Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness.

MDHA serves as the CoC Lead Agency for Nashville-Davidson County, and as the Collaborative Applicant, coordinates the submission of over 25 local project applications each year, as well as prepares the extensive CoC narrative for submission into HUD's e-snaps system. MDHA provides technical assistance to applicant agencies and coordinates monthly meetings of the Continuum of Care which comprises service providers including homeless shelters, mental health centers, veterans' services, educational institutions, and housing assistance providers. Continuum of Care agendas are focused on enhanced coordination among all entities and gauging housing and income stability measures of CoC-funded programs. Since 2008, MDHA has also been home to the CoC's Homeless Management Information System (HMIS).

To coordinate services for families with children, the CoC relies on several local shelter agencies, particularly Safe Haven Family Shelter, a center of planning for coordinated entry into and out of Nashville's homeless service system.

The local continuum of housing and supports for homeless veterans and their families has been bolstered substantially, with additional VASH rent subsidies and case management, and enhanced re-housing assistance through new SSVF grants to two local agencies. Working with local agency partners like Centerstone & the VA, Nashville's Metropolitan Homelessness Commission spearheaded the Development of the *SSVF Priority 1 Community Plan,* revised in December 2014. Shelter and other frontline staff have been using a common assessment tool called the VI-SPDAT since February 2014 to identify and prioritize veterans and non-veterans for permanent housing. Staff also complete a 2-hour "housing navigation" training that outlines processes to connect people experiencing homelessness to housing and support service resources. These efforts have led to enhanced coordination, data sharing, and prioritization among providers. Metro Nashville is participating in the Mayor's Challenge to End Veteran's Homelessness and the Zero:2016 Campaign; and the lead homeless assistance agencies (MDHA, MHC, and a representative from the Mayor's Office) meet at least semi-annually with the Nashville HUD Field Office Director to discuss the City's progress on ending Veteran's homelessness.

Transition planning is required by Tennessee's Department of Children's Services to begin at age 17 to ensure that older youth aging out of foster care develop specific action steps to address housing, job training, continued education, and other community supports. Oasis Center is a primary player in the CoC and receives ESG funds to support emergency shelter beds for unaccompanied youth. This agency runs Nashville's only Youth Crisis Center, and assisted with the city's 2015 Point-in-Time (PIT) count by hosting a magnet event for at-risk, homeless and runaway youth.

Dr. Jama Shelton, with the True Colors fund (raising awareness about and bringing an end to gay, lesbian, bisexual, and transgender youth homelessness), acted as consultant for marketing this youth portion of Nashville's 2015 PIT count.

To strengthen the City's efforts to address and end homelessness, MHC, MDHA, and the Frist Foundation engaged Focus Strategies to assess the current homeless system and make recommendations for improving our efforts. The final report is expected to be released in the late March 2016 and will be a guide for developing or enhancing strategies to end homelessness.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards for and evaluate outcomes of projects and activities assisted by ESG funds, and develop funding, policies and procedures for the operation and administration of HMIS.

In addition to serving as the lead agency for the CoC process and HMIS, MDHA is responsible for the administration of the ESG program. In the consultation on homelessness described in Section AP-10, agencies receiving ESG funding and other stakeholders were solicited for critical feedback on the Plan for allocating ESG funds in Nashville in preparation for the city's 2016 formula funding.   In particular, participants were asked to prioritize activities to address homelessness and subpopulations to be served by homeless assistance programs.   In addition, consideration was given to HUD's encouragement of allocating ESG for rapid re-housing.   After further discussion with MHC staff and providers, a need to allocate funds for prevention was identified.   In conjunction with this Action Plan, MDHA has prepared Substantial Amendment 2 to allow ESG to be used for eligible prevention activities.

With two decades of compiling and submitting the CoC application and over seven years operating the city's HMIS, MDHA has extensive experience with two key CoC responsibilities: (1) as Collaborative Applicant, MDHA applied for 2015 CoC Planning funds to take the city to the next level, by formalizing local CoC processes, enhancing coordination of local planning efforts as well as varied homeless funding streams, and (2) setting performance measures for the community rather than solely for individual projects.   A matrix has been developed to identify quality standards for ESG recipients to gauge the quality of data for reported performance outcomes. In the next year, MDHA will examine combining the ESG and CoC matrices to better detect how agencies can best align these two programs. In addition, MDHA will seek input from MHC staff on the development of funding opportunities.

In 2013, MDHA's HMIS Coordinator worked with HMIS leads across the state to develop a Policies and Procedures manual that guides local HMIS implementation. The quality of data in the HMIS has improved dramatically in the past two years and has resulted in demographic and programmatic data that is now extremely accurate and, thereby, able to demonstrate and verify the performance of the CoC's 26 transitional and permanent housing projects. During 2016, MDHA will

work to integrate HMIS data with data required by HHS for homeless youth (RHYMIS) and persons struggling with chronic mental illness (PATH).

AP-65 Homeless and Other Special Needs Activities –

91.220(i) Introduction

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness:

MDHA will support the following goals and actions for reducing and ending homelessness:

1. Planning and program development, in conjunction with the Metropolitan Homelessness Commission and the Nashville/Davidson County Continuum of Care, to implement coordinated entry for all populations. Pilot systems for both families and Veterans were designed or launched in 2015. A system for youth/young adults will be designed in 2016, and improvements of the system for individuals/households without children will be identified and implemented in 2016.
2. Providing homelessness prevention and diversion services to those who are still housed. To be maximally effective, shelter prevention and diversion will target households who are imminently going to experience homelessness within a few days. Ideally, this assistance will be tied to coordinated entry systems. For 2016, MDHA intends to prioritize ESG prevention funds to assist persons with histories of homelessness, thereby increasing housing retention among the community of formerly homeless people in Nashville. MDHA has prepared Substantial Amendment 2 to allow that ESG be used for prevention.
3. Investing in high-performing rapid rehousing. Rapid rehousing programs are achieving strong results in exiting people to permanent housing. This suggests that the local system could house more people with an expansion of rapid rehousing and a shift of resources from emergency shelter.
4. Increasing system capacity in outreach and housing navigation services. The high cost of housing in Nashville makes it difficult to locate appropriate units for rapid rehousing and other subsidy programs. MDHA will consider prioritizing outreach funds over emergency shelter funds (subject to the applicable cap), so that more system resources are dedicated to helping unsheltered people with searching for and securing housing through landlord cultivation and creation of housing/service plans. Local system capacity could be improved by utilizing ESG Rapid Re-housing funds to pay for housing search and placement services, and MDHA will encourage such proposals in its 2016 RFA process.
5. Investing more in HMIS. A key obstacle to local system planning and improvement in Nashville is a low rate of emergency shelter and transitional bed coverage in HMIS. With large key programs not contributing data, it is very difficult to have a complete system-level understanding of where people are entering the homelessness system, what programs are accessed, and the results of the interventions. MDHA will increase the HMIS allocation to 10% of total available ESG funds to: support the development of the database;

increase its focus on using this data to measure system performance; and support efforts to integrate the management of ESG funds with the Continuum of Care.
6. Provide funds (subject to applicable cap) to support shelter operations.
7. Support local efforts to increase permanent supportive housing opportunities.
8. Collaborate with MHC on a strategic plan to assess and improve the community's system for addressing homelessness.

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

MDHA's Emergency Solutions Grants Review Committee will continue to invest in street outreach activities during the next funding cycle. In past years, Park Center and the Mental Health Cooperative have applied for and been awarded program funds for street outreach funds.

State ESG funds, administered by THDA and awarded in late 2014, have expanded outreach by Oasis Center to unsheltered homeless youth. This year, THDA plans to open up the ESG competition to allow nonprofits and units of local government in the ESG entitled communities of Chattanooga, Memphis and Nashville to apply directly to THDA for resources. Outreach in Nashville could be expanded via this resource.

Assessment of needs among the chronic and/or veteran homeless subpopulations will be conducted using the screening tool known as VI- SPDAT.   Prioritization scores from this tool establish an admissions preference for housing.

A significant percentage of individuals experiencing homelessness are also impacted by mental illness. For 2016, Park Center is expected continue its homeless outreach program, partly funded by the Metropolitan Homelessness Commission. The program consists of two components: the SOAR initiative to link people to SSI/SSDI benefits; and Street Outreach. Coordinators for each program work together to help connect homeless persons with vital community resources and services in an effort to ease their return to independent living.

The Mental Health Cooperative (MHC) operates the PATH program for persons with serious mental illnesses who are homeless or at risk of becoming homeless. The organization utilizes a team of outreach workers, case managers and providers, and makes services available offsite via a mobile clinic and offices at the Nashville Rescue Mission and other area shelters.

MDHA will coordinate with MHC on responding to encampments.

Addressing the emergency shelter and transitional housing needs of homeless persons

Nashville has an extensive network of emergency and transitional shelter options for homeless individuals and families.   A supply of 1,169 year-round emergency beds

and 583 transitional beds is enhanced each October by more than 200 seasonal beds added by the Room in the Inn program, which relies on local faith communities to open their doors and offer shelter during the winter months. Large shelters at times accommodate guests on overflow cots; in addition, the city has worked with private nonprofits to put in place a *Cold Weather Community Response Plan*, utilizing emergency warming shelters during extreme weather.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

MDHA has worked hand-in-hand with the Metropolitan Homelessness Commission to ensure that homeless individuals and families with the most severe needs are prioritized in Permanent Supportive Housing - a difficult but necessary step to ending homelessness among the most vulnerable, and towards meeting the Obama Administration's goal of ending chronic homelessness.

Among the top barriers to affordable housing cited in the Action Plan consultation session on homelessness were lack of affordable housing stock, and landlords who do not accept people with Section 8 vouchers and/or eviction histories. MDHA may explore possible technical assistance from HUD to better understand the new HEARTH Act regulations as they apply to rental assistance programs funded under CoC, and what steps could be taken to more quickly lease units to homeless people in need. This could also serve as a springboard to strengthen coordination between services providers and housing providers, noted as having improved, but still weak in the consultation sessions. MDHA will encourage housing search and placement efforts for homeless persons, and hopes to convene a CoC General Meeting session sharing key strategies used by agencies that are successfully moving homeless quickly into appropriate housing supports.

To help ease the transition of homeless people into affordable, permanent housing, MDHA has identified Rapid Re-Housing as a priority for the FY 2016 ESG funding cycle. Obtaining permanent housing quickly for individuals and families who are already homeless will shorten the length of time spent in emergency and transitional shelters - justifying a focus on rapid re-housing. A triage tool like the VI-SPDAT will help identify to help quickly assess for extreme vulnerabilities and match people with the most appropriate support and housing interventions that are available. As the local market affordable rental housing is extremely tight, MDHA forecasts using Rapid Re-housing funds in 2016 via collaborative efforts that will serve homeless participants across agency lines, with critical housing search and placement activities.

This focus on investment in re-housing people who live on the streets or in shelters is

a thread that runs consistently through the related federal notices, as well as in remarks by former HUD Secretary Donovan in the video message on HUD's Homelessness Resource Exchange (HRE) website.

Each year, MDHA estimates that over 9,000 people sleep in city shelters, transitional housing or outdoors, in need of safe, affordable, and permanent housing. Annual point-in-time numbers for the city since 2010 hover just above 2,200. These figures provide ample justification for re-housing as a top priority.

Using ESG funds to rapidly re-house homeless persons sleeping in shelters and outdoors in Metro Nashville will reduce the number of homeless people in the city across all subpopulations, including chronically homeless persons, veterans, families with children and homeless/runaway youth. MDHA encourages collaboration with local nonprofits to transition as many people as possible into permanent housing.

In November 2014, Nashville's Homeless Veteran Service Coordination Team was formed to coordinate efforts to prevent and end homelessness among Veterans in the CoC. This group will continue to review data on veteran households experiencing homelessness each month, number of Veteran households exiting homelessness each month by type of assistance provided (TH, PSH, RRH, etc.), length of stay in GPD and other transitional housing, data quality and reporting within HMIS, landlord outreach, permanent housing retention data, and SSVF integration into the ongoing development of the local coordinated entry system. The main objective is to have adequate permanent housing opportunities available for Veterans who are experiencing homelessness at any given time. Metro Nashville is participating in the national Mayor's Challenge to End Veteran Homelessness and Zero:2016.

MDHA will continue to commit staff time and expertise to a housing campaign called How's Nashville, the local version of the national 100,000 Homes Campaign that is a community-wide, collaborative, and inclusive effort to end chronic and veterans homelessness in Nashville. How's Nashville partners work to connect the most vulnerable to permanent solutions and housing supports through a Housing First approach. How's Nashville partners set shared housing placement goals to end veterans and chronic homelessness and track the community's progress through frequent reporting of monthly housing placement and retention data. To bolster the supply of affordable housing offerings, MDHA has committed a monthly set-aside of 18 Housing Choice Vouchers each month, dedicated to chronic and highly vulnerable homeless persons with the longest histories of homelessness, who are identified via a screening tool known as VI-SPDAT and added to a prioritized waiting list maintained by Nashville's coordinated assessment system. MDHA also works with frontline nonprofit staff to streamline the application process for Section 8 and help decrease barriers to this resource.

In 2016, MDHA will use Community Development Block Grant (CDBG) funds to help pay for first month's rent, security deposits, and utility deposits for individuals and families experiencing chronic homelessness who are identified/prioritized by the

common screening tool described above coming through the 100,000 Homes Campaign and Shelter Plus Care and VASH.

Primary local forces in preventing homelessness in Nashville include the Metro Social Services department, Metro Action Commission, NeedLink, Rooftop, and Ladies of Charity. These agencies work tirelessly to offer services and limited financial assistance on rent and utility arrears to keep households from becoming homeless.

In its 2016 RFA process, MDHA intends to use ESG Prevention funds to enhance the efforts above by assigning priority to collaborative project proposals that target people with histories of homelessness. Precious resources are being utilized to permanently house homeless people in Nashville, including rental subsidies such as VASH, CoC Shelter Plus Care and Housing Choice Vouchers. In tandem with these vehicles, ESG funds can help formerly homeless individuals remain housed and increase stability.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs.

The United Way of Metro Nashville will continue to partner with Catholic Charities & Safe Haven Family Shelter in an effort to serve homeless/at-risk families with children in the city's school system, using funds from the Siemer Institute for Family Stability, a funder whose mission is reducing student mobility for school-aged children and preventing homelessness for families. To date, this program has served 168 families.

State ESG funds are administered by THDA. The 2015 ESG funding awarded the first $100,000 of unmatched funds to seven mental health non-profit organizations who fund Regional Housing Coordinators to work with homeless individuals with mental illness. 11 set-aside cities and 21 non-profits were also funded to provide street outreach, emergency shelter, prevention and rapid rehousing services and to enhance HMIS reporting capabilities. THDA is eliminating the $100,000 set aside with the 2016 ESG program; applications will be open to eligible non-profits and local units of government in all 95 counties. In the October 2015 consultation session that focused on needs of people with HIV/AIDS, participants urged support for short-term housing assistance (STRMU). This STRMU emphasis should be evident in HOPWA allocations for 2016, addressing a barrier to affordable housing that was also identified as critical in the session.

MDHA has adopted the following discharge policies for specific sub-populations to decrease the risk of persons exiting institutions will not enter into homelessness:

- **Foster Care Discharge Protocol: Formal**

Protocol

Formal protocols are established and implemented through the Tennessee Department of Children's Services (DCS), which provides Chafee Foster Care Independent Living Program (CFCILP) services through its Independent Living Program (ILP), and also monitors the provision of Extension of Foster Care (ESC) Services. As a part of the federal mandate, this Division is charged with building a network of appropriate supports and services.

The Department continues to believe that the best strategy for ensuring that older youth in foster care develop the independent living skills and have the ongoing supports and opportunities they need for a successful transition to adulthood is for them to achieve permanency and be part of a well-functioning family. For this reason, the Department continues its emphasis on finding permanency for older youth. The Department also recognizes that it is unrealistic to expect young people transitioning from foster care at age 18 to function fully independently without access to ongoing supports.

TN DCS IL has been partnering with the WIOA Youth Program through Tennessee Division of Labor and Workforce development. TN DCS and WIOA have met to discuss new federal regulations and how to better connect young people to employment opportunities. IL staff are participating in WIA youth councils across the state. This work will be ongoing.

The 4 Jim Casey resource centers across the state have programs that assist youth participating in their programs find employment and connection to the community. TN ILPS has secured contracts to 2017 for the four (4) resource centers.

Through a partnership with Youth Villages, any young person transitioning from foster care, irrespective of whether he or she opts into EFC, can receive case management services and supports through the Transitional Living Program, which helps foster youth and former foster youth ages 17-22 find safe housing, achieve stable employment, continue their education or get job training, reunite with birth families if possible, build healthy adult support systems and learn to manage their physical and mental health. YVLifeSet has three grand regional employment staff that help build relationships with business ad connect youth to these opportunities.

The Department's Independent Living is focused on getting 90%+ of youth discharged from foster care because they reached the age of 18 at least one of the following apply at the time of discharge: earned a GED, graduated from high school, enrolled in high school or college or alternative approved educational program for special needs children, currently enrolled in vocational training, or employed full time.

Young people aging out of foster care are eligible for Tenncare up to age 26.

As the Department believes 18 is too young for someone to be on their own, it developed a program called Extension of Foster Care within the Independent Living division. Young adults ages 18 up to 21 may enroll in Extension of Foster Care Services, which gives youth the ability to prepare for their futures by receiving additional educational opportunities, employment opportunities, and consistent and safe housing. DCS staff provide education and training vouchers to help pay for post-secondary education, whether college or technical school. They also provide placement support or a living allowance, access to life skills classes and leadership opportunities. The services are optional, but DCS wants to assist in the transition in order for youth and young adults in the state to become more confident, productive individuals in society and achieve lifelong success.

This additional time is designed to help youth:

- o Prepare for your future through additional educational and employment training opportunities;
- o Find and secure consistent and safe housing; and
- o Build permanent connections with caring adults, including relatives, mentors and community members.

- **Health Care Discharge Protocol: Initial Discussion**

When seeking to successfully discharge homeless individuals, local hospitals and emergency rooms face inherent system challenges including a lack of centralized coordination and disposition planning across all levels of care; a paucity of shared information amongst a variety of service providers across housing, health, and social service sectors; and a shortage of stable housing and placement infrastructure.

The Hospital-to-Home (H2H) project, originating out of the Ideas to Reality program through the Mayor's Office of Innovation, is positioned to improve the health outcomes and well-being of homeless individuals identified as high utilizers of local hospitals, by creating a coordinated, multi-sectoral collaborative response that breaks the cycle of homelessness and connects residents to health care and social supports in the community.

The H2H project focuses on a population that is known to accumulate uncompensated health care costs, have increased readmission rates, and poor health outcomes. The originating H2H team has drawn on best practices from other cities, academic research, and an extensive examination of Nashville's local processes to determine the best approach to the challenge presented by homeless people who are discharged by hospitals but who have no home, are frequently uninsured, and cannot manage their medical issues (and often co-occurring medical and behavioral health needs) on the streets or in emergency shelters.

Key events from 2015 and 2016 objectives for the Hospital to Home project:

1. The H2H Program Manager was hired and began this appointment in September 2015;
2. In October 2015 the originating H2H team was awarded $10,000.00 toward multi-sectoral collaboration. This award money is allocated toward bridge housing placements – an integral level of care toward creating pathways to permanent housing;
3. Drawing from a collective impact framework, a process to identify and formally establish the H2H Steering Committee is underway. H2H Steering Committee members will include individuals representing key stakeholders from: federally qualified health centers, hospitals, housing, community-based organizations, and consumer/peer/advocacy groups. It is anticipated that the H2H Steering Committee will be established by end of January 2016;
4. The H2H project is positioned to establish an academic partnership, within the same timeline of securing the H2H Steering Committee, to ensure that the project is making the intended impact through program monitoring and evaluation activities;
5. Following formation of the H2H Steering Committee, H2H sub-workgroups will be formed and tasked with integrating and coordinating existing healthcare and social services through streamlined and replicable discharge planning activities. In order to achieve this, it is anticipated that the H2H sub-workgroups build upon existing hospital-based discharge planning protocols by, in part, identifying and implementing an integrated data sharing strategy and piloting efforts at local hospitals to link high utilizers with homeless services and housing placements.

- **Mental Health Discharge Protocol: Formal Protocol Implemented**

Formal protocols are implemented through the Tennessee Department of Mental Health and Developmental Disabilities. Within 48 hours of patient admission to the area's mental health institute (MTMHI), social workers formulate discharge plans. Formal protocols are implemented through the TN Department of Mental Health & Substance Abuse Services, partnering with Centerstone to promote moves into community settings when patients are clinically ready. Indigent/Targeted funds provide temporary help with rent/utility deposits, transportation, & medication copays until income & benefits can be restored. A SOAR liaison to MTMHI enhances the connection to SSI/SSDI & TennCare benefits. Although Tennessee has yet to expand Medicaid, maximizing access to Medicaid through SOAR is an example of Nashville doing a great deal more with less. This local effort, spearheaded by Park Center and funded through Nashville's Homelessness Commission, boasts an approval rate of 98% and a 38-day turnaround time for a disability determination.

Upon discharge, persons return to the home of family members, an apartment, recovery houses or an appropriate group home setting. Supplemented by the

state, PATH assistance to the Mental Health Co-op provides outreach, referral, and linkage to housing and mainstream mental health/substance abuse services. Post-Discharge Follow-up Reports to MTMHI staff increase the likelihood that community housing options succeed.

In 2016 the Tennessee Department of Mental Health and Substance Abuse Services will implement the Tennessee Cooperative Agreement to Benefit Homeless Individuals-State (TN-CABHI). This three-year initiative will provide collaboration among state-level agencies to reduce homelessness, and housing with support services to homeless veterans and other chronically homeless people living with mental illness and/or substance use disorders in Nashville-Davidson County, via financial support to the Metropolitan Homelessness Commission. The CABHI grant will help bridge local gaps by addressing barriers to access and availability of treatment as well as other support services - a critical link, in cases where participants choose to avoid certain providers or services, or are determined to be ineligible for a needed service.

- **Corrections Discharge Protocol: Initial Discussion**

The State Department of Corrections is in the process of revising the Tennessee Reentry Collaborative, a statewide group that hosts videoconferences quarterly to discuss solutions for preventing homelessness for individuals leaving the prison system. The group includes stakeholders such as the State Board of Probation and Parole, the Tennessee Housing and Development Agency, The Next Door, the Rehabilitative Services division of the Tennessee Department of Corrections, the Alcohol & Drug Council, TriCor and the Veterans Administration. Policies have not been drafted or implemented to date. Within Metro Nashville's jail system, a Discharge Planner works to coordinate discharge, and lists of people due to be discharged are regularly sent electronically to case managers to coordinate and avoid discharge to the streets.

Within Metro Nashville's jail system, a Discharge Planner works to coordinate discharge; lists of people due to be discharged are regularly sent electronically to case managers to coordinate and avoid discharge to the streets. Many individuals coming out of jail, especially those who are not required to reside in a particular type of housing, want either their own housing or a private room in a place that is safe, drug/alcohol-free, affordable, clean and located outside of high-crime areas but still near public transportation.

Actions planned to enhance coordination between public and private housing and social service agencies

Coordination between housing providers and services providers was identified as a particularly weak link in the local system, during the October 2015 Action Plan consultation session on homelessness and housing for persons with AIDS.

A key recommendation was to more closely connect housing providers (public and private) with service providers, via a number of efforts:

- Developing a list of housing providers that serve low-income/homeless and their requirements
- Implement more effective communication among providers- using Information & Referral and/or Coordinated Entry System
- Regularly train service providers using monthly phone calls, emails or a quarterly meeting
- Fill vacancies from one common, prioritized waitlist

Several participants suggested using the city's HMIS to accomplish the tasks above.

Staff at shelters and other frontline staff have been using a common assessment tool called the VI-SPDAT since February 2014 to identify and prioritize Veterans and non-Veterans for permanent housing. Staff that use the VI-SPDAT also complete a 2-hour "housing navigation" training that outlines processes to connect people experiencing homelessness to housing and support service resources. These efforts have led to more coordination, data sharing, and prioritization among providers.

In 2016, MDHA staff will meet with staff of the Nashville Rescue Mission to discuss how to most effectively integrate/aggregate client level data collected by the Mission and MDHA, to better gauge the extent of homelessness in the city, gain an understanding of duplications and how to reduce them. In this same vein, MDHA will also discuss an alternative to the current "closed" HMIS system.   During the consultation session, a common thread in responses to several of the coordination questions was the need for an open management information system.

The HOPWA program will continue to be coordinated with other community planning efforts that address housing and supportive service needs of individuals and families affected by HIV/AIDS. These include the Ryan White Community AIDS Partnership, & HUD's Continuum of Care planning process.   MDHA's Homeless Coordinator, who facilitates the city's Continuum of Care competition each year, was appointed by former Mayor Karl Dean to the 30-member Ryan White Part A Planning Council, staffed by the city's Public Health Department. Members of this planning effort include individuals who are affected and infected by HIV and/or AIDS. The Planning Council is responsible for prioritizing HIV/AIDS services based on community need, allocating Ryan White Part A funding for these services, conducting an annual Needs Assessment, establishing a standard of care based on best practices, developing and following a 3-year strategic plan, evaluating service effectiveness, assessing the administrative functions of the grant, and other activities which maintain and improve the system of care in the 13- county Transitional Grant Area (TGA).

Emergency Solutions Grant
(ESG) Reference 91.220(I)(4)

1. Include written standards for providing ESG assistance (may include as attachment).

   An ESG Policies & Procedures Manual was created by MDHA in June 2012. A draft of standards for the local ESG assistance was emailed to ESG sub-recipients for their input. A final draft will be prepared, once HUD publishes final regulations for the ESG program.

2. If the Continuum of Care has established centralized or coordinated assessment system that meets HUD requirements, describe that centralized or coordinated assessment system.

   Since June 2013, the VI-SPDAT tool has served as a de facto coordinated assessment to prioritize homeless people for housing through the city's How's Nashville campaign. In the spring of 2014, the Metro Homelessness Commission hired three VISTA service workers to research coordinated assessment models across the country; they presented their findings to a working group that focused on developing such a system. The Commission began a pilot implementation/ "soft launch" in November 2015 that focuses on prevention for at-risk families.

3. Identify the process for making sub-awards and describe how the ESG allocation available to private nonprofit organizations (including community and faith-based organizations).

   Awards of ESG funds in Nashville have traditionally been determined by an ESG Review Committee that is distinct from the local CoC decision-making body. In 2016, however, the CoC Performance Evaluation Committee will also serve as the one body to rank both the CoC projects as well as the local ESG proposals, furthering the coordination between the two streams. A Request for Proposals is emailed to 108 individuals, representing over 40 community- and faith-based entities and/or governmental agencies.

   The method for selecting ESG subrecipients involves a six-member review committee. Each proposal is rated based on the following evaluation criteria: Project Quality; Need for Project; Operational Feasibility; Applicant Capacity, including HMIS data quality; and Proven ability to stabilize homeless people with housing and income supports. The MHC will have opportunity to provide input on the funding application and a representative will serve on the review committee.

4. If the jurisdiction is unable to meet the homeless participation requirement in 24 CFR 576.405(a), the jurisdiction must specify its plan for reaching out to and consulting with homeless or formerly homeless individuals in considering policies

and funding decisions regarding facilities and services funded under ESG.

MDHA ensures the voice of homeless or formerly homeless people in ESG policies and funding decisions in two ways. Each year, it recruits someone who has been, or who is currently, homeless to serve as a member of the ESG Review Committee. A clause requiring this type of input is also written by MDHA into all ESG Memoranda of Agreement with sub-recipient agencies. In 2015, the ESG Review Committee included a man who has experienced homelessness; we are pleased to report good news that he has found a temporary job in another state, yet continued to participate in ranking and scoring discussions via emails with the Homeless Coordinator as well as conference calls during committee meetings.

5. Describe performance standards for evaluating ESG.

In the 2014 CoC competition, Nashville applied for and was awarded a CoC Planning grant. The funds will improve the CoC's ability to evaluate related outcomes primarily by assisting with the development of written protocols that will formalize monitoring, coordination and timeline of local activities funded by both CoC & ESG. Of the 14 local agencies that receive ESG funding, 12 (86%) also operate CoC-funded projects, so the field is primed for cross-fertilization and further coordination. After years of being reviewed on the basis of CoC performance, these agencies are accustomed to gathering data on clients served, and seeing these numbers used as a basis for judging progress on reducing homelessness and increasing housing stability and incomes.

At the December 2014 monthly CoC meeting, agencies worked to set local performance measures for both transitional programs and permanent supportive housing & rapid re- housing projects. With this experience among key stakeholders, Nashville is poised to establish agency-level outcomes, and then translate these to broader community goals for ESG-funded programs as dictated by the HEARTH Act.

As the majority of the funded agencies receive funding from both the ESG & CoC streams, a natural coordination occurs. In addition, the programs have similar goals and both now allow for rehousing/ short-term rental assistance.   However, further coordination is needed before the CoC will be fully compliant with the responsibilities outlined in 24 CFR 578.7 of the CoC Interim Rule.

**Discussio
n**

Outlined below is the anticipated schedule of tasks related to ESG, CoC & HMIS that MDHA included in its application to HUD for FY2015 CoC Planning funds.

ESG

1st Quarter April-June 2016

- Review data to be collected in HMIS for ESG
- Prepare and submit the ESG portions of the CAPER using the eCon Planning
- Suite in IDIS
- Utilize the members of the CoC Performance Evaluation Committee to also serve as the body that reviews applications from local nonprofits for ESG funding (since the inception of the ESG program in the 1980's, MDHA has staffed an ESG Review Committee that has operated separately from the CoC evaluation process, which has also been staffed by MDHA, since 1991)

2nd Quarter July-September 2016
- Refine Policies & Procedures for ESG re-housing assistance
- Establish desired outcomes of ESG-funded projects (in conjunction with CoC evaluation listed above)

CoC

1st Quarter April-June 2016
- Create 2016-17 timeline/calendar that meshes CoC and ESG activities
- Hold half-day session with CoC agencies to review actual project performance on housing stability & access to incomes for calendar year 2015. In light of actual performance, consider use of risk adjustment by project type or client type & begin process of setting community targets. (Use NAEH's toolkit called What Gets Measured Gets Done as a guide.)
- Formalize process for feedback from Performance Evaluation Committee to funded agencies, and vice versa
- In consultation with funded agencies, review both Agency Evaluation & Project Evaluation Instruments used in local 2015 ranking process; revise as needed for 2016 cycle
- Prepare and submit the CoC portions of the CAPER using the eCon Planning Suite in IDIS & work with HMIS Coordinator to assure ESG sub-recipients are trained in eCart methods
- Gather Grantees to discuss program compliance vis-à-vis HEARTH Act Interim Rule requirements for both CoC & ESG

2nd Quarter July-September 2016
- Hold strategic planning sessions to discuss efficiencies associated with merging of local CoC process with city's Homeless Commission
- Review & update By-laws for CoC, get approved by Governance Committee
- Review & approve written process for selecting officers to serve on CoC Governance Committee

3rd Quarter October-December 2016
- Working with Metro Homelessness Commission staff, refine Point-in-Time homeless count methodologies

4th Quarter January-March 2017
- Continue to support VISTA workers in work to implement Coordinated Entry System

HMIS

1st Quarter April-June 2016
- Monitor all 14 agencies that manage over 26 local CoC projects (joint visits by

HMIS Administrator & CoC Lead staff)
- Complete drafts of privacy plan, data quality plan, and security plan for HMIS; get approval from MDHA legal advisor & board

2nd Quarter July-September 2016
- Continue training agencies on CoC & ESG Data Collection requirements (Universal Data Element changes, verification of all sources of income, etc.)
- Coordinate CoC's HMIS more closely with data collection at largest shelter providers for single individuals (local Mission, Room in the Inn)

3rd Quarter October-December 2016
- Organize meetings of HMIS Steering Committee

4th Quarter January-March 2017
- Adapt HMIS to incorporate Coordinated Assessment data elements desired by community partners.