

## 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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 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 2022 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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

**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

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

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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	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 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	No	No
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	No	No
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
10.	Law Enforcement	Yes	No	No
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	No	No
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	No	No	No
24.	State Sexual Assault Coalition	No	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	No	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	VA, AIDS orgs, United Way, Universities	Yes	Yes	Yes
35.	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 a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1.The CoC Membership application was sent in May 2021 & February 2022. Over 100 people responded bringing the current number of individuals connected with the CoC to 647. Members are linked to the CoC via regular emails, and the listserv that includes job postings, funding announcements, housing openings, CoC General meetings, trainings, & relevant news & reports. Links to the Membership form & CoC committees on MDHA’s website solicit new members, are shared on all General Membership meeting agendas, & included as part of the e-signature of the Homeless Coordinator at MDHA, Collaborative Applicant. At all public meetings, the CoC Membership Chair invites participants to become members. CoC Committee & Homelessness Planning Council agendas are posted on Metro Nashville’s website. A CoC New Member Orientation will be broadcast by the Membership Committee online November 3, covering the role of MHID & MDHA, governance & committee info, the Coalition for the Homeless, Coordinated Entry, & HMIS, to provide a basic understanding of how the entities function & work together. The orientation will be recorded to increase access to those who cannot attend. The committee will offer this 2 times a year to improve engagement with new members.

CoC General meeting agendas explicitly invite the public & are distributed via email to the CoC listserv. MDHA connects with EmpowerTN to improve the electronic CoC Membership form making it accessible to people with disabilities. Room in the Inn also distributes hard copies of forms for community members with limited internet access.

2.Additional invitations to join were sent to organizations serving people with disabilities, persons of color, the formerly incarcerated, youth/young adults, and human trafficking survivors. For Systems Mapping sessions to prepare for CARES & ESG-CV funding, MDHA invited stakeholders including AIDS Service Organizations, the Promise Zone Steering Committee, the Nashville Urban League, Conexión Américas, & Gideon’s Army. All organizations focus on minority populations including BIPOC, LGBTQ, & neighborhoods identified as having high poverty and minority rates. The CoC Membership continues to follow up, to ensure that the CoC & its committees have broad community-based representation. CoC member agencies consistently include organizations serving the LGBTQ+ community, such as Nashville CARES, Oasis Center, and Launch Pad.

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 2,500 characters)

1.The CoC Consumer Advisory Board (CAB) executed a survey to get input directly from those who have experienced homelessness. The survey was forwarded to over 600 individuals on the CoC listserv. It asked if persons were working with an agency to get into housing & for any information they wanted to gain or share while living without a permanent home. The CAB Chair created a Public Comment Process with Nashville’s comprehensive customer service system (HUB), to encourage community members to ask questions & share feedback. CoC meetings are open to the public & agendas are posted online, increasing participation from people who are seeking public office, community volunteers & members of neighborhood advocacy groups. The CoC listserv is an effective vehicle for soliciting public comments on the local Strategic Plan, Governance Charter updates, the city’s Coordinated Entry tool, & HMIS policies.

2.Essential information is communicated via the CoC listserv, meetings of the CoC/Planning Council, & extensive updates emailed & posted by the Metro Homeless Impact Division (MHID) on the city’s website. A survey to determine priorities for HUD SNOFO funding was emailed to the listserv with an 11% return rate indicating high need for key supportive services and increased units of PSH. Results were presented at a public meeting of the SNOFO working group.

A March workshop gathered providers, people with lived experience, and stakeholders to create a strategy to provide unsheltered persons in Nashville access to housing choices & services, specifically to ensure housing and care if an encampment was designated for closure.

3.At 3 public meetings in December 2021, the city’s Vice Mayor solicited feedback from over 170 citizens regarding how to address outdoor homelessness by creating short & long-term housing solutions. MHID regularly participates in Metro Council & neighborhood meetings to hear citizens’ concerns & solutions, including progress on Rapid Re-Housing, housing-focused encampment solutions, & the new Mobile Housing Navigation Center concept. Additionally, issues about evictions (as raised at a September 2021 Homelessness Planning Council meeting) were addressed by MDHA staff describing efforts to link public housing residents with prevention assistance including ARP avenues, & they received ideas regarding how to reach additional households, including flyers from Resident Associations & partnering with trusted service providers.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
NOFO Section VII.B.1.a.(4)		
Describe in the field below how your CoC notified the public:		
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

**(limit 2,500 characters)**

1. The New Project Application, & the August 17, 2022 public webinar encouraged applications from nonprofit agencies that have never received CoC funds. The ESG-CV grants received focused attention among minority organizations such as Gideon’s Army, Community Care Fellowship, People Loving Nashville, & Step Up on Second. These organizations were added to the listserv & now actively participate in CoC meetings. At the webinar, 2 new organizations were in attendance- Step Up & Colby’s Army.

2. On August 11, MDHA sent an email announcing funding available to 648 individuals on the Continuum of Care (CoC) listserv, & 170+ individuals who attended the 3 December 2021 charettes on homelessness. It invited interested agencies and individuals to the virtual Applicant Webinar on August 17, recorded & posted on MDHA’s website for later viewing.

Applicants were to submit applications electronically via email to MDHA, Collaborative Applicant. The application described the HUD e-snaps online system & recommended subscribing to the SNAPs listservs for information related to the competition.

3. The CoC Renewal Application included a draft scoring matrix, & the New Project Application included HMIS & CE threshold requirements & specifics on how each section would be scored.

4. The CoC email announcement was sent to key staff at agencies serving persons with disabilities including severe & persistent mental illness (SMI), HIV/AIDS, substance use disorders, & the deaf/hard of hearing. MDHA consulted with staff at Empower Tennessee, the Nashville-based Center for Independent Living whose mission is to empower people with disabilities via opportunities for choice, inclusion, & independence. MDHA was encouraged to keep the applications in Word form rather than PDFs ensuring clarity for those with visual impairments using screen readers. MDHA was also encouraged to use the Microsoft Office suite report on accessibility before sending Outlook email messages, sharing documents & presentations. Suggestions included use of the Accessibility Checker to ensure readability for those with disabilities. Additional suggestions included checking all links in related materials both online and emailed, to be sure they worked. The applications stated that MDHA would provide technical assistance to ensure the application process was accessible to all applicants.

## 1C. Coordination and Engagement

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

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  - PHA Crosswalk; and
  - Frequently Asked Questions

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 the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	No
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 LGBTQ+ 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.		
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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 2,500 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, Metro Homeless Impact Division (MHID) & the CoC provider community worked to allocate & budget ESG-CV funds through a collaborative process to ensure the greatest impact in preventing the spread of the Coronavirus. These planning sessions were conducted weekly throughout the ESG-CV awards & continued for months to ensure grant recipients implemented programs in accordance with best practice approaches such as Housing First. In June 2021, the CoC Standards of Care Committee revised written community standards required for all CoC- and ESG-funded programs.

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.Point-in-Time (PIT) Count & Housing Inventory Count (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 & oversees ESG, HOPWA, & Con Plan efforts. MDHA staff consults with ESG Program recipients, stakeholders & CoC members annually during the Action Plan process on the priorities for allocating ESG funds.

4.MHDA contracted with MHID 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. PIT Count, HIC data & other key details were provided by staff at MHID to MDHA for use in the annual update of 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 sexual orientation and gender identity:

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.	Yes
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.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	
	MDHA emailed grantees the Equal Access Rule Assessment Tool/webinar/other resources applying to CDBG, CoC, HOME, ESG & HOPWA projects.	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The coordinator of the Metropolitan Nashville Public Schools' (MNPS) HERO program works closely with school social workers, administrators, teachers & counselors to identify needs & provide additional support to students who meet the US Department of Education's definition of homeless, & their families. Posters detailing McKinney-Vento rights for parents & unaccompanied youth were displayed at more than 89 community agencies serving families experiencing/at-risk of homelessness during the months of June and July 2022. At the October 2019 CoC General meeting, the Metro Schools' staff presented information on the HERO Program for Families in Transition. The information collected on the MNPS McKinney-Vento Eligibility Assessment is required to meet the McKinney-Vento Homeless Assistance Act, Subtitle VII B 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. Students are not discriminated against based on information provided, & the information provided is confidential. The standard McKinney-Vento Needs Assessment form collects key data from families & ensures 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 41 local agencies, which include all area family and domestic violence shelters, The Bridge Ministry, Catholic Charities, Second Harvest Food Bank, the YMCA, the National Health Care for the Homeless Council, & many other community agencies.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	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 2,500 characters)

The primary youth education provider is The HERO Program for Families in Transition within Metropolitan Nashville Public Schools. The Coordinator of this program serves on the Homelessness Planning Council, the Data Committee, & Youth & Young Adults Committee, & the newly-hired Family & Student Outreach Specialist has lived homeless experience. 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 & train school personnel on homeless indicators. The Coordinator trains shelter staff and community service providers yearly. A Documentation of Collaboration, outlining key commitments, was signed by 41 shelter/community agency CEOs in April 2022 & will be reviewed again in April 2025 when the next McKinney-Vento grant application is due. Metro Public Schools is the CoC's LEA & houses the McKinney-Vento HERO Program for families in Transition, which helps students & their families access educational supports, school transportation, & provides referrals for housing & other services. HERO staff speak each year to CoC members to update attendees on the program & HERO staff provides monthly trainings throughout the Nashville community. HERO staff is slated to present at the CoC's October General Membership meeting. The Tennessee Department of Education (SEA) & the CoC Lead actively participate on the Tennessee Interagency Council on Homelessness, which regularly convenes state-level departments & CoC Lead reps. McKinney-Vento eligibility assessment, needs assessment, & the school selection form is completed for all students in the district who qualify as homeless (under the McKinney-Vento definition). Services provided include a) assistance with enrollment, b) housing & community resource information, c) obtaining birth certificates, immunization/school records, d) parent workshops, e) referrals to dental, medical, & mental health services, e) school supplies & clothing, & f) transportation to school & school-related events/activities.

1C-4c.	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	Yes	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		

10.	Metro Action's Head Start approved a bus route go out to a key family housing complex	No	Yes
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1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. The CoC’s Standards of Care Committee ensures that victim service providers are directly represented in the work of this essential body. This collaboration guarantees formulation & implementation of effective trauma-informed policies as outlined in the CoC’s Standards of Care document. The Committee updates the document annually to require use of best & evidence-based practices.

This document includes a detailed policy on addressing the safety needs of domestic violence, dating violence, sexual assault, and stalking survivors. It states that Nashville providers should be able to provide individuals and families fleeing domestic violence access to housing and trauma-informed, victim-centered services that prioritize the survivor’s safety needs, accommodate their unique circumstances, and maximizes client choice. The CoC should have an emergency transfer plan that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and should maximize client choice for housing and services while ensuring safety and confidentiality. Staff at shelters that are not DV-specific will be trained in safety planning at least annually, but optimally once each quarter. The CoC will rely on agencies such as the YWCA and Mary Parrish Center for this training.

2. The CoC requires case-based reviews via the Domestic Violence Coordinated Entry (DV-CE) effort and Care Coordination meetings to ensure that appropriate housing is secured for survivors. Staff obtain informed, time limited consent to review cases at these meetings. Staff attend the current DV, Individual, Families, & Veterans Care Coordination Meetings led by Metro’s Homeless Impact Division’s CE Manager. Staff also attend Metro’s Office of Family Safety’s High-Risk Panel to case conference survivors who are at imminent risk of danger & 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 & other organizations in our CoC have ongoing planning & consultation with all stakeholders participating in Coordinated Entry. Survivor input is solicited to shape the procedures & systems & continually improve the process of connecting survivors to the housing resources and support services.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses 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 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 2,500 characters)

1. Through strong collaborative partnerships, Victim Service Providers (VSP) discuss cases (generally or with a release of information) to prioritize safety & coordinate emergency transfers as needed. 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 & procedures that prioritize safety. ESG Grant Agreements don't disclose locations of DV shelters, to ensure confidentiality.

All VSPs adhere to trauma-informed care models & provide voluntary/optional victim-centered services that promote client choice & autonomy. Nashville's CoC funded VSP (The Mary Parrish Center) provides trainings each month. The Coalition had at least two trainings on best practices in trauma informed care or domestic violence. The National Health Care for the Homeless Council also conducts trainings on trauma informed care, safety planning, & domestic violence for individual agencies on demand.

2. The Mary Parrish Center was awarded an FY18 DV Bonus CoC grant to build a domestic violence Coordinated Entry system with assistance from Metro's Homeless Impact Division (MHID) & Office of Family Safety, the YWCA, & Morning Star Sanctuary. This allows survivors to access housing & support services that prioritize safety and confidentially via an HMIS comparable database, mobile advocacy services, & a hotline that conducts telephone-based assessments (Jacquelyn Campbell's Danger Assessment) & via DV-CE at Nashville's Family Safety Center.

To secure appropriate housing, DV-CE staff take part in Individual, Family, and Veterans Care Coordination meetings led by MHID's CE Manager, with appropriate informed/time limited consent. They attend Metro's Office of Family Safety's High-Risk Panel to case conference survivors who are at imminent risk of danger & who are prioritized for safe housing. DV-CE staff conduct trainings to different CoC entities each month.

With the CE Advocate stationed at Metro's family justice center—The Family Safety Center— any survivor seeking services is informed of DV-CE. All Family Safety Center's strategies & materials include CE. MHID's non-DV CE system directs survivors to gain entry to a specialized, victim-centered access point.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1. Nashville’s CoC uses de-identified aggregate data collected through DV-CE from The Mary Parrish Center’s HMIS-comparable database to assess special needs related to survivors of domestic violence, sexual assault, dating violence, stalking & human trafficking. From 7/1/21- 6/30/22, 1,422 people & 652 households experiencing interpersonal violence were served through DV-CE- an increase of 13% & 11% respectively from the prior year. Additionally, 45% were experiencing literal homelessness. 4% were survivors of human trafficking & 14% were part of Metro’s High-Risk Intervention Panel. 328 households are currently on the DV By-Name List; 147 are literally homeless & 181 are fleeing/attempting to flee domestic violence.

Information identifying need is determined using national data sources & data from 3 local domestic violence providers. The YWCA collects client data in software called Efforts to Outcomes, & Mary Parrish Center in its EmpowerDB system. Both are HMIS-compatible databases that uniquely protect client data. To further assess the scope, the CoC reviewed the Metro Police Department's Lethality Assessments, PIT count data & broader HMIS statistics, reaching a conclusion that 26,000 households per year require some type of domestic violence intervention, & at least 860 households experienced literal homelessness as a result of these crises.

2. With the implementation of the Lethality Assessment, the number of survivors seeking services has doubled. While the increase in survivors seeking safety is positive, it highlights an increased need for safe, accessible housing.

Nationally, the average stay at shelter is 60 days for victims, & the average time to secure housing is 6-10 months (Roofless Women’s Action Research Mobilization). As a result, 31% of survivors in shelters return to their abusers because they are unable to obtain long-term housing (Melbin, Sullivan & Cain, 2003). HUD reported in its 2013 Family Options Study that domestic violence is the largest barrier for homeless families to increase income or find housing.

This data informs policy and practices to best address safety, confidentiality & trauma-informed care related to interpersonal violence. The DV-CE prioritizes survivors at the highest risk of being murdered by their abuser, served at the CoC’s only domestic violence transitional housing program because it is a confidential, clustered site property with support services on site.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. the emergency transfer plan policies and procedures; and	
	2. the process for individuals and families to request an emergency transfer.	

**(limit 2,500 characters)**

1. Per the CoC Standards of Care, Nashville CoC partners are required to provide individuals & families with access to emergency transfers that prioritize the survivor’s safety needs, accommodates their unique circumstances, & maximizes client choice while ensuring safety and confidentiality. Agencies must clearly develop & document emergency transfer plans focused on timely transfers, safety, trauma-informed care, & survivor services while maximizing client choice for emergency housing & services. Providers must also conduct DV-transfer policies & procedures training at least annually for all personnel to ensure rapid responses to emergency situations. The CoC will monitor adherence to this requirement & may require external training or assistance from other organizations to meet this condition.

2. Community-based providers must ensure (& demonstrate) that requests or determination for emergency transfers are victim-centered, trauma-informed, housing first, low-barrier, & time-sensitive. High-risk survivors & those with imminent threat & greatest needs have immediate, rapid & equal access, & ensure that all safety measures are in place including safety planning. In cases of emergency transfer requests due to reported domestic violence, the general protocol is to get the person to a safe space, assess for any injuries & connect linking to appropriate medical care, are first priorities. Additionally, calling including 911 for life-threatening injuries or suicidal ideation is required.

MDHA (Nashville PHA) has an emergency transfer plan for its public housing units, units being converted under RAD & Housing Choice Voucher program. A family may receive a voucher or offered a unit in a different development and move in violation of the lease if the family has complied with all other obligations of the program and has moved out of the assisted dwelling unit, or desires to, in order to protect the health or safety of an individual who is or has been the victim of domestic violence and believes he/she would be harmed if he/she remained in the assisted dwelling unit.

All information provided to MDHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence.

&nbsp;

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC’s geographic area.	



**(limit 2,500 characters)**

The DV-CE assessment tool collects household information on imminency and access, current living situation, housing history, housing barriers, employment & education, income & financial resources, cultural & community-specific needs, healthcare & other needs. Appropriate referrals are made to shelter, housing with DV supports, non-DV housing with DV supports, or a diversion from housing referral.

The parallel DV-CE system allows survivors in Nashville to access housing & support services that prioritize safety & confidentiality. DV-CE accepts all eligible referrals from The Family Safety Center, Metro Social Services, Victim Service Providers, all non-profit and community organizations in our CoC, & self-referrals from survivors seeking safe, stable housing.

After assessment by DV-CE specialists, the high-level de-identified information is shared with the CE Manager at Metro Homeless Impact Division & placed on the CoC's family & individual By-Name-Lists for Care Coordination meetings. This ensures that survivors have access to not only DV housing & support services, but also all CoC-wide housing & support services.

After appropriate referrals, case-based staffing reviews take place in appropriate Care Coordination meetings to ensure that appropriate housing is obtained. Staff obtain informed, time limited consent to case conference at these meetings when needed. Staff attend Individual, Families, & Veterans Care Coordination meetings led by Metro's Homeless Impact Division. Staff also attend Metro's Office of Family Safety's High-Risk Panel to case conference survivors who are at imminent risk of danger & have a prioritized need for safe, stable housing.

DV-CE staff engage in outreach to other Victim Service Providers, homeless organizations, community health & mental health organizations, government entities, agencies providing services to underserved survivors (including those with limited English Proficiency), those with disabilities, & all other CoC providers. They educate these organizations about the Coordinated Entry process & provide ongoing assistance & information to increase referrals.

In addition to these strategies, Victim-Centered Coordinated Entry is advertised on the Mary Parrish Center's website & in all their print materials. They advertise to other funders to enhance systems-level advocacy and leverage additional funding for the system if it is needed in the future.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety protocols,	
2.	planning protocols, and	
3.	confidentiality protocols.	

**(limit 2,500 characters)**

1. The parallel DV-CE system allows survivors in Nashville to access housing and support services that prioritize safety and confidentiality. A few ways in which safety and confidentiality are prioritized: DV-CE utilizes an HMIS comparable database; DV-CE is offered at Nashville’s Family Safety Center (the country’s only fully court-based Family Justice Center); DV-CE includes a hotline so assessments can be done safely over the phone; and the assessment was built around Jacquelyn Campbell’s Danger Assessment, which helps evaluate the degree of danger faced & helps consider/plan for next steps. The tool reliably identifies survivors who may be at risk of being killed by their intimate partners. Through DV-CE, the tool helps to prioritize the most vulnerable survivors who are faced with homelessness or experiencing a housing crisis. The Danger Assessment questions included in the DV-CE assessment are:

- Has the physical violence increased in frequency or over the past year?
- Has he ever used a weapon against you or threatened you with a weapon?
- Do you believe he is capable of killing you?
- Does he ever try to choke you?
- Is he violently & constantly jealous of you?

2. Leadership at The Mary Parrish Center & other organizations in the CoC have ongoing planning and consultation with all stakeholders participating in Coordinated Entry. Survivor input helps 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.

3. Staff attend the current Individual, Family, and Veterans Care Coordination meetings led by Metro Homeless Impact Division’s CE Manager. DV-CE 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 CoC entities on a monthly basis. All data elements required by HUD are recorded in a confidential, cloud-based client management database, Empower DB.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–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 LGBTQ+ 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 in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

Describe in the field below:	
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

**(limit 2,500 characters)**

1. The CoC Equity & Diversity Committee & participants in a HUD Equity Demonstration initiative are currently exploring local data that will inform approaches to decrease disparities in race, family composition, gender & ethnicity. The committee is arranging training for "C-Suite" (CEO, COO, CFO) staff, to be conducted by technical assistance staff working for the Mayor later this year.

The CoC Strategic Plan of 2019 adopted racial equity among its core values. A CoC Anti-Racism Statement was adopted by the Homelessness Planning Council in January 2021. A summary is read aloud at Council & committee work group meetings & serves as the guiding principle.

2. In early November 2021, MDHA emailed HUD's updated Equal Access Rule Assessment Tool, a link to HUD's LGBTQ Homelessness webpage & online videos on Equal Access, to all CoC-funded agencies & MDHA staff connected to ESG, for viewing and distributing to all staff, board members and volunteers by the FY2021 deadline. MDHA will use CoC Planning funds to solicit external assistance to establish policies for implementation at the project level. Optimally this will be provided by local professionals identifying as LGBTQ+.

3. MDHA will evaluate project compliance with non-discriminatory practices to ensure choice in CoC housing & services for LGBTQI populations, supporting an authentic, inclusive of non-discrimination based on sexual & gender identity life free of harassment & violence.

Designed by the CoC Equity & Diversity Committee, an October 2021 symposium offered to CoC-funded staff & the Nashville community a sobering lesson in housing discrimination in Nashville. The symposium incorporated a panel that included the director of the Metro Human Relations Commission, staff of the National Health Care for the Homeless Council, a CoC Governance member with lived experience, & staff of the Metro Homeless Impact Division. A recording & slides were emailed to 599 individuals on the CoC listserv, with links to the YWCA 21-day racial equity/social justice challenge, the CoC Anti-Racism Pledge, resources on Redlining & Urban Renewal in Nashville, & books exploring the history of inequities in housing & their compounding impact.

4. MDHA will monitor for complaints. If any agencies are found to be out of compliance, MDHA will raise the issue with the CoC Performance Evaluation Committee (PEC) to decide on a corrective action plan, include required trainings and meetings with the PEC to chart progress.

<b>1C-7.</b>	<b>Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.</b>	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report 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 2021 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	43%	Yes-HCV	No

<b>1C-7a.</b>	<b>Written Policies on Homeless Admission Preferences with PHAs.</b>	
	NOFO Section VII.B.1.g.	

Describe in the field below:

- 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
- state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

**(limit 2,500 characters)**

1.MDHA is the sole PHA in the CoC's geographic area (Nashville-Davidson County) & currently has a homeless preference for a monthly set-aside of 18 Housing Choice Vouchers, as well as for its award of 198 Emergency Housing Vouchers funded through ARP. MDHA uses the local CE system to identify people experiencing homelessness for both housing resources. The COVID-19 pandemic created fears about entering large congregate shelters resulting in greater numbers of people sleeping in encampments. Hence, when the ESG-CV rental assistance ends, more people will need to move from outdoor/shelter situations & RRH programs (funded through ESG-CV grants) to permanent supportive housing. This creates greater need for access to vouchers & public housing opportunities. Years before Coordinated Entry was established as the key referral mechanism in the city, previous MDHA policy allowed a general homeless preference, which resulted in many individuals self-certifying their homeless status, yet not meeting the HUD definition of homeless. MDHA currently houses persons referred by Coordinated Entry staff who verify homeless eligibility, & prioritize for vulnerability. The Homeless Coordinator reviewed HUD's "How PHAs Can Assist People Experiencing Homelessness" guidebook to learn from other PHAs about how MDHA can expand its role in reducing homelessness. Coordinated Entry staff not only streamline referrals by confirming homeless eligibility and assessing for severe needs; they also assure that people referred will be document-ready for swifter issuing of rent subsidies. The Homeless Coordinator at MDHA continues to work closely with the agency's Rental Assistance & Asset Management leadership (housing vouchers & public housing/RAD units) to pursue MDHA board approval adopting a homeless admission preference policy for access to vouchers & public housing. The goal is to expand the current limited preference for vouchers.

2.N/A

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 Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Section 8 voucher set-aside for homelessness, EHVs & small master lease programs for people with highest barriers once RRH ESG-CV assistance ends	Yes

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section VII.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		<b>Program Funding Source</b>
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Emergency Housing Vouchers

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section VII.B.1.g.	
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	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
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program. Not Scored–For Information Only	
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	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.

PHA
MDHA

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

**Name of PHA:** MDHA



## 1D. Coordination and Engagement Cont'd

1D-1.	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

1D-2.	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 2022 CoC Program Competition.	15
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 2022 CoC Program Competition that have adopted the Housing First approach.	14
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	93%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1.For the FY2021 competition, MDHA asked applicants to complete HUD’s Housing First Self-Assessment Tool. Although the results were somewhat helpful, agencies over-estimated their faithfulness to the approach & a more objective evaluation was needed.

Hence, in early summer 2022 MDHA retained Sam Tsemberis (“father” of the HF model & foremost subject matter expert) via CoC Planning funds to conduct interviews with PSH staff at Room in the Inn, Urban Housing Solutions & MDHA, to assess organizational and leadership interest & readiness to adopt a Housing First approach to reduce chronic homelessness. The results are part of a HF Readiness Assessment report for the CoC.

2.During its annual monitoring process, MDHA & MHID staff visit CoC grantees to review client files, program policies, verify performance indicators, & interview key staff.

Factors used during evaluations included: documentation in client files to ensure that services or chores are not required but optional; low barriers to entry; & customized wraparound services to assure retention. The Tsemberis interviews obtained information about the agency’s philosophy and practice, solicited ideas about needed improvements, assessed interest in adopting an HF approach, examined attitudes toward, & level of knowledge about HF. Interviews assessed the agency’s willingness to receive training in implementing a Housing First program.

Tsemberis found staff at all 3 PSH agencies to be highly skilled, knowledgeable, flexible, & willing to help applicants/current tenants succeed in their housing goals, with the expertise needed to support implementation of a HF program. Room In The Inn staff are dedicated to continue housing services for disabled people with records as sex offenders, arsonists, and other complicated backgrounds. In its new CoC Planning grant year MDHA will contract with Tsemberis to explore next steps on full implementation of HF at Urban Housing Solutions & new PSH grantee Park Center, and to implement HF fidelity assessments at the city’s RRH programs.

3.Nashville plans to implement a multi-tiered strategy to address homelessness including increased availability of permanent housing solutions & implementation of a system-wide Housing First approach. MHID staff strongly promotes the HF approach with agencies outside of the competition, & awards in the \$50M in city funding (up for Council approval in early October) will be predicated on HF adoption.

1D-3.	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 2,500 characters)**

1. Staff from Metro Homeless Impact Division (MHID), & many partner agencies, offer clothing, hygiene products, bus passes, food, & health care checks through a mobile clinic that strives to establish trust, engage in conversation and build rapport.

Training addresses personal/systemic aspects of homelessness, effective engagement, navigating resources, reflective listening skills & healthy boundaries. Bi-weekly outreach meetings cover gaps, review HMIS data, share techniques/updates on encampment activity & interface with police, & pinpoint areas in Nashville that need attention. A street outreach worker speaks Spanish. Staff refers those with hearing loss to Bridges for the Deaf.

2. 100% of the CoC's geographic area is covered, enhanced by an infusion of new staff due to increases in HUD ESG-CV.

3. Street outreach is conducted in Nashville daily. MHID created a flex team in fall 2021 to ensure after hour services including weekend coverage. Effective outreach relies on training in HMIS, Coordinated Entry, & housing navigation, & views 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 (SMI) 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; & MHID responds to city complaints & serves people with extremely high barriers. People Loving Nashville (PLN) serves the largest encampment near Downtown & hosts a weekly meal there after hours for 150-300 people who work during the day. The Extreme Weather Plan connects homeless persons with low-barrier shelter beds. MHID's annual bus pass program for people experiencing homelessness for 5 months or longer assists those wanting housing (referrals are made through HMIS). Staff deploys to camps, refers people to libraries for internet access, & helps people apply for subsidized cell phone service.

The Contributor & Community Care Fellowship offer one-stop services access via Community hubs & are working to expand to small encampments & offer food, meals, laundry, clothing, & showers that are attractive to people who move often. Community hubs in these locations assist in establishing relationships leading to housing-oriented services.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes

<b>4. Implemented community wide plans</b>	No	No
<b>5. Other:(limit 500 characters)</b>		
To counteract recent state legislation that outlaws camping on public property, Open Table is creating a statewide coalition to address criminalization, w/ the ACLU of TN, the Nat'l Homelessness Law Center, NAEH, Nat'l Coalition for the Homeless, advocates & attorneys to defeat anti-camping laws. Police on the Quality of Life team adopt a Housing First perspective, avoiding arrests in encampments & inviting residents to talk with outreach about harm reduction, treatment & housing.	Yes	Yes

<b>1D-5.</b>	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).</b>	
	NOFO Section VII.B.1.i.	

		<b>2021</b>	<b>2022</b>
	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.”	607	754

<b>1D-6.</b>	<b>Mainstream Benefits–CoC Annual Training of Project Staff.</b>	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

<b>1D-6a.</b>	<b>Information and Training on Mainstream Benefits and Other Assistance.</b>	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

- systemically provides 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;
- works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
- works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

**(limit 2,500 characters)**

1.The Metro Homeless Impact Division (MHID) developed a Mainstream Resources Checklist available online at the CE Website used by case managers & housing navigators to assess which resources a participant receives, identify eligibility for additional benefits & services, & track where the participant is in various application processes. 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. Monthly Coalition for the Homeless meetings serve as a primary education & training vehicle. At its May meeting, Park Center & Safe Haven staff discussed their SOAR Program partnership, the Tennessee Justice Center spoke on TennCare access, & Raven Nye along with the Contributor presented key details on accessing the Health Care Marketplace. The Nashville Coalition for the Homeless launched a private Facebook group designed for members to network a& share information and resources with one another in real-time.

2.The Contributor staff walk homeless newspaper vendors through the complicated process of obtaining Social Security, medical appointments, housing interviews, etc.

Sponsored by the National Health Care for the Homeless Council, free Medical Street Outreach Training for Non-Clinical Staff in April supported the work of non-clinical outreach workers interested in developing basic street medicine skills such as first aid, non-clinical triage, assessing mental health, & more. The Council, based in Nashville, enrolls clients & partners with local clinics & hospitals to provide consultation & referrals. Each month, they conduct training on conflict resolution, consumer engagement, supporting homeless families/students, substance use, harm reduction, Housing First, anti-racism (DEI) & other issues at the intersection of health care & homelessness. 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 & Homelessness, & provides information on eligibility & application guidelines for TennCare. Additionally, training is provided on the re-determination process for unstably housed individuals.

3.Access to Social Security benefits is maximized through SOAR by dozens of local providers. Park Center works to increase the number of local providers certified.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.
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**(limit 2,500 characters)**

The CoC Shelter Committee has reviewed gaps in the shelter system & started systematically addressing gaps starting with family shelters. Outreach workers have reported an increase in family homelessness on the streets (staying in cars & coming to meal sites). There were several types of families identified that are unable to access a shelter bed in Nashville such as fathers with minor children (no shelter beds available), & families with a disabled child that is not a minor but is unable to live on his/her own. Therefore, the CoC Shelter Committee has developed a process to implement an emergency shelter hotel voucher program funded by United Way for the families that cannot go to a regular shelter.

As a next step, the CoC Shelter Committee is exploring how to develop a plan to decompress the only existing family shelter, which is consistently at capacity. This increases the family emergency shelter bed capacity citywide. The focus is on expanding the Mobile Housing Navigation Center program to include a location for families.

If Metro approves additional ARP funds, an additional Mobile Housing Navigation Center for 18-24-year-old LGBTQI+ individuals will create a safe space for young people outside of the community’s largest shelter.

This plan increases Mobile Housing Navigation Centers from two to seven locations. These temporary housing spaces receive referrals through CE but focus on the most vulnerable populations that avoid large congregate shelters. They are low-barrier access & housing-focused with a goal to assist people with rapid exit from shelter into stable housing as quickly as possible.

Rodeway Inn offers private rooms, subsidized by HUD ESG-RRH funds, to 75 individuals who formerly lived in encampments or other outdoor locations or congregate shelters.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. The CoC relies on regular communication between homeless service providers, hospitals, Metro Public Health Department (MPHD), Metro Office of Emergency Management (OEM), the Metro Homeless Impact Division (MHID) & National Health Care for the Homeless grantee Neighborhood Health, whose director emailed developing news from the CDC (Standards for Shelter & Other Congregate Settings, associated risks and policies regarding isolation & quarantine, dealing with staffing shortages to assure continuity of services, etc.). Metro updated its procedure to align with CDC guidance. Protocols were shared through a May 2020 Pandemic Handbook for outreach workers & shelter staff that explains the basics of infection control & promotes best practices to keep everyone safe. Outreach to encampment &/or shelter services work closely with Neighborhood Health to ensure individuals with symptoms or exposures receive attention. This helps to identify emerging concerns quickly & address “hot spots” to the maximum extent possible.

Neighborhood Health outlined its 1-2-3 Approach for Shelter Providers if an outbreak was suspected:

Step 1 -Testing; Make rapid tests available. Ensure people know who to call to if they test positive; vaccinate/boost- in 2021, this led to the “Memorial Day Miracle,” engaging 19 community partners & achieving a vaccination rate among persons experiencing homelessness that exceeded that of the general adult population.

2. Steps 2 & 3 of the Metro 1-2-3 Approach for Shelter Providers to prevent outbreaks:

Mitigation- Masking, Isolation & Quarantine, free vaccinations and boosters to all residents and staff; a designated Metro cell phone line to call when a shelter guest comes down with disease & can be offered space in an isolation shelter. Medical Support - provide telehealth services to anyone who may need to see a medical provider

Other measures include, a) set up smaller dormitories & private rooms in large congregate shelters that can be used for isolation, b) use local hotels & motels with dedicated floors for affected families, & c) take flu/other vaccines on regular Street Medicine rounds in the field.

Neighborhood Health is now launching a “test-to-treat” initiative to ensure individuals experiencing homelessness can access Paxlovid if they test positive for COVID & is also distributing at-home rapid test kit supplies & masks to all CoC agencies upon request (& has stockpiled supplies for this purpose).

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

**(limit 2,500 characters)**

1.The director at Neighborhood Health regularly emails updates to key community partners, the latest covering the new FREE bivalent COVID boosters, flu, shingles & pneumonia shots, & infection control trainings. If the FDA authorizes emergency use & the CDC recommends the bivalent Moderna boosters, they hope to prioritize outreach workers and shelter staff. This helps protect them – & everyone else in encampments & shelters. They will issue an updated “Pandemic Handbook for Outreach Workers” to summarize existing information & recommendations for outreach workers who visit encampments, & includes attachments (encampment flyers and cards for distribution. Although the Handbook was specifically for use during the COVID-19 pandemic, lessons learned can be incorporated into other guidance for outreach workers as the city faces future epidemics. Two key themes underlie the Handbook: First, outreach workers who visit encampments must take all recommended precautions to avoid infecting people there, & to reduce their own risk of exposure. Second, we are all in this together. Neighborhood Health stands alongside all outreach workers. They will provide high quality medical care to any outreach worker or any individual who may need it, regardless of their insurance status or ability to pay.

2.Nashville’s level of contact yields a robust system despite being in a state that has substantially underfunded services & refuses to expand Medicaid for adults. Leaders in every service organization talk constantly via cell phone to coordinate person-level care as well as system-level programs- health care outreach plans, vaccination events, wound care in encampments, & helping people with mental illness understand what benefits they have & how to use them.

Every-other week during most of 2020-21, Zoom calls coordinated by the State’s Department of Health kept CoC reps across Tennessee updated on emerging news & CARES funding opportunities at the State’s Human Services, Economic & Community Development, Housing Finance & other agencies. CoCs shared non-congregate sheltering, & other effective responses to the pandemic. Neighborhood Health’s director regularly emailed a broad contact list with updated shelter hours/locations, the first-ever city-wide transportation plan using both public transit and van options, availability of rapid tests, masks & vaccinations, & urged distribution of Narcan as needed.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	

Describe in the field below how your CoC’s coordinated entry system:

1.	covers 100 percent of your CoC’s geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

**(limit 2,500 characters)**



1. Access points exits throughout Nashville at physical locations where the CE Preliminary Assessment and VISDPAT are completed in HMIS for individuals and families. There is an additional centralized phone line access point for families. The Metro Homeless Impact Division employees two CoC funded CE staff to visit libraries, food programs and other non-designated entry points fill potential access gaps. There are designated access points for special populations like youth and Veterans. Street outreach programs provide CE access on the streets and in encampments. Outreach teams have a bimonthly outreach meeting to coordinate outreach efforts and ensure geographic outreach coverage is provided. Through the parallel DV-CE process, there is a centralized DV CE access line as well as direct access at DV shelter to ensure safety and confidentiality.

2.All households entered into CE receive a standard CE preliminary assessment as well as the appropriate VISDPAT. The preliminary assessment and VISDPAT can be given simultaneously, ensuring a standardized process. Households entered into DV CE receive the preliminary assessment as well as a comparable assessment to the VISDPAT and are fully integrated, de-identified, into general CE.

3.The VISDPAT is the CoC’s current housing assessment tool and uses criteria such as: chronically homeless (HUD); literally homeless (HUD); VISDPAT 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 2.5 years - COVID test results.

CE undergoes a yearly evaluation to receive feedback on current processes and how they can be improved. This evaluation specifically solicits the feedback from participating projects and households with lived experience in the forms of surveys and focus groups. This evaluation is used to update the CE Policies and Procedures manual. Currently this feedback is being used to update the CE prioritization protocol as Nashville moves away from the VISDPAT to a more equitable assessment and prioritization process. It is also written into the policies and procedures that updates can be made to CE prioritization within 10 days to better to respond to any community crisis.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

**(limit 2,500 characters)**

1.Outreach teams act as access points to meet people in their encampments & on the streets ensuring that households unwilling to present at homeless services locations have access to CE. Community-based CE intake specialists are present at non-homeless-specific agencies. During last winter’s cold weather sheltering, MHID’s outreach team offered CE access to households that did not seek traditional shelter options. Households unwilling to be entered into CE are designated for further relationship and rapport building by outreach & shelter staff.

2.Nashville’s prioritization score currently uses the VISPDAT as a base and adds points that prioritize more vulnerable households- for unsheltered homelessness, age and disabling conditions that can increase a person’s risk for complications due to Covid-19. Length of time homeless is used as a tiebreaker. Care Coordination meetings are held weekly for the family, individual youth and veteran populations, offering an opportunity to coordinate care and advocate for people not yet prioritized for a resource but still extremely vulnerable. There is a process to update a VISPDAT if it is out of date or if answers weren’t reported accurately to reflect the household’s vulnerability. A stakeholder group is updating the assessment & prioritization to better serve people most in need of assistance particularly as it relates to chronicity, unsheltered homelessness and racial equity.

3.Nashville CE uses Care Coordination meetings and dynamic prioritization when making referrals so that the most vulnerable households are considered for all housing resources. Households with the highest priority score can be referred to all housing resources available through CE (PSH, RRH & Housing Choice vouchers). If a household denies a referral due to preference, it is still eligible for other referrals available through CE.

4.Information learned during the latest CE evaluation is improving the overall process & experience for people experiencing homelessness. A consistent piece of feedback is that the assessment process is too long. A stakeholder group is incorporating that feedback into an update of the CE assessment process. CE offers monthly training opportunities & training videos to housing navigators, case managers, etc. who are helping people navigate the CE process. The improved training opportunities will allow programs participating in CE to better help clients navigate the process.

1D-10.	Promoting Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	02/19/2020

1D-10a.	Process for Analyzing Racial Disparities–Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

	Describe in the field below:
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. The CoC Data Committee drafted an Anti-Racism Statement that was adopted in January 2021 by the Homelessness Planning Council. At each committee meeting, & at all meetings of the CoC's Homelessness Planning Council, a summary of the CoC Anti-racism pledge is read aloud to frame the proceedings.

Questions on equity were added to all CoC renewal and new project applications to demonstrate that the CoC wants to lead with an emphasis on equity. Nashville was selected as one of 8 cities to participate in HUD's roll-out of its Racial Equity Demonstration Project. For years, communities have been frustrated by assessment tools, prioritization processes, & general practices within coordinated entry systems that do not provide what they need to equitably assess the housing and services needs of their clients nor prioritize clients for appropriate housing in an equitable way. For 6 months ending in the Spring of 2021, HUD supported this "Equity Demo" with a cohort of CoCs that worked together to design and adopt a system-wide equitable assessment and prioritization process that helps to increase racially equitable housing stability outcomes.

At the invitation of HUD Headquarters, MDHA provides the perspective of Collaborative Applicant in a Race & Ethnicity HMIS Work Group, which began meeting in mid-September 2021 & will continue through this fall.

2. Using the HUD Racial Equity Analysis tool, the local team confirmed the greatest disparities to exist in the Black versus White populations: in the Census totals vis-à-vis homeless populations, total Census numbers in Nashville were 64% White and 27% Black; all homeless populations were 45% White & 50% Black; & homeless families were 13% White and 80% Black. To compliment the tool, the local team looked at multiple data sources, including data from the Nashville Rescue Mission (not yet folded into HMIS), HMIS statistics, & the related Stella P visualization tool that shows outcomes by race & ethnicity.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

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

1D-10c.	<b>Actions Taken to Address Known Disparities.</b>	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC Equity & Diversity Committee arranged free October 2021 training on the city’s history of housing discrimination based on race. "Building Racial Equity in Nashville’s Response to Homelessness" was attended by 79 people & the recording sent to over 600 people via email. The committee is scheduling another session designed for “C-Suite”/Executive staff, to be held in fall 2022 & enhance awareness of racial equity/disparities in service delivery, outcomes, staff demographics at the management level, and board composition.

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 & for African Americans to a social media campaign supported by over 50 local public & private 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 & will use their positions to correct inequalities in the virus response & set a fair foundation for any future pandemics.

MDHA’s Homeless Coordinator worked with a 5-member Racial Equity Demo Project ad hoc committee (representation included the VA, people with lived experience) & 3 Homeless Impact Division staff (HMIS, CE & management) to collect local data. Action steps in the local objective to reduce single Black males experiencing homelessness included a) identify PH need, b) reduce background check requirements by landlords, & c) reach out to historically Black churches & universities.

The United Way’s Family Collective, a collaborative working to prevent & end family homelessness in Nashville, conducts racial equity trainings for its funded partner organizations & opened those up to the community including the CoC membership.

A local workgroup is currently revising the prioritization tool used for years in the city (VISPDAT) to assure more equitable outcomes by crafting assessment questions that are culturally appropriate & trauma-informed.

Local philanthropies are supporting equity offerings at the Center for Nonprofit Management, hosting virtual trainings, & working with other funders interested in racial equity. The Healing Trust intentionally increased its financial support for nonprofits whose leaders are Black, Indigenous, & People of Color.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

**(limit 2,500 characters)**

Adoption of a Coordinated Entry prioritization tool, intentional focus on racial equity at foundations, training sessions and an equity lens employed by funders like HUD should help to reduce disparities in the provision & outcomes of homeless assistance. The primary measure to track progress will be the city’s HMIS system and its ancillary visualization tool, Stella. Outcomes that will be measured include exits to permanent housing, increases in cash and non-cash incomes, returns to homelessness & days homeless. HMIS staff at MHID already track housing outcomes by race in the ESG-CV RRH program & present this to the Homelessness Planning Council each month via a clear infographic. Data on race will be added to all CoC reports to highlight any disparities and track progress over time. HUD’s Racial Equity Analysis Tool will be reviewed for percentage of people in the CoC are poor, homeless, sheltered and unsheltered based on race and ethnicity, and to compare homeless data to Census statistics. The CoC will use HMIS and other data to populate the Racial Equity Network tool (National Alliance to End Homelessness) which can measure whether the outcomes of your program or system vary depending on the race or ethnicity of a homeless person or family.

Data at the Nashville Rescue Mission will also be collected. Once a baseline on board, frontline & management staff at CoC & other key agencies is established, that data can be reviewed regularly to gauge increases in diversity & a relation to outcomes.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC’s Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

5 of the 25 seats on the city’s Homelessness Planning Council (HPC-the CoC’s governing body) are reserved for persons with lived experience, & 3 of them also serve on the Consumer Advisory Board (CAB). One of them was recently hired by Metro Public Schools to work with & for homeless families under McKinney-Vento grant funding. She chairs the CAB and handles comments & questions submitted to the Planning Council via several methods for input that she designed. Recruiting people for the Homelessness Planning Council has been done most successfully by reaching out directly to service provider agencies. Currently, the CAB is being expanded and MHID’s outreach supervisor has taken the lead in the effort. The Contributor & a local consultant are working with the CAB to see what type of support they request & how to arrange meetings in locations & times where people with lived experience frequent (The Contributor vendor breakfast meetings, the Downtown Library, and day shelters like Room In The Inn or Community Care Fellowship). The goal is to seek broader direct input. The Mayor has asked for assistance with recruiting people experiencing homelessness & lived experience to participate in the planned participatory budgeting process for Nashville starting early in 2023.

The CoC’s executive committee includes a person with lived experience, as do several other CoC committees, including the CoC Shelter Committee, working since 2014 on addressing outdoor needs starting with creating Nashville’s Cold Weather Community Response Plan. That plan has been updated annually with participation & input from people with lived experience.

To prepare for the HUD SNOFO Unsheltered CoC opportunity, MDHA’s Homeless Coordinator & Nashville’s Vice Mayor met with approximately 50 Contributor (street newspaper) vendors at a breakfast Aug 3 to solicit ideas & needs. Vendors & other individuals with lived experience of homelessness were invited by outreach workers and trusted agencies to upcoming meetings of the SNOFO Working Group. In July, 73 residents of local encampments were surveyed about histories of homelessness, housing and health care needs, desired housing location & arrangements, links to case management & satisfaction with providers. To assist MDHA in its allocations of HOME-ARP funding, 2 of 17 consultation sessions were conducted with people experiencing or recently experiencing homelessness.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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 the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	60	5
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	5	3
3.	Participate on CoC committees, subcommittees, or workgroups.	12	2
4.	Included in the decisionmaking processes related to addressing homelessness.	12	3

5. Included in the development or revision of your CoC's local competition rating factors.	0	0
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1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

**(limit 2,500 characters)**

The Nashville Rescue Mission employs many of its former participants, as does Room in the Inn. Peer Support Specialists with lived experiences now work at Park Center & Metro Homelessness Impact Division. June Peer Support training led by Nashville's Steven Samra (has lived experience) trained attendees on how to increase access to job opportunities at local nonprofits. Several applications for new SNOFO funding are incorporating peer support staff.

Community Care Fellowship offers a new program called Mobile Housing Navigation Centers & hires peers (people with lived experiences in outdoor homelessness) at each site to serve as house monitors. Park Center, Mental Health Cooperative, The Salvation Army, The Contributor, and MHID include peer specialists on their direct services & outreach teams. The Contributor hired certified peer specialist, & MHID, the CoC's HMIS lead agency that also manages coordinated entry, has a certified peer specialist working on the community's CE team.

United Way's Family Assistance Network partners meet regularly to coordinate emergency financial assistance & share resource updates- at its June meeting, it covered SNAP Employment & Training that helps participants gain skills, training, or work experience to increase their ability to obtain regular employment that leads to economic self-sufficiency. The program is used to provide support to SNAP recipients in obtaining the things they need to become employable, many of which are the same thing they need for housing (costs of basic primary documents like birth certificates & state IDs & costs associated with job training including enrollment fees). This can include things like forklift training, culinary training, truck driving training and CDLs, etc. In Tennessee, it is also very important because program enrollment allows individuals to not be subject to the state's "Able-Bodied Adults Without Dependents" rule which significantly limits the amount of time a person can receive SNAP benefits. In some cases, this would limit individuals to only three months of assistance in three years. However, any month someone participates in SNAP E&T is not countable. Thus, it provides time & resources for someone to acquire education and training for self-sufficiency without losing benefits.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:



1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

**(limit 2,500 characters)**

1. The CoC includes people with lived experience on committees and workgroups. MHID’s outreach team conducts informal surveys. The former MHID director visited encampments & outdoor locations to seek input about access to services, where people stay, & employment. Open Table Nashville routinely engages people in encampments to ensure people know their rights & seek feedback on whether they feel harassed & by whom. The Contributor conducts twice-monthly breakfast meetings with many people who have experienced street homelessness, & routinely seeks feedback in Working Group meetings to develop the CoC SNOFO’s outdoor homelessness plan. The Contributor & Colby’s Army recruited people with lived experiences to provide input on a \$50M ARP proposal to reduce outdoor homelessness in Nashville. Many of these participants have received services through ESG-CV grants. Mary Parrish Center measures outcomes & program impact using the Measure of Victim Empowerment Related to Safety (MOVERS) Scale, and the Trauma Informed Practice (TIPS) Scale- standardized tools that track outcomes to help both advocate & survivor to identify areas of success/what still requires attention, & gauge a survivor’s sense of connectedness, emotional/psychological needs, & self-worth. The Consumer Advisory Board (CAB) collected input via surveys of those who have experienced homelessness, asking if they were working with an agency to get into housing & for any information they wanted to provide, gain, or share about living without a permanent home.

2. To ensure that the voices of people with lived experiences are respected & heard, CoC participants will follow the Code of Conduct for Public Meeting Participation established by The Institute for Clinical & Economic Review (ICER). This code requires that all attendees of CoC meetings a) treat all participants with kindness & respect, b) value a diversity of views & opinions, c) critique ideas not individuals, d) refrain from demeaning, discriminatory, or harassing behavior/speech, d) eliminate disruptive/disrespectful conduct all times, e) respect the process for meeting participation, & f) disclose conflicts of interest.

The meeting moderator is empowered to issue an individual warning for violations of this code of conduct or to re-state the code of conduct when needed during proceedings. Attendees unable to follow the code may require the moderator to ask individuals to leave the meeting.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC’s geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

**(limit 2,500 characters)**

1. In January 2022, Metro established its first ever Housing Division, which sits within the Metro Nashville Planning Department. The Housing Division is charged with developing policies and initiatives to address the City's affordability needs, including permanent housing for persons experiencing homelessness and housing targeting households with incomes 0-30% AMI. The Housing Division is undertaking a Unified Housing Strategy (UHS) that will align systems, resources, and partnerships to achieve long term housing goals. Phase 1 of the UHS, which is currently underway, is a Market Value Analysis (the MVA). The MVA will inform the current supply of housing through different analytics – tenure, type, income target, etc. Another component of the UHS will be a zoning capacity analysis, which will evaluate how current zoning and land use policies impact housing development. These efforts will lead to recommendations on amending zoning and land use policies to permit more housing development. The Housing Director, who leads the Housing Division, is actively involved with the Homelessness Planning Council and has participated in the HPC's strategic planning work. This brings better alignment of the HPC and the work of the Housing Division.

2. The City is working on several measures to reduce regulatory barriers to housing development. The City offers developers of affordable housing a letter of support to expedite the plans review and permitting processes. The Housing Division is hiring a Development Coordinator, whose roles will include streamlining Metro approval processes and informing developers of local tools and incentives to achieve affordability. The Housing Division and many CoC members are part of growing local and statewide efforts to address pre-emptive State laws that restrict the City from requiring affordability as a condition of rezoning.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/24/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
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.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

<b>1E-2a.</b>	<b>Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.</b>	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.  
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	125
2.	How many renewal projects did your CoC submit?	16
3.	What renewal project type did most applicants use?	PH-RRH

<b>1E-2b.</b>	<b>Addressing Severe Barriers in the Local Project Review and Ranking Process.</b>	
	NOFO Section VII.B.2.d.	

- Describe in the field below:
- |    |   |
|----|---|
| 1. | how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;   |
| 2. | how your CoC analyzed data regarding how long it takes to house people in permanent housing;  |
| 3. | how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and |
| 4. | 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 2,500 characters)**

1. A custom report on metrics including exits to permanent housing, length of stay, access to income, & high-needs populations for the year ending September 30, 2021 was reviewed by all Grantees during monitoring visits in May & submitted to the Performance Evaluation Committee (“PEC”- responsible for rating/Ranking), along with CE participation, Housing First & utilization rates. Successfully housing people was measured by rapidly doing so & assuring exits to permanent housing for RRH projects, & housing retention and/or exits to positive housing destinations for PSH projects. A draft Rating & Ranking Tool was presented to agencies at a virtual meeting in July & included as part of the local renewal project application. In September, the PEC scored all projects & the CoC Planning Council approved the PEC project ranking recommendation on September 14.

2. “Days from entry to move in” was analyzed using APRs generated by HMIS, for all RRH projects, & assigned up to 15 points. A sliding scale was used against the local Standards of Care benchmark of 45 days, with any project moving households in even faster gaining max points.

3. 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, creating a maximum subtotal of 16 “severity/high needs” points out of a possible 125 points

for non-DV projects & 119-point max for DV projects. At its 2021 meeting to rate and rank all submitted applications, the PEC (rating & ranking committee) reduced points for High Need

Populations & assigned more points to effective use of Coordinated Entry, which serves as a vulnerability prioritization tool & should account for high needs; & removed points for serving unsheltered homeless persons on applications from Domestic Violence projects. This carried forward in 2022.

4. In general, the data each year show that the PSH projects typically serve people who are harder to serve and may negatively affect performance- due mostly to the fact that to be eligible, participants must be disabled & have more tendency than RRH tenants to need a permanent rent subsidy as income sources are benefits versus employment. The local scoring metrics consider some of this, giving points to projects serving people with 2 or more disabilities.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
NOFO Section VII.B.2.e.		
Describe in the field below:		
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

**(limit 2,500 characters)**

1.The CoC Equity & Diversity Committee was asked in 2021 to submit questions to add to local new and renewal applications. Among the committee are representatives from the VA, National Health Care for the Homeless Council (the chair is director of the Council, based in Nashville), YWCA and someone with lived experience; all of these individuals are Black, comprising 57% of the committee. Blacks make up 27% of all people in Nashville, yet 40% of the homeless population and 65% of homeless families. Questions included in 2022 local proposals gauged:

- racial disparities in the provision/outcome of homeless assistance;
- barriers that lead to racial disparities & steps taken to eliminate barriers to improve racial equity; and
- actions slated for the year(s) ahead to ensure racial justice & equity are woven into organizations’ homeless services, staff and management

2.Responses to the racial equity questions earned renewal projects a maximum of 5/125 points, and new projects 4/100 points. The Equity Committee is considering revising related questions to get data on board & staff composition.

3.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 & deserves. We are actively working to build a team that is more representative of the races experiencing homelessness and poverty in this community.

4.Along with the CoC Equity & Diversity Committee & 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 & equity into homeless services, actions planned to ensure racial justice & equity are woven into homeless services, & efforts to identify and reduce racial & ethnic disparities within the homeless system, service provisions &/or agency culture, & any challenges faced by the agencies when working to address disparities. This Racial Equity criterion earned applicants up to 5 points in local scoring.

<b>1E-4.</b>	<b>Reallocation—Reviewing Performance of Existing Projects.</b>	
	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; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

**(limit 2,500 characters)**

1.The written process includes annual monitoring of projects, reviews of financial audits & HUD monitoring results. It includes both voluntary reallocation & involuntary – the latter of which triggers a Performance Improvement Plan to restrict applying for new projects until performance improves.

2.The CoC Performance Evaluation Committee (“PEC”- the CoC’s rating and ranking body) had ongoing discussions with Urban Housing Solutions (UHS), identified this year as operating a low-performing project. In monitoring visits in 2021, client file reviews uncovered eligibility issues; UHS found alternative housing arrangements for those tenants. With a focus on recovery, the project has been slow to adopt the lowered barriers associated with Housing First, and although the project takes referrals from Coordinated Entry, it often denies housing to people referred.

3.Nashville’s CoC did not reallocate any low performing or less needed projects during its local competition this year.

4.Although the UHS project was deemed to be low performing, it is the second largest PSH in the city, supplying the community with affordable permanent supportive housing for up to 133 households. To correct deficiencies, the PEC required UHS to submit an agreement – by September 12- verifying a partnership with a local provider which can bolster needed support services to applicants with higher vulnerability and the more severe service needs who will be referred via CE. By September 30, the agency will begin accepting more referrals via CE, and have submitted a new project proposal for enhanced services at its CoC-supported units to ensure the ability to admit persons facing complex challenges & achieve success in retaining housing.

<b>1E-4a.</b>	<b>Reallocation Between FY 2017 and FY 2022.</b>	
	NOFO Section VII.B.2.f.	

	<b>Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?</b>	No
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<b>1E-5.</b>	<b>Projects Rejected/Reduced–Notification Outside of e-snaps.</b>	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

	1.	Did your CoC reject or reduce any project application(s)?	Yes
	2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
	3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/13/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	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. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/13/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/28/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/28/2022
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## 2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	05/06/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD’s comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	

**(limit 2,500 characters)**

1. The HMIS lead has verified that DV housing providers are using a comparable database by researching the database agencies use. The HMIS lead has verified that the comparable databases are able to collect all required data elements and produce all required reports, such as the APR.
2. We are compliant with the 2022 HMIS Data Standards.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	957	93	214	24.77%
2. Safe Haven (SH) beds	7	0	7	100.00%
3. Transitional Housing (TH) beds	387	21	196	53.55%
4. Rapid Re-Housing (RRH) beds	754	8	729	97.72%
5. Permanent Supportive Housing	1,243	0	1,243	100.00%
6. Other Permanent Housing (OPH)	115	0	115	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 2,500 characters)**

1. Emergency Shelter & Transitional Housing- To increase this rate, we will: 1. Identify projects that are not participating in HMIS, and ensure all required projects are participating. 2. Understand barriers to participation. 3. Work to incentivize HMIS participation and assist projects with overcoming barriers to participation. 4. Ensure proper training and support is provided to new participating agencies. 5. Continually check in with participating agencies to solve any workflow issues, ensure quality data is entered, and make HMIS data available and valuable to agencies on a project level.

2. Emergency Shelter:

The biggest emergency shelter not participating in HMIS is the Nashville Rescue Mission (NRM). The biggest barrier to NRM participation in HMIS is staff capacity to enter data for a large shelter. The HIMS Lead and CoC are working to begin data imports of Nashville Rescue Mission client data from their internal shelter database into our community's HMIS. The NRM has been using our HMIS ROI and Public Privacy Notice and has also structured their internal database to meet HUD requirements, collecting all required data elements for an emergency shelter according to the 2022 HMIS Data Standards. Our HMIS Lead and the NRM are currently approving an MOU to clarify responsibilities of all parties and ensure data security during imports. Once this MOU is finalized, the HMIS Lead will begin working with our HMIS vendor, WellSky to import data weekly into HMIS. The HMIS Capacity Building Grant will fund this process with our HMIS vendor. The Data Manager at the Nashville Rescue Mission is a member of the CoC HMIS Oversight Committee and has participated in the creation of all governing documents, policies and procedures, and data quality benchmarks to ensure their agency is prepared when the data imports begin. We anticipate completing this process in the next 12 months.

Transitional Housing: The steps to increase coverage for transitional housing in our community are the same as those to attain higher emergency shelter coverage. The Nashville Rescue Mission provides a great deal of our community's transitional housing beds and is not a participating agency. Through the process we are taking to import their data into HMIS on a weekly basis we will increase our coverage of both emergency shelter and transitional housing programs to above 85%. The Mission is on board with the data import process and working with the CoC to ensure coverage increases.

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 February 15, 2022, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2B-1.</b>	<b>PIT Count Date.</b>	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	01/27/2022
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<b>2B-2.</b>	<b>PIT Count Data–HDX Submission Date.</b>	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	05/06/2022
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<b>2B-3.</b>	<b>PIT Count–Effectively Counting Youth.</b>	
	NOFO Section VII.B.4.b.	

Describe in the field below how during the planning process for the 2022 PIT count your CoC:

1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

- 1.To be sure we effectively counted homeless youth in Nashville the night of the count, we sought advice from Oasis Center and outreach specialists there. Oasis is the local YHDP grantee, and nationally recognized organization on a mission to help young people in Middle Tennessee move into a happy, healthy, and productive adulthood. The CoC PIT Count Subcommittee members met with Oasis staff to get ideas about how best to find youth sleeping outdoors. Oasis staff suggested creating a “COUNT” sign on brightly-colored paper that could be distributed via outreach workers, who would ask youth sleeping in cars to post the sign on their dashboard the night of the count.
- 2.Homeless youth were not specifically recruited to assist in the actual count.
- 3.Outreach workers met regularly to pinpoint areas known to be “hot spots” frequented by unsheltered homeless persons, including youth.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
	3. describe how the changes affected your CoC’s PIT count results; or	
	4. state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

- 1.No changes were made to the sheltered PIT count implementation between 2021 and 2022.
- 2.The CoC did add more concise questioning within the mobile app developed by Vanderbilt, to get better quality data in 2022- the “no income” response, expanded list of disabilities. COVID questions were asked. Training of count team members took place virtually to avoid CV transmission, and this may have reduced quality of data collected. Instead of the usual gathering en masse at the Mission to deploy, teams instead met in their specific geographic regions.
- 3.Adding questions to the survey lengthened the time it took to survey individuals, and may have resulted in lower data quality as some questions went unanswered due to the survey taking so much time.
4. Changes are described above.

## 2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.</b>	
	NOFO Section VII.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies to address 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	

**(limit 2,500 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, and identifies households at 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 reported a housing crisis.

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. MHID provides quarterly trainings, including strategies for prevention and diversion, for new staff at agencies throughout the CoC.

The Metro Public Health Department’s Community Mental Health Systems Improvement (CMHSI) workgroup identified high utilizers of hospitals, jails, & shelters & created a 30-bed psychiatric ER/Crisis Treatment Center to divert people from the criminal justice system & prevent homelessness.

Another product of the CMHSI is Partners in Care, pairing a police officer with a mental health counselor to assess & deescalate situations that formerly ended in the arrest of individuals having a behavioral health crisis. Since June 2021, teams responded to more than 1,000 events, & only 10 resulted in an arrest.

The Metro Council authorized expanding the program to additional precincts in its FY 2023 budget. CMHSI’s Supportive Housing Task Force seeks to improve coordination between health, mental/behavioral health, and substance abuse treatment services, as their clients are at risk of entering, or are already involved with, the criminal justice systems.

3. MHID will oversee this strategy.

2C-2.	Length of Time Homeless—CoC’s Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
1.	describe your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe 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 2,500 characters)

1. Maximize CV dollars- MHID achieves this goal by expanding permanent housing opportunities & needed supports while increasing access to these services. In Nov 2020, Rodeway Inn motel was secured to provide 120 rooms with 12-month leases supported by ESG-CV RRH funding. A substantial influx of ESG-CV funding expanded street outreach & related knowledge of CE and HMIS & bolsters the By Name List for single individuals & their linkage to mainstream housing & services. YHDP funding offers RRH & diversion to youth/young adults. VA SSVF resources target unsheltered/high-risk veterans in congregate living situations, & GPD providers work to reduce stay lengths. A SAMHSA/BGHI grant at Centerstone integrates behavioral health & supportive services for individuals/families experiencing homelessness & a substance use/co-occurring disorder. Landlord recruitment staff at MHID are working to reduce length of homelessness. MHID's Low Barrier Housing Collective includes payments for damages & a mediation hotline. Incentives to encourage landlords include EHV funds for leasing bonuses, & \$500 to rent units in low-poverty areas. MDHA's Rental Assistance division has made a recorded version of its briefings for voucher holders available to service providers, to shorten the time between a person experiencing homelessness being issued a voucher & finding a unit.

2. HMIS data is used to identify & house people undergoing long homeless durations. The Homeless Impact Division (MHID) facilitates citywide CE collaboration of 30 CoC member agencies focused on ending housing crises & linking people to resources. MHID regularly trains housing navigators, hosts biweekly Care Coordination Meetings to rapidly house at-risk 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 & 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—CoC's Strategy	
NOFO Section VII.B.5.d.		
In the field below:		
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)



1. Unprecedented ESG-CV funding has helped move 2,078 people into housing from September 2021 - August 2022. MDHA commits a monthly set-aside of 18 housing choice vouchers, received 100 additional vouchers through the CARES Act & 198 Emergency Housing Vouchers (EHV). On October 4, Nashville's Metro Council is due to approve \$50 million in ARPA funding dedicated to developing permanent housing & key supports- \$25M will assist with gap financing to create deeply affordable units, & the remainder for ACT teams to serve 500-700 homeless persons, housing navigation, interim housing, & expansion of the city's Low Barrier Housing Collective, which coordinates landlord outreach. A Landlord Risk Mitigation Fund assists with damages to bridge rent & hold vacated units for up to 2 months for CE referral. ARP funds pair with EHV's as sign-up bonuses to landlords. MDHA's Value of Vouchers workshop for property managers/owners highlighted benefits & services provided. SAMHSA funds support rapid entry into permanent housing. Also bolstering placement: Health Care for Homeless Veterans & VASH case management; CDBG funds for security/utility deposits, first month's rent; 500 annual bus passes; & housing navigation. Housing developed since late 2019 includes: 29 units for homeless Veterans; 24 units for medically vulnerable individuals; & 18 units for youth. Slated for development in 2023: 10 new PSH units at Room in the Inn, & 91 units of PSH downtown, & new units for vets via motel conversion by Shangri-LA Construction.

2. To aid retention in the largest PSH project, MDHA staff identifies residents at risk of termination & reaches referral agencies to assure they re-certify & 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 with landlords. Oasis Center got HUD YHDP approval to assist young adults with longer rent & case management terms. \$981,244 in CDBG-CV funding to 6 agencies is building tenancy skills & connecting people with health care, treatment & employment services. Nashville's mayor has made headway with the Governor's office in support of a 1915(i) waiver that could enhance supports to residents, as well as the addition of PSH & deeply affordable units to the State housing agency's (THDA) Qualified Allocation Plan.

3. MHID will oversee this strategy.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe 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 2,500 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 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, analysis of gaps on a regular basis & design of ways to fill them. In November 2018, SAMHSA awarded Park Center a \$2.5 million Treatment for Individuals Experiencing Homelessness grant, which is serving 500 individuals over 5 years with: outreach; housing navigation and retention; disability benefit assistance using the SOAR model; referrals to psychiatric & substance abuse treatment; and employment assistance.

3. MDHA will oversee this strategy.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness 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 2,500 characters)**

1. Building on technical assistance provided in 2019, Nashville's Employment and Homelessness Workgroup developed an MOU 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. Local agencies such as Goodwill Industries regularly conduct job fairs; the events are promoted through the CoC listserv. TANF funding pays for a Career Coach and Financial Counselor to work specifically with families in The Family Collective, a regional approach to prevent and end homelessness. Oasis Center's Income Specialist offers youth income-specific case management, career readiness training (résumé writing, workplace conduct, etc.), mentorship, and employment placement/retention. Networking occurs daily to help people exiting the justice system access jobs via the Transition from Jail to Community listserv. More than one agency in the CoC implements the best practice of Individual Placements and Supports (IPS), which seeks to provide competitive employment placement and support with tenets that are aligned with Housing First & driven by client/consumer interests. IPS has no exclusions as to who can be served, and it is a time unlimited service. The service is integrated with other treatment an individual may be receiving to ensure a comprehensive approach to job placement and retention. Oasis Center's College Connection program provides one-on-one support for youth as they explore post-secondary options and complete application and enrollment processes. August 2021 development training on Consumer Advisory Boards reviewed how agencies can create their own CABs and use these to enhance consumer résumés and provide valuable job experience, build professional skills, etc.

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 nonprofits.

3. MHID is responsible for overseeing these efforts.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 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 linked 94 people with benefits in an average of 80 days.

- 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

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

### 3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Housing Resources.</b>	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project 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
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<b>3A-2.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.</b>	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
Phase 1 Service E...	PH-PSH	15	Both

### **3A-3. List of Projects.**

1. What is the name of the new project? Phase 1 Service Expansion

2. Enter the Unique Entity Identifier (UEI): UNQVSQFDM891

3. Select the new project type: PH-PSH

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

5. Select the type of leverage: Both

### 3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	NOFO Section VII.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	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 2,500 characters)**

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

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 2,500 characters)



## 4A. DV Bonus Project Applicants

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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 2022 Priority Listing.

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

**You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.**

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	1,024
2.	Enter the number of survivors your CoC is currently serving:	153
3.	Unmet Need:	871

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	
	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, 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 2,500 characters)**

1. According to the Metro Homeless Impact Division, there are 328 people currently on the by-name list in Domestic Violence Coordinated Entry. Of those, 270 are still awaiting referral. That's more than 80 percent of the people on the list. For traditional Coordinated Entry, 704 active cases reported experiencing domestic violence with 209 of those currently fleeing. That comprises 30% of active cases in traditional Coordinated Entry. Additionally, the city has recently had to open overflow shelters due to the increase in families experiencing homelessness beyond the capacity of current emergency shelters. Many of these families have lost their housing because of domestic or interpersonal violence. Street Outreach efforts are also expanding due to reports of more families living in cars and not accessing the standard locations where coordinated entry processes may occur. The Salvation Army, through another grant, is working to increase outreach to vehicles and expects to see a rise in the number of people entering CE that are fleeing domestic or interpersonal violence.

2. HMIS/CE for non-DV projects- data collected at program entry for all households as a program specific data element across funding types; domestic violence agencies collect data from crisis hotline calls & assessments at shelter housing programs.

3. Barriers to people accessing rapid rehousing include the number of available rapid rehousing subsidies, the number of units accepting rapid rehousing, the number of case managers available to work with families, and the availability of affordable housing in general in the region. People fleeing domestic or interpersonal violence also often have recent evictions, judgments, or arrears that may have resulted from their sudden departure from unsafe housing. Similarly, there may be pending or adjudicated criminal charges that resulted from a domestic violence event. Property managers in Nashville are currently able to be more selective with applications for housing because the market is so tight. Factors like poor credit and criminal history can be red flags and/or immediate disqualifiers for many properties that can only be overcome with assistance and advocacy from a case manager advocate. Additionally, many households escaping domestic or interpersonal violence have nontraditional family arrangements such as multigenerational families or single fathers. Additionally, many households have pets- a barrier at some affordable properties.

4A-3b.	<b>Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.</b>	
	NOFO Section II.B.11.e.(1)(d)	

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.

<b>Applicant Name</b>
The Salvation Arm...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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 2022 Priority Listing:

1.	Applicant Name	The Salvation Army Nashville Area Command
2.	Project Name	LifNav Escape Empower Equip
3.	Project Rank on the Priority Listing	16
4.	Unique Entity Identifier (UEI)	JCK8L6EKSYL7
5.	Amount Requested	\$414,814
6.	Rate of Housing Placement of DV Survivors—Percentage	80%
7.	Rate of Housing Retention of DV Survivors—Percentage	80%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

1. The Salvation Army consulted with the HMIS Manager to get unique identifiers for participants in its largest CoC project (Joint TH/RRH) who presented as victims of interpersonal violence; this total was 39. The Salvation Army's LifNav program director then reviewed each participant's housing destination and rate of housing retention, and divided by the total to calculate rates.
2. The rates do account for exits to safe housing destination.
3. The data source was HMIS for non-DV projects.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were quickly moved 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.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

**(limit 2,500 characters)**

1. The Salvation Army has served households experiencing homelessness and domestic/interpersonal violence since its inception; however, this would be the first program dedicated exclusively to survivors. Since September 2020, The Salvation Army has served 256 survivors of domestic violence in its outreach and rapid rehousing programs, with 89 of them currently fleeing. Through established property partnerships including motels converted into efficiency apartments and the Low Barrier Housing Collective, The Salvation Army has housed people almost immediately.
2. Referrals came direct from street outreach and mainstream and DV Coordinated Entry processes. The Salvation Army participates in Youth/Young Adult, Individual, Family, and Veteran Care Coordination meetings. If funded, they will also attend DV CE meetings.
3. A 3-level team of outreach workers, housing case managers, and retention case manager employ intensive case management with a focus on securing and retaining affordable housing. The Metro Office of Family Safety provides immediate access to counseling, safety planning & orders of protection if needed, & uses a Housing First approach & evidence-based practices of trauma-informed care, person-center planning, motivational interviewing, and recovery-based language.
4. The Salvation Army has access to many collaborative resources as a founding member of The Family Collective comprising over 30 agencies in 5 Middle Tennessee counties. It is a founding member of Connecting Forward - 12 primary partners & a network of over 140 secondary partners to enable low-income Middle Tennesseans to attain economic & family stability. It also partners with the Governor’s Office of Faith Based & Community Initiatives, Metro Police Quality of Life Team, & the RRH/Employment Task Force. The LifNav team is headed by a person with a Juris Doctorate & has a board member who provides free legal services.
5. Housing stability services include referrals to Critical Time Intervention case managers, & a new in-house CDBG-funded program. Households connect with educational & employment opportunities through the RRH/Employment Task Force, Shelters to Shutters and The Salvation Army’s Pathway of Hope program. The Salvation Army assists in securing long-term vouchers when needed, including those in the Shelter Plus Care program. Move-in costs are covered through grants and the Metro Homeless Impact Division; & financial assistance on rent.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:		
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1. Staff of The Salvation Army are regularly trained on confidentiality, trauma-informed care, safety planning, human trafficking, and supporting survivors through partner organizations including the Metro Office of Family Safety, Rescue One Global, Sexual Assault Center, Family and Children's Service, and others. Referrals will be received confidentially from Coordinated Entry and intakes will take place virtually or in-person at locations where they feel safe.
2. Staff will work with the client on a person-centered planning process to identify neighborhoods and living situations which create the lowest risk to the household. Placements will be in scattered site locations, so households have the ability to exercise choice in their housing location. There will be options that include on-site staff and security if a household feels that is warranted.
3. The Salvation Army has established relationships with the Metro Nashville Police Department and Tennessee Bureau of Investigation to help provide support and training to people fleeing domestic violence and tips for keeping their locations confidential. These resources are made available to staff and interested clients.
4. All staff will be trained on confidentiality policies and practices and trained security will be available at designated locations. When necessary and appropriate, households will use aliases or other protections to reduce risk of disclosure.
5. Staff have good working relationships with property managers to help make spaces more welcoming and safer and to communicate and improve security at scattered site locations. The Salvation Army also has a dedicated 24/7 line that people can call for urgent but non-emergency assistance and advice.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.		

**(limit 2,500 characters)**

The Salvation Army has been hosting survivors of domestic violence in its Joint TH/RRH program on site and scattered site through its RRH programs. The safety of survivors is paramount and The Salvation Army partners with its own private security team and outside programs such as the Metro Office of Family Safety and the Safe At Home address project to help maintain the confidentiality and safety of participants in the program that are fleeing domestic violence. Additionally, The Salvation Army has key partnerships with the Metropolitan Nashville Police Department, Adult Protective Services and the Tennessee Bureau of Investigation (which provide statewide coverage) to provide support to survivors of human trafficking and domestic violence that can be leveraged if desired by the client. The Salvation Army has an eight-county footprint and established relationships with corps and commands nationwide to offer resources for survivors of domestic violence to find safety in new locations outside of Davidson County. The Salvation Army will use its resources and assist with procedures to transfer or port vouchers and subsidies to other jurisdictions where conditions warrant.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:		
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;	
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 the effects of trauma;	
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

**(limit 5,000 characters)**

1. The Salvation Army uses a person-centered model focusing on the identified strengths, goals, needs, and barriers of the clients. They are asked about their community connections, places that feel like home, important relationships, and resources that need to remain within reach. For those escaping domestic violence, this can be used in both directions—to determine the locations of their best resources and/or to identify the areas where they most face exposure from confidentiality. The Salvation Army uses trauma-informed care and a nonjudgmental approach to help clients focus on what will make them feel supported, safe, and strengthened.
2. The Salvation Army believes that programs need to adapt to the needs of their clients, not that clients need to adapt to the needs of a program. Using a housing first philosophy, The Salvation Army works with households to meet the basic need of housing and allow the client to grow into a sense of security and come forward on their own to seek the life skills they desire to maintain their tenancies or move on to next-level housing. If someone faces an early exit from a housing opportunity, services continue to find the client an alternative housing arrangement. Many staff members have lived experience with domestic violence and/or homelessness and remember that the needs of the client are paramount. There are no program expectations or requirements a household must meet to qualify for services aside from being without a home and facing domestic violence.
3. Case managers are all regularly trained in trauma-informed care and can offer individualized coaching to clients on how to approach and deal with trauma when they are ready. The Salvation Army has licensed counselors on retainer that can provide services both on its own and through partnerships like Connecting Forward. The Salvation Army regularly partners with outside organizations offering support for survivors of trauma including the Metro Office of Family Safety, Sexual Assault Center, Neighborhood Health, Mental Health Cooperative, and Centerstone.
4. A strengths-based approach is at the heart of the case management model in LifNav. Clients have the option to participate in a journaling process based on the Herth Hope Index to identify their strengths and connections. All goals are set by the clients and then a plan is developed for how case managers can support clients in those goals.
5. The Salvation Army welcomes people of all backgrounds on its staff and into its programs. As part of its mission statement, The Salvation Army demands services be offered “without discrimination.” To further that mission staff are trained on cultural competency, racial equity, recovery-based language, fair housing, anti-racism and anti-discrimination. The Salvation Army also welcomes people with disabilities and makes accommodations to meet clients where they are in the community and to provide accessible housing opportunities.
6. The Salvation Army provides access to a wide variety of resources and connections as an agency that provides holistic services to the community. Participants in the program are welcomed, but never pressured, to participate in spiritual services through our corps (churches). Participants of other faiths are connected through case managers to community centers and congregations of that faith. The Salvation Army provides access to family case management through its Pathway of Hope program, youth development through its Magness Potter Community Center, support groups hosted on site and free transportation to groups in the community, connections with peers on staff and peer support groups including consumer advisory boards, and more. The Salvation Army is also well connected with outside organizations to provide linkage to care.
7. The Salvation Army offers unique supports including a weekly free legal clinic, collaboration with the Nashville Defenders (Public Defenders), Nashville



Community Bail Fund, LEGACY and CARE diversion courts, and Legal Aid. The Salvation Army offers parenting classes and resources through its Pathway of Hope program and has a partnership with and staff in-house at the McNeilly Center for Children which offers childcare. Case managers also assist parents in obtaining public childcare benefits.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

**(limit 5,000 characters)**

The Salvation Army (TSA) has been working with survivors of domestic/interpersonal violence since it began service in Nashville. Many referrals come from DV Coordinated Entry. Services are offered to clients from day 1 and they are matched quickly with housing. TSA has a confidential space to meet with referrals in an access-controlled building with security staff. It partners with several property management companies & provides incentives through the Low Barrier Housing Collective. TSA has unique partnerships with hotels to convert units into efficiencies for quick access. These are very low barrier opportunities without background checks, so people with evictions, justice involvement, and poor credit are eligible to move in. These sites have 24/7 on-site security. With a scattered site model, TSA is able to accommodate families including couples without children, single fathers, intergenerational families, and single male survivors of domestic violence (a large current gap). All staff are trained on safety planning & link clients with resources at the Metro Office of Family Safety, including assistance with filing for orders of protection & accompanying clients to court hearings. Some survivors of domestic violence are also survivors of human trafficking, a growing problem in Middle Tennessee. TSA partners with Rescue 1 Global to provide rescue/support services & with the Police Department and Tennessee Bureau of Investigation for survivor support and enforcement (when desired by the survivor). Rescue 1 provides weekly meal service and assesses safety of clients. TSA's LifNav program is headed by a person with a law degree & has a board member who offers free weekly legal clinics to participants (& takes on cases in emergencies). Staff accompanies survivors of sexual violence to the Sexual Assault Center clinic or hospital & stays with them during the process. Through the Connecting Forward initiative, free counseling/other resources are available. As a member of The Family Collective, TSA has partners that assist with housing & safety needs. It is an active participant in the RRH/Employment Workgroup which partners with employment/training agencies to quickly help survivors obtain jobs or training that meets their safety needs. Deference is always made to the household on where they want to live & feel safe; with an 8-county footprint for this Command and a national network, moving to locations where they may thrive will always be an option.

<b>4A-3g.</b>	<b>Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.</b>	
	NOFO Section II.B.11.e.(1)(e)	

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

	1. prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
	2. establish 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. provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
	4. emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
	5. center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	6. provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7. offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. The Salvation Army will use a person-centered model focusing on the identified strengths, goals, needs, and barriers of the clients. This asks about their community connections, places that feel like home, important relationships, and resources that need to remain within reach. For those escaping domestic violence, this can be used in both directions—to determine the locations of their best resources and/or to identify the areas where they most face exposure from confidentiality. The Salvation Army will use trauma-informed care and a nonjudgmental approach to help clients focus on what will make them feel supported, safe, and strengthened.
2. The Salvation Army believes that programs need to adapt to the needs of their clients, not that clients need to adapt to the needs of a program. Using a Housing First philosophy, The Salvation Army will work with households to meet the basic need of housing and allow the client to grow into a sense of security and come forward on their own to seek the life skills they desire to maintain their tenancies or move on to next-level housing. If someone faces an early exit from a housing opportunity, services will continue & find the client alternative housing. Many staff members have lived experience with domestic violence and/or homelessness & remember that the needs of the client are paramount. There are no program expectations or requirements a household must meet to qualify for services aside from being without a home and facing domestic violence.
3. Case managers are all regularly trained in trauma-informed care and will offer individualized coaching to clients on how to approach and deal with trauma when they are ready. The Salvation Army has licensed counselors on retainer that will provide services both and offer services through partnerships like Connecting Forward. The Salvation Army will partner with outside organizations offering support for survivors of trauma including the Metro Office of Family Safety, Sexual Assault Center, Neighborhood Health, Mental Health Cooperative, and Centerstone.
4. A strengths-based approach is at the heart of the case management model in LifNav. Clients will have the option to participate in a journaling process based on the Herth Hope Index to identify their strengths and connections. All goals will be set by the clients, who will then develop a plan for how case managers can support them to meet those goals.
5. The Salvation Army welcomes people of all backgrounds on its staff and into its programs. As part of its mission statement, The Salvation Army demands services be offered “without discrimination.” To further that mission staff are trained on cultural competency, racial equity, recovery-based language, fair housing, anti-racism and anti-discrimination. The Salvation Army also welcomes people with disabilities and makes accommodations to meet clients where they are in the community and to provide accessible housing opportunities.
6. The Salvation Army will provide access to a wide variety of resources and connections as an agency that provides holistic services to the community. Participants in the program are welcomed, but never pressured, to participate in spiritual services through our corps (churches). Participants of other faiths are connected through case managers to community centers and congregations of that faith. The Salvation Army will provide access to family case management through its Pathway of Hope program, youth development through its Magness Potter Community Center, support groups hosted on site and free transportation to groups in the community, connections with peers on staff and peer support groups including consumer advisory boards, and more. The Salvation Army is also well connected with outside organizations to provide linkage to care.
7. The Salvation Army will offer unique supports including a weekly free legal clinic, collaboration with the Nashville Defenders (Public Defenders), Nashville

Community Bail Fund, LEGACY and CARE diversion courts, and Legal Aid. The Salvation Army will also offer parenting classes and resources through its Pathway of Hope program and childcare through the McNeilly Center for Children. Case managers will assist parents in obtaining public childcare benefits.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

**(limit 2,500 characters)**

The Salvation Army has people with lived experience as survivors of domestic violence and with homelessness on its staff for this program. Similarly, people with the same experience are part of the agency's advisory board. The Salvation Army regularly solicits feedback from participants on services and needs they feel have been met and unmet. This is done through town hall meetings, case management sessions, and anonymous surveys. The Salvation Army partners closely with agencies that serve this population and regularly receive training from them which includes survivor voices. Agencies include the Metro Office of Family Safety, Mary Parrish Center, Sexual Assault Center, and Rescue One Global.

## 4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/25/2022
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Deadline	Yes	Local Competition...	09/25/2022
1E-2. Local Competition Scoring Tool	Yes		
1E-2a. Scored Renewal Project Application	Yes	Scored Forms for ...	09/25/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/25/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/25/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/25/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		

3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/25/2022
3C-2. Project List for Other Federal Statutes	No		

## **Attachment Details**

**Document Description:** PHA Homeless Preference

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Local Competition Deadline

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Scored Forms for One Project

## **Attachment Details**

**Document Description:** Notification of Projects Rejected - Reduced

## **Attachment Details**

**Document Description:** Notification of Project Accepted

## **Attachment Details**

**Document Description:** Final Project Scores for All Projects

## **Attachment Details**

**Document Description:**

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**Document Description:**

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**Document Description:**



## 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	09/16/2022
1B. Inclusive Structure	09/27/2022
1C. Coordination and Engagement	09/28/2022
1D. Coordination and Engagement Cont'd	09/28/2022
1E. Project Review/Ranking	09/27/2022
2A. HMIS Implementation	09/18/2022
2B. Point-in-Time (PIT) Count	09/18/2022
2C. System Performance	09/27/2022
3A. Coordination with Housing and Healthcare	09/25/2022
3B. Rehabilitation/New Construction Costs	09/16/2022
3C. Serving Homeless Under Other Federal Statutes	09/16/2022

<b>4A. DV Bonus Project Applicants</b>	09/28/2022
<b>4B. Attachments Screen</b>	Please Complete
<b>Submission Summary</b>	No Input Required

**EXTENSION ONE OF  
MEMORANDUM OF UNDERSTANDING  
BETWEEN THE METROPOLITAN HOMELESS IMPACT DIVISION  
AND THE METROPOLITAN DEVELOPMENT AND HOUSING AGENCY**

This Extension One ("Extension One") is hereby made and entered into this 30th day of June, 2022, by and between the Metropolitan Homeless Impact Division ("MHID") and the Metropolitan Development and Housing Agency ("MDHA").

W I T N E S S E T H

WHEREAS, MDHA and MHID ("the Parties") entered into a Memorandum of Understanding ("MOU") dated August 11, 2021, in which MDHA collaborated with the MHID on a Program ("Program") by prioritizing a limited number of housing choice vouchers ("Vouchers") for Section 8 housing for the most vulnerable homeless individuals and families in Nashville through the Built for Zero Campaign; and

WHEREAS, said MOU expires on June 30, 2022, and Section 4 of the MOU provides that it may be extended yearly for up to three (3) additional terms of twelve (12) months each term; and

WHEREAS, the Parties desire to extend the MOU for an additional term, effective July 1, 2022, through June 30, 2023; and

THEREFORE, the Parties agree as follows:

1. Extension of Agreement: The term of Extension One shall be from the 1<sup>st</sup> day of July, 2022, to the 30<sup>th</sup> day of June, 2023.
2. Entire Agreement: This Extension One, together with the Agreement, constitutes the final, complete and exclusive statement of the agreement between the parties.
3. Agreement Continuance: All other terms and conditions of the Agreement shall remain unchanged and continue during the term of Extension One as set forth herein.

IN WITNESS WHEREOF, the undersigned have executed this Agreement.

METROPOLITAN HOMELESS IMPACT  
DIVISION

METROPOLITAN DEVELOPMENT  
AND HOUSING AGENCY



Renee Pratt, Executive Director  
Metro Social Services

Date: 7/6/2022



Dr. Troy D. White, Executive Director

Date: 7/8/2022

APPROVED AS TO LEGALITY AND  
FORM:

\_\_\_\_\_  
Attorney for MDHA

\_\_\_\_\_  
Attorney for MHC

- [Citizen Participation](#)
- [Community Development Block Grant \(CDBG\)](#)
- [Community Development Block Grant Disaster Recovery \(CDBG-DR\)](#)
- [Continuum of Care \(CoC\)](#)
- [Consolidated Plan](#)

## CoC: FY22 Regular Notice of Funding Opportunity (NOFO)

- [CoC FY22 Renewal Project Application](#)
- [CoC FY22 New Project Application](#)
- [CoC FY22 NOFO PowerPoint Aug. 17, 2022](#)
- [CoC FY22 NOFO Webinar Presentation Aug. 17, 2022 \(Download link\)](#)

**Local applications for FY22 Regular NOFO funding are due to MDHA by 3 p.m. Aug. 29, 2022.**

Safe Haven Family Shelter
<b>SHFS: RRH</b>

Request Amount (\$ for fed FY end 9/21)	\$ 221,448
Households/Units	98
Persons (#)	315
Exits to Pos Destin or Remain in program (	305
Above calc as %	97%

<b>Performance (reporting period: 10/1/20-9/30/21)</b>
--

	Project Actual	PEC Member Score
Avg, Length of Stay (stayers) (#)	292	
Avg. Length of Stay (leavers) (#)	358	
Days from Entry to move-in	60	9.375
Exits to positive housing destinations	94%	13.5
Remain in Permanent housing %	43%	
Income - Start & Latest Status		
Earned, increase (%)		
Other - increase (%)		
Any income- increase (%)		
Income- Start & Exit (TH & RRH)		
Earned, increase (%)	30%	
Other - increase (%)	18%	
Any income- increase (%)	45%	12.75
High Need Populations		
Zero Income (%)	38%	3.5
>1 Disability (%)	3%	0
From Place Not Meant For Human Habitation (%)	26%	1.5

<b>Project Effectiveness (reporting period: 10/1/20-9/30/21)</b>
--

	Project Actual	PEC Member Score
Reasonable Cost - Unit	2,260	
Cost/Person	703	
Cost/Exit to PH (HUD Metric)	726	13
Coordinated Entry- verify w Sally		10
Racial Equity		3
Utilization Rate- households, from local ap	292%	10
Housing First Assessment	9	
HMIS Data Quality (%)- Hannah will updat	93%	
HMIS DQ Score		13.95

--

Total Points:	100
<b>Total Possible Points (PSH &lt; RRH &amp; TH)</b>	125 0
<b>Total Score:</b>	<b>80%</b>

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**To:** [Mary Katherine Rand \(marykatherine@maryparrish.org\)](#); [deboramaryparrish.org](#); [Freddy Valcarcel](#); [Jesse Call](#); [jreason@safehaven.org](#); [Collen Mayer \(cmayer@safehaven.org\)](#); [Grant Winter \(gwinter@safehaven.org\)](#); [jshulman@safehaven.org](#); [Rachel Hester \(rachel.hester@roomintheinn.org\)](#); [Martina Condron \(martina.condron@roomintheinn.org\)](#); [Paul Spivey](#); [Will Connelly \(will@parkcenternashville.org\)](#); [Norman Deep](#); [David Langgle-Martin](#); [Treva Gilligan](#); [Emel Alexander](#); [Brent Elrod \(brent@urbanhousingolutions.org\)](#); [quincy@urbanhousingolutions.org](#); [Sandra Roberts](#); [Angie Outlaw](#); [Daniel Tolar](#); [Lacy Tolar](#); [Amanda Salter](#)  
**Cc:** [April Calvin - \(april.calvin@nashville.gov\)](#); [Hannah Cornejo-Nell \(Hannah.Cornejo-Nell@nashville.gov\)](#); [Sally Lott \(Sally.Lott@nashville.gov\)](#); [Jaha Martin \(jaha.martin@va.gov\)](#); [lauranmmims@gmail.com](#); [turner@nashvilledowntown.com](#); [Alex Smith](#); [zoswald@las.org](#); [Marc Overlock \(marcdee53@gmail.com\)](#); [Matt Deeb \(m.e.deeb9@gmail.com\)](#); [Andy Zhu \(Andrew.Robert.Zhu@gmail.com\)](#); [Jeffrey Jackson@lbmc.com](#); [Kerry Dietz](#); [Kerry Dietz - Legal Aid Society \(kerryd@bsjfirm.com\)](#); [Stephanie Cooper - Centerstone \(stephcooper1927@gmail.com\)](#); [Todd Mullenger \(tim0486A@comcast.net\)](#)  
**Subject:** CoC NOFO PEC Draft Rankings for HPC - Projects Accepted/Reduced/Rejected  
**Date:** Tuesday, September 13, 2022 2:10:00 PM  
**Attachments:** [CoC 2022 APPEALS Application.docx](#)  
[CoC 2022 APPEALS PROCESS.docx](#)

**Continuum of Care (CoC) FY2022 Regular NOFO Project Priority Listing Draft Projects Accepted/Reduced/Rejected**

In its 2022 Continuum of Care Notice of Funding Opportunity (NOFO), HUD requires the CoC to notify, in writing and outside of e-naps (HUD's online application vehicle), all project applicants who submitted their local project applications to the CoC by the CoC-established deadline a notification of whether their project application(s) will be accepted and ranked. Thanks to all of you for your interest and time preparing the applications. Below is the draft list of proposed CoC projects that have been accepted, and their priority ranking. Much thanks to Performance Evaluation Committee (PEC) chair Kerry Dietz and the PEC team, who worked tirelessly over the summer & fall to develop a scoring tool, review project proposals, rate and rank them. I'm sending this summary of the FY2022 CoC project ranking to staff at agencies that submitted local applications for HUD CoC FY2022 funding, as well as the CoC Performance Evaluation Committee (PEC), members of the Appeals Panel and leadership of the Metro Homelessness Planning Council. This year, there is Domestic Violence Bonus funding and CoC Bonus funding available to fund new & expanded housing and services. We have no guarantee what amount will come to Nashville; this will depend on how HUD scores the city's CoC Consolidated Application. As it has for years now, the ranking for HUD designates two levels- Tier 1 and Tier 2. Briefly, in order to provide communities with the opportunity to make choices that would be most strategic, HUD includes a ranking process that requires CoC's to prioritize projects into two tiers—one that is seen as relatively safe (Tier 1) and one that is potentially at risk (Tier 2). This ranking will be presented for approval at the CoC Homelessness Planning Council meeting tomorrow at 8:00 a.m. in the Jury Room at the Metro Courthouse, by Kerry & PEC member Stephanie Cooper. One agency applied for new project funding, but was not ranked: Rescue 1 applied for activities that HUD deems not eligible, and the application was rejected and not scored by the PEC. Any agency wishing to file an appeal - using one of the 4 reasons listed in the Appeals Application (attached) - will be heard by a 3-member panel on Thursday afternoon September 15 between 1-2 pm. Please send the application to me at [stolmie@nashville-mdha.org](mailto:stolmie@nashville-mdha.org) by 9 am Thursday, and feel free to email or text me if you have any questions.

Kerry Dietz (chair) & Stephanie Cooper are going to the Planning Council meeting tomorrow to present the recommendations for their approval. I am attaching reasons for appeal and an application, if any agency chooses to do so. Let me know if you have any questions, and if you plan on appealing, it would be really good to know that ahead of the Thursday morning deadline.

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Ranking	Project	Total Budget	Cumulative	NEW OR RENEWAL?		
1	MSS/Homeless Impact Division HMIS	\$141,508	141,508	RENEWAL		NA
2	MSS/ Coordinated Entry	\$128,000	269,508	RENEWAL		NA
3	Mary Parrish Center: Coordinated Entry	\$103,120	372,628	RENEWAL		NA
4	Mary Parrish Center: Joint TH/RRH	\$225,916	598,544	RENEWAL	89%	
5	Mary Parrish Center: RRH	\$90,150	688,694	RENEWAL	82%	
6	Salvation Army RRH LifNav	\$62,665	751,359	RENEWAL	81%	
7	Safe Haven Family Shelter: RRH: RRH	\$250,116	1,001,475	RENEWAL	80%	
8	RITI: PSH: Omega	\$45,622	1,047,097	RENEWAL	76%	
9	Park Center CoC Bonus Renewal Perm Sptv Housing	\$110,274	1,157,371	RENEWAL	75%	
10	Safe Haven DV Bonus Renewal RRH	\$706,257	1,863,628	RENEWAL	75%	
11	Salvation Army: Joint TH/RRH	\$226,616	2,090,244	RENEWAL	73%	
12	MDHA: PSH: SPC Consolidated	\$2,257,084	4,347,328	RENEWAL	71%	Tier 1
13	Mary Parrish Center: TH	\$23,688	4,371,016	RENEWAL	70%	\$4,765,544
14	UHS: PSH: Homeless Recovery Program	\$640,153	5,011,169	RENEWAL	61%	
15	UHS CoC Bonus NEW Perm Sptv Housing Expansion	\$343,650	5,354,819	NEW	60%	
16	Salvation Army DV Bonus NEW	\$414,814	5,769,633	NEW	80%	
				\$245,625		
	<b>TOTAL PROJECT REQUESTS RANKED</b>	<b>5,769,633</b>				
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	<b>TOTAL ALL PROJECTS</b>	<b>7,832,452</b>				



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*Suzie Tolmie*, Homeless Coordinator

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# CoC FY2022 Ranking - PEC Rec to Homelessness Planning Council

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4	Mary Parrish Center: Joint TH/RRH	\$225,916	598,544	RENEWAL	89%	Accepted
5	Mary Parrish Center: RRH	\$90,150	688,694	RENEWAL	82%	Accepted
6	Salvation Army RRH LifNav	\$62,665	751,359	RENEWAL	81%	Accepted
7	Safe Haven Family Shelter: RRH: RRH	\$250,116	1,001,475	RENEWAL	80%	Accepted
8	RITI: PSH: Omega	\$45,622	1,047,097	RENEWAL	76%	Accepted
9	Park Center CoC Bonus Renewal Perm Sptv Housing	\$110,274	1,157,371	RENEWAL	75%	Accepted
10	Safe Haven DV Bonus Renewal RRH	\$706,257	1,863,628	RENEWAL	75%	Accepted
11	Salvation Army: Joint TH/RRH	\$226,616	2,090,244	RENEWAL	73%	Accepted
12	MDHA: PSH: SPC Consolidated	\$2,257,084	4,347,328	RENEWAL	71%	Accepted
13	Mary Parrish Center: TH	\$23,688	4,371,016	RENEWAL	70%	Accepted
14	UHS: PSH: Homeless Recovery Program	\$640,153	5,011,169	RENEWAL	61%	Accepted
15	UHS CoC Bonus NEW Perm Sptv Housing Expansion	\$343,650	5,354,819	NEW	60%	Accepted
16	Salvation Army DV Bonus NEW	\$414,814	5,769,633	NEW	80%	Accepted
	Rescue 1: Liberating Individuals from Trafficking			NEW	Activities not eligible	Rejected
<b>TOTAL PROJECT REQUESTS RANKED</b>		<b>5,769,633</b>				
17	MDHA: CoC Planning Grant - HUD says do not rank (does not compete w projects above for funding)	206,190		considered new each yr & not ranked NA		
18	Oasis Center Youth Homeless Demo- RRH	\$1,217,629		Noncompetitive & not ranked NA		
19	Oasis Center Youth Homeless Demo- Diversion	639,000		Noncompetitive & not ranked NA		
<b>TOTAL ALL PROJECTS</b>		<b>7,832,452</b>				



September 23, 2022

Suzie Tolmie, Homeless Coordinator  
Metropolitan Development & Housing Agency (MDHA)  
712 South 6<sup>th</sup> Street  
Nashville, TN 37206

RE: Cash Match for CoC FY2022 PSH Phase 1 Service Expansion Grant – *TennCare Commitment*  
Leveraged Healthcare Resources for FY2022 CoC Application – *TennCare Commitment*

Ms. Tolmie,

Urban Housing Solutions has secured a **commitment valued at approximately \$961,230 from the State of Tennessee’s Division of TennCare to reimburse medically necessary health care services** for the participants supported by our CoC FY2022 PSH (formerly known as “Homeless Recovery Program”) grant. A copy of that commitment letter is enclosed. Although TennCare’s financial commitment would satisfy the required cash match for our renewal grant, we will continue using program income (rents collected from program participants) as the required cash match for our CoC FY2022 PSH (fka Homeless Recovery Program) renewal grant.

Our CoC FY2022 PSH Phase 1 Service Expansion grant proposes to “convert” 67 of the 133 apartments in our renewal grant to a true Housing First approach by providing an additional layer of intensive case management to those 67 households. Because we will be using program income from those 67 apartments as the required cash match for that portion of the *renewal* grant, we need an additional source to provide the required cash match for the FY2022 PSH Phase 1 Service Expansion grant. Those 67 households, since they are a subset of the apartments supported by the CoC FY2022 PSH (fka Homeless Recovery Program) grant, are also covered by TennCare’s commitment to reimburse medically necessary health care services. Therefore, we intend to use \$85,913 of TennCare’s financial commitment as the required cash match for the CoC FY2022 PSH Phase 1 Service Expansion grant.

Finally, because TennCare’s financial commitment exceeds the required cash match for the CoC FY2022 PSH Phase 1 Service Expansion grant, we intend to use the balance of TennCare’s commitment – approximately \$875,317 – as leveraged Healthcare Resources for the FY2022 CoC Application.

I hope this helps explain our intention to use this commitment from the Division of TennCare as the required cash match for our CoC FY2022 PSH Phase 1 Service Expansion Grant as well as proof of leveraging Healthcare Resources for the CoC Application. Please let me know if you have any questions.

Sincerely,

Brent Elrod  
Managing Director

Enclosure



August 17, 2022

Brent Elrod, Acting Director  
Urban Housing Solutions  
822 Woodland Street  
Nashville, TN 37206  
RE: Commitment to the CoC Homeless Recovery Program

Dear Mr. Elrod,

The Division of TennCare commits to reimburse for medically necessary healthcare services to tenants who are members of the TennCare program at the Homeless Recovery Program at Urban Housing Solutions over its next program year. Although of course the value is predicated on available funding at the State level, we anticipate that medical, dental and pharmacy services should be available & provided to participants during the program year beginning April 1, 2023- March 31, 2024. Based on prior year's utilization, it is expected that the health care services be valued at approximately \$961,230.

Sincerely,

Mary C. Shelton  
Director, Behavioral Health Operations

Sincerely,

Mary C. Shelton  
Director, Behavioral Health Services