points for serving unsheltered homeless persons on applications from Domestic Violence projects.
2. A draft ranking was presented for approval at the CoC Homelessness Planning Council HPC meeting on Wednesday, 10/13/21, by PEC chair Kerry Dietz. After her summary of this year’s process, Dr. Beth Shinn highlighted statistics citing a 5-year need for 2,399 additional Permanent Supportive Housing (PSH) units in the CoC’s January 2021 Gaps analysis. Although a renewal PSH project submitted by Urban Housing Solutions had a low score, Dr. Shinn made a motion to move it higher & safely into Tier 1, to preserve those units. After brief discussion, the motion passed. The revised ranking was then approved.

1E-3.	**Promoting Racial Equity in the Local Review and Ranking Process.**	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	**obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;**
2.	**included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;**
3.	**rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).**

(limit 2,000 characters)

1.The CoC Equity & Diversity Committee was asked to submit select questions to be added to local new and renewal applications. The current composition of this committee includes representatives from the VA, National Health Care for the Homeless Council (the committee chair is director of the Council, based in

Nashville), YWCA and someone with lived experience; all of these individuals are Black, and they make up 50% of the committee.
2.The Performance Evaluation Committee (PEC) does not provide the diversity lens necessary to bring about the kind of racially equitable change that our community needs and deserves. We are actively working to build a team that is more representative of the races experiencing homelessness and poverty in this community and seek to right the wrong of imbalance.
3.Along with the CoC Equity & Diversity Committee and a group of stakeholders that participated for months in an 8-city Equity Demonstration initiative, Nashville providers are exploring local data that will inform approaches to decrease disparities- not just in race, but also family composition, gender & ethnicity. Statistics were culled from APRs from all housing projects on the racial composition of participants, to analyze where the makeup of participants did not mirror the general population in Nashville. In addition, responses to 3 questions on racial equity were rated by the PEC- on actions taken to integrate racial justice and equity into homeless services, actions planned ahead to ensure racial justice and equity are woven into homeless services, and efforts to identify and reduce racial and ethnic disparities within the homeless system, service provisions and/or agency culture, and any challenges faced by the agencies when working to address disparities. This Racial Equity criterion earned applicants up to 5 points in local scoring.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	**your CoC's reallocation process, 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 projects through this process during your local competition this year;**
3.	**whether your CoC reallocated any low performing or less needed projects during its local competition this year;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 characters)

1.Renewal project scores relied heavily on proven performance from Annual Performance Reports for the year ending September 30, 2020 (the federal Fiscal Year reviewed by HUD), also on HMIS Data Quality and extent to which agencies took referrals from Coordinated Entry, complemented by Metro Homeless Impact Division staff assessments. The PEC looked at responses to questions on racial equity, at utilization rates, as well as cost effectiveness of participants with successful housing outcomes
In its ranking, the PEC also reviewed HUD regulatory compliance as assessed by MDHA/MHID staff in monitoring visits conducted in early summer of 2021. These visits included a review of HMIS data quality, error rates, & timeliness of entry, as well as a review of client files.

2.In these monitoring visits, a PSH project at The Next Door was identified as experiencing challenges with the restrictive HUD homeless definition and other "strings" attached that did not mesh well with The Next Door's mission of

serving women in recovery. MDHA's Homeless Coordinator raised the possibility of reallocation, & HMIS staff emailed the city's HUD Technical Assistance provider to arrange a meeting with Next Door staff, held June 15 and covering the ineligibility of some of the participants, as well as HUD's Housing First emphasis that requires low barriers to entry, and admission even with dirty drug screens. The Grantee elected to have its funding reallocated, and to communicate this with HUD Field Office staff.
3.Funding for this project in the amount of $110,274 was reallocated, and is being sought by Safe Haven Family Shelter for a new RRH project.
4.N/A
5.The reallocation amount above was noted in the local CoC New Project Application and presented at the Applicant workshop.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	10/08/2021

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

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.	10/08/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Enter the name of the HMIS Vendor your CoC is currently using.	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.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/11/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

1. All three of the DV shelters in Nashville use comparable databases that collect these data elements. The YWCA collects client data in software called Efforts to Outcomes (ETO), Mary Parrish Center in its EmpowerDB system, and Morning Star Sanctuary in its Apricot system. All are HMIS-compatible databases that uniquely protect client data.
2. At this point, the Mary Parrish Center is the only DV shelter receiving CoC funding. They generate an APR for each of their housing projects, for review of System Performance Measures by the CoC Performance Evaluation Committee as it rates and ranks projects each year.

2A-5.	**Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.**	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,561	93	660	44.96%
2. Safe Haven (SH) beds	7	0	7	100.00%
3. Transitional Housing (TH) beds	493	21	187	39.62%
4. Rapid Re-Housing (RRH) beds	607	38	569	100.00%
5. Permanent Supportive Housing	1,041	0	1,041	100.00%
6. Other Permanent Housing (OPH)	101	0	101	100.00%

2A-5a.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.**	
	NOFO Section VII.B.3.c.	

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, 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 2,000 characters)

1. The CoC is aware of the need to increase Nashville's HMIS coverage rates for shelter & transitional beds. Outlined below are key action items intended to increase coverage.
•Metro Social Services' Homeless Impact Division (MHID) staff is working to open
the system, & revise consent forms and MOUs with participating agencies.
•MHID staff will work closely with the main emergency shelter (ES) provider to execute data-sharing agreements and get all of their beds into HMIS. This will increase the local ES bed coverage to nearly 100%.
•Submit local government budget requests to invest in HMIS during FY2021-22.
•Nashville's new CoC governance structure unifies 2 formerly separate entities into 1 CoC Homelessness Planning Council, which first met July 2018. This will strengthen the city's ability to advocate for systems building.
2. MDHA applied for, & was awarded, CoC funds under the 6% FY2018 bonus

to expand HMIS staff capacity, which will help provide data entry support for our shelter providers. In mid-August 2019, HUD announced a one-time HMIS Capacity grant award to Nashville of $150,000, which will improve HMIS data quality in Nashville with:
•Consultation services and education for the new HMIS Lead staff, relevant HMIS committee members, and HMIS end users to ensure the expertise to create a sustainable and safe data-sharing environment;
•Conferences, and additional trainings by the vendor for HMIS Lead; &
•Software to present HMIS data in dashboards to the community and support the utilization of data. In addition, the HMIS Lead will purchase hardware to implement scan-in data collection to help gather shelter data in real time through HMIS.

2A-5b.	**Bed Coverage Rate in Comparable Databases.**	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.**	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

NA- the bed coverage rate is not 84.99 or less.

2A-6.	**Longitudinal System Analysis (LSA) Submission in HDX 2.0.**	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	**Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	**how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;**
2.	**how your CoC addresses individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.**

(limit 2,000 characters)

1.HUD Universal Data Elements in the Coordinated Entry (CE) Preliminary Assessment identify persons becoming homeless for the first time & at-risk households who need prevention/diversion - staying with family/friends but being asked to leave/ facing eviction. The Metro Homeless Impact Division (MHID) leads Nashville's CE. Households are identified at multiple points of entry, including shelters, schools and the criminal justice system. Access points are listed in a CE brochure distributed throughout the CoC. Families with minor children can be referred to Metro Social Services, dedicated CE point of entry for families, for assessment and crisis resolution. During 2013-2018, an average of 85.6% of referrals to Metro Social Services through CE/other mechanisms reported they were undergoing a housing crisis. The Metro Public Health Department's Community Mental Health Systems Improvement (CMHSI) workgroup identified high utilizers of hospitals, jails, and shelters & supported the creation of a psychiatric ER to divert people in crisis from the criminal justice system & prevent homelessness.
2.After assessment, households are prioritized for service/housing options such as Rapid Rehousing, SROs, Section 8 vouchers set aside for homeless households, etc. Resolution also includes diversion or prevention activities or assistance accessing emergency shelter.
A project supported by State TANF funds provides diversion and prevention services for families with minor children. City Community Partnership Funds prevent homelessness for 392 households, including 100 vets.
Training on diversion techniques is key. At an October 2018 workshop, local leaders gained insight on integrating diversion into Nashville's Housing Crisis System. The HID provides quarterly trainings, including strategies for prevention and diversion, for new staff at agencies throughout the CoC.

3.MDHA oversees this strategy.

2C-2.	**Length of Time Homeless–Strategy to Reduce.**	
	NOFO Section VII.B.5.c.	

	Describe in the field below:
1.	**your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
2.	**how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.**

(limit 2,000 characters)

1.Maximize CV dollars; refer veterans to SSVF that targets unsheltered/high-risk veterans in congregate living situations; tap into CDBG funding to expand needed supports in PSH; broker with motel owners to create additional units of RRH. Landlord recruitment staff at MHID are working to reduce length of homelessness. A substantial influx of ESG-CV funding expanded street outreach knowledge of CE and HMIS and bolsters the BNL for single individuals & their linkage to mainstream housing and services. YHDP funding offers RRH and diversion to youth/young adults. A SAMHSA/BGHI grant at Centerstone integrates behavioral health and supportive services for individuals/families who experience homelessness & a substance use/co-occurring disorder. In Nov 2020 Rodeway Inn motel was secured to provide 120 rooms with 12 month leases supported by ESG-CV RRH funding. Incentives to encourage landlords to rent to persons experiencing homelessness include EHV funds for leasing bonuses, and $500 for units in low-poverty areas. MHID's Low Barrier Housing Collective includes payments for damages & a mediation hotline.
2.HMIS data is used to identify and house people undergoing long homeless durations. The Homeless Impact Division (HID) facilitates citywide CE collaboration of 30 CoC members focused on ending housing crises and linking people to resources. The HID regularly trains housing navigators, hosts biweekly Care Coordination Meetings to rapidly house households based on acuity of need and length of time homeless, & determines other options for clients needing less intensive interventions. Adopted CE policies prioritize vulnerability & longevity for housing and support services. By-Name Lists (BNLs) of veterans and families guide discussions of high priority cases at Care Coordination Meetings. MDHA will work with MHID and the CoC Data Committee to analyze HMIS & PIT data on durations of homelessness to determine any racial disparities.
3.MDHA will oversee implementation of this strategy.

2C-3.	**Exits to Permanent Housing Destinations/Retention of Permanent Housing.**	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	**emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and**
2.	**permanent housing projects retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

1. Unprecedented ESG-CV funding to the city has had a dramatic effect; 518 homeless persons moved into housing as of late September 2021. MDHA commits a monthly set-aside of 18 housing choice vouchers, received 100 additional vouchers through the CARES Act, & was awarded 198 Emergency Housing Vouchers. Health Care for Homeless Veterans & VASH case management connects vulnerable homeless Veterans to housing.
MHID created a partnership with United Way to leverage ESG-CV dollars with local private funding and create a Landlord Risk Mitigation Fund to assist with potential damages and bridge rent to hold a unit for up to 2 months for another CE referral. MHID requested $500,000 in ARP funds from the city to leverage Emergency Housing Voucher incentives to landlords as sign-up bonuses.
MHID's Low Barrier Housing Collective utilizes the incentives and coordinates landlord outreach to lower housing barriers. SAMHSA CABHI funds support rapid entry into permanent housing & Critical Time Intervention case management, an evidence-based practice.
Other incentives bolstering placement include CDBG funds for security/utility deposits, first month's rent; 500 annual bus passes; & housing navigation.
Housing developed since the FY2019 application, and slated for future development, includes: 29 units for homeless Veterans; 24 units for medically vulnerable individuals; 24 units for youth; and in 2022, the city plans to construct 85 units of PSH downtown.
2. To aid retention in the largest PSH project, MDHA staff identifies residents at risk of termination each month, & reaches out to referral agencies to assure they re-certify and don't lose their housing. SSVF helps eligible veterans retain housing. Critical Time Intervention case management increases housing retention to 83% for 120 high-need formerly homeless individuals. Housing Specialists nurture relationships & are pro-active with landlords. Wrap-around services help families remain in housing.

2C-4.	**Returns to Homelessness–CoC's Strategy to Reduce Rate.**	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	**how your CoC identifies individuals and families who return to homelessness;**
2.	**your CoC's strategy to reduce the rate of additional returns to homelessness; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.**

(limit 2,000 characters)

1. Metro Homeless Impact Division (MHID), HMIS Lead, has worked to improve HMIS bed coverage & functionality to better track recidivism by enhancing data sharing, updating all required legal documents to ensure data safety, and increasing bed coverage. MHID was awarded $150,000 in HMIS Capacity Building funds to improve data quality & add the primary shelter provider's data into HMIS.
MHID staff is measuring returns to homelessness, and starting to analyze for any racial disparity.
2. Several CoC programs work to decrease recidivism by hiring individuals to assist households with housing stabilization: CTI case managers and housing locators/retention specialists at the Homeless Impact Division; Open Table

Nashville; Safe Haven Family Shelter; & the VA support people placed in Housing, but who still require intensive interventions to retain housing/improve stability. In August 2019, the CoC Homelessness Planning Council adopted a 3-year community-wide Strategic Plan with action steps to build a Housing Crisis Resolution System, including regular inventories of support services focused on housing retention, analyzing gaps on a regular basis & exploring ways to fill them. In November 2018, SAMHSA awarded Park Center a $2.5 million Treatment for Individuals Experiencing Homelessness grant, which will serve 500 individuals over 5 years with: outreach; housing navigation and retention; disability benefit assistance using the SOAR model; and referrals to psychiatric & substance abuse treatment; and employment assistance.
3. MDHA will oversee this strategy.

2C-5.	**Increasing Employment Cash Income-Strategy.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	**your CoC's strategy to increase employment income;**
2.	**how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.**

(limit 2,000 characters)

1.Building on technical assistance provided in 2019, the employment and homelessness workgroup developed an MOU, finalized in the fall of 2020 to formalize the partnership between employment service providers and homeless service providers. The MOU identifies specific barriers to employment for individuals experiencing homelessness, being addressed by the workgroup which meets monthly. Several employment fairs have been held by this workgroup and a process created among the MOU partners provides specific contacts to call as employment needs arise or there are barriers to employment for individuals. Local agencies such as Goodwill Industries regularly conduct job fairs and these events are promoted through the CoC listserv. Posters with dates and times which can be displayed in local agencies are often included and distribution is encouraged.
TANF funding pays for a Career Coach and
Financial Counselor to work specifically with families in the Family Empowerment Program.
Networking occurs daily to help people exiting the justice system access jobs via the Transition from Jail to Community listserv. A handbook is
being created to help homeless service and housing providers understand requirements and services of employment service providers. This is intended to be a road map for homeless
providers to help individuals they serve and house with direct
access to employment services.
2. MHID partnered with many of Nashville's mainstream employment providers and assisted in the creation of an MOU between employment and homeless service providers. MHID hosts monthly check-ins with all providers and collaborates to reduce barriers to employment. Key employment service providers include the American Job Center, Vocational Rehabilitation, Goodwill Industries, the Nashville Workforce Network, VA's employment program, and

The Council on Aging. Other agencies include staffing agencies and local non-profits.
3. MHID is responsible for overseeing these efforts.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

	Describe in the field below how your CoC:
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1.MHID and the Employment and Housing (E&H) Workgroup set up multiple outdoor job fairs over the past year. The job fairs included mainstream providers as well as private staffing agencies and warehouses. Individual agencies in the E&H workgroup set up job fairs that they shared with the workgroup and disseminated to other homeless service providers. Additionally, during monthly check-ins between the E&H Workgroup, private employer resources are shared to assist each other in ensuring the greatest outcomes for individuals to obtain employment and increase income. Also, this past year a relationship was created with a staffing agency that now participates in the E&H workgroup and CoC General Membership.
2.Several members of the E&H workgroup provide such services. An important component of this collaboration is that the homeless service providers have direct contacts and access to employment service agencies, public and private, to ensure program participants are provided with the specific type of service they need to obtain the employment they are interested in. This includes a variety of education and training, as well as, specific certification programs. Additionally, more than one agency in the CoC implements the employment best practice of Individual Placements and Supports (IPS), which seeks to provide employment placement and support with tenants that are aligned with the tenants of housing first. August 2021 training on Consumer Advisory Board development reviewed how agencies can create their own CABs and use these CABs to enhance consumer resumes and provide valuable job experience, build professional skills, etc.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

1. Nashville's CoC will capitalize on its tremendous success connecting homeless people with disabilities to Social Security benefits via the SOAR

model. Since the inception of the program in 2006, Park Center staff has trained other agencies to implement SOAR, and 1,554 people have obtained an approval for disability benefits through the Social Security Administration with an average of 70 days from time of application to time of decision. In PY 2021, the county-wide programs assisted 94 people with an average time of 80 days.

2. •SOAR training of new staff in the CoC; Park Center, Neighborhood Health and
the jail/Sheriff's office all participate.
•Food stamp in-reach; a worker is outsourced at Room in the Inn to assure connection to that resource for hundreds of homeless persons.
•Linking homeless veterans to benefits, via Community Employment Coordinator (Healthcare for Homeless Veterans team member), VA Benefits Coordinator & VA Regional Office staff

3. Metro Homeless Impact Division is responsible for overseeing this strategy.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	**Private organizations**	Yes
2.	**State or local government**	No
3.	**Public Housing Agencies, including use of a set aside or limited preference**	No
4.	**Faith-based organizations**	No
5.	**Federal programs other than the CoC or ESG Programs**	No

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-2a.	**Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.b.	

1.	**Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?**	Yes
2.	**Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?**	Yes

3A-3.	**Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.**	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
Safe Haven RRH Ex...	RRH	15	Housing
Nashville Housing...	PSH	13	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Safe Haven RRH Expansion 2021

2. Select the new project type: RRH

3. Enter the rank number of the project on your CoC's Priority Listing: 15

4. Select the type of leverage: Housing

3A-3. List of Projects.

1. What is the name of the new project? Nashville Housing First Collective

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 13

4. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

NA- Nashville's CoC is not requesting new project funding for rehab nor construction.

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	**Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

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

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

NA - The CoC is not designating any of its projects to serve families or youth defined as homeless under other Federal statutes.

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	**SSO Coordinated Entry**	No
2.	**PH-RRH or Joint TH/RRH Component**	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	**Number of Domestic Violence Survivors in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.	

1.	**Enter the number of survivors that need housing or services:**	895
2.	**Enter the number of survivors your CoC is currently serving:**	430
3.	**Unmet Need:**	465

4A-2a.	**Calculating Local Need for New DV Projects.**	
	NOFO Section II.B.11.	

Describe in the field below:

1.	**how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or**
3.	**if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.**

(limit 2,000 characters)

1. Domestic Violence Coordinated Entry (DV-CE) reports 895 households fleeing and needing housing due to domestic violence, sexual assault, dating violence, stalking or human trafficking. Currently, 33 households are served with housing by DV agencies and 397 survivors are housed by non-DV agencies.
2. Data was pulled from the DV-CE & DV agencies' HMIS-comparable databases, as well as from non-DV agencies serving survivors referred via DV-CE & records at the Nashville Rescue Mission. Domestic violence agencies collect data from crisis hotline calls & assessments at shelter housing programs. Non-DV providers collect data at program entry for all households as a program specific data element across funding types.
3. HUD CoC DV Bonus funding in FY2018 increased local capacity, but the CoC is not meeting the needs of all survivors. A monthly average of 177 households are on the DV By Name List. Compounded by a lack of inclusiveness in Nashville's growth & unique needs of survivors from underserved populations, there is not enough housing for every survivor in DV-CE. In Nashville, 82% of households earned less than $50,000 in 2020, & 19.5% of homeowners and 46.2% of renters spend more than 30% of their income on housing (Metro Social Services, 2020). There is a deficit of affordable rental options from 0%-80% area median income - $0-$67,450 in 2021 for a family of 4. Greatest need is at the lowest incomes, but need exists up to 80% (Affordable Housing Task Force Report, 2021).
Nashville's Police Department reported 24,520 cases of domestic violence (16 homicides) in 2020. Tennessee consistently ranks in the top 10 most dangerous states for women. Every day in the state, 385 DV hotline calls are answered, with 283 requests going unmet, 74% for housing & emergency shelter (National Network to End Domestic Violence, 2020). According to the US Conference of Mayors, domestic violence is the leading cause of homelessness for women and children in the U.S.

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.**	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Safe Haven Family...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	Safe Haven Family Shelter
2.	Rate of Housing Placement of DV Survivors–Percentage	88.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	91.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1. During the latest funding cycle, Safe Haven provided housing and wrap-around services to 76 families who were fleeing DV. Of those families served, 88% of those families were housed using our RRH model and 91% of those have retained their housing and are still residing in their unit.
2. This data was collected in a salesforce database that has been specifically created for Safe Haven and is administered and customized by Safe Haven's COO.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1. Safe Haven Family Shelter's (SHFS) Housing Director & 3 Housing Specialists focus on landlord recruitment and retention & place families into housing in an average of 51 days through partnerships with over 50 landlords/property managers, keeping survivor needs and safety top priority. Landlords offer more options for survivors if they feel it would be safer to live outside of Davidson County. Employment or income is not required for families to be housed. Survivors help shape procedures & improve this process.
2. Prioritization was developed by the Mary Parrish Center (MPC) via its CoC-funded DV-Coordinated Entry project. MPC leadership plans and consults with all stakeholders participating in CE.
3. Safe Haven is a founding member of The Family Collective (TFC) comprising over 30 agencies across 5 counties in Middle Tennessee, giving the agency quick access to mental health counseling, financial education and employment services. It has strong relationships with community mental health care, primary health clinics, daycare/Head Start, and its case managers are trained to help families apply for SNAP, TANF & WIC benefits. Safe Haven employs a full-time SOAR coordinator to help families apply for Social Security benefits. A strong partner is the Family Safety Center, which provides an array of resources and supports to those fleeing DV, & multiple monthly trainings for staff.
4. Safe Haven's Rapid Rehousing helps families move into housing as quickly as possible & maintain housing through extensive support services, with an 88% housing retention rate over the past 3 years. After securing a unit, SHFS pays rent & utility deposits, as well as first month's rent. Families begin a step-down plan in rental assistance for months 2-6, to financially stabilize and be prepared to pay rent in full when the plan ends. Safe Haven realizes survivors often need more time to sustain housing, & adjusts these plans, depending on the needs of each individual family.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

1. Safe Haven staff have completed multiple trainings on safety planning. Shortly after DV CE launched and SFHS began taking referrals from DV CE, staff completed a training with the YWCA on safety planning, including digital safety. Since then, SHFS has continued to offer trainings throughout the year from multiple partners including the Office of Family Safety, YWCA, The Mary Parrish Center and C4 The Center for Social Innovations.
2. Intakes are completed in whatever way the survivor feels most comfortable.

During the pandemic, many intakes have been completed over the phone, if the survivor feels it is safe to do so. During the pandemic, Safe Haven has not been utilizing the shelter building as a shelter and has all families placed in a hotel instead. This allows the shelter space to be used for intakes or client meetings in a very private way with very few other people around.
3. Safe Haven has not received a referral for a couple from the DV CE process. However, if a referral for a couple is received through the regular CE process, the staff is trained to identify red flags of abuse. If the assigned Case Manager suspects abuse, they talk with their supervisor and develop a plan to assess the situation while prioritizing the safety of the client. The Case Manager works to create opportunities to speak one on one with the clients to continually assess the situation and offer support and resources.
4. Safe Haven offers extensive wrap-around services for families in its programs, including case management, youth education coordination, housing navigation, employment services, referral to mental health and physical health care, and financial education. Stakeholders provide community oversight to ensure that the process is victim-centered, trauma-informed, housing first, low-barrier, prioritizes high-risk survivors and survivors with the greatest needs, provides fair and equal access, and ensures that all safety measures are in place, including safety planning and emergency transfers.
5. Safe Haven does not currently have families residing in the shelter due to the pandemic and instead has each family in their own hotel room. When utilizing the shelter space, Safe Haven does not have bars on the windows, but maintains lights on in hallways and common areas at all times. There is also a staff member present at all times at the front desk, with locks on each door accessible only by a swipe card.
6. Safe Haven does not offer a confidential shelter location for survivors, but does work closely with other DV shelter providers in the area including the YWCA and Morning Star. SHFS staff does not disclose the location of any shelter partners. Once a family moves into housing, Case Managers offer the Safe at Home program to families to help keep their address confidential.

4A-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

Safe Haven prioritizes safety of DV survivors from the moment they are referred to the program, beginning with the coordinated entry process. When CE priorities are discussed at the weekly care coordination meeting, DV clients remain anonymous by using a unique identifier. If the family referred is working with another DV shelter provider, all parties involved make sure to sign ROIs and confidentiality paperwork before collaboration on the client's behalf begins. Because the survivor knows her/his situation best, the case manager relies on the client to determine the timing and location of the intake process. During intake with the housing specialist, staff offer options for living locations which are not limited to Davidson County. If a family feels that moving outside of the CoC area would offer them more safety, Safe Haven arranges for that and is able to continue to offer financial and case management assistance in Middle

Tennessee within a reasonable distance. All staff have been trained on the Safe at Home program to offer options so that the survivor's address is not published anywhere. Staff at Safe Haven also regularly engage in training opportunities around domestic violence, specifically on safety planning, confidentiality, and supporting survivors of DV. Nashville is fortunate to have an Office of Family Safety embedded in Metro Government and Safe Haven staff refer survivors to the Family Safety Center regularly for support and resources and staff take part in their monthly training sessions on various DV topics. Safe Haven's housing team also works closely with landlords to educate them on VAWA policies. If an abuser does end up finding the location of a survivor's home, Safe Haven works with the landlord to relocate them to another unit or property to increase their level of safety. If the family has received a housing choice voucher, Safe Haven works with MDHA to have that voucher moved to the new unit or ported out of county, if necessary.

4A-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	**prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

Housing Specialists conduct an intake interview that reviews housing barriers and discusses housing preferences and locations. Housing options are not limited to within our CoC and SHFS is able to offer housing, financial assistance and case management assistance in multiple counties across Tennessee. This gives survivors more choice and options to live where they feel safe.
Safe Haven does not have certain requirements for a survivor to remain in services. For example, case managers try to have contact with families weekly, but there is no punishment if they do not. All services are voluntary and housing does not depend on what services survivors engage in. At times, Safe Haven works with survivors who continue to hold some type of relationship with their abuser and continue to support the client through those decisions.
As part of the The Family Collective (TFC) Safe Haven has partnerships with two different agencies that offer trauma-based therapy services. These services are voluntary and referrals are made at the client's request. Safe Haven also closely utilizes services at the Office of Family Safety on a voluntary basis.

Safe Haven uses a CTI case management model and CTI naturally lends itself to using a strengths-based approach with all clients. Goals are created at the beginning of each CTI phase and families are able to choose for themselves which goals to work on. Safe Haven staff have a list of focus areas that families can choose their goals from or they can create their own specific goals. Setting goals is also not a requirement for remaining in services.
Safe Haven takes part in a yearly Fair Housing Training with the TN Fair Housing Council. Ongoing trainings that Safe Haven staff engage in on various ways to support and advocate for survivors of domestic violence are always taught through a lense of cultural competence, valuing and listening to families experiences and stories and providing services in a safe and judgement-free way.
Due to the pandemic, Safe Haven has not been offering groups or mentorship opportunities. As pandemic restrictions are lifted and safety is not as much of a concern, Safe Haven will begin to offer groups on a voluntary basis, along with offering information on other support groups in the community.
Safe Haven has suspended parenting groups due to the pandemic, but does have a staff member who specializes in early childhood development. This staff member can work one-on-one with families to provide education on developmental milestones and parental supports for young children.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

1. The proposed new DV Bonus project is an expansion of the current CoC-funded Rapid Rehousing program that Safe Haven has operated for over 8 years. Safe
Haven is a founding member of The Family Collective (TFC), a collaboration of over 30 agencies in Middle Tennessee supporting vulnerable families who are housing insecure. In addition to TFC, Safe Haven has been collaborating extensively with DV providers over the last two and a half years, and currently over 50% of Safe Haven's referrals come from DV CE. Safe Haven plays several important roles in these community partnerships. First, Safe Haven provides low-barrier shelter for families and is able to offer shelter services to a number of family types/makeups that aren't served with shelter elsewhere in the community; for example, Safe Haven can shelter families with older male teens, mothers about to give birth, single fathers, couples with children and families where one or more persons has a physical disability. Second, Safe Haven has substantial capacity to support families experiencing homelessness with rapid rehousing services. After securing housing, Safe Haven works with the family in a variety of ways for 9-12 months, offering wrap-around services that are focused on housing stability.
Safe Haven will continue to use a scattered site model in this project with the lease being held directly between the tenant and landlord. With this funding, Safe Haven will serve an additional 90 families/288 additional individuals per

year.

Over the past year, Safe Haven has further refined its approach to supporting families by implementing the evidence-based Critical Time Intervention (CTI) model, shown to be particularly effective in helping families maintain housing after an episode of homelessness. Following the implementation of CTI, Safe Haven has increased its success rate of families remaining in their housing unit for at least one year to over 90%, which can be attributed to the intensive support that is available to every family following their transition to housing. Over the past seven years, Safe Haven has provided supportive services including case management, employment, eviction prevention, and tenant advocacy to over 500 households/ roughly 1,700 individuals. Safe Haven's success can further be attributed to the agency's long-standing relationships with its referral partners, all of whom will be engaged in providing services to clients enrolled in this project, including Catholic Charities of TN, Mental Health Co-op, the Financial Empowerment Center, The Store, the MNPS Hero Program, the Family Safety Center and Insight Counseling.

2. Although not required for families to participate, many chose to take part in services to support economic & housing stability.
During funding year 2019, Safe Haven staff provided the following supportive services to DV survivors:
Worked with employment navigators to create resumes, do mock interviews, complete applications, receive assistance with work clothes or uniforms and assistance with transportation to interviews and work. Employment Navigators also refer to Dress for Success for work attire, when needed.
As part of The Family Collective, Safe Haven has access to a financial literacy coach specifically for families working with the collaborative agencies. Families are able to complete these sessions remotely to eliminate the transportation barriers.
Although there is not a specific partnership set up with the Department Of Children's Services (DCS), Safe Haven works closely with DCS case workers who are assigned to child custody cases. Staff support families by attending Care Team meetings, attending court and making sure they have access to services to complete required tasks to regain custody of their children. Often housing is the final requirement that families need to regain custody of their children, making it even more important that Safe Haven is able to house families quickly in safe locations.
Housing Search & Counseling- worked with over 50 different property managers/landlord partners; educated participants on tenancy skills, eviction mitigation, and tenant advocacy. Referrals to mainstream benefits including housing vouchers
Education Services- support in obtaining daycare vouchers, adult education, collaboration with the HERO program with Metro Schools to ensure that students are quickly enrolled, receive needed supplies and have the correct transportation to school. Referrals for tutoring services.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

Safe Haven has been setting steps down plans at 6 months and may look at increasing that timeframe for survivors of DV. Safe Haven will also continue to build landlord relationships in order to increase the housing options families have.
Safe Haven will continue to offer services on a voluntary basis and access to services and financial assistance is not dependent on engagement in services and goal setting
Safe Haven will continue to offer trainings regularly to staff that include specific needs regarding serving survivors of DV and trauma informed services.
Safe Haven will continue to use the CTI case management model that focuses on strengths, building resilience and increasing confidence in skills.
Safe Haven will review client focus areas as related to CTI goals and consider adding a specific area around client safety.
As pandemic restrictions are lowered and communities are safer, Safe Haven plans to restart groups and other ways to offer support and connection between families in the program.
Safe Haven will continue to make referrals for parenting support services in the community as requested by families and will increase those opportunities as COVID restrictions are lifted.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

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).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/06/2021
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/12/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/04/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting–Pr...	11/11/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting–Pr...	11/11/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/04/2021
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/10/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting–Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting–Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreement

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/04/2021
1B. Inclusive Structure	11/12/2021
1C. Coordination	11/08/2021
1C. Coordination continued	11/12/2021
1D. Addressing COVID-19	11/08/2021
1E. Project Review/Ranking	11/08/2021
2A. HMIS Implementation	11/04/2021
2B. Point-in-Time (PIT) Count	11/04/2021
2C. System Performance	11/06/2021
3A. Housing/Healthcare Bonus Points	11/04/2021
3B. Rehabilitation/New Construction Costs	11/04/2021

3C. Serving Homeless Under Other Federal Statutes	11/03/2021
4A. DV Bonus Application	11/12/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Administration

Interviewer's Name	**Agency**	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Security Number**	**Consent to participate**
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

PARENT 2

☐ No second parent currently part of the household

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Security Number**	**Consent to participate**
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

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Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

8. In the past six months, how many times have you or anyone in your family...

   a) Received health care at an emergency department/room? ____ ☐ Refused

   b) Taken an ambulance to the hospital? ____ ☐ Refused

   c) Been hospitalized as an inpatient? ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

   e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ____ ☐ Refused

   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.** **SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ **Y** ☐ N ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.** **SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ **Y** ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ **Y** ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ **Y** ☐ N ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

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24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ **Y** ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ **Y** ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:**

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.** **SCORE:**

E. Family Unit

32.	Are there any children that have been removed from the family by a child protection service within the last 180 days?	☐ **Y**	☐ N	☐ Refused
33.	Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.** **SCORE:** ____

34.	In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	☐ **Y**	☐ N	☐ Refused
35.	Has any child in the family experienced abuse or trauma in the last 180 days?	☐ **Y**	☐ N	☐ Refused
36.	*IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?	☐ Y	☐ **N**	☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.** **SCORE:** ____

37.	Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	☐ **Y**	☐ N	☐ Refused
38.	Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.** **SCORE:** ____

39.	Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	☐ Y	☐ **N**	☐ Refused
40.	After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...			
	a) 3 or more hours per day for children aged 13 or older?	☐ **Y**	☐ N	☐ Refused
	b) 2 or more hours per day for children aged 12 or younger?	☐ **Y**	☐ N	☐ Refused
41.	*IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	☐ **Y**	☐ N	☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.** **SCORE:** ____

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	**Score:** **Recommendation:**
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : _____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

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The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

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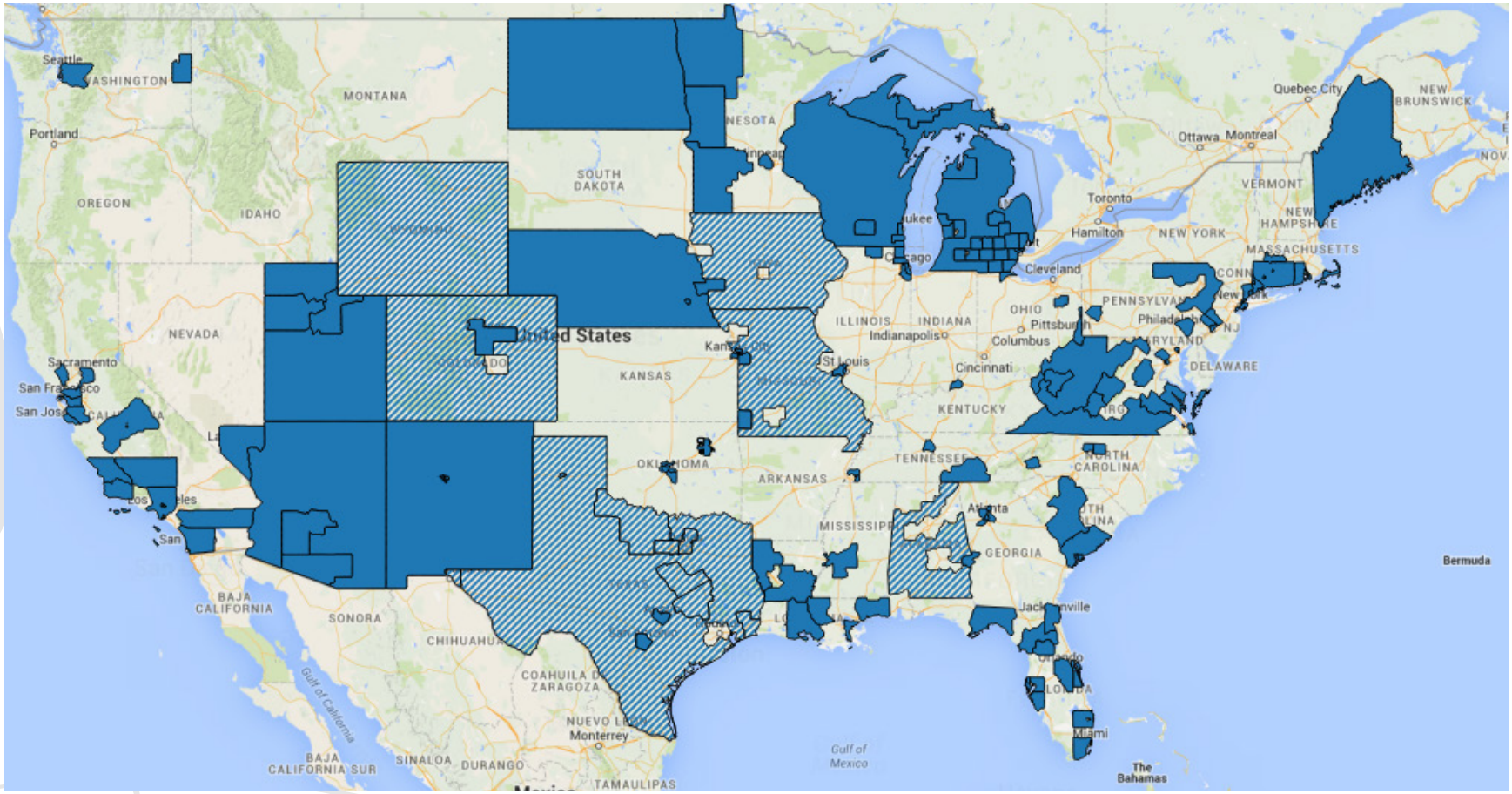

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- Parts of Alabama Balance of State

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- Statewide

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- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
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Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
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- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
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- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
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- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

Administration

Interviewer's Name	**Agency**	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Security Number**	**Consent to participate**	
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes	☐ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

1 (800) 355-0420 info@orgcode.com www.orgcode.com

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? ____ ☐ Refused

b) Taken an ambulance to the hospital? ____ ☐ Refused

c) Been hospitalized as an inpatient? ____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

8. Does anybody force or trick you to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ **Y** ☐ N ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
19. When you are sick or not feeling well, do you avoid getting help?	☐ **Y**	☐ N	☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?	☐ **Y**	☐ N	☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐ **Y**	☐ N	☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?	☐ **Y**	☐ N	☐ Refused
b) A past head injury?	☐ **Y**	☐ N	☐ Refused
c) A learning disability, developmental disability, or other impairment?	☐ **Y**	☐ N	☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	**SCORE:**

27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	**SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/4
D. WELLNESS	/6
GRAND TOTAL:	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no housing intervention
4-7:	an assessment for Rapid Re-Housing
8+:	an assessment for Permanent Supportive Housing/Housing First

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

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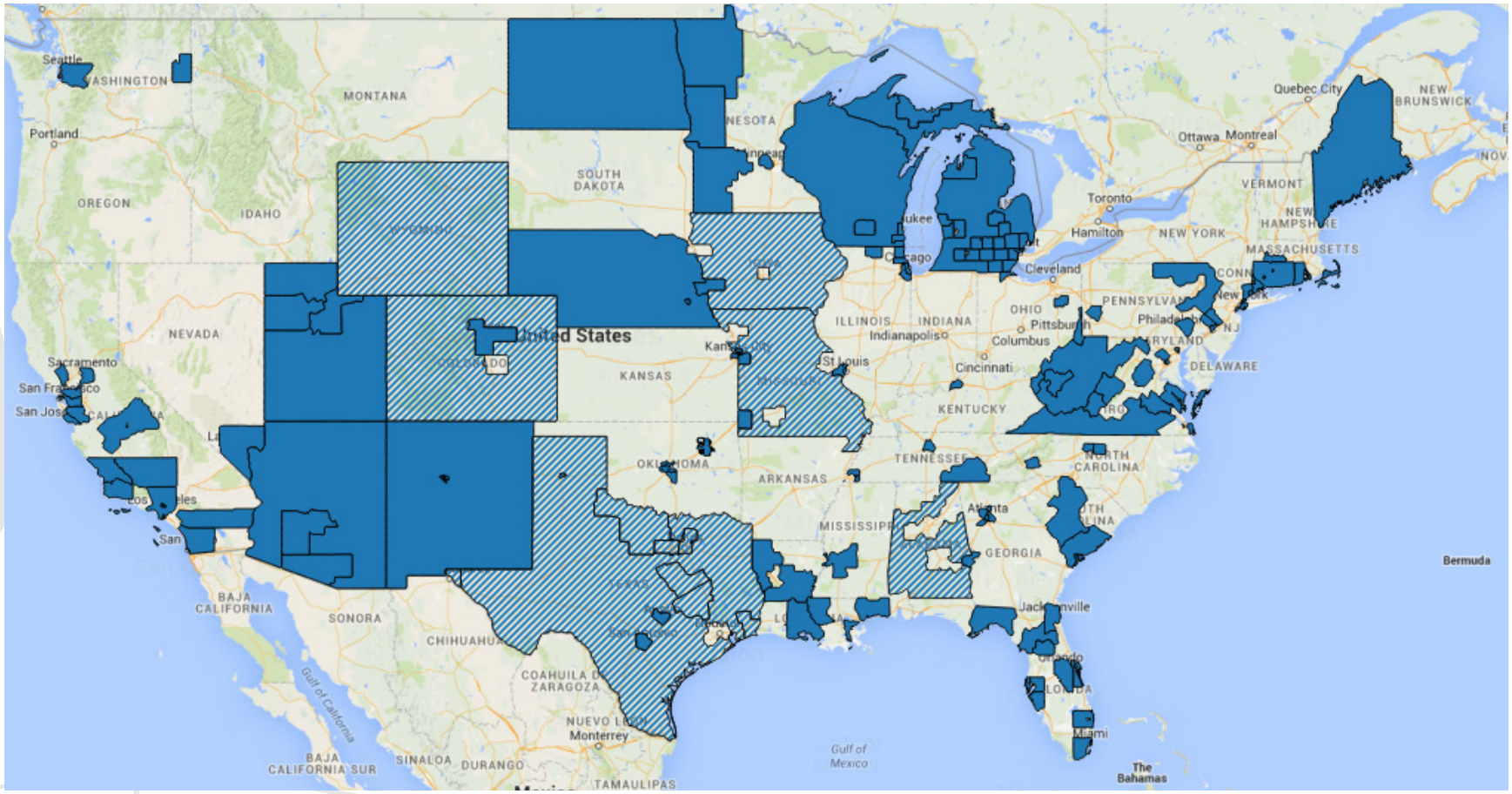

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- Statewide

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- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

"Next Step Tool for Homeless Youth"

AMERICAN VERSION 1.0

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Eric Rice, PhD

COMMUNITY SOLUTIONS

CSH

USC SCHOOL OF SOCIAL WORK

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

Administration

Interviewer's Name	**Agency**	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Security Number**	**Consent to participate**	
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes	☐ No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

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A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters	☐ **Couch surfing**	☐ **Other (specify):**
☐ Transitional Housing	☐ **Outdoors**	_____
☐ Safe Haven	☐ **Refused**	

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? ____ ☐ Refused

b) Taken an ambulance to the hospital? ____ ☐ Refused

c) Been hospitalized as an inpatient? ____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

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7.	Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ **Y**	☐ N	☐ Refused
8.	Were you ever incarcerated when younger than age 18?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

9.	Does anybody force or trick you to do things that you do not want to do?	☐ **Y**	☐ N	☐ Refused
10.	Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

C. Socialization & Daily Functioning

11.	Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ **Y**	☐ N	☐ Refused
12.	Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?	☐ Y	☐ **N**	☐ Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

13.	Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	☐ Y	☐ **N**	☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

14.	Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ Y	☐ **N**	☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

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15. Is your current lack of stable housing...

a) Because you ran away from your family home, a group home or a foster home?	☐ **Y**	☐ N	☐ Refused
b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	☐ **Y**	☐ N	☐ Refused
c) Because your family or friends caused you to become homeless?	☐ **Y**	☐ N	☐ Refused
d) Because of conflicts around gender identity or sexual orientation?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

e) Because of violence at home between family members?	☐ **Y**	☐ N	☐ Refused
f) Because of an unhealthy or abusive relationship, either at home or elsewhere?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA.** **SCORE:**

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
20. When you are sick or not feeling well, do you avoid getting medical help?	☐ **Y**	☐ N	☐ Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

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22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/4
D. WELLNESS	/6
GRAND TOTAL:	/17

RESULTS

Score:	Recommendation:
0-3:	no moderate or high intensity services be provided at this time
4-7:	assessment for time-limited supports with moderate intensity
8+:	assessment for long-term housing with high service intensity

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Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

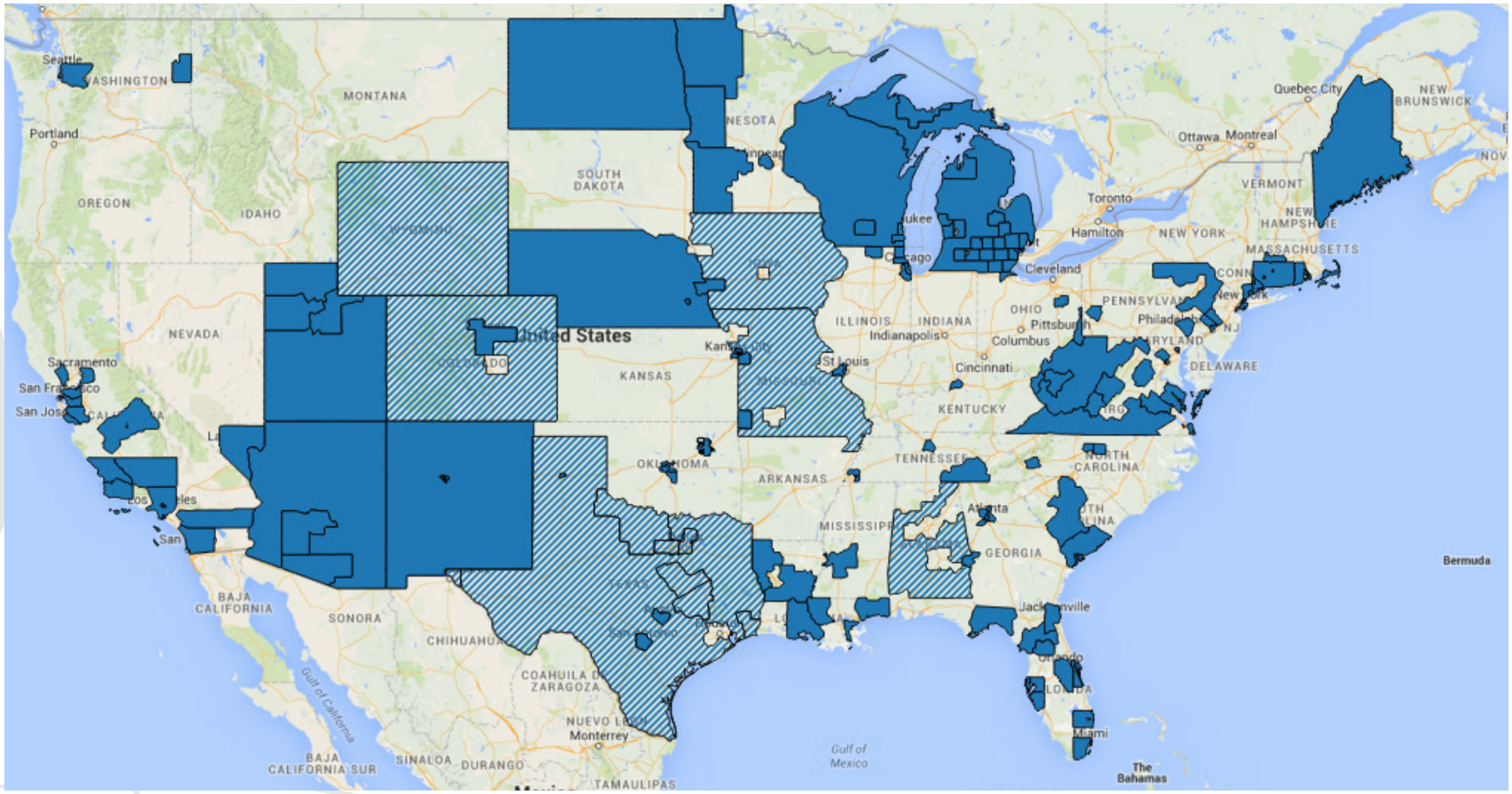
One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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Citizen Participation
Community Development Block Grant (CDBG)
Community Development Block Grant Disaster Recovery (CDBG-DR)
Continuum of Care (CoC)
Consolidated Plan
Economic Development
Emergency Solutions Grant (ESG)
Fair Housing
The HOME Investment Partnerships Program (HOME)
Homeless Assistance
Housing Opportunities for Persons with AIDS (HOPWA)
Home Repair Programs
Neighborhood Programs
Neighborhood Stabilization Programs (NSP1 & NSP2)
Plans & Reports
Weatherization Assistance Program (WAP)

Continuum of Care (CoC)

HMIS LEAD

YOUTH HOMELESSNESS DEMONSTRATION GRANT (YDHP)

CoC: Competition Materials

CoC COMPETITION MATERIALS

coc-2021-project-priority-listing-public-posting
coc-2021-new-project-application-final
coc-2021-renewal-project-application-final

CoC FY2021 Funding Opportunity

Each year, Nashville competes with other Continuums across the country to secure federal funds to end homelessness, made available through the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care program. On behalf of the Nashville Continuum of Care (CoC) & as the CoC Collaborative Applicant, MDHA requests applications for new projects for inclusion in the CoC's FY2021 application for HUD CoC funds. Renewal agencies are also asked to complete a more basic application. Both can be found below.

The key related outcomes desired by HUD are:

HUD CoC System Performance Measures

1. ***Reducing the length of time persons remain homeless***
2. ***Reducing returns to homelessness by persons who exit homelessness to permanent housing***
3. ***Reducing the number of homeless persons***
4. ***Access to jobs and income growth for homeless persons in CoC Program-funded projects***
5. ***Reducing the number of persons who become homeless for the first time***
6. ***Successful housing placement***

This year, in addition to funding intended to renew a substantial existing inventory, HUD has new funding available for CoC Bonus projects to house and serve persons experiencing homelessness ($297,411 for Nashville) as well as Domestic Violence (DV) Bonus funding ($687,057 for Nashville). Additionally, just over $110,000 is available via local funding reallocation; there may be more available if any additional existing project funding is reallocated, but this is yet to be determined.

The type of projects that can be funded includes new or expanded housing and/or services via both the Permanent Supportive Housing (PSH – for people with disabilities who meet HUD's definition of chronic or the more flexible DedicatedPlus) and Rapid Rehousing (RRH) components, as well as any dedicated Homeless Management Information Systems (HMIS) project proposed by Nashville's HMIS Lead entity, the Metro Homeless Impact Division. HUD requires all new projects to adopt the Housing First approach.

Applications for new project funding are encouraged from nonprofit agencies that have never previously received CoC funds as well as from applicants that are currently receiving, or have in the past received, CoC funds. There will be a workshop for interested agencies on Thursday, September 9 at 1:00 pm in the cafeteria in the Central Office of MDHA, 701 South 6th Street. To ensure that you receive the latest information about this local process, please subscribe to the Nashville CoC listserv by emailing stolmie@nashville-mdha.org – subject heading *CoC 2021 Listserv*.

COC: FY19 CONSOLIDATED APPLICATION

COC: FY19 COC PRIORITY LISTING

COC: FY18 COMPETITION MATERIALS

COC: FY17 COMPETITION MATERIALS

COC: FY16 COMPETITION MATERIALS

CoC: Governing Documents

RRH MOU for Rental Assistance

Safe Haven Family Shelter and United Way

Safe Haven has applied for funding to serve additional families experiencing homelessness through additional Rapid Rehousing funding. If awarded, the partnership between Safe Haven and United Way will provide financial assistance to families to serve an additional 6 families throughout the grant year.

Safe Haven Responsibilities:

1. Receive all referrals from Coordinated Entry.
2. Offer voluntary services including case management, housing search and placement, youth/education programming, employment and adult education opportunities and referrals to community-based services including SOAR, mental health care, physical healthcare, and access to other mainstream benefits.
3. Financial assistance to the families that includes application fees, utility deposits, housing deposits and rental assistance based on a 6-month step down plan.
4. Record all required data elements in HMIS.
5. Maintain detailed records documenting the expenditure of grant funds and provide monthly reimbursement reports.

United Way Responsibilities:

1. Provide technical assistance as the backbone agency of The Family Collective collaboration.
2. Provide financial assistance for RRH services for an additional 7 families in Safe Haven's HUD-funded program.
3. Provide monthly reimbursements after monthly reports are submitted.

BUDGET:

Source	Amount	Households Served
HUD Request + United Way Match	$110,000 HUD request + $27,500 match = **$137,500**	18 Households
United Way Leverage	$34,500	7 Households
Totals	$172,000	25 Households

Mason, LMSW

Safe Haven Signature

Date

M. Preston

United Way of Greater Nashville Signature

10/20/21

Date

Safe Haven Family Shelter

THE FAMILY COLLECTIVE

United Way

United Way of Greater Nashville

November 9, 2021

Re: FY 2021 Continuum of Care (CoC) Application – Leveraging Healthcare Resources at Park Center's Nashville Housing First Collective

To Whom It May Concern:

Park Center is applying for a new permanent supportive housing project called the Nashville Housing First Collective to serve an additional 29 individuals (including single individuals and approximately 4 families). Through this letter, Park Center is committing to provide and leverage healthcare resources to these single individuals and families that totals $75,000 at a minimum.

Park Center's leveraged healthcare resources will be provided through its own intensive outpatient treatment program (IOP) that will be available to all individuals served by this project 5 days per week. Our IOP program is low-barrier and follows harm reduction principles. Park Center will provide additional healthcare resources through a Psychiatric Nurse Practitioner on staff at Park Center. Our Psychiatric Nurse Practitioner helps lead our street medicine program and will be available to meet with individuals in their apartments or at other locations of their choosing.

These healthcare services will be available for the term of the grant and are valued at local rates consistent with the amount paid for services not supported by grant funds. Rates are valued and defined by our contracts with Managed Care Organizations (MCOs) and the actual cost of services.

Please let me know if you need more information.

Sincerely,

Will Connelly
Chief Executive Officer
Park Center, Inc.