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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
 2. The FY 2023 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 2023 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 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: Office of Homeless Services

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:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

	In the chart below for the period from May 1, 2022 to April 30, 2023:
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.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	No	No	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	No	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	No	No
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
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	Yes	No	No

1B-2.	Open Invitation for New Members.	
	NOFO Section V.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 and access for persons with disabilities, including the availability of accessible electronic formats; and
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.Metropolitan Development and Housing Agency (MDHA) in Nashville-Davidson County, Tennessee is the lead agency for accessing HUD Continuum of Care (CoC) funding. Each year, MDHA invites new members to join the Continuum of Care (CoC) using a multi-faceted outreach strategy. Annually, the CoC membership application is distributed to the public with an open invitation to join. The most recent outreach in August 2023 resulted in over 30 new members, bringing the current membership to 100 participants.

In addition to its annual membership campaign, MDHA publishes information on its website (www.nashville-mdha.org) for attending upcoming CoC committee meetings, signing up for newsletters, and submitting project proposals using the consolidated CoC application form and instructions. At all public meetings, the CoC Membership Chair invites participants to become members.

New members to the CoC are welcomed by the Membership Committee and added to the CoC listserv of 639 individuals to receive announcements of job openings, funding opportunities, housing availability, training, meeting schedules and relevant news and reports. A new member orientation is provided twice a year by the Membership Committee to describe key local roles & processes . These are recorded and available on-demand for those who cannot attend.

2.MDHA partners with Empower Tennessee to ensure communications access for persons with disabilities. The partnership enables MDHA to test its website for accessibility and compliance with ADA guidelines using software scanning and manual testing techniques. Important CoC documents are available in PDF format to download on-demand.

3.Membership campaigns target specific organizations in order to increase the diversity of the CoC membership: organizations led by persons of color, those with lived experience, employment organizations and those led by persons with disabilities. Organizations serving diverse populations are invited to register their services with the Nashville Diverse Business Enterprise (DBE) resource directory. MDHA maintains the searchable database to help new CoC members, bidders and proposers in their effort to engage business owners in CoC activities.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.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;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	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 meeting schedules and agendas are posted on MDHA's website and included in email blasts to previous meeting attendees, new members and organizations interested in preventing and ending homelessness. Public comments are solicited from listserv recipients regarding our strategic plan, coordinated entry (CE) processes, and governance structure.

2.CoC maintains a broad email listserv to communicate CoC activities. The CoC website allows the public to sign up for the CoC newsletter or contact staff directly. MDHA maintains social media platforms to promote public awareness about the CoC and homelessness.

3.Meetings of the CoC General Membership, Planning Council & committees are held in buildings accessible to people with disabilities. MDHA connects with EmpowerTN, Middle Tennessee's Center for Independent Living, to improve the electronic CoC Membership form by making it accessible to people with disabilities.

4.New approaches to address homelessness were considered by the Nashville Homelessness Planning Council (the CoC's governing body) and resulted in the creation of the standalone Office of Homeless Services (OHS) in 2022. The OHS aims to stabilize policy and homeless response efforts regardless of changing mayoral administrations. Information was gathered by MDHA by electronic survey sent to the 667 participants on the CoC listserv. The survey solicited input from participants on priorities for HUD funding - including CDBG, HOME, ESG & HOPWA -for the 2023-28 Consolidated Plan & 2023-2024 Annual Action Plan. MDHA hosted a virtual meeting with participants to provide information on needs of the community that could be supported with HUD funding.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.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.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1.Mdha posts notifications for proposals on its website and hosts a public meeting for New Project Applications from organizations that have not previously received CoC funding. One new member agency, the Contributor, submitted a new PSH project application.

2.Submission instructions are included in the text of the application, posted on MDHA's website and included in CoC public presentations and information sessions.

3.Scoring guidelines, application ranking, and selection processes are posted on the CoC website and included in the CoC Renewal & New Applications. A description of the HMIS and CE threshold requirements and specifics on scoring each section of the proposal is provided to all applicants.

4.To ensure effective communication and access for persons with disabilities, 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, and independence. MDHA implemented website recommendations from Empower Tennessee to improve its availability of electronic formats for documents. MDHA offered technical assistance to applicants to ensure online applications are accessible to all.

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:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.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	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving 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.		

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

		Describe in the field below how your CoC:
	1.	consulted with ESG Program recipients in planning and allocating ESG Program 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 to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1.CONSULTATION: Emergency Solutions Grants (ESG) funding is reviewed annually with ESG program recipients and CoC members during the Action Planning process of establishing funding priorities. MDHA staff consult with ESG Program recipients, stakeholders with expertise in homeless solutions and CoC members for allocating ESG funds. A virtual meeting was hosted on February 24, 2023. The proposal process is competitive, and awards are allocated in alignment with unmet needs supported by data reports and with stakeholder input.
2.EVALUATION: The CoC review committee receives reports from HMIS data collection to evaluate the performance of ESG recipients. A member of the CoC Performance Evaluation Committee (CoC rating/ranking body) and HMIS staff participate in the ESG review committee.
3.CoC provided Point-in-Time (PIT) Count & Housing Inventory Count (HIC) data to the Consolidated Plan for the Nashville-Davidson County jurisdiction.
4.MHDA held public input sessions for the Consolidated Plan Action Plan publicized to the CoC listserv; this resulted in several CoC members helping 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 OHS 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 V.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.	No

4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	No
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	No

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.	
	NOFO Section V.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 V.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 CoC maintains a formal working relationship with the Homeless Education Resource Office (HERO) Program within Metropolitan Nashville Public Schools (MNPS, the LEA). The CoC reserves a seat for the HERO director on the Homelessness Planning Council (CoC governing body) and the director holds full voting rights in CoC General Membership meetings. The HERO director and staff work closely with MNPS social workers, administrators, teachers and counselors to engage housing-insecure students and families. At the start of each school year, HERO instructs MNPS faculty and staff, including front office staff, cafeteria staff, janitors and bus drivers, on the McKinney-Vento Homeless program eligibility and enrollment procedures to encourage referrals throughout the school year. The HERO team has grown from a staff of 3 to 9 in the last two years & McKinney-Vento identified students have increased by 20%.
Additional training and procedural updates are provided by HERO representatives during the CoC General Membership meeting, scheduled this year for October 2023. Monthly trainings are provided throughout the Nashville community. Online training is encouraged through the self-paced course offered by the National Center for Homeless Education promoting best practices in serving students who experience homelessness.
Collaborative Agreements are signed between Metro Public Schools and 64 local agencies in the CoC, including 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.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

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

(limit 2,500 characters)

The CoC and all Nashville community partners follow the LEA's guidelines for determining eligibility for McKinney-Vento services provided by the school district. The Tennessee Department of Education's (TDE) toolkit of standard procedures for homeless liaisons, local education agencies (LEA) and schools is published on the TN Department of Education's website to standardize program enrollment across the state.

Ongoing collaboration between our CoC and the Tennessee Department of Education (State Education Agency) occur monthly in the Tennessee Homeless Services Support meetings to improve educational and Homeless Services Support with state-level departments. In Nashville, dissemination of information for educational services and eligibility criteria is spearheaded by the HERO program director and eight homeless liaisons, including two liaisons with lived homeless experience. HERO staff help students and their families access educational supports, school transportation, and provide referrals for housing and other services. Notifications of eligibility, written in English and Spanish, provide contact information for requesting assistance.

Local 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 and the community on homeless indicators. A Documentation of Collaboration, outlining key commitments, was signed by 64 CoC shelter/community agency CEOs in April 2022 & will be reviewed again in April 2025 when the next McKinney-Vento grant application is due.

McKinney-Vento eligibility assessment, needs assessment, & school selection forms are 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 V.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	Yes	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaboration with Federally Funded Programs and Victim Service Providers.	
	NOFO Section V.B.1.e.	

In the chart below select yes or no for the organizations your CoC collaborates with:	

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:	
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1.COLLABORATION: The CoC works directly with VSP representatives on the CoC Homelessness Planning Council (governing body) to approve all CoC policies. The CoC Standards of Care committee, with VSP representatives, reviews and updates CoC-wide policies annually to ensure they reflect trauma-informed approaches and that service providers can meet the unique needs of survivors.

2.ENSURE: All CoC service providers are trained by VSP staff on trauma-informed care and the needs of survivors annually. CoC DV-CE & RRH Grantee Mary Parrish Center and the Metro Office of Family Safety (OFS) provide regular training to CoC members about the particular needs of survivors including training on domestic violence, sexual assault, human trafficking, trauma-informed care, safety planning, intersectionality, empowerment, and many other topics. The OFS' publicly accessible webinar library offers CoC agencies additional training or refreshers on nearly 100 topics. The Metro Office of Family Safety also maintains a public training directory with the contact information of dozens of local experts in specialized fields of domestic violence for use by survivors and service providers. Many of these resources and trainings are provided directly by those with lived experience of fleeing domestic violence.

| | 1C-5b. | Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. | |
| | | NOFO Section V.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.CoC trainings are provided monthly to project staff on safety and planning protocols by the Mary Parrish Center, a VSP and CoC member. Training modules cover essential topics such as safety planning, confidentiality, victim-centered services, trauma-informed care, and empowerment-based services. CoC members and public organizations may request training from the Metro Office of Family Safety, which offers live trainings and a webinar archive.

2.The Mary Parrish Center partners with the YWCA, Morning Star Sanctuary, and the Metro Office of Family Safety to lead training in best practices related to our domestic violence coordinated entry (DV-CE) system. The parallel DV-CE system -one of the first of its kind in the country - prioritizes safety and confidentiality for survivors. The Mary Parrish Center employs a full-time Coordinated Entry Specialist located at the Metro Family Safety Center to provide on-site training and troubleshooting for victim advocates, therapists, and other program staff. Training covers topics such as the Coordinated Entry system, client intake, VAWA confidentiality, and resources for victims experiencing homelessness. Staff from all four VSP agencies meet weekly as part of the High Risk Intervention Panel, to provide wraparound services to the highest-risk domestic violence cases, most of which are fleeing domestic violence and seeking safe housing.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety planning protocols; and
2.	confidentiality protocols.

(limit 2,500 characters)

1.Safety: Mary Parrish Center operates the Domestic Violence Coordinated Entry system. Intakes are conducted over the phone with survivors with questions from the Jacqueline Campbell Danger Assessment to assess the victim's risk of harm. High-risk factors identified in the assessment are addressed in an individualized safety plan that covers safe housing, natural and emotional supports, and the safety of children. Safety plans may include referrals to legal and emergent resources such as prosecution of offenders, Orders of Protection, trauma therapy, emergency shelter, or medical services. 2.Confidentiality: The DV-CE system, one of the first in the nation, prioritizes survivors' choice and access to housing and support services in a safe and confidential manner. Participants' names are not shared, except in accordance with VAWA confidentiality protocols (with release of information forms signed by participants that are written, informed, and reasonably time limited). In case conferencing, these participants are referred to only by their unique identifier, which does not provide identifying information (like name, date of birth, etc.). DV-CE staff at the Mary Parrish Center use an HMIS comparable database called Empower DB. All Mary Parrish Center staff are trained extensively on the confidentiality strictures of VAWA.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below:
1.	the de-identified aggregate data source(s) your CoC used 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.CoC victim service providers gather de-identified, aggregate data with software that is HMIS compatible to inform the CoC of specialized needs of survivors. This de-identified data is shared with CoC members to help evaluate the Coordinated Entry system, to identify gaps in services, and to drive funding and policy priorities within the CoC.

2.VSPs are an active part of the CoC and its committees and workgroups, which value their expertise in policy and priority development. In the past year, VSPs analyzed data on family composition and found a significant need for housing among single survivors, both female and male. Given this information, the CoC prioritized DV Bonus funding to support individuals, both male and female. Using de-identified aggregate data allowed the CoC to be strategic in programming and focus on giving resources to those with the most need. The CoC Bonus application submitted this year by The Salvation Army addresses this gap.

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

1)The Standards of Care committee of the Nashville CoC is currently working with the Nashville Resource Center on Domestic Violence and the National Network to End Domestic Violence to improve the emergency transfer process and to flesh out a complete policies and procedures document that is in compliance with the VAWA 2022 Reauthorization guidelines. This plan will require that all CoC agencies must clearly develop and document emergency transfer plans focused on timely transfers, safety, trauma-informed care, and survivor services while maximizing client choice for emergency housing and services. Currently, MDHA and several other CoC agencies have internal policies for emergency transfer plans; agency staff may contribute their expertise throughout the process of developing a CoC-wide policy.

2)Individuals or families may self-report to program staff the need for an emergency transfer due to domestic violence. Agencies are not allowed to require documentation of any kind, including prosecution, medical records, or an Order of Protection. Survivors may request alternative housing based on their unique safety needs.

3)Program staff work with the participant to identify alternative housing that the participant feels would be safe. As program providers are regularly trained on domestic violence, they work as quickly as possible to move the participant to safe housing, while also offering safety planning resources and referrals to VSPs to the participant. The participant is not required to take part in any services that may be recommended. Emergency transfer plans will be individualized based on the unique circumstances of each individual survivor and will ensure safety and confidentiality throughout the process.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

1.The CoC ensures safe access to all housing and services available in the region through its DV-CE system implemented by Mary Parrish Center. DV-CE accepts referrals from The Family Safety Center, Metro Social Services, Victim Service Providers, all non-profit and community organizations in our CoC, and self-referrals from survivors seeking safe, stable housing. Intakes are conducted either in person or over the phone, based on what is most accessible for that survivor. DV-CE staff specialists are located in the Family Safety Centers in order to be available for walk-in self-referrals. Requests for assistance and high-level de-identified information are shared with the CE Manager at the Office of Homeless Services (OHS). The individual or family in need of services is placed on the CoC's By-Name-List to ensure access to not only DV housing and support services, but also to all CoC-wide housing and support services. These survivors are given unique identifiers that do not include any sort of identifying personal information (such as name or date of birth). OHS staff participate in care coordination meetings to ensure that appropriate housing is obtained with respect to survivors' needs and preferences. Staff attend Individual, Families, and Veterans Care Coordination meetings led by OHS, as well as the High-Risk Intervention Panel led by Metro Office of Family Safety to case conference survivors who are at imminent risk of danger and have a prioritized need for safe, stable housing. Client confidentiality is maintained under the standards of VAWA; staff only share identifying information about the survivor at the survivor's request, with signed release of information forms that are written, informed, and reasonably time-limited.
2.The CoC works with VSPs to lower barriers to program enrollment and to address needs for legal services, benefit enrollment, job training, and housing navigation. Staff regularly receive training on the unique needs of domestic violence survivors to individualize services that maximize safety for survivors. This training includes topics such as safety planning, confidentiality needs, empowerment, and local resources available to survivors. VSPs gather feedback from survivors through surveys, case management sessions, and survivor groups about barriers faced and suggestions to improve the experience of program participants.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC:	

1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1. The CoC encourages participation of people with lived experience as survivors of domestic violence and homelessness. All VSPs regularly solicit feedback from participants through community meetings, case management sessions, and anonymous surveys. The Office of Family Safety hosts the Nashville chapter of the nationwide VOICES Survivor Advocacy Network. Members are survivors of interpersonal violence and advocates who contribute regular feedback on programming, suggestions for improvement, ideas for additional programming, and troubleshooting on new programming. They conduct speaking panels to increase awareness of domestic violence and inform service providers about the unique needs of survivors.

2. The CoC partners closely with agencies that serve this population and regularly receives training from them which includes survivor voices: Office of Family Safety; Mary Parrish Center; Sexual Assault Center; and Rescue One Global. Mary Parrish Center and the Office of Family Safety provide regular training to CoC members about the particular needs of survivors including training on domestic violence, sexual assault, human trafficking, trauma-informed care, safety planning, intersectionality, and empowerment, among many other topics. The Office of Family Safety maintains a public training directory with the contact information of dozens of local experts in specialized fields of domestic violence for use by survivors and service providers. Many resources and trainings are provided directly by those with lived experience of surviving domestic violence.

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

	Describe in the field below:	
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;	
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;	
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.To ensure CoC services meet the needs of LBGTQ+ individuals and families, MDHA collaborated with 2 local agencies - Nashville CARES, Middle Tennessee's premiere AIDS Service Organization, and Launchpad, which works with LGBTQ+ young adults aged 18-24, providing supported housing, emergency shelter & outreach. Staff at both agencies contributed related language or reviewed the policy. Launchpad suggested language on zero tolerance for guests, staff, and volunteers for violence, bullying and/or harassment based on sexual orientation/gender identity and expression (including hostile use of a dead name -former name- or birth pronoun). They recommended that funded agencies:
•honor sexual orientations beyond heterosexuality (ex: homosexual, asexual, lesbian, gay bisexual, etc.);
•honor gender identities beyond the binary of male/female (ex: transgender, non-binary, two-spirit, etc.);
•honor pronouns (ex: they, etc.);
•honor chosen name (as opposed to legal/dead name); and
•provide gender neutral and/or gender affirming bathrooms, showers, changing rooms, and sleeping areas.
The recommendations have been forwarded to the CoC Equity & Diversity Committee for consideration, which will request public comment & later submit to the Homelessness Planning Council for approval.
2. The CoC-wide anti-discrimination policy is not yet approved, but under consideration by the CoC Equity & Diversity Committee, with additions cited above. The CoC Collaborative Applicant broadcasts online training and guidance to CoC grantees to meet the requirements of the Equal Access Rule, including HUD's Equal Access Agency Assessment Tool, and the HUD Virtual Binder on Fair Housing and Equal Access. The CoC-wide policy will be broadcast widely through the CoC listserv (632 individuals) and sent to all CoC-funded agencies which will assure their project-level policies are consistent.
3.Compliance with anti-discrimination policies is evaluated during annual monitoring visits, & is also assessed in the CE system evaluation process which includes client interviews, focus groups and surveys.
4.The CoC's process for addressing noncompliance is to initiate a performance improvement plan with technical assistance to implement necessary changes. This will be approved by the PEC with a detailed timeline for achieving compliance. When renewal is requested the following year by an agency, noncompliance may negatively affect the agency project's scoring.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.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 current 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 2022 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	53%	Yes-HCV	No

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

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

(limit 2,500 characters)

1.MDHA is the sole PHA in the CoC's geographic area. A monthly set-aside of 18 Housing Choice Vouchers (HCV) and 198 Emergency Housing Vouchers maintain a homeless admission preference. The homeless preference vouchers are documented in MOUs as attachment 1C-7, "PHA Homeless Preferences". MDHA has a good relationship with CoC CE staff to identify people experiencing homelessness. Coordinated Entry specialists confirm homeless preference eligibility, assess for severe needs and ensure applicants are document-ready for issuing rent subsidies.

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 program 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 V.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)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	Yes
8.	Other Units from PHAs:	

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

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
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	EHV

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

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

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

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	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

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.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 V.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 2023 CoC Program Competition.	17
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 2023 CoC Program Competition that have adopted the Housing First approach.	16
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 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	94%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

		Describe in the field below:
	1.	how your CoC evaluates every project–where the applicant checks Housing First on their project application–to determine if they are 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 your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. The CoC evaluates new and renewal applications for Housing First (HF) procedures that prioritize rapid placement and stabilization in permanent housing. Residents must not be required to meet preconditions or provide services as a condition of their housing. The local application indicates that all information is subject to verification. Biweekly meetings with OHS and community partners (including non-CoC funded agencies) focus on the principles of HF and providing supportive services. Agencies share project-level information about the ways in which their programs adhere to HF principles. Meeting agendas include relevant training, sharing success stories and best practices, and monitoring project-level fidelity to the HF model.

2. HF factors and performance indicators include the related questions in esnaps. Project performance is scored by outcomes related to wait-time for housing, exits from homelessness, and returns to homelessness.

3. Outside of the local competition, MDHA and OHS staff evaluate HF compliance in annual monitoring reviews & meetings, including:
•CoC project client files, project policies, performance outcomes, and interviews of key staff to ensure that services/chores are not required (but optional), low/no barriers exist at entry, and individualized services are offered;
•CoC project clients referred via CE that are denied;
•Biweekly OHS updates in Housing First meetings on services provided, program structure, and adherence to the HF model; and
•Data from client complaints & interviews with navigators & street outreach teams.

The CoC Performance Evaluation Committee incorporates HUD standards to ensure that HF approaches are being implemented. In 2022, MDHA retained Dr. Sam Tsemberis via CoC Planning funds to conduct interviews with PSH staff at Room in the Inn, Urban Housing Solutions & MDHA. The results are part of an HF assessment for the CoC. Tsemberis conducted a second phase of interviews with RRH recipients and a newly-funded PSH at Park Center. Findings were shared with the PEC (CoC rating/ranking committee) in early August 2023 (see attachment 1D-2a).

1D-3.	Street Outreach–Scope.	
	NOFO Section V.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.Street outreach methods in Nashville proactively "open doors" to our CE process to facilitate rapid service delivery for the unsheltered homeless in our region. Strategically located teams offer clothing, hygiene products, bus passes, food, & health care checks to establish trust, engage individuals in conversation and build rapport. The OHS Outreach Team coordinates with partner agencies to remove barriers that prevent individuals from accessing needed services and affordable housing. They conduct assessments of clients' needs, connect them to the appropriate agencies and resources and capture the data in HMIS for further planning and evaluation. Biweekly outreach team meetings discuss health concerns, review gaps in coverage and services, analyze reports from HMIS data, share techniques/updates on encampment activity and pinpoint areas in Nashville that need attention. Weekly update meetings with the Metro Nashville Police Department (MNPD) provide neighborhood-specific street level information to inform teams of areas in need of outreach. Informational brochures are provided in English, Spanish and Arabic. The CE system assessments are being produced in these languages as well. Outreach agencies employ bi-lingual staff and use the language line for interpretation services during CE assessments and intakes.
2.The CoC ensures that 100% of the geographic area is covered by outreach teams that meet biweekly to coordinate activities.
3. Outreach activities are conducted daily, after-hours and weekends.
4. 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. Oasis Center engages unaccompanied youth/young adults. Open Table Nashville focuses on people experiencing chronic homelessness and People Loving Nashville hosts a weekly meal downtown after hours for 150-300 people who work during the day. The Extreme Weather Plan connects homeless persons with low-barrier shelter beds during times of extreme heat or winter weather emergencies. 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 service access via Community hubs & are working to expand to small encampments to offer food, meals, laundry, clothing, & showers that are attractive to people who move often.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.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:

	Your CoC's Strategies	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
4.	Implemented community wide plans	Yes	Yes

5.	Other:(limit 500 characters)		
	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

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.l.	

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	754	955

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.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:	

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

	Describe in the field below how your CoC:	
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;	
2.	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	

| | 3. | works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff. | |

(limit 2,500 characters)

1.CoC street outreach and navigation meetings ensure up-to-date information on mainstream resources and program eligibility is disseminated widely. Changes to eligibility requirements and processes to obtain IDs, vital records and legal services are shared as well. Attendees share the information with program participants and assist with their enrollment. A specialist at the Veterans Benefits Office helps homeless vets apply for VA benefits.

Monthly meetings of the CoC's Coalition for the Homeless serve as a primary training vehicle. One example is a presentation on TennCare (Medicaid) renewals, enrollment & eligibility. The Coalition launched a private Facebook group for members to share information and resources in real-time.

2.The Office of Homeless Services (OHS) works closely with Neighborhood Health to ensure program participants have access to medical care. Neighborhood Health's medical professionals visit encampments weekly to provide health screenings, prescription medication, and referrals for services that require an in-person visit. Park Center and Mending Hearts provide substance use and mental health services by referral from CE. Park Center and Mending Hearts participate in biweekly Housing First Supportive Services meetings led by OHS.

Sponsored by the Nashville-based National Health Care for the Homeless Council, free Medical Street Outreach Training for Non-Clinical Staff supports the work of non-clinical outreach workers interested in developing basic street medicine skills such as first aid, non-clinical triage, & assessing mental health. The Council enrolls clients & partners with local clinics & hospitals to provide consultation & referrals. Council staff conducts free training on Severe Mental Illness & Homelessness, provides information on eligibility & application guidelines for TennCare & trains on the re-determination process for unstably housed individuals.

3.Seasoned staff at Park Center spearhead SOAR certification, increasing the number of local providers certified at Safe Haven Family Shelter, Metro Social Services & Oasis Center for youth. Park Center SOAR-certified staff accepts referrals from CoC projects to assist individuals and families in SOAR eligibility requirements or enroll those already eligible. Another CoC agency, The Contributor, also employs SOAR staff to connect vendors of its street newspaper. This agency has never been awarded CoC funding, and is submitting a new PH-Bonus application this cycle.

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

| | Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering. | |

(limit 2,500 characters)

Non-congregate sheltering (NCS) capacity was expanded by leasing a property that was formerly a Rodeway Inn to house persons exiting encampments. The Salvation Army and Community Care Fellowship provide case management and food services directly to the NCS residents. CE specialists provide assessments and enter data in the HMIS system. In the coming year, OHS will award funding to local agencies for capacity-building to increase the capacity for shelter options other than congregate sheltering.

| | ID-8. | Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases. | |
| | | NOFO Section V.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 Office of Homeless Services (OHS) & National Health Care for the Homeless grantee Neighborhood Health. Neighborhood Health communicates constantly with staff from the Public Health Department, and shares protocols with outreach workers & shelter staff that explain the basics of infection control & promote best practices to keep everyone safe. Outreach to encampment &/or shelter services works 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.

2.The director at Neighborhood Health regularly emails updates to key community partners, the latest covering the new seasonal (monovalent) COVID boosters, flu, shingles & pneumonia shots, & infection control trainings.

As of late August, many COVID indicators pointed to a sustained increase in new cases. Combatting infectious disease entails public masking and consistently practicing hand hygiene, and public health centers testing and treating.
Next:
•New seasonal vaccines for everyone age 6 mos. and older (even previously vaxed)
•Co-administered with flu shots
•Advocate for the CDC to keep its promise of free vaccines for anyone without insurance.
•Set up site-based event at shelters, including the city's largest at Nashville Rescue Mission - for staff and guests.
•Rigorously monitor CV & other infectious disease cases using data from the CDC, state & local health departments.

Neighborhood Health is committed to vaccinating, and the unhoused are first in line. To avoid exacerbating surges in the ERs and among those who are unhoused.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated 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.A member of the Nashville Public Health Department sits on the Homelessness Planning Council (CoC governing body) and attends monthly meetings to share public health information with the CoC. Neighborhood Health (NH) medical providers attend biweekly Housing First meetings to share pertinent information about prevention measures, potential health concerns and results from street medicine outreach activities. The director at Neighborhood Health (medical home to 90% of the city's homeless constituents & CoC's largest safety net provider of primary care, as well as largest for African Americans and Hispanic patients) regularly communicates with CoC agencies & leadership via cell phone, & emails updates to key community partners, the latest covering the new seasonal (monovalent) COVID boosters, flu, shingles & pneumonia shots, & infection control trainings. NH offers treatment & medical case management to people experiencing homelessness if either (a) they have HIV monoinfection or (b) they have hepatitis C monoinfection and wish to start treatment. They routinely screen for tuberculosis, test & treat for sexually transmitted infections and other communicable diseases, & actively promote hard reduction measures among those who use injection drugs to avert new infections of bloodborne disease.

2.In the event of a public health emergency, communications to outreach, shelter and housing providers are disseminated with an email blast to the CoC listserv to ensure staff are prepared to prevent or limit the spread of infectious disease. A statewide public health concern would be communicated to CoC Leads by the TN Department of Health with emerging news and resources. Nashville's communication is robust despite being in a state that has substantially underfunded services & refuses to expand Medicaid for adults. Leaders 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.

With its "Pandemic Handbook for Outreach Workers" created for COVID, NH has a foundation of guidance for outreach workers as the city faces future infectious disease epidemics. A key theme of the handbook is that outreach workers who visit encampments must take all recommended precautions to avoid infecting people there, & reduce their own risk of exposure.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.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.CoC CE access points and outreach teams are strategically located throughout Nashville to cover 100% of the CE geographic area. CE specialists provide weekly office hours at the local Rescue Mission, Nashville's largest and primary emergency shelter as well as the Salvation Army. They hold hours at library branches and are on call for local hospitals, clinics, and the Health Department. Local education agency staff are trained in CE eligibility and enrollment to assist students and families in a housing crisis. The CE process is advertised through a variety of avenues including print, online and physical locations to guide the public to access points and hotlines for seeking assistance. A designated phone line is managed by CE specialists and advertised on the Nashville.gov website.

2.CoC uses a standardized assessment process completed in HMIS for individuals and families. The VISPDAT is the CoC's current housing needs assessment tool and will be replaced in the coming year by a more equitable assessment and prioritization process. During Housing First bi-weekly outreach meetings, high barriers to accessing CE are identified and discussed to ensure households are being informed of the CE process and provided access. Assessment materials and brochures are produced in English, Spanish and Arabic languages and CE specialists use the 24-hour language line to assist persons with limited English.

3. The CE system procedures are reviewed annually with feedback on current processes from surveys and focus groups that specifically invite representatives of participating CoC projects and households with lived experience.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.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. CoC outreach teams triage people living in encampments and on the streets to ensure that households least likely to apply for homeless services have access to CE. Outreach is offered to organizations serving unsheltered persons to educate the community about the CoC homeless service system.
2. The CoC prioritizes vulnerable households and individuals for immediate assistance using the VISPDAT as a base assessment and adding priority points for chronic homelessness, children or elderly and disabling conditions. Information may be based on self-report or provider reports. Care Coordination meetings held weekly discuss strategies to engage people using a Housing First approach.
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 declines a referral due to preference, they are 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 its 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 access housing & services.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC through its centralized or coordinated entry:
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1.The Coordinated Entry process is advertised through a variety of avenues. All case managers, housing navigators and outreach workers in Nashville-Davidson County are trained in Coordinated Entry at the beginning of their employment and monthly opportunities for additional training are made available. CE specialists provide weekly office hours at the local Rescue Mission, Nashville's largest and primary emergency shelter as well as the Salvation Army, a large national brand well known in the city. The CE specialists hold hours at various library branches and are on call for local hospitals, clinics, and the Health Department. During bi-weekly community outreach meetings, areas where there are high barriers to accessing Coordinated Entry are identified and discussed to ensure households are being informed of the Coordinated Entry process and being provided access. Finally, there is a designated phone line for families experiencing homelessness to be entered into Coordinated Entry. This phone line is advertised on the Nashville.gov website and in the Coordinated Entry informational brochure. We are in the process of establishing a phone line and additional office hours for individuals that will ensure anyone seeking housing assistance and experiencing homelessness is able to access Coordinated Entry.
2. Households entered into Coordinated Entry are informed of their rights and remedies under federal, state and local fair housing and civil rights laws at point of entry through a release of information. Agencies that are access points also post a written notice of these rights. Participants have the right to file a grievance with Coordinated Entry and that process is outlined in the Policies and Procedures manual.
3. Any conditions or actions that impede fair housing choice for current or prospective program participants are reported to the CoC through the Collaborative Applicant and the Office of Homeless Services.

1D-10.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.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.	06/05/2023

1D-10a.	Process for Analyzing Racial Disparities–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.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 designed and adopted a system-wide equitable assessment and prioritization process informed by HMIS data during its participation in HUD's Racial Equity Demonstration Project in 2021.

Questions on equity were included in all CoC renewal and new project applications to demonstrate that the CoC wants to lead with an emphasis on equity.

To evaluate racial equity in renewal project housing outcomes, the HMIS Lead created a custom report displaying project-level housing outcomes disaggregated by race for the federal fiscal year ending September 30, 2022. This report included:

•average time from enrollment to move-in for TH and RRH projects;

•% of exits to non-permanent destinations; and

•% of individuals retaining/exiting to permanent housing.

Next year's renewal application is expected to include scoring based on racial disparities seen in these outcomes.

To further understand challenges in our system, CoC applicants are asked to describe the actions they implemented in the past year to identify and reduce racial disparities in housing & service participation. Each organization must report the racial composition of their board of directors, administration, and direct service staff.

The Homelessness Planning Council (HPC) adopted a CoC-wide Anti-Racism Statement in January 2021. A summary of the statement is read at the start of all HPC meetings to ground discussions in awareness of racial inequities in the system and foster an open dialogue to resolve the challenges.

2.Recent reports demonstrate that our black population needs housing services at much higher rates than their share of the population. Using HUD's Racial Equity Analysis tool, 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, HMIS statistics, & the related Stella P visualization tool that shows outcomes by race & ethnicity.

The CoC is committed to ongoing analysis of inequities in the CE assessment process and CoC staffing, management and board composition to further identify opportunities to advance racial equity in the systems and structures of housing services.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.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.	No
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.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC has taken steps to reduce disparities by a) forming the Equity & Diversity Committee to address disparities identified in homeless service outcomes, b) hosting mandatory racial equity trainings by the United Way's Family Collective for CoC members and funded projects, c) adding questions about agencies' project-level responses to advance equity in the CoC competition process, d) creating a subcommittee to identify barriers to permanent housing for Black individuals, e) publishing program materials in English, Spanish and Arabic and providing access to a language line to communicate with non-English speaking persons in need of housing services. Service providers a) distribute program materials in languages other than English, b) adopt CoC-wide anti-discrimination policies; c) attend mandatory annual training, d) review and modify hiring practices to enhance diversity and create professional development opportunities to staff and employees with lived experience, e) analyze client demographics, incorporate feedback from service participants and tailor services to culturally diverse clients.
The CoC believes that leading with equity can help address disparities in outcomes. This means that leadership needs to reflect the community. The CoC Nominating Committee was intentional in creating slates of candidates to the HPC (CoC governing body) to do this. From 2021 to 2023, the HPC has become much more diverse- from 21% Black and/or LatinX to 48%. The Chair & Co-Chair are Black, as is the newly selected Director of the Office of Homeless Services.

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

	Describe in the field below:	
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC uses.	

(limit 2,500 characters)

1.The CoC Homelessness Planning Council receives monthly reports provided by the HMIS staff tracking housing service outcomes by race. The measures include total number of exits to permanent housing, increases in cash and non-cash incomes, returns to homelessness and number of days unsheltered. The cumulative racial equity reports from HMIS are included in all CoC reports to inform members of changes over time. The CoC will use HMIS data in the Racial Equity Network tool to identify racial disparities linked to projects or system processes that need to be addressed.
2.The CoC uses the Stella set of tools through the Homelessness Data Exchange to look at system-level performance outcomes. Visual reports from Stella illustrate how households move through our system. It includes information to analyze data quality, equity and performance trends. The Stella report is published semi-annually and distributed to CoC grantees for planning and decision-making support to reach our goals. HUD's Racial Equity Analysis Tool is used to understand the overrepresentation of BIPOC families among those experiencing homelessness. The tool reports racial distributions of people living in poverty by race, ethnicity, age, and veteran status using data from HMIS; imported data from the Nashville Rescue Mission is also reviewed.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.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)

Our CoC has utilized several outreach strategies to engage people with lived experience in leadership roles and decision-making processes within our community. The 2023 Homelessness Planning Council consists of 6 people with lived experience and they are intricately involved in the governance structure, policy and procedures, and service delivery. OHS staff supports these efforts by staffing the CoC's Consumer Advisory Board. HPC, CAB, and Metro Office of Homeless Services all provide opportunities for people with lived experience to work, learn, and lead community efforts of system change and work closely with recommending and evaluating project-based initiatives. A study on Homelessness was conducted with over 7 individuals interviewed, and a communitywide survey was
facilitated via electronic Survey Monkey. That tool surveyed over 70 individuals, advising on performance improvement. Outreach to engage people in CAB occurs through marketing the opportunity though direct serviceproviders, advocacy organizations, and a local large street paper vendor. In addition to these opportunities, the CoC has 5-7 dedicated seats for people with lived expertise on the HPC Board.
Finally, People with lived experience assisted with the design and implementation of the 2023 Point-in-Time Count, $50M ARPA award, and other program implementation opportunities. In order to help exceed national best practices, OHS is in the process of finalizing a partnership with the National Alliance to End Homelessness and the NAEH Director of Lived Experience by way of MOU.

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

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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 in the decisionmaking processes related to addressing homelessness.	8	6
2.	Participate on CoC committees, subcommittees, or workgroups.	8	7
3.	Included in the development or revision of your CoC's local competition rating factors.	8	6
4.	Included in the development or revision of your CoC's coordinated entry process.	5	3

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.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)

OHS employs people with lived homeless experience and encourages Peer Support Specialist certification as part of their professional development. OHS offered 5 people with lived experience to attend a regional homelessness conference in Chattanooga to attend sessions on topics including grant writing, best practices in homeless assistance, and HUD technical guidance. The CoC general membership meeting hosted Steve Berg, Chief Policy Officer from the National Alliance to End Homelessness and the CoC is partnering with Albert Townsend, Director of Lived Experience to advise the CoC about developing opportunities for our Consumer Advisory Board.
Employment opportunities are provided to individuals through job fairs and case management programs to attain and maintain employment. CoC case managers support clients with transportation services, completing job applications and resumes, acquiring personal documents, and obtaining work attire. CoC members, the Urban League, Salvation Army and Goodwill Industries specialize in providing job opportunities and certification trainings for industry jobs. CoC partner Park Center operates the Individual Placement and Support (IPS) model of Supported Employment. Clients are assigned an Employment Career Specialist (ECS) to work on individual strengths related to employment. IPS is a national best practice and supported by the state's Department of Mental Health & Division of Vocational Rehabilitation.

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

	Describe in the field below:	
1.	how your CoC routinely gathers feedback from people experiencing homelessness;	
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and	
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.	

(limit 2,500 characters)

1. The CoC routinely gathers feedback from people experiencing homelessness and invites active participation in CoC projects. The Consumer Advisory Board (CAB) leads activities to collect information about CoC system successes and challenges to inform the Homeless Planning Council (HPC). CAB established an online public comment process to give voice to homeless service participants. Comments and concerns are reviewed in the CAB monthly board meeting then shared in the larger HPC meetings with recommendations for actionable steps to improve clients' experiences.

2. CoC and ESG service providers routinely solicit feedback from clients in surveys, focus groups, resident advisory councils and service on boards of directors. Every Homeless Planning Council meeting opens its agenda to public comment.

3. In concert with feedback from PWLE, the CoC has taken the steps to partner with NAEH to grow and empower the CAB, to invite more PWLE to the leadership of the HPC and the CoC, and to ensure that all voices are heard through an established public comment process at all public meetings that is aligned with the state public comment policy. Additionally, in 2022, unhoused individuals, those with lived experience and advocates called for the raising of the temperature at which the cold weather shelters would open in the city. Previously, cold weather shelters did not open until the temperature was at or below 28 degrees. This concern was presented to the Shelter Committee which after review submitted it to the HPC for consideration and the changed was approved. For Winter 2023, the temperature was raised to 32 degrees for the cold weather shelters to open. In response to feedback from PWLE, the city of Nashville's Vice Mayor held a series of community conversations in late 2022 and spring 2023 to discuss homelessness and come up with a series of recommendations that the city, CoC, Council, and Mayor could consider. The Vice Mayor took specific actions to engage the unhoused and those with lived experience in the conversation. Several actively took place in the conversations. Many of these comments informed the $50 million investment in homelessness, specifically the need for wrap around services, funds for more addiction treatment, embracing housing first, the creation of ACT teams, and investing in staff to assist the unhoused in obtaining SSI Disability.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	

	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to 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.The CoC engages local and state government agencies to bring awareness of homelessness challenges in our geographic region. Nashville's Division of Housing director and staff meet monthly with the Office of Homeless Services to strategize ways of increasing affordable housing. They successfully met with state housing leadership to request policy changes and additional funds set aside in their QAP. CoC members participated in a letter writing campaign to support the policy change.

2.The CoC, Mayor's office, Director of Housing and the city council implemented changes to regulatory barriers by giving priority to permit applications for affordable housing developments, meaning the projects go to the front of the line for review. Quicker permitting helps the financial model of building affordable housing.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 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 V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC–meaning the date your CoC published the deadline.	07/20/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition–meaning the date your CoC published the deadline.	07/31/2023

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 V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

	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
	6.	Provided points for projects based on the degree the projects 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.	Yes

	1E-2a.	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.	
		NOFO Section V.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?	11
	3.	What renewal project type did most applicants use?	PH-RRH

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

		Describe in the field below:
	1.	how your CoC 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.The CoC Performance Evaluation Committee (PEC- ranking committee) monitors permanent housing statistics of each project and scores renewal applications accordingly. Project providers receive a report of their outcomes and are offered technical assistance when outcomes fall short of benchmarks. The PEC uses this data as it ranks projects for approval by the Homelessness Planning Council (CoC governing body). Points are awarded based on factors such as increase in participant income, number of participants with disabilities, number of participants with no income, and households and units served.

2.The PEC analyzes Annual Performance Reports for length of time to permanent housing from program enrollment, days from referral to program enrollment, days from homelessness to housing through the CE system. Maximum points are awarded to RRH projects that move participants into housing faster than the 45-day local benchmark, and to TH projects faster than the local benchmark of 9 months.

3.Service providers are required to submit a description of their policies and procedures used to address delays and barriers in attaining rapid placement in permanent housing. Projects are rated on the degree to which they respond to the needs of vulnerable populations they serve. Agencies serving chronically homeless households and subpopulations with severe needs or disabling conditions (low income, mental health disorders, history of victimization, etc.) receive maximum points. CE referrals are first made from the By-Name List based on self-reports of a history of trauma/violence, criminal justice involvement, no income, active or recent substance use, or experiencing chronic homelessness. PEC awards points to each project based on their fidelity to the Housing First model, participation in Coordinated Entry, principles of equity in their programs, and the strength of data quality in the HMIS system.

4.PSH projects typically house people with complicated needs which 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 generally benefits versus employment. The local scoring metrics consider some of this, giving points to projects serving people with 2 or more disabilities, entering from unsheltered locations, and with no income.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

	Describe in the field below:
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
3.	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 Nominating Committee has taken action to ensure the Homelessness Planning Council (HPC- CoC governance body) represents populations experiencing homelessness in Nashville. In the last 2 years, representation on the HPC has shifted from 21% Black/LatinX to 64%.
Of the 7 members CoC Equity & Diversity Committee members, 1 is White, 1 is LatinX, and 5 are Black. They revised the local CoC application to add questions on racial equity to be rated by the Performance Evaluation Committee (PEC- ranking committee), on:
•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.
The committee also required applicants to detail the racial and ethnic composition of their boards, management, and direct service workers for the purpose of building teams that are increasingly representative of the populations served. Questions and rating factors are reviewed and revised by the committee members, and they join the PEC to score applicants' responses to questions on equity.
A member of the PEC is a Black woman who serves as Assistant Bureau Director for Population Health at the Metro Public Health Department, and is also a member of the HPC & the PEC. To score the equity section of the application, she constructed a rubric that included: at least 1 action taken to identify racial disparities; steps taken to eliminate barriers; measures implemented to evaluate the efficacy of the steps taken; how staff reviewed/were involved in the analysis of racial disparities data; and equitable distribution of people of color in board and staff roles. The Equity section earned applicants up to 7 of 125 points in local scoring.
2.The PEC is the CoC's project rating & ranking committee. Of the 6 members, 4 are White, 1 is Black & 1 is Chinese. In the next year, the PEC will work to build a team that is increasingly representative of the races experiencing homelessness and poverty in this community.
3. Out of a maximum 125 points for most local projects (DV projects had a slightly lower max), a total of 16 points, or 13%, could be earned by applicants serving persons facing 3 major barriers contributing to severity of need – no income, multiple disabilities and sleeping in a place not meant for human habitati

| 1E-4. | Reallocation–Reviewing Performance of Existing Projects. | |
| | NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1.Our revised reallocation process was submitted by the Performance Evaluation Committee (PEC) and approved by the Homelessness Planning Council on September 13. Projects are eligible for voluntary reallocation if the PEC determines they are unable to spend down the allocated HUD funding. Involuntary reallocation is considered if the PEC finds under-performance through financial audits and HUD performance outcomes. A Performance Improvement Plan is required from the agency and regularly monitored by the Performance Evaluation Committee (PEC).
2.The PEC identified one agency operating a low-performing project when reviews of client files uncovered eligibility issues and seen as slow to adopt Housing First practices. It takes referrals from Coordinated Entry yet has a history of denying housing to people referred for services. The agency submitted a performance improvement plan to the PEC specifying responsible staff and the expected timeframe for completion.
3.Nashville's CoC did not reallocate funds from low performing or less-needed projects during its local competition this year.
4.Although a project was deemed to be low performing, the funds were not reallocated because the agency supplies the community with affordable Permanent Supportive Housing for up to 133 households. In the FY22 competition, the agency submitted a New Expansion project proposal to partner with another high performing provider to implement specialized services and ensure the ability to serve persons facing complex challenges.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/07/2023

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	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.	09/26/2023

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.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 was posted on your CoC's website or partner's website.	09/26/2023

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 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

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

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

2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/05/2023

2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.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 HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and	

3.	state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1.During annual monitoring visits, the HMIS Lead discusses changes to HUD reporting standards, the comparable database with relevant providers, data quality efforts, and reviews APRs created by the comparable database. In addition to confirming the comparable databases can produce the needed reports, the HMIS Lead provides ongoing support around the HUD Data Standards, reporting requirements, and any other technical and compliance standards.
2. Yes, the DV housing and service providers are using a HUD-compliant comparable database. Reports are pulled and shared regularly, data quality is reviewed, and Coordinated Entry access is
reviewed.
3. Yes, our CoC's HMIS is compliant with the FY 2022 HMIS Data Standards. Quarterly data reviews and annual monitoring site visits confirm DV providers are compliant with FY 2022 HMIS Data
Standards.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,015	73	237	25.16%
2. Safe Haven (SH) beds	7	0	7	100.00%
3. Transitional Housing (TH) beds	402	21	213	55.91%
4. Rapid Re-Housing (RRH) beds	955	32	923	100.00%
5. Permanent Supportive Housing (PSH) beds	1,003	0	1,003	100.00%
6. Other Permanent Housing (OPH) beds	665	0	127	19.10%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.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. Our CoC is taking the following steps to improve bed coverage rates in HMIS: 1) engaging the largest shelter in the CoC, Nashville Rescue Mission, to participate in HMIS and 2) working with MDHA, the public housing authority (PHA) to increase entry into HMIS of EHV and monthly HCV set-side beds.
2. The CoC will implement the following steps to increase shelter bed & transitional bed (ES/TH) coverage to at least 85%: 1) signing an MOU with the Nashville Rescue Mission to govern the data import process in HMIS, 2) work with our HMIS vendor to ensure compatibility with the Rescue Mission data, 3) test and troubleshoot data import, and 4) begin the import process of emergency shelter and transitional housing beds on a weekly basis.
To increase OPH coverage to 85%, the CoC will engage MDHA (Nashville's public housing authority) to include permanent housing voucher beds (EHVs and the set aside of 18 HCVs) in HMIS by 1) creating a smooth intake process for HMIS data entry, 2) providing user HMIS licenses to their staff, 3) providing HMIS training to PHA staff, and 4) reporting performance outcomes to the housing authority at regular intervals.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/26/2023

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/05/2023

2B-3.	PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
1.	engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;	
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and	
3.	included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.	

(limit 2,500 characters)

1.To be sure we effectively counted homeless youth in Nashville the night of the count, the CoC Count Subcommittee sought advice from Oasis Center and outreach specialists there. Oasis is the local YHDP grantee, and a nationally recognized organization with a mission to help young people in Middle Tennessee move into a happy, healthy, and productive adulthood. The CoC also coordinated with Launchpad, which works with LGBTQ+ young adults aged 18-24, providing supported housing, emergency shelter and outreach. Youth staying in emergency shelter and in transition beds at Launchpad were included as part of the sheltered count.

2.Outreach workers met regularly in the months before the count to pinpoint areas known to be "hot spots" frequented by unsheltered homeless persons, including youth.

3.Although homeless youth were not specifically recruited to assist in the actual count, volunteers from Oasis Center, Launchpad and an outreach worker at the Mental Health Cooperative who focuses on youth were among the volunteers conducting surveys the night of the count.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.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 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, 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 2023.

(limit 2,500 characters)

1.Data quality changes for the 2023 sheltered count included:

•For the first time, HMIS staff pulled reports for participating shelters' counts, & agencies were prepped for this ahead of time so they would have all data in on time;
•reports were pulled after the night of the count and sent back to agencies to confirm, and HMIS staff fixed issues that came up if HMIS was not showing what agencies expected;
•HMIS staff provided customized spreadsheets to all non-HMIS participating shelters for entry of required information, and updated the format and formulas ahead of time based on shelter feedback and struggles from previous years; and
•HMIS staff compared each sheltered count to counts in previous years to draw attention to anything that changed dramatically, so we could discuss and confirm this was accurate and not a data entry error (for example, the Nashville Rescue Mission had a lot more veterans this year, so HMIS staff had their data manager triple check their numbers for accuracy).

2.For the unsheltered count, the CoC made the following changes:
•reduced the number of questions to ask in the survey;
•re-wrote and clarified the questions about households to ensure more accurate household counts;
•monitored the survey collection during the count and provided real-time feedback to people counting; and
•added additional instructions within the survey about what the questions are asking, and who needs to complete a survey.

3.These data quality changes made HMIS staff and others more confident in the results. Volunteers reported a clearer and easier time completing the survey with unsheltered individuals. There were fewer issues with the unsheltered survey that required follow-up, and it shortened the time it took to clean and analyze the data overall. Staff was also able to easily count a new large shelter of 150 people (the Metro winter shelter) because the system was working smoothly which led to an overall increase in our PIT of 11%, with the entire increase coming from the sheltered count. Finally, the CoC saw a higher number of households outdoors this year, which can be potentially attributed to the clearer instruction and greater understanding of how to count households on the survey.
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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
    - Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.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.The CoC determines risk factors of first-time homelessness by engaging a collaborative of providers, people with lived expertise, organizations, and other key stakeholders to participate in the regional Affordable Housing Task Force. Analysis of recent HMIS data identified first-time homeless risk factors: age, history of family violence, households with minor children, education, history of housing instability, recently exited from an institution with a housing plan, income below the poverty level, sudden loss of income, disabling condition, currently pregnant, substandard housing conditions, household member without legal immigration status.
2.Our strategy to prevent first time homelessness utilizes a standardized assessment to determine prevention, diversion or family reunification interventions that may be available for the household. The CoC Financial Assistance Committee coordinates prevention and diversion funds for those at risk of homelessness by providing financial assistance to prevent eviction.
3.OHS oversees these strategies through the Continuum of Care.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?		No
2.	having recently arrived in your CoCs' geographic area?		No

2C-2.	Length of Time Homeless–CoC's Strategy to Reduce.	
	NOFO Section V.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.The CoC has the following strategies to reduce the length of time people remain homeless (LOTH): a) dynamic prioritization in the Coordinated Entry System (CE) to connect all clients to the most readily available resource that is most able to meet their permanent housing needs, b) fully mobile CE system and affirmative street outreach and drop-in center access points so that people experiencing homelessness can connect with resources as quickly as possible, c) integration of diversion and rapid resolution resources into all phases of the crisis response and rehousing processes, d) supporting shelter transformation to become housing-focused, e) monitoring project performance through permanent housing outcomes and LOTH to those outcomes, f) working with local funders to create new permanent housing opportunities targeted towards individuals with the highest needs (including those associated with highest LOTH).

2.The CoC identifies and houses persons with the longest LOT homeless using CE process to prioritize housing for persons with the greatest need. CoC data has shown that length of time homeless is the data point that most correlates with many aspects of vulnerability, and it is heavily weighted directly and indirectly in the CE prioritization criteria. The CES engages with persons experiencing homelessness, including long-term homelessness, by having multiple access points including through drop-in centers, shelters, street outreach programs, medical clinics, jails, and call-in phone options. The CoC actively cultivates in- reach relationships to our correctional and healthcare facilities to provide access to the CE for those institutions. The CoC also leads landlord recruitment and property management partnership efforts to ensure that local landlords are willing and able to rent to households with housing barriers associated with the longest periods of homelessness.

3. OHS oversees this strategy.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
	NOFO Section V.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.Our strategy to increase the rate of clients moving into permanent housing offer short-term financial assistance, rental deposits and landlord incentives. Housing navigators nurture long-lasting relationships with landlords. The CoC is conducting an Outdoor Encampment Housing Surge, a Voucher Subsidy Surge, and a 100-Day Family challenge. During the competition process, the CoC awards points to projects with high rates of exit to PH and projects that lower barriers to entry.
2.CoC coordinated projects to increase retention of clients in permanent housing are designed to increase self-sufficiency, independence to the degree possible for each individual, by education and employment services and financial training. The CoC hosts trainings in Housing First principles to provide strategies for effectively serving and housing clients and to avoid evicting or terminating participants. Case managers provide ongoing support to maintain tenancy and navigate the individualized services needed for success. Outreach to landlords offers financial assistance to hold vacated units open for CE referrals. Voucher workshops inform owners of the benefits available to subsidize rent income and mitigate risks of property damage.
3.The Office of Homeless Services and the Mayor's Affordable Housing Department oversees implementation of our strategy.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
	NOFO Section V.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)

2.The CoC uses the VI-SPDAT and HMIS data to identify people returning to homelessness. Before a client completes a full assessment, CE specialists check HMIS to see if the client previously received services in the CoC. Clients who are identified as having returned to homelessness are assessed for additional service needs, such as mainstream benefits, employment, financial training, DV services, or behavioral health services. When client circumstances have changed, CE staff reassess the client to identify vulnerabilities not captured the first time.

3.The CoC aims to reduce the rate of returns to homelessness by offering robust supportive services to program participants including behavioral health services, connections to mainstream resources and cash benefits, employment services, and emergency subsidies as needed. Program staff help reduce barriers to accessing benefits by assisting with transportation, gathering and organizing required documents, and helping with the application process. For individuals who are capable of working and for whom employment income can help them retain their housing, the CoC has built relationships with local employers who are open to hiring currently or formerly homeless individuals or enrolling them in job training programs.

3.OHS oversees this strategy.

2C-5.	Increasing Employment Cash Income–CoC's Strategy.	
	NOFO Section V.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 employment 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.Nashville's Employment and Homelessness Workgroup formalized a partnership between employment service providers and homeless service providers to address specific barriers to employment for individuals experiencing homelessness. The workgroup meets monthly to identify barriers to employment and review current resources to increase clients' employment cash income. Opportunities are communicated through the CoC list serv and referrals are made based on needs identified in CE assessments. 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.

2.Mainstream employment agencies partner with the CoC to conduct job fairs, provide Career and Financial Counseling, career readiness training (résumé writing, workplace conduct, etc.), mentorship, and employment placement and retention. Employment providers may specialize in subpopulations for youth or people leaving the justice system. The CoC encourages programs to follow the Individual Placements and Supports model of competitive employment that are aligned with Housing First & driven by client/consumer interests. IPS has no exclusions as to who can be served and is a time-unlimited service integrated with other interventions an individual may receive 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.

3.OHS is responsible for overseeing the strategy to increase employment income. OHS hosts monthly check-ins with all providers and collaborates to reduce barriers to employment.

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.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 strategy to increase non-employment income is founded on SAMHSA's SOAR model (SSI/SSDI Outreach, Access and Recovery) implemented in 2006. CoC member, Park Center, is the lead agency offering SOAR case management services to clients. Over 1,600 people experiencing homelessness obtained access to disability benefits through the Social Security Administration within an average of 70 days from time of application to time of decision. SOAR training participation is offered to CoC project providers, new staff in the CoC, Metro Social Services staff and criminal justice entities. Veterans are connected with benefits through the VA Regional Office staff. Outreach teams work effortless in connecting people to the resources they qualify for even prior to housing services being selected.

2. OHS is responsible for overseeing 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.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

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.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

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.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**
LIFNAV Early Choi...	PH-PSH	17	Both

3A-3. List of Projects.

1. What is the name of the new project?   LIFNAV Early Choice TBRA

2. Enter the Unique Entity Identifier (UEI):   JCK8L6EKSYL7

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 17

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 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 V.F.	

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

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

	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 for New DV Bonus Funding

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.l.	

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.l.	

	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 2023 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 I.B.3.l.(1)(c)	

1.	Enter the number of survivors that need housing or services:	2,000
2.	Enter the number of survivors your CoC is currently serving:	1,142
3.	Unmet Need:	858

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(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 Office of Homeless Services, there are 791 people currently on the by-name list in Domestic Violence Coordinated Entry. For traditional Coordinated Entry, There are currently 622 active cases on the general (non-DV) Coordinated Entry by-name list who reported experiencing domestic violence. Street Outreach efforts have identified 473 survivors that are not on the by-name list that need housing, according to HMIS. There are currently 41 clients in TH and 73 clients in emergency shelter, which totals 2,000 survivors in need of housing or services. Of those 2,000 total survivors, 473 are receiving services through street outreach, 468 are enrolled in Rapid Re-Housing, 43 are being served by the Mary Parrish Center (a VSP), 41 are currently in TH, 73 are currently in emergency shelter, and 44 are receiving services from YWCA Nashville and Agape Morningstar (both VSPs). This equals a total of 1,142 clients that are receiving services from the CoC.

2.   Data was collected from HMIS for non-DV projects, and from the comparable databases used by Victim Service Providers.

3.   The low number of Rapid Rehousing subsidies, a shortage of units accepting Rapid Rehousing, a limited number of case managers available to work with families, and scarcity of affordable housing in general in Nashville are all barriers faced by survivors. Survivors also often have recent evictions, judgments, or arrears that may have resulted from their sudden departure from unsafe housing or the actions of their abuse. Additionally, 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. Furthermore, many households escaping domestic or interpersonal violence have nontraditional family arrangements such as multigenerational families or single fathers. Many households also have pets, which can be a barrier at some affordable properties.

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 I.B.3.I.(1)	

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

Applicant Name
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 2023 Priority Listing for New Projects:

1.	Applicant Name	The Salvation Army Nashville Area Command
2.	Project Name	Domestic Violence RUTH 2 TSA
3.	Project Rank on the Priority Listing	18
4.	Unique Entity Identifier (UEI)	JCK8L6EKSYL7
5.	Amount Requested	$500,102
6.	Rate of Housing Placement of DV Survivors–Percentage	81%
7.	Rate of Housing Retention of DV Survivors–Percentage	78%

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 I.B.3.l.(1)(d)	

	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) An HMIS report from the CoC performance year of 10/1/2021 through 9/30/2022 gave a total of 105 survivors exiting the Salvation Army's Rapid Rehousing Program. 85 of those survivors exited to permanent housing, which yielded an 81% housing placement rate of DV Survivors. 66 of those 85 survivors remained in permanent housing twelve months later for a 78% housing retention rate for DV Survivors in this program.
2) All survivors identified their permanent housing destinations as safe.
3) This data came from HMIS.

	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 I.B.3.I.(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. 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 directly from street outreach, mainstream CE, and DV CE processes. The Salvation Army participates in Youth/Young Adult, Individual, Family, and Veteran Care Coordination meetings; they also attend the DV CE meetings. The DV CE program uses evidence-based questions to prioritize the survivors most at risk of being killed by their partners.

3.   A 3-level team of outreach workers, housing case managers, and retention case managers employ intensive case management with a focus on increasing safety and securing and retaining affordable housing. All services are survivor-led, focusing on the needs that the survivors indicates are most important to improve their safety. The Salvation Army works closely with and provides referrals to the Metro Office of Family Safety, which provides immediate access to counseling, safety planning, crisis intervention, and Orders of Protection and uses 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. It is a founding member of Connecting Forward, a network of over 140 secondary partners to enable low- income Middle Tennesseans to attain economic and family stability. It also partners with the Metro Police Quality of Life Team and the RRH/Employment Task Force. While attending care coordination meetings, The Salvation Army makes referrals to needed supportive services, as identified by clients in their case plans. They also utilize their extensive community relationships to provide warm hand-offs to agencies that provide services that may be outside of the scope of the Salvation Army.

5. Housing stability services include referrals to Critical Time Intervention case managers, and an in-house CDBG-funded program. Households connect with educational and 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 Office of Homeless Services.

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 I.B.3.l.(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 confidentially 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 the unique needs of survivor confidentiality, VAWA laws governing the confidentiality responsibilities of VSPs, 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 (utilizing unique identifiers) and intakes will take place virtually or in-person at locations where survivors feel safe. These intakes will be done one-on-one with the survivors so that another party is unable to coerce the survivor into any unnecessary or unhelpful services.
2. Staff will work with the survivor on a person-centered planning process to identify neighborhoods and living situations which create the lowest risk to the household, while providing extensive safety planning around the new living environment. Placements will be in scattered site locations, so households can 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. Client will also be provided information about stalking and provided tools to prevent both in-person and cyber-stalking.
4.   All staff will be trained on confidentiality policies and practices established under VAWA through mandatory staff training provided by the Metro Office of Family Safety. Staff will also attend trainings on general safety needs of survivors of violence and the importance of an individualized safety plan for every survivor. 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, 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 I.B.3.I.(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 statewide Safe At Home address confidentiality program to improve the safety of survivors 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 provides statewide coverage) to provide support to survivors of human trafficking and domestic violence that can be leveraged by the survivor if they so desire. 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. They will also regularly consult with survivors to actively solicit their feedback and revise their case plan to improve safety outcomes, as needed. In the coming year, all Salvation Army staff at the Nashville branch will receive more robust training on domestic violence so that they are able to better serve participants in all programs.

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 I.B.3.I.(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. All participants will take an active role in creating and updating their own case plans, which will include identifying emotional and financial supports. This includes using 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 vice versa. 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. All services are voluntary and client-driven and all program staff will be trained to avoid punitive measures outlined in the "Abusive Power and Control within the DV Shelter" document developed in 2002 by Eminism.

3. All survivors in this program will receive information on domestic violence, including the nationwide best practice tools of the Power and Control Wheel and the Cycle of Violence. 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 Hearth 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. These goals will be revisited and revised, if needed, based on the desires of the survivor.

5. As part of it is mission statement, The Salvation Army demands services be offered "without discrimination." Staff are trained on cultural competency, racial equity, recovery-based language, fair housing, anti-racism and anti-discrimination, by Coc members and non-members.

6. Support groups are offered to all program participants, including groups offered by YWCA Nashville, the Metro Nashville Police Department, and The Salvation Army itself. 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 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. Domestic violence-involved immigration cases will be referred to the bilingual staff at the Tennessee Coalition to End Domestic and Sexual Violence Immigrant Legal Clinic.

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 I.B.3.I.(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 the point of enrollment 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 and 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, criminal justice involvement, and poor credit are eligible to move in. These sites have 24/7 on-site security. With a scattered site model, TSA can 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 and link clients with resources at the Metro Office of Family Safety, including assistance with filing for Orders of Protection and providing court accompaniment. Staff accompany survivors of sexual violence to the Sexual Assault Center clinic or hospital and stays with them during the process of obtaining a rape kit and potential steps toward prosecution. Survivors are also linked to free counseling services from a licensed therapist employed by the Salvation Army or, when applicable, referred to the Metro Nashville Police Department Family Intervention Program (for family therapy cases), the Nashville Children's Alliance (for child abuse cases), or the Sexual Assault Center (for adult sexual assault cases).

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 support services and with the Metro Nashville 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 the ongoing safety of clients. TSA's LifNav program is headed by a person with a law degree and has a board member who offers free weekly legal clinics to participants (and takes on cases in emergencies). As a member of The Family Collective, TSA has partners that assist with housing and 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. Clients are always given as much choice as possible in order to attain housing at a location with maximum safety; with an 8-county footprint for this Command and a national network, moving to locations where they may thrive will always be an option.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

	Describe in the field below examples of how the new project(s) 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 work 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 uses a person-centered model focusing on the identified strengths, goals, needs, and barriers of the clients. All participants will take an active role in creating and updating their own case plans, which will include identifying emotional and financial supports. This includes usin 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 vice versa. 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. All services are voluntary and client-driven and all program staff will be trained to avoid punitive measures outlined in the "Abusive Power and Control within the DV Shelter" document developed in 2002 by Eminism.

3.   All survivors in this program will receive information on domestic violence, including the nationwide best practice tools of the Power and Control Wheel and the Cycle of Violence. 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 Hearth 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. These goals will be revisited and revised, if needed, based on the desires of the survivor.

5.   As part of it is mission statement, The Salvation Army demands services be offered "without discrimination." Staff are trained on cultural competency, racial equity, recovery-based language, fair housing, anti-racism and anti-discrimination, by Coc members and non-members.

6.   Support groups are offered to all program participants, including groups offered by YWCA Nashville, the Metro Nashville Police Department, and The Salvation Army itself. 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 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. Domestic violence-involved immigration cases will be referred to the bilingual staff at the Tennessee Coalition to End Domestic and Sexual Violence Immigrant Legal Clinic.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(1)(f)	

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

(limit 2,500 characters)

1. 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.
2. 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. TSA will also work closely with survivor groups from the Mary Parrish Center and the Family Safety Center, including the local chapter of the Survivor VOICES network, to gauge the historic and ongoing needs of survivors of domestic violence.

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.
	8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/05/2023
1C-7. PHA Moving On Preference	No		
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/18/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/01/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/05/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/01/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	09/01/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/25/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/25/2023
1E-5b. Local Competition Selection Results	Yes	Local Competition...	09/25/2023
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting–CoC-A...	09/27/2023

1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	09/27/2023
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	FY 2023 HDX Compe...	09/01/2023
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/26/2023
3A-2a. Healthcare Formal Agreements	No	Healthcare Levera...	09/22/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: Web Posting–CoC-Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: FY 2023 HDX Competition Report

Attachment Details

Document Description: Housing Leveraging Commitment

Attachment Details

Document Description: Healthcare Leveraging Commitment

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	08/09/2023
1B. Inclusive Structure	09/28/2023
1C. Coordination and Engagement	09/28/2023
1D. Coordination and Engagement Cont'd	09/28/2023
1E. Project Review/Ranking	09/28/2023
2A. HMIS Implementation	09/28/2023
2B. Point-in-Time (PIT) Count	09/28/2023
2C. System Performance	09/28/2023
3A. Coordination with Housing and Healthcare	09/26/2023
3B. Rehabilitation/New Construction Costs	09/25/2023
3C. Serving Homeless Under Other Federal Statutes	09/25/2023

4A. DV Bonus Project Applicants	09/28/2023
4B. Attachments Screen	09/27/2023
Submission Summary	No Input Required

EXTENSION TWO OF
MEMORANDUM OF UNDERSTANDING
BETWEEN METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
BY AND THROUGH THE OFFICE OF HOMELESS SERVICES (FORMERLY KNOWN AS
METROPOLITAN HOMELESS IMPACT DIVISION)
AND THE METROPOLITAN DEVELOPMENT AND HOUSING AGENCY

This Extension Two ("Extension Two") is hereby made and entered into this _27ᵗ_ day of _July_ , 2023, by and between the Office of Homeless Services ("OHS") and the Metropolitan Development and Housing Agency ("MDHA").

WITNESSETH

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, 2023, 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, 2023, through June 30, 2024; and

THEREFORE, the Parties agree as follows:

1. All reference in the MOU to "Metropolitan Homeless Impact Division" or "MHID" are deleted entirely and replaced with "Office of Homeless Services" and "OHS", as applicable.

2. Extension of Agreement: The term of Extension Two shall be from the 1ˢᵗ day of July, 2023, to the 30ᵗʰ day of June, 2024.

3. Entire Agreement: This Extension Two, together with the Agreement, constitutes the final, complete and exclusive statement of the agreement between the parties.

4. Agreement Continuance: All other terms and conditions of the Agreement shall remain unchanged and continue during the term of Extension Two as set forth herein.

IN WITNESS WHEREOF, the undersigned have executed this Agreement.

OFFICE OF HOMELESS SERVICES

METROPOLITAN DEVELOPMENT
AND HOUSING AGENCY

April Calvin, Director
Office of Homeless Services

Dr. Troy D. White, Executive Director

Date: 7/26/23

Date: 7/28/20 23

APPROVED AS TO LEGALITY AND
FORM:

_____
Attorney for MDHA

_____
Attorney for MHC

Memorandum of Understanding
Emergency Housing Voucher (EHV) Program

This Memorandum of Understanding (MOU) entered into this 29th day of July 2021 by and between:

Metropolitan Development and Housing Agency (PHA)

701 South Sixth Street

Nashville, TN 37206

And

Nashville-Davidson County Continuum of Care (CoC)

800 2nd Avenue North

Nashville, TN 37201

I. Introduction and Goals

This MOU is entered into between MDHA and the Nashville-Davidson County CoC to establish a partnership for the administration of the Emergency Housing Voucher (EHV) program. The guiding principles that both parties agree to are as follows:

a. MDHA and the Nashville-Davidson County CoC are committed to administering the EHVs in accordance with all program requirements.

b. MDHA and the Nashville-Davidson County CoC are committed to administering the EHV in alignment with equity principles and local goals, including racial equity, disability equity, and other local priorities.

c. The goals and standards of success in administering the program include providing rental assistance and services to the most vulnerable homeless individuals and families resulting in housing stability, and implementing a continuous quality improvement process to make necessary shifts over time. The continuous quality improvement process will include monitoring the distribution of EHVs for equity and will incorporate the voices of persons with lived experience of homelessness.

d. MDHA and the Nashville-Davidson County CoC are committed to equitably serving clients in the diverse geography that the CoC covers.

e. MDHA and the Nashville-Davidson County CoC will intentionally outreach to organizations that have experience with providing culturally responsive supportive services for families and individuals served with the EHVs.

f. MDHA and the Nashville-Davidson County CoC are committed to collaboratively collect sufficient data to analyze how EHVs are allocated, to whom with the ability to analyze for equity, and retention of the vouchers over time.

g. The following staff will serve as the lead EHV liaisons.
MDHA Lead EHV Liaison:

Name TBD – Section 8 Eligibility Specialist
The Section 8 Eligibility Specialist will receive all referrals, determine eligibility, issue voucher and brief eligible individuals and families on how the program works and their obligations under the program. They will collaborate with the Nashville-Davidson County CoC in the coordination of any needed services, maintain data and prepare updates and reports as needed.

Nashville-Davidson County CoC Lead EHV Liaison

Sally Lott

Coordinated Entry Manager

The Coordinated Entry Manager will determine the level of vulnerability via the Coordinated Entry process that uses a tool that effectively assesses and prioritizes persons with the greatest need and highest vulnerability to continued instability, review and submit eligible referrals directly to MDHA and collaborate with MDHA in the coordination of services to individuals and families as necessary.

II. Define the populations eligible for EHV assistance to be referred by CoC.

In order to be eligible for an EHV, an individual or family must meet one of four eligibility categories:
- Homeless
- At risk of homelessness
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking
- Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability.

Individuals and families experiencing literal homelessness as defined by the Department of Housing and Urban Development (HUD) will be prioritized based on the Coordinated Entry policies and procedures.

III. Services to be provided to eligible EHV individuals and families

The following services will be available to eligible EHV individuals and families:

1. Partnering service providers will support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance; while aiding households in addressing housing barriers.

2. Partnering service providers will support MDHA in ensuring appointment notifications to eligible individuals and families and will assist eligible households in getting to meetings with the MDHA.

3. MDHA will establish windows of time for EHV applicants to complete intake interviews for EHV.

4. Partnering service providers will provide culturally relevant housing search assistance for eligible individuals and families.

5. Partnering service providers will provide counseling on compliance with rental lease requirements.

6. Partnering service providers will ensure people who need assistance with security deposits, utility hook-up fees, utility deposits, etc. are connected to relevant resources.

7. Partnering service providers will assess and refer individuals and families to benefits and supportive services, where applicable.

8. Partnering service providers will ensure services are culturally relevant and tailored to individual household needs.

IV. MDHA Roles and Responsibilities

1. MDHA will coordinate and consult with the CoC in developing the services and assistance to be offered under the EHV services fee. MDHA will make funds available for security deposits, application fees, utility deposits and implement a landlord incentive program that encourages new landlords and landlords with units in areas of low-poverty. If deemed necessary through continuous quality improvement evaluation, MDHA will provide available EHV funding assistance to increase capacity for partnering services provide culturally relevant housing search assistance.

2. MDHA will accept direct referrals for eligible individuals and families through the CoC Coordinated Entry System.

3. MDHA will commit a sufficient number of staff and necessary resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.

4. MDHA will commit a sufficient number of staff and resources to ensure that inspections of units are completed in a timely manner.

5. MDHA will designate a staff to serve as the lead EHV liaison.

6. MDHA will identify a process to ensure equity is a primary focus of EHV efforts and continuous improvement processes are built in that ensure frequent monitoring of data and outcomes against local equity priorities.

7. MDHA will work with the CoC to engage regional leadership to incorporate an equitable distribution of EHVs within the diverse geography of the CoC.

8. MDHA will collaborate with the CoC to ensure sufficient data collection to analyze how EHVs are allocated, including the ability to disaggregate data by race, ethnicity, disabling condition, age, household type, and other intersections of individual and household identity the community sets as a priority to be able to analyze for equity.

9. MDHA will comply with the provisions of this MOU.

V. CoC Roles and Responsibilities

1. The CoC will designate and maintain a lead EHV liaison to communicate with MDHA.

2. The CoC will facilitate a community-based process to evaluate the Coordinated Entry prioritization process that will:
    - Identify a working group that is inclusive of people experiencing homelessness as well as Black, Brown and Indigenous people.
    - Determine opportunities for utilization of housing resources, including EHV, that will further racial and other equity goals.
    - Analyze any existing assessment tools or processes for prioritization the CoCs plans to use for housing resource, including EHV, prioritization.
    - Utilize both qualitative and quantitative data in all analyses.

3. The CoC will refer eligible individuals and families to MDHA using the community's coordinated entry system. Individuals and families experiencing literal homelessness as defined by HUD will be prioritized based on the Coordinated Entry policies and procedures.

4. Support eligible individuals and households in completing and applying for supportive documentation to accompany admissions application to the PHA (i.e. self-certifications, birth certificate, social security card, etc.).

5. The CoC will attend EHV participant briefings when needed.

6. The CoC will assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.

7. The CoC will identify and assist in the coordination of supportive services to EHV families. (While EHV participants are not required to participate in services, MDHA

and the CoC should assure that services are available, accessible, and culturally relevant.)

8. The CoC will ensure continuous improvement process is built into the EHV effort, including quantitative data and human experience data to be analyzed regularly and inform process and policy shifts in alignment with local priorities.

9. The CoC will collaborate with MDHA to ensure sufficient data collection in HMIS to analyze how EHVs are allocated, including the ability to disaggregate data by race, ethnicity, disabling condition, age, household type, and other intersections of individual and household identity the community sets as a priority to be able to analyze for equity.

10. The CoC will comply with the provisions of this MOU.

VI. Third Party Entity Roles Responsibilities

1. With approval from both the Nashville-Davidson County CoC and MDHA, a State, local, philanthropic, faith-based organization, Victim Service Provider or CoC recipient it designates may be added to this MOU. Any third-party added to this MOU will be required to:

   a. Outline resource and/or service being provided in support of the community's EHV Program. Commit a sufficient number of staff and necessary resources to ensure that the application, certification and voucher issuance processes are completed in a timely manner.

   b. Comply with the provisions of this MOU.

VII. Program Evaluation

MDHA and the Nashville-Davidson County CoC (or designated CoC recipient) agree to establish a local EHV evaluation plan with clear metrics, including an analysis of outcomes broken down demographically (ex: race, ethnicity, gender, region/zip code).

MDHA and the Nashville-Davidson County CoC commit to incorporating qualitative data into the program evaluation process, including the voices of persons with lived experience and minoritized communities. The qualitative data will be used to frame and understand the quantitative data analysis.

MDHA and the Nashville-Davidson County CoC or designated CoC recipient agree to cooperate with HUD, provide requested data to HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor, including possible random assignment procedures.

Signed by:

Saul Solomon, MDHA Interim Executive Director

Date 7-30-2021

Laura Bermudez, Chair, CoC Homeless Planning Council

Date 7/29/21

September 13, 2023

To HUD SNAPS staff,

We. The undersigned, verify that we are individuals with lived experience of homelessness, and that we have contributed to processes and decision-making related to Nashville's Continuum of Care, listed below.

We support the CoC priorities of Permanent Supportive Housing and Rapid Rehousing, along with key services, for individuals and families experiencing homelessness with severe service needs in the CoC's geographic area.

- Consumer Advisory Board (CAB)
- Ad Hoc Committee to Designate a CoC Collaborative Applicant
- Coordinated Entry
- Homelessness Planning Council (CoC Governing Board)
- Leading the Way Home 3-day State Homelessness Conference
- Voting Members of the CoC General Membership
- Public Comment plan
- CoC Data Committee
- CoC Equity & Diversity Committee

_____   _____   _____
Wendell G Segroves   Samie Villegas

_____   _____   _____
Elizobeth Mallard   April B. Norris

_____   _____   _____
Kenneth a Patterson   Alexander Smith

HOUSING FIRST READINESS ASSESSMENT

PRELIMINARY FINDINGS FROM 5 NASHVILLE CoC FUNDED AGENCIES

Prepared by

Sam Tsemberis, PhD and Eric Macnaughton, PhD

Pathways Housing First Institute

Submitted July 17, 2023

This report presents findings from interviews conducted with leadership staff from five Nashville organizations providing housing and services for individuals, families, and youth experiencing homelessness. The interview was designed to assess the organizational and leadership interest and readiness to adopt a Housing First approach and the current level of knowledge and expertise in using Housing First to address homelessness. The Pathways Housing First program (HF) is a well-documented and evidence-informed practice (EIP) with a proven research record from national and international studies reporting that, when implemented properly, HF significantly reduces homelessness, increases housing stability, and improves quality of life (references 1-3).

The City of Nashville recently launched a multi-tiered program to address homelessness which includes the implementation of a system-wide Housing First approach. Therefore, a central focus of the interviews conducted for this report explored the organization's interest and capacity to participate in the city's overall Housing First approach and whether they were interested in directly operating a Housing First program. Respondents were asked to briefly describe their current homeless service programs, their organization's participation in the CoC and the City's new initiative, and their observations and recommendations on the City's Housing First initiative.

Framework

When agencies or communities are implementing a new evidence-informed practice (EIP), in this case Housing First (HF), studies in dissemination science indicate that the new EIP is most likely to succeed when several conditions are met (Barwick, 2011). These include organizational capacity and culture, senior leadership goals,

understanding of the value of the EIP, and willingness to be trained and adhere to program fidelity.

Indicators of *Organizational Capacity* include leadership support, the organization's commitment to being a 'learning organization,' and the preparedness to make changes to practice and job descriptions. This is predicated on the assumption that the agency is provided with the necessary *financial resources* to implement the model. *Organizational Culture* reflects whether the principles and practices of EIP (HF) are consistent with the mission and values of the organization and whether the organization holds a positive attitude towards the EIP (HF). *Senior Leadership Goals* examines whether the organization's leaders *consider HF to be addressing an important problem or gap in services* and whether senior leadership is willing to lead and shape the implementation of HF. *Willingness to receive training and adhere to program fidelity* refers to the organization's willingness to learn new skills, adopt the new practice, and its commitment to receive coaching beyond the initial training phase as well as its commitment to adhering to program fidelity.

Methodology

There are several assessment tools designed to address readiness for implementing evidence-informed practices (see attachment A). The protocol used in these interviews was developed by taking items from several instruments and combining them into a series of questions that were posed during individual interviews conducted with organizational leaders of the five designated organizations receiving funding from the CoC. Their answers are summarized under the headings Organizational Capacity, Organizational Culture, Senior Leadership Goals, and Willingness to Receive HF-related Training and Fidelity Support. In addition, we asked the leadership teams for their observations or recommendations on the implementation of Nashville's Housing First Initiative and their answers are de-identified and presented as a summary at the end of the report. The report was prepared by Eric Macnaughton, PhD, and Sam Tsemberis, PhD and questions or comments about any aspect of the report should be addressed to sam@pathwayshousingfirst.org

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Organization 1: Safe Haven Family Shelter:

Two interviews were conducted with Jennifer Reason, Chief Program Officer. Safe Haven Family Shelter (SHFS) "for more than 36 years, (has led) efforts to house, support, empower, and advocate for families experiencing homelessness" (website). SHFS operates a shelter that can accommodate up to ten families and an emergency housing program using motel rentals that can accommodate up to 20 families at a time. The main housing program operates Rapid Rehousing (RR) and offers Critical Time Intervention (CTI) support. The program is based on Housing First principles and housed more than 320 families in the past year. SHFS has developed a large, committed landlord network that accepts their referrals. SHFS seeks housing vouchers and long term support for families needing longer term financial and social services support. In addition, there are programs to support children in school, employment programs, and other services.

A) <u>Organizational Capacity (*learning organization*)</u>: As a learning organization, SHFS has a positive approach to learning and continues to evolve and embrace evidence based models such as RR, CTI, and HF. Impressively, SHFS has introduced an evidence informed *harm reduction* approach in a family context. There is an emphasis on training staff about providing trauma-informed support, and there is strong supervisory support so staff can negotiate their interventions on a case by case basis, including when there are child protection considerations.

B) <u>Organizational Culture</u>: SHFS describes their organization as a housing first program. There is a high degree of consistency with Housing First in their RR and CTI program. The only difference between the program operated by SHFS and HF is that HF programs begin with permanent housing, i.e., a voucher or other permanent funding stream to pay rent. SHFS seeks to obtain Vouchers from a limited supply for the families in the RR program that require long term financial assistance and support. If the resources were available, SHFS would be an exemplary HF program for families.

C) <u>Senior Leadership Goals</u>: The agency is currently operating an effective RR program for families and expanding their scope to serve victims of domestic violence and families with incredibly young and vulnerable children.   In terms of operational capacity SHFS has the capacity to expand and serve up to five hundred families a year. Staffing shortages are the major reason that this goal has yet to be reached. The agency is interested in creating partnerships with other service organization that can provide additional and long term service support and is eager to introduce their landlord network to other organizations who seek to serve families experiencing homelessness.   There is a challenge of fit between Nashville's current HF Initiative and organizations, like SHFS, that serve families experiencing homelessness. The City's priorities are to address encampments and individuals experiencing chronic homelessness. There are no (very few) families in this priority group. Individuals experiencing chronic homelessness and who also have a disabling condition have a housing priority score of 1 whereas families experiencing homelessness receive a priority score of 4. This means they are placed on a waiting list for a voucher.   Other than these challenges of serving a group given low priority, a HF approach is highly consistent with the agency's philosophy and practice.

D) <u>Willingness to Receive Training and Adhere to Program Fidelity</u>:   The SHFS program has a great deal of experience operating a scatter site housing program, including cultivating an impressive community landlord network, and using a harm reduction, trauma informed approach. It is evident from the agency's history that it is an organization open to learning and training and has an appetite for examining client outcomes such as housing stability, all indicators that they are interested in learning and adhering to program fidelity.

E) <u>In Summary</u>: This agency provides excellent housing and support services for families. They can serve as a model program for other agencies wishing to operate similar programs. Their mission is not to serve individuals with disabling

conditions and as such they have not been actively participating in the recent Housing First Initiative.

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Organization 2: Salvation Army

Interview conducted with Freddy Valcarcel, Director of Social Services.
The Salvation Army (SA) programs have been "preaching the gospel and serving people" who are less fortunate since 1865. SA's Nashville program for individuals experiencing homelessness has seen significant expansion in recent years. The Outreach services went from 1 full worker in 2020 to 19 full time in 2023. The program has been divided into three teams: outreach, housing navigators, and housing retention staff. In the past year, SA housed 359 people, primarily using vouchers. They also operate "Livnav" an outreach and meals program in coordination with other City agencies working on encampments. In addition, SA operates a 45-bed shelter called "The Center of Hope" that provides emergency housing for men, women, and families.   The agency also uses motel/hotel rooms as emergency accommodation until housing applications are completed and housing can be secured.

A) Organizational capacity (Learning organization): SA has shown innovation and change in the past three years with the expansion of the Outreach program and the reassignment of staff to provide housing retention support. SA shows an ability to correctly identify significant gaps in service support issues and to develop innovative solutions to address them. The leadership is open to expansion and to incorporate the Housing First approach given the funding to properly operate the program.

B) Organizational culture: The leadership holds a positive attitude and a willingness to embrace the Housing First model even though some of the agency's policies and practices are not consistent with HF. The agency's experience in conducting outreach to encampments, engaging individuals

through the "Livnav" program places them in an advantageous position to identify and engage the priority population for the Mayor's Housing First Initiative.

C) <u>Senior Leadership Goals</u>: The agency's target population, partly driven by the securing of new contracts during COVID, is now largely aligned with the City's Housing First priority group. Senior Leadership shows strong interest in serving the target population through operating a HF program as shown by the agency responding to two of the RFP issued under the new initiative. While their applications were not successful, SA is currently planning to respond to the third RFP (CTI).

D) <u>Knowledge of HF and willingness to receive training in HF</u>: The agency would welcome an opportunity to operate a HF program which requires training and implementation support to operate a high fidelity HF program. The pragmatic and business oriented approach to social services is tempered by SA's larger religious mission of serving those who are less fortunate.   Leadership would have to embrace the consumer-driven, harm-reduction, trauma-informed elements of HF if they were to operate an effective HF program. This would be a large pivot for SA, as their housing retention specialists are currently referring clients needing mental health and other treatment services to local Community Mental Health Centers or other service providers.

E) <u>In Summary</u>: SA's interest in operating a HF program is high and would require training and implementation support to operate a high fidelity model. SA shows an aptitude for identifying the need for support services and finding solutions to problems. One possibility is to consider forming partnerships with other treatment services providers who can provide the support services while the SA works to identify, engage, and help to house the priority group.

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Organization 3: Mary Parrish Center

Interview conducted with Executive Director Mary Katherine Rand.

Mary Parrish Center is a program serving individuals experiencing interpersonal partner violence or domestic violence that currently operates a transitional and rapid rehousing (RR) program offering support services. Mary Parrish offers a cluster-site transitional program of 10 units and the RR program which operates about 15 units, in a scatter site format, both with support services. The agency has doubled both its capacity to house people experiencing DV as well as its staff to 12 full time employees. The average length of stay for clients is six months and Mary Parrish center actively pursues permanent housing through vouchers for clients needing long term rent subsidies.

A) Organizational Capacity (Learning organization): Mary Parrish Center is led by a director who is thoughtful, strategic, and making changes to improve practice and outcomes, understands the agency's capacity, the needs of the clients served, and the staff abilities to provide needed supports. During the past 4 years the agency has experienced tremendous growth and doubled in size. The programs have evolved strategically and provide thoughtful and supportive care, are client driven, and use a harm reduction approach to include and support clients. The organization is attentive to program evaluation, uses systematic assessments (e.g., Campbells' brief danger assessment), monitors client's movement from transitional to RR, and tracks housing retention rates.

B) Organizational culture: The organizational values and practice approach in their transitional and RR programs is consistent with Housing First (HF). Utilizing a low barrier admission and a harm reduction approach. While the agency is committed to its DV population this is not the priority population for the City's current HF initiative.

C) Senior leadership goals: The goals of senior leadership include developing a long-term strategic plan to expand and enhance housing and support services for the DV population. The plan includes a variety of housing options (single

site, cluster-site, and scatter site), focus on advocacy for increasing the priority and visibility of the DV population that currently a level 4 priority ranking, and the goal of increasing the availability of housing vouchers while heightening public awareness about issues surrounding DV. Mary Parrish Center participates actively in the specialized Coordinated Entry for DV and works collaboratively with other organizations, such as the Salvation Army Family Shelter, serving this population. There is no plan to expand and serve the chronic homelessness population at this time.

D) <u>Knowledge of HF and willingness to receive training on HF:</u> Leadership has a clear understanding of HF and practices many elements of the model (except for immediate access to permanent housing). Their practices of low barrier, consumer driven, harm reduction, and a therapeutic approach to case management practices consistent with HF. Anticipated growth would likely be in line with their current cluster housing or a single site with the intentional community on site because they are more comfortable with this approach as a transitional step towards permanent housing.

E) <u>In Summary:</u> Mary Parrish Center provides transitional, RR housing, assistance to secure housing vouchers and provide therapeutic case management support and services. The agency actively participates in the City's alternative CE system for people experiencing Interpersonal Partner Violence. The agency has experienced significant growth in the past years and is currently beginning a strategic planning process to determine the best way forward which does not include an interest in pursuing a grant to provide housing and support services for the chronically homeless population.

Organization 4: Oasis Center: Interviews conducted with Karri Gornick, VP Housing Services and Courtney Berner, Director Street Outreach.

Agency Description: Oasis Center is an organization that provides a wide array of services and supports for young people, ages 13-24, experiencing homelessness. Oasis Center operates outreach services, a crisis and drop-in center with accommodation for up to 12 people, housing navigation, referrals to Coordinated Entry (CE), a number of school-based support programs, a robust job training programs, and some parenting support.

The agency currently employs 80 staff which includes 30 in the crisis response department who work to engage particularly vulnerable young people experiencing homelessness such as members of the LGBTQ+, young parents, and those with a refugee background.

The agency has experienced tremendous growth in their housing programs over the past three years.   Oasis was awarded $1.2 million by HUD for a Youth Homelessness Demonstration Project (YHDP) to expand outreach capacity and Rapid Rehousing and an additional $660,000 to provide support services. These funds are also available to provide housing navigation for young people who do not qualify for RR through CE. Housing navigators seek our creative solutions such as employment opportunities that are linked to housing or connecting people who can pool resources to share places to live (home shares).

Capacity to provide housing and supports has increased significantly since 2019 with the YHDP Rapid Rehousing program where the agency can pay up to 36 months for rent in some cases because of an exception they received from HUD to go beyond the usual RR rent subsidy time limits. Oasis Center also received funding for support services through the CoC which has proved to be insufficient to provide the level of support needed by the people they house.

A) <u>Organizational Capacity (*learning organization*)</u>: Oasis Center has a great deal of experience and knowledge in working with the young people experiencing homelessness and other significant life challenges. Multifaceted programs adapt and provide a range of services specifically designed for their clients. The agency has recently expanded to add the YHDP including a RR program with some of the same elements as Housing First. Oasis Center utilizes a scatter site RR model to meet the demands and challenges of providing housing and effective support services. Their experience thus far is that the RR program is assigned clients from the CE with service needs that are greater than their current staffing capacity. Many clients need both long-term, permanent rent subsidies rather than short term rent support plus long-term, more intensive support services. Because of the mismatch in support available and other reasons (e.g., young people moving on during the pandemic), the program has experienced a fair amount of recidivism. The agency is looking to expand in other ways, such as developing a single site program with services on site, rather than adding a Housing First scatter site program. Their interest in expanding to include a Housing First program under the current Housing First initiative seems low. The agency operates a small homeless prevention program and has a high interest in expanding prevention services.

B) <u>Organizational Culture</u>: The organizational culture of the Oasis Center includes person centered care, a harm reduction approach, and empowerment. Their case management and therapeutic services practice are based on a person-centered care philosophy that addresses substance abuse and other issues using a harm reduction approach. The agency is committed to helping clients through crises providing multiple opportunities to succeed. The agency culture is well suited to

Housing First operations, however the agency is not currently interested or prepared to go forward with a scattered site HF program at this time.

C) <u>Senior Leadership Goals</u>: The agency's leadership goals are to continue to improve client services and to expand the organization to better ensure client success and positive outcomes through their culture of reflection, innovation, and program evaluation.

D) <u>Willingness to Receive Training and Adhere to Program Fidelity</u>:   Leadership and staff are well trained in some of the principles and practices that are consistent with the Housing First program. Leadership discussed the challenges in housing retention for their clients and this may be an area where training may prove helpful. For example, the interviewees speculated that housing loss may be related to the challenges staff face in engaging young people once they are housed. Their young newly housed are unwilling to accept home visits and the agency is reluctant to impose home visits because they view such an imposition as inconsistent with "person centered" care. Additionally, they observed their clients tend to distrust "the system" and are reluctant to accept help from adults working for an agency. In other instances, they reported that their clients value their independence and see accepting support as weakness or failure.
Some of these factors are consistent with the developmental stage for this client population. However, studies from other programs serving the same population show that higher housing retention rates can be achieved when programs adhere to a HF program fidelity perspective. Another contributing factor to less than optimal engagement may be that case load ratios are too high, and staff do not have the time needed to develop positive therapeutic alliances. Finally, there may be a need to train staff in assertive engagement using a trauma informed approach or increasing the role of peer support specialists on staff. On a positive note, the agency's perspective on harm reduction and giving multiple chances is highly likely helping to reduce recidivism rates g., e.g., Oasis helps youth make

"realistic budgets" which includes planning to pay for daily life expenses while also using). Overall, there may be opportunities to discuss training on ways to reduce recidivism and improve client outcomes in housing retention.

E) <u>In Summary</u>: Oasis Center provides a wide number of programs for youth experiencing homelessness through an impressive range of programs and plans to expand and grow services to continue to effectively meet the population they serve. The organization's experience would add significantly to any discussion of how the city can develop plans to effectively address the needs of youth experiencing homelessness.

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Organization 5: Park Center:

Interviews conducted with David Langgle-Martin, Director of PSH and Property Management & Zach Sanders, Manager of PSH. Park Center opened in 1983 with seven staff offering employment services and currently employs 100 staff and offers a number of programs based on psychosocial rehabilitation that include substance abuse and mental health treatment, permanent supported housing (PSH) (single- cluster- and scattered site), transitional supported housing, outreach, SOAR, supported employment, addiction treatment, and a clubhouse. The PSH program currently serves 130 individuals across 17 buildings (15 are owned by Park Center) and 2 are master leased. An additional 8 scattered-site units were recently added. The total number of clients in any one building ranges from 1 to 14 and the range of housing stock includes apartment buildings, duplexes, single family homes, and individual apartments.

A) <u>Organizational Capacity (*learning organization*)</u>: The agency hired a new CEO three years ago which allowed for a significant shift to re-embrace the consumer driven philosophy of psychosocial rehabilitation upon which Park Center was

founded. The approach to housing and services has moved towards a Housing First approach which is also rooted in the psychosocial rehabilitation philosophy. HF philosophy is well understood and practiced due to leadership having considerable experience with HF and providing ongoing training and support for all staff to learn this approach. Most impressive in Park Center's practice of HF is their profound understanding of the role played by the support services both in terms of service intensity and quality of services.

B) <u>Organizational Culture</u>: The mission and values of Park Center as an organization and its leadership and staff are aligned philosophically and in practice with a high-fidelity Housing First program. This organization can serve as a training site for other agencies in Nashville wishing to learn how to operate a high fidelity Housing First program.

C) <u>Senior Leadership Goals</u>: The agency's leadership goals are aligned with the mayor's plan to end chronic homelessness using a Housing First approach. The agency received a modest grant to provide 8 units of housing and support services and they are planning significant expansion in the number of units of their scatter site HF program. Part will be accomplished through directly responding to RPFs and others will be added through partnership with other local, philosophically aligned, organizations.

D) <u>Willingness to Receive Training and Adhere to Program Fidelity</u>: Several of the staff are well trained in the principles and practices of Housing First, showing a willingness to receive training. As discussed above, this agency shows high fidelity to the HF program. What may be helpful is training on how to conduct Housing First Program Fidelity Self- Assessments. In addition to HF the agency provides several highly compatible services including psych rehab treatment for dual diagnosis, supported employment, SOAR and a soon-to-be accredited clubhouse to facilitate peer support and community integration.

E) <u>In Summary</u>: Park Center provides permanent housing and services consistent with a high fidelity Housing First approach as well as several other complementary services and supports. Park Center is an exemplar to the Nashville community on how to operate Housing First programs and can serve as a training site for other organizations wishing to learn how to operate Housing First.

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<u>Overall Observations and Recommendations about Nashville HF Initiative:</u>

The comments and observations listed here were offered by some of the people interviewed for this report and edited for clarity by the authors. The comments are organized thematically but are not listed in particular order of importance.

<u>General Comments:</u>

1) One major concern is that the city plan focuses on getting people housed but is not enough on the importance of ongoing support, including the degree and quality of the support.

2) The city's initiative has focused on encampments (where there are no families) and has not been clear to the community that the people are being moved to non-permanent housing.

3) Need to shift conversation on homelessness away from the number of shelters and shelter beds to permanent housing.

4) ESG COVID federal funding has also been a source of permanent rental subsidies but there is great concern about what will happen when this funding is discontinued.

5) There is a significantly greater inflow into homelessness than outflow. *There are not enough resources* at the front door to keep people out

of homelessness and at the or at the back door to help people exit homelessness.

6) Need to expand programs that provide financial assistance for homeless prevention financial assistance.

Concerns About Specific Populations

1) From the perspective of serving the homeless youth population, there is a need for permanent supportive housing (meaning congregate housing) which currently does not exist.

2) The emphasis on removing people from encampments has raised concerns among providers about the lack of transparency regarding the long term housing outcomes for the people removed from the encampments.

3) The shelters for single adults are high barrier, conduct background checks, exclude people who have been charged with violent crime, sex offenses, and others. There are no shelters for single fathers.

4) Families are not rated as high priority, category 1; instead, are rated as category 4, low priority which curtails their access to vouchers.

5) There is a need for a step down from the RR program to accommodate a lesser level of service support and rent subsidy when needed.

6) The prevention side, homelessness prevention, needs more attention, and should include and be better coordinated with support services.

The Mayor's Initiative Process

1) It would help to alleviate concerns and build trust if the city is more transparent about the outcome of this encampment initiative.

2) Need for a more robust, inclusive CoC table, and for a better system of accountability for the Metro Homelessness directorate including metrics and more diverse membership).

3) One agency expressed reluctance in expanding their programs because the city can be unpredictable.

4) The city plan arrived as a top-down declaration rather than the result of a conversation, causing some skepticism about participating.

Community Homeless Services Issues

1) Underlying tension must be addressed to proceed as a community with a unified plan that everyone can support. Several influential leaders have had negative experiences with what they believe to be Housing First. An open discussion of these needs to take place to dispel the myth that "we tried housing first and it did not work here."

2) Several agencies recommended the need to increase the amount of support people receive after they are housed. Nashville is experiencing problems in providing housing and support services because there are not enough HF PSH programs, especially for youth experiencing homelessness. The CE is still using ViSPDAT scores to assign people to programs which often results in mismatch of placements to client needs. For example, people are referred to RR (short term subsidy and light support services) because that is the only program available, but they actually need permanent housing with ongoing wrap around support.

Housing Availability and Stability

1) The outreach program used to engage people in the encampments and bring them into housing is working but needs to be brought to scale. Rent and service

support must be ongoing and permanent to prevent eviction and not run out of funding.

2) The success of the plan is at the mercy of the landlords who may choose a prospective tenant with money in hand over someone with a voucher. There are many people looking for affordable apartments although few are available, which will create a more competitive market. There is a need to develop creative fiscal strategies and landlord incentives.

3) Leadership believes the mayor's plan seems sound but does not fully anticipate unplanned effects; this model will increase competition among nonprofit providers to secure the few affordable units and this demand may result in increasing rents.

4) Need better engagement with Housing Authority

5) There is a serious challenge in the way the 18 Vouchers are made available by the HA each month and used vouchers *do not get rolled over to next month's total*. Another issue is that the 18 vouchers are for category 1 homelessness and not for other equally needy homeless subgroups. Even with the 18 vouchers the city plan does not adequately address the magnitude of chronic homelessness.

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HOUSING FIRST READINESS ASSESSMENT

PRELIMINARY FINDINGS FROM 3 NASHVILLE AGENCIES

Sam Tsemberis, PhD
&
Eric Macnaughton, Ph.D.
July 5, 2022

This report presents preliminary findings from interviews conducted with leadership and staff from two Nashville homeless services agencies and with Department Head and staff from the Metropolitan Development & Housing Agency. The aim of the interviews was to assess organizational and leadership interest and readiness to adopt a Housing First approach to address chronic homelessness. The Pathways Housing First (HF) is a well-documented and evidence-informed practice (EIP) and research from national and international studies reports a high degree of effectiveness for HF to significantly reduce or end chronic homelessness.   The city of Nashville is currently planning to implement a multi-tiered approach to address homelessness, which includes new housing development and the implementation of a system-wide Housing First approach.   The findings in this report are a summary assessment of each organization's interest, willingness, and capacity to adopt a Housing First approach or to directly operate a Housing First program.

Background

Findings from dissemination science studies indicate that the implementation of a new evidence-informed practice (EIP), in this case HF, is most likely to succeed when several conditions are met (Barwick, 2011). These include organizational capacity and culture, senior leadership goals, understanding of the value of the EIP (HF), and willingness to be trained and adhere to program fidelity.

Indicators of *organizational capacity* include leadership support, the organization's commitment to being a 'learning organization', and the preparedness to make changes to practice and job descriptions, including providing the necessary financial resources to implement the human resource requirements of the model. *Organizational culture* reflects whether HF is consistent with the mission and values of the organization and whether the organization holds a positive attitude towards HF. *Senior leadership goals* examines whether the organization's leaders *consider HF to be addressing an important problem or gap in services*, if HF is consistent with the organizations mission and values, and whether senior leadership is willing to lead and shape the

implementation of HF. *Willingness to receive training and adhere to program fidelity* refers to the organization's willingness to learn new skills, adopt a new practice, and its commitment to coaching beyond the initial training phase as well as its commitment to adhering to program fidelity.

Methodology

There are several assessment tools designed to address readiness for implementing evidence-informed practices (for example, see attachment A). This assessment is based on items taken from several instruments and combined into a series of questions that were posed during individual and group interviews with organizational leaders and their staff.

The purpose of the interviews was to obtain information about the agency's philosophy and practice, discuss their ideas about improvements needed in the current system, assess if there was interest in adopting an HF approach or in operating a HF program, infer their attitudes and level of knowledge about HF, and appraise their willingness to receive training to implement and operate a Housing First program.

Initially, we planned to ask each member of the group to complete a questionnaire individually and then facilitate a group meeting to review these individual scores with the group and arrive at a group mean for the agency. This methodology was reconsidered and considered unfeasible since the meetings were exploratory and the questionnaires were designed to assess an EIP that is in the planning and implementation phase. Thus, we conducted group interviews, noted the input of each of the participants and summarized the findings from each of the 3 agencies, in relation to the three contributors to readiness to implement Evidence-Informed Practices mentioned above (Organizational Capacity, Organizational Culture, Senior Leadership Goals, and Willingness to Receive HF-related Training and Fidelity Support.)

Findings

<u>Organization One –Room In The Inn:</u>

Interviews conducted with the Executive Director and subsequently with the Executive Director and senior management staff.

Room In The Inn (RITI) operates a comprehensive, single site of services including a day shelter, emergency winter shelter, transitional housing, recuperative care, social detox, and permanent supportive housing. RITI's location allows them to not only welcome, but to intentionally engage with individuals who have complicated backgrounds and circumstances including individuals on the registry, as well as those who have not be successful in utilizing traditional, larger shelter systems such as aging adults, transgender individuals, and young adults. RITI's emergency winter shelter for men and women partners with a network of faith organizations including churches and synagogues to provide overnight stays during the coldest months of the year. This model of providing shelter has become a national model in over 30 other cities and is supported by a community of more than 150 local congregations and thousands of volunteers citywide. RITI employees include approximately 50 FT staff with current staff census at 39 and serves over 300 individuals daily. Looking ahead, the organization plans to develop additional permanent supportive housing units to grow their current inventory. They see the organization as primarily providing supportive housing and serving as a "connector" or facilitator" of services, not as a provider of treatment services.

A) <u>Organizational Capacity</u>: RITI operates several different service and housing programs. Capacity for operating a new HF program would be entirely dependent on receiving new funds. The agency has the organizational and administrative skills and knowledge. They could operate the housing component of HF in partnership with an experienced service provider. The issue is that this agency is not enthusiastic about operating a HF program. They have additional programing coming on board and feel that they have reached their current maximum capacity. Their current long range goal is to develop recently acquired property adjacent to their campus to expand existing services and programming, including their permanent supportive housing program.

They currently provide 38 housing units, with a renovation project that will add 10 more units in Spring 2023.

B) <u>Organizational Culture</u>: A significant percentage of clients currently served by RITI have records as sex offenders, arsonists, and other complicated backgrounds. The agency has considerable knowledge and experience in placing and working with a population that faces multiple barriers. Also, it understands and works closely with probation and other criminal justice components. In a community-wide HF approach RITI may play a key role in providing housing and services to individuals with difficult behavioral histories. In addition to their onsite housing units, RITI partners with other housing providers and landlords to help individuals look at housing options outside of their agency, with a goal of ensuing the individual is connected with appropriate and sustainable housing opportunities. All housing navigation is based on the individuals goals and circumstances.

C) <u>Senior Leadership Goals</u>: The agency provides multiple services in partnership with multiple community partners and service providers. Their day center is described as low barrier and their housing is operated with the expectation that tenants will remain drug free while on campus. Staff appreciate having an opportunity to observe and "get to know" people while at the Day Center. "We know people before they move in" reported one staff member. The HF approach requires moving in first and *then,* getting to know people. *Operating a HF program is not currently in the leadership's strategic plan*. While the staff may appreciate the value of adding a HF program in the community at large, they believe they serve a unique function in this community because they house "challenging to place" individuals with criminal background histories and complicated circumstances.

D) Willingness to receive training on HF: The interview participants think of HF as a single site program with onsite support. Thus, it translates to a harm reduction program within a single site building which is inconsistent with the programs they currently operate. Staff do not see a scattered site program that includes client choice and provides off-site supports as feasible because they argue there are few locations outside the downtown core that meet the residential distancing requirements (away from schools, parks, and other off limit locations) legally required for people with a sex offender record. Similarly, the program serves veterans who do not qualify for HUD-VASH or other permanent housing because they have a 'less than honorable discharge' or prohibitive backgrounds. Additionally, the veterans' housing operated under the G.P.D. (grants per diem) program is sobriety based and its operation would be counter to a HF approach – as the programs are oriented to allow people to remain within their organization rather than moving on to a place in the greater community. This meets a need for those individuals who have limited options due to their circumstances and helps many to be compliant with their restrictions based on probation or parole.

In Summary: RITI is not committed to taking on a new HF program at this time. RITI is committed to doing more of what they have always done (day shelter, transitional housing, and permanent housing), and serving challenging populations. They are focused on expanding the services they already provide and increasing their capacity for permanent supportive housing. As part of the continuum, RITI wants to do what they do well, and continue filling a gap for Nashville's vulnerable neighbors with limited options. "*We support the efforts of HF, but not sure we're the right place for this – we just have so much going on.*"

Organization two – Urban Housing Solutions

Interviews conducted with Managing Director and Managing Director with senior management staff.

Urban Housing Solutions (UHS) is a large nonprofit provider of affordable housing. The core mission of UHS isto provide affordable housing in supportive communities, and they have a team of service coordinators to help residents meet their needs and maintain housing stability. They currently own or manage approximately 1,100 apartments and approximately 30% of their apartments are occupied by people who exited homelessness. Most of their residents have come from a network of some fifty-five social service agencies. They own 34 multifamily properties ranging in size from 2 units to 148 units. Their admission criteria are not consistent with truly low barrier housing criteria. UHS operated a HF program about 10 years ago in a single site nineteen unit building that was in a challenging location, with poor security and access control, and with a third-party case management agency who provided inadequate case management support. The project was deemed a failure and UHS has not since returned to practicing a HF approach. In October 2020, UHS went through a leadership transition and they are now engaged in a new strategic planning process. The Managing Director has indicated an openness to implementing HF under the right circumstances.

> A) <u>Organizational capacity</u>: This organization has a long history of commitment to providing housing and support to individuals experiencing homelessness. Provided with the right resources for housing and support services, including the right partners, UHS is open to

discussing the implementation of a HF program. They acknowledge that they would require training and implementation support for providing harm reduction, client-directed, services and treatment.

B) Organizational culture: UHS possesses the shared values among staff members congruent with serving the target population. There is an openness to learning about different approaches, a willingness to evaluate and learn from past experiences, and the organization, under new leadership, has undertaken a new strategic planning process to consider future directions and growth. Overall, this is a particularly good atmosphere for innovation and introducing a new HF program.

C) Senior Leadership Goals: The agency's leadership seeks to strengthen their service support as well as develop additional housing. UHS is already expanding their service coordination team which helps with income assistance, rental assistance applications, SSI applications, employment, assesses barriers, and seeks to match clients to needed community resources. This team also refers clients to mental health providers for assessments and collaborates directly with the Police Department to reduce arrests for individuals experiencing homelessness. They currently employ seven service coordinators plus a program manager (currently vacant) and are in the process of hiring two more service coordinators for this program. This program also supplements support for tenants living in PSH. UHS also operates a "Welcome Rent" program for individuals with very low income who do not receive rental assistance. This innovative program is funded through a cross subsidy scheme because UHS own some of their buildings

outright, and can use the revenue to support those tenants with very low incomes. Leadership is open to change and innovation, and appreciates the value of adding a HF program to their current housing and services.

D) <u>Knowledge of HF and willingness to receive training in HF</u>: The staff have the impression that the HF best practice is to operate single site, harm reduction buildings. They were interested to learn about the Pathways HF model that rents apartments integrated into the community and employees ACT or ICM teams that are community based, have manageable staff to client ratios, and make home visits to provide tenants with services, support, and treatment. There is both an interest and willingness to adopt a HF approach and a commitment to learning more about the HF model. In addition, because the organization is under new leadership and in the process of developing a new strategic plan, they are well positioned to introduce a HF program.

<u>In Summary</u>: Readiness to adopt a HF program is high. The agency will require funding for the housing and service support resources, initial training and ongoing coaching or implementation support to succeed. HF is consistent with the core mission and fits well with the agency's culture of having an interest and willingness to change and try new, more effective approaches.

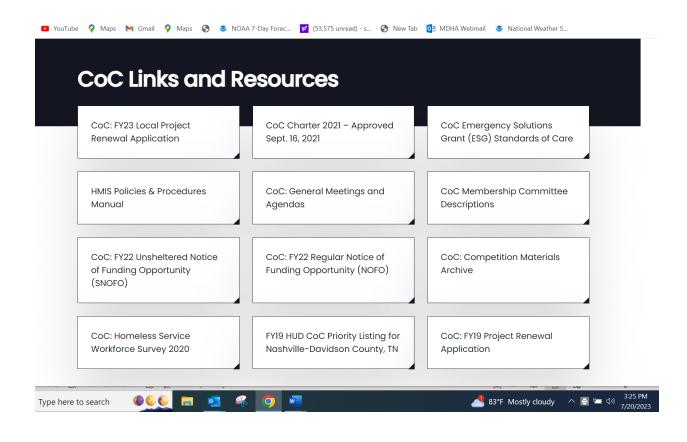**Organization three – Metropolitan Development and Housing Authority (MDHA)**

Interviews conducted with Director of the Rental Assistance Unit and subsequently with the Director and his staff.

This Department of MDHA works primarily with low-income families (single parent moms with children), individuals, and veterans in the HUD-VA program. Approximately 7,400 vouchers are issued annually, about 20% are project based. Staff is very skilled and knowledgeable about the application, inspection, and renewal process and demonstrates a flexibility and willingness to help applicants and current tenants succeed in their housing.

A) <u>Organizational Capacity</u>: This department has the experience and expertise to support the implementation of a HF program. Depending on the size of the HF program there may be a need for additional staff. Presently, MDHA's commitment to provide eighteen vouchers per month to help launch a HF initiative is manageable for this team. System capacity opportunities exist in the approximately 10% annual turnover rate for vouchers. With the right agreements, these turnover vouchers can be prioritized for the chronic population. The major capacity challenge faced by MDHA is the dwindling number of landlords willing to accept the voucher in the context of a real estate market that keeps increasing rents.

B) <u>Organizational Culture</u>: The leadership and staff are committed to the mission of the public housing authority and have a commitment to public service and providing support to the population qualifying for public housing assistance. The staff demonstrated a willingness to go beyond to ensure the success of tenancies and works with a flexible and creative approach to assist tenants meet their tenancy requirements and to effectively manage crises and relocations. The staff is open and willing to participate in HF initiatives or any other initiative that will further the goal of ending homelessness for low-income members of the community. MDHA has a culture of openness to learning and innovation as exemplifies by its current participation in a multi-site study of tenant mobility from extreme poverty to low poverty areas.

C) <u>Senior leadership goals</u>: The goals of senior leadership including the agency director and department director are aligned to the city's goal to adopt a HF approach to address chronic homelessness. Management is competent and experienced and has a deep understanding of how to use vouchers in this community. Leadership understands the value of HF and has identified several strategies for increasing the likelihood of landlord participation in the program; for example, MDHA is open to increasing the value of the voucher to 110% to 120% of market value by obtaining necessary waivers. Furthermore, the agency has implemented a leasing bonus program, additional incentives for new landlords to participate in the program, and a damage indemnification funds for the HUD-VASH program. In some programs they can pay security deposits. These initiatives are well aligned to the incentives needed to operate and manage a successful HF program.

D) <u>Knowledge of HF and willingness to receive training on HF:</u> Leadership has a clear understanding of HF. Staff has a range of knowledge and experience with HF. The agency culture has demonstrated an openness and interest to new learning and adherence to protocols. There is an openness to learning more about HF and the agency is already well aligned in practice to a city-wide HF initiative.

<u>In Summary:</u> Readiness to adopt HF is high. In both its mission and current practice MDHA demonstrates a willingness to adjust and innovate to meet the ever-changing market conditions of the real estate market while always remaining clearly aligned to their core mission of providing housing opportunities for individuals and families with extremely low income who qualify for rental assistance.

Draft: July 5, 2022.

CoC Links and Resources

CoC: FY23 Local Project Renewal Application	CoC Charter 2021 – Approved Sept. 16, 2021	CoC Emergency Solutions Grant (ESG) Standards of Care
HMIS Policies & Procedures Manual	CoC: General Meetings and Agendas	CoC Membership Committee Descriptions
CoC: FY22 Unsheltered Notice of Funding Opportunity (SNOFO)	CoC: FY22 Regular Notice of Funding Opportunity (NOFO)	CoC: Competition Materials Archive
CoC: Homeless Service Workforce Survey 2020	FY19 HUD CoC Priority Listing for Nashville-Davidson County, TN	CoC: FY19 Project Renewal Application

2023 DRAFT PEC Score Card RENEWALS		DRAFT 6/7/								

	PSH		RRH		TH		TH-DV		RRH-DV	
	Permanent Supportive Housing		Rapid Rehousing		Transitional Housing					

Performance *(reporting period: 10/1/21-9/30/22)*

	PSH Actual	PSH Possible	RRH Actual	RRH Possible	TH Actual	TH Possible	TH-DV Actual	TH-DV Possible	RRH-DV Actual	RRH-DV Possible
Avg. Length of Stay - Leavers		[red]		[red]	12%	15	13%	15		[red]
Days from Entry to move-in -		[red]	12%	15		[red]		[red]	13%	15
Exits to Positive Housing Dest (%)	12%	15	12%	15	12%	15	13%	15	13%	15
Remain in Permanent Housing	12%	15	0%	[red]	0%	[red]		0%	[red]	[red]
Income - Earned and other										
Start & Latest Status/Exit	14%	17		[red]		[red]		[red]		[red]
Start & Exit - Leavers		[red]	14%	17	14%	17	14%	17	14%	17
High Need Populations/ Severity of Barriers										
Zero Income (%)	4%	5	4%	5	4%	5	4%	5	4%	5
>1 Disability (%)	4%	5	4%	5	4%	5	4%	5	4%	5
From Place Not Meant For Human Habitation (%)	5%	6	5%	6	5%	6	0%	[red]	0%	[red]

Project Effectiveness *(reporting period: 10/1/21-9/30/22)*

	Project Actual	Points Possible	Project Actual	Points Possible	Project Actual	Points Possible	Project Actual	Points Possible	Project Actual	Points Possible
Cost / Exit to Perm Hsg	9%	11	9%	11	9%	11	9%	11	9%	11
Coordinated Entry	8%	10	8%	10	8%	10	8%	10	8%	10
Racial Equity/LGBTQI	6%	7	6%	7	6%	7	6%	7	6%	7
Utilization Rate- households, from local app	8%	10	8%	10	8%	10	8%	10	8%	10
Housing First Assessment	7%	9	7%	9	7%	9	8%	9	8%	9
HMIS Data Quality	1%	15	12%	15	12%	15	13%	15	13%	15
Total Points:	125		125		125		119		119	

Total Possible Points differ by project type but PEC calculates % for score

$ 62,665
28
37
36
97%

Project Actual	PEC Member Score	Points Possible RRH
94		
277		
104	0	15
94%	13.5	15
57%		
0%		
0%		
0%	0	17
39%	3.5	5
22%	2.5	5
68%	6	6

Project Actual	PEC Member Score	Points Possible
$ 2,238		
$ 1,694		
$ 1,741	12	13
	10	10
	6	5
100%	10	10
7		9

96.67%	
14.5	15

85	
125	0	125
68%	

Continuum of Care (CoC) FY2023 Regular NOFO Project Priority Listing Draft Projects Accepted/Reduced/Rejected

In its 2023 Continuum of Care Notice of Funding Opportunity (NOFO), HUD requires the CoC to notify, in writing and outside of e-snaps (HUD's online application vehicle), all project applicants that submitted 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 FY2023 CoC project ranking to staff at agencies that submitted local applications for HUD CoC FY2023 funding, as well as the CoC Performance Evaluation Committee (PEC), members of the Appeals Panel and leadership of the Metro Office of Homeless Services. This year, there is Domestic Violence Bonus funding and CoC regular 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 by Kerry for approval at the CoC Homelessness Planning Council meeting, next Wednesday at 8:30 a.m. in the Madison Police Precinct (400 Myatt Drive, Madison).

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 Tuesday afternoon September 12 between Noon-1 pm. Please send the application to me at stolmie@nashville-mdha.org by 10 am September 12.

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 Tuesday morning deadline.

CoC FY2023 Score Phase

Ranking	Project	Total Budget FY	Cumulative	NEW OR RENEWAL?		NA	
1	OHS/Homeless Impact Division HMIS	$141,5	141,50	RENEWA		NA	
2	OHS/ Coordinated Entry	$128,000	269,508	RENEWAL		NA	
3	Mary Parrish Center: Coordinated Entry	$103,120	372,628	RENEWAL		NA	
4	Mary Parrish Center: TH	$23,688	396,316	RENEWAL		93%	
5	Mary Parrish Center: RRH	$90,150	486,466	RENEWAL		87%	
6	Mary Parrish Center: Joint TH/RRH	$225,916	712,382	RENEWAL		84%	
7	Salvation Army DV Bonus Renewal	$408,370	1,120,752	RENEWAL	Project has operated for less than 1 yr	77%	
8	RITI: PSH: Omega	$45,622	1,166,374	RENEWAL		77%	
9	Park Center CoC Bonus Renewal Perm Sptv Housing	$110,274	1,276,648	RENEWAL	Project has operated for less than 1 yr	77%	
10	Safe Haven DV Bonus Renewal RRH	$706,257	1,982,905	RENEWAL	Project has operated for less than 1 yr	77%	
11	Salvation Army: Joint TH/RRH	$226,616	2,209,521	RENEWAL		76%	
12	Safe Haven Family Shelter: RRH: RRH	$250,116	2,459,637	RENEWAL		75%	
13	MDHA: PSH: Shelter Plus Care Consolidated	$2,257,084	4,716,721	RENEWAL		71%	
14	Salvation Army RRH LifNav	$62,665	4,779,386	RENEWAL		68%	Tier 1
15	UHS: PSH: Homeless Recovery Program/Expansion	$983,803	5,763,189	RENEWAL		60%	$5,364,595
16	The Contributor New Bonus PSH	$197,426	5,960,615	NEW		81%	
17	Salvation Army New Bonus PSH Tenant Based Rent Ass	$493,932	6,454,547	NEW		85%	
18	Salvation Army DV Bonus	$496,328	6,950,875	NEW		84%	
19	Salvation Army New Bonus RRH Outreach	$527,531	7,478,406	NEW		80%	
	TOTAL PROJECT REQUESTS RANKED	**7,478,406**					
20	MDHA: CoC Planning Grant - HUD says do not rank	381,251		considered new each yr & not ranked		NA	
	(does not compete w projects above for funding)						
21	Oasis Center Youth Homeless Demo- RRH	$1,217,629		Noncompetitive & not ranked		NA	
22	Oasis Center Youth Homeless Demo- Diversion	639,000		Noncompetitive & not ranked		NA	
	TOTAL ALL PROJECTS	**9,716,286**					

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STAY SAFE & STRONG.

Become a member of the CoC! Click on link below.
https://forms.office.com/r/NCUWRve2Ap

Property Managers: Join the Low Barrier Housing Collective

If you would like additional information about the Nashville-Davidson County Continuum of Care ("CoC"), please visit our website at:
http://www.nashville-mdha.org/community-development/about-the-continuum-of-care/
Continuum of Care: General Membership Meetings

Continuum of Care: Governance Board Materials

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CoC FY2023 Project Application Resources

CoC 2023 Approved Consolidated Application	CoC 2023 Project Priority Listing	CoC FY2023 NEW Local Project Application
CoC FY2023 NEW Local Project Application Addendum	CoC FY2023 Notice of Funding Opportunity	CoC FY2023 July 26 Applicant Meeting Slides
CoC FY2023 Local Project Renewal Application		

CoC Membership   CoC: FY22 Unsheltered   CoC: FY22 Regular Notice of   CoC: Competition Materials

Notification of CoC-Approved Consolidated Application Posted on MDHA Website

Suzie Tolmie MDHA | Community Development <stolmie@nashville-mdha.org>

To   Suzie Tolmie

Tue 9/26/2023 8:22 PM

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This is being sent to the 663 individuals currently on Nashville's Continuum of Care (CoC) listserv. As part of its 2023 Notice of Funding Opportunity (NOFO) for CoC funding, HUD requires CoC Collaborative Applicants to notify community members and key stakeholders that the Consolidated Application is posted on its website, no later than September 26, which is 2 days before the September 28 submission deadline. This must include the CoC Application & the Priority Listings of all New & Renewal projects. These are now posted on MDHA's website, and can be found using the link below, under the FY2023 Project Application Resources.

https://www.nashville-mdha.org/community-development-department/about-the-continuum-of-care/

Thanks so much to all of you who strengthened this application with detailed information, updates, constructive comments and editing. If you have any questions, please let me know.

Stay safe & strong.

Become a member of the CoC! Click on link below.
https://forms.office.com/r/NCUWRve2Ap

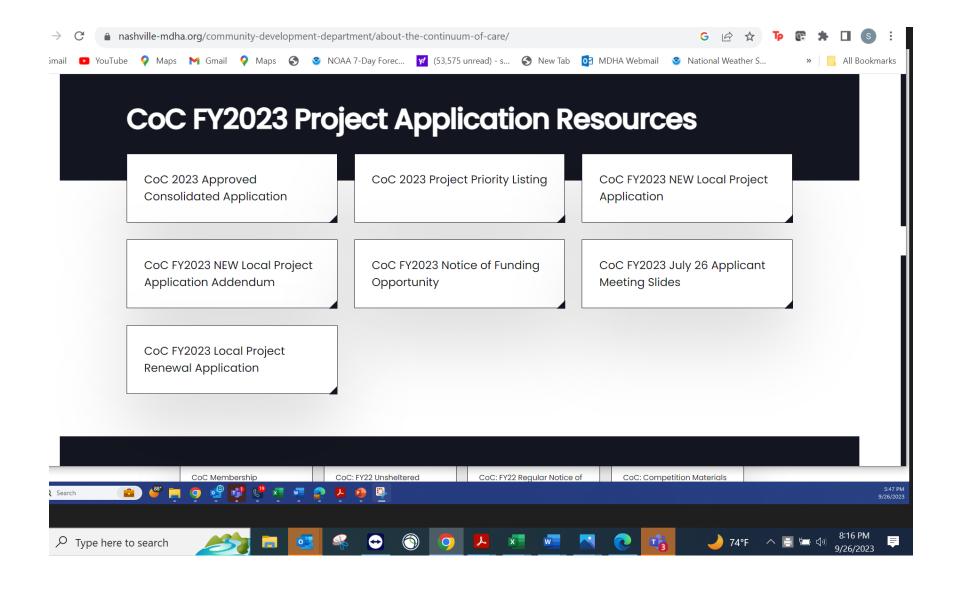*Property Managers: Join the Low Barrier Housing Collective*

If you would like additional information about the Nashville Davidson County

2023 HDX Competition Report
PIT Count Data for TN-504 - Nashville-Davidson County CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	**262**	**140**	**243**	**2129**
Emergency Shelter Total	175	94	182	1248
Safe Haven Total	0	0	0	2
Transitional Housing Total	67	26	30	289
Total Sheltered Count	**242**	**120**	**212**	**1539**
Total Unsheltered Count	**20**	**20**	**31**	**590**

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**533**	**497**	**493**	**623**
Sheltered Count of Chronically Homeless Persons	196	160	162	261
Unsheltered Count of Chronically Homeless Persons	337	337	331	362

2023 HDX Competition Report

PIT Count Data for TN-504 - Nashville-Davidson County CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**55**	**47**	**67**	**95**
Sheltered Count of Homeless Households with Children	54	46	67	93
Unsheltered Count of Homeless Households with Children	1	1	0	2

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**372**	**249**	**271**	**191**	**247**
Sheltered Count of Homeless Veterans	264	178	200	163	189
Unsheltered Count of Homeless Veterans	108	71	71	28	58

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for TN-504 - Nashville-Davidson County CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	1,015	237	942	25.16%	73	73	100.00%	310	30.54%
SH Beds	7	7	7	100.00%	0	0	NA	7	100.00%
TH Beds	402	213	402	52.99%	0	0	NA	213	52.99%
RRH Beds	955	923	955	96.65%	0	0	NA	923	96.65%
PSH Beds	1,003	1,003	1,003	100.00%	0	0	NA	1,003	100.00%
OPH Beds	665	127	665	19.10%	0	0	NA	127	19.10%
Total Beds	4,047	2,510	3,974	63.16%	73	73	100.00%	2,583	63.83%

2023 HDX Competition Report

HIC Data for TN-504 - Nashville-Davidson County CoC

2023 HDX Competition Report

HIC Data for TN-504 - Nashville-Davidson County CoC

Notes
*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.
**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.
In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	53	43	43	113

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	53	113	176	191

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	243	607	754	955

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

Summary Report for TN-504 - Nashville-Davidson County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	978	1237	76	64	-12	41	29	-12
1.2 Persons in ES, SH, and TH	1325	1548	171	91	-80	64	49	-15

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	2283	2467	1095	1169	74	423	462	39
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	3469	2615	1098	1173	75	365	443	78

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range.Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	67	4	6%	1	1%	4	6%	9	13%
Exit was from ES	195	8	4%	13	7%	5	3%	26	13%
Exit was from TH	189	4	2%	7	4%	17	9%	28	15%
Exit was from SH	4	0	0%	0	0%	0	0%	0	0%
Exit was from PH	440	9	2%	13	3%	17	4%	39	9%
TOTAL Returns to Homelessness	895	25	3%	34	4%	43	5%	102	11%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		1916	
Emergency Shelter Total	841	1037	196
Safe Haven Total	4	1	-3
Transitional Housing Total	262	244	-18
Total Sheltered Count	1107	1282	175
Unsheltered Count		634	

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	1378	1605	227
Emergency Shelter Total	1012	1281	269
Safe Haven Total	9	9	0
Transitional Housing Total	376	356	-20

FY2022 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	320	409	89
Number of adults with increased earned income	27	32	5
Percentage of adults who increased earned income	8%	8%	0%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	320	409	89
Number of adults with increased non-employment cash income	91	128	37
Percentage of adults who increased non-employment cash income	28%	31%	3%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	320	409	89
Number of adults with increased total income	103	145	42
Percentage of adults who increased total income	32%	35%	3%

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	111	212	101
Number of adults who exited with increased earned income	32	35	3
Percentage of adults who increased earned income	29%	17%	-12%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	111	212	101
Number of adults who exited with increased non-employment cash income	34	40	6
Percentage of adults who increased non-employment cash income	31%	19%	-12%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	111	212	101
Number of adults who exited with increased total income	60	70	10
Percentage of adults who increased total income	54%	33%	-21%

FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1081	1399	318
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	102	187	85
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	979	1212	233

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2025	2371	346
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	222	311	89
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1803	2060	257

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	903	655	-248
Of persons above, those who exited to temporary & some institutional destinations	63	80	17
Of the persons above, those who exited to permanent housing destinations	331	261	-70
% Successful exits	44%	52%	8%

Metric 7b.1 – Change in exits to permanent housing destinations

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1478	1559	81
Of the persons above, those who exited to permanent housing destinations	720	734	14
% Successful exits	49%	47%	-2%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	1548	1491	-57
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1498	1419	-79
% Successful exits/retention	97%	95%	-2%

2023 HDX Competition Report
FY2022 - SysPM Data Quality

TN-504 - Nashville-Davidson County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	1082	1475	871	303	472	366	1152	1142	1358	238	569	746			
2. Number of HMIS Beds	162	667	221	168	187	196	1152	1142	1358	238	569	729			
3. HMIS Participation Rate from HIC (%)	14.97	45.22	25.37	55.45	39.62	53.55	100.00	100.00	100.00	100.00	100.00	97.72			
4. Unduplicated Persons Served (HMIS)	406	1029	1281	632	526	450	2248	2142	2105	1436	1986	2346	1338	1786	2405
5. Total Leavers (HMIS)	324	921	1059	412	306	298	191	222	178	855	1027	1134	953	974	818
6. Destination of Don't Know, Refused, or Missing (HMIS)	25	17	46	63	9	13	61	58	79	62	72	74	264	144	146
7. Destination Error Rate (%)	7.72	1.85	4.34	15.29	2.94	4.36	31.94	26.13	44.38	7.25	7.01	6.53	27.70	14.78	17.85

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report
Submission and Count Dates for TN-504 - Nashville-Davidson County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/26/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/5/2023	Yes
2023 HIC Count Submittal Date	4/5/2023	Yes
2022 System PM Submittal Date	2/27/2023	Yes

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

JOHN COOPER

MAYOR

APRIL CALVIN

EXECUTIVE DIRECTOR

615.862.6992
WWW.NASHVILLE.GOV/HOMELESS

September 21, 2023

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

RE: Leveraged Housing Funding for FY2023 CoC Application proposed by The Salvation Army –
LIFNAV Early Choice Tenant-based Rental Assistance

Ms. Tolmie,

To help multiply the impact of the LIFNAV Early Choice Tenant-based Rental Assistance being submitting by The Salvation Army as a part of Nashville's FY2023 CoC Application, the Homeless Impact Division will commit 10 units of housing from the Office of Homeless Services Housing and supportive services grant in our annual general budget. This funding is currently in our general Metro Nashville city funds FY 23. Leveraged units will be made available for the new project's once the HUD agreement is signed.

Here's hoping this critical leverage will strengthen Nashville's score and create new affordable housing and services for unsheltered homeless persons in the city.

Sincerely,

April Calvin

April Calvin
Director

TN Division of
TennCare

TO: Freddy Valcarcel
            The Salvation Army
            631 Dickerson Pike
            Nashville, TN 37207

FROM: Caitlin Wright, Director, Behavioral Health Services

DATE: September 21, 2023

SUBJECT: Healthcare Leverage Commitment to the CoC LIFNAV
            Early Choice Tenant-based Rental Assistance (TBRA)

Dear Mr. Valcarcel,

The Division of TennCare commits to reimburse for medically necessary healthcare services to tenants who are members of the TennCare program at the new LIFNAV Early Choice Tenant-based Rental Assistance proposed by The Salvation Army, seeking HUD Continuum of Care (CoC) funding. 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 initial one-year term beginning July 1, 2024- June 30, 2025. Based on prior year's utilization at 2 similar Permanent Supportive Housing programs in Nashville, it is expected that the health care services will be valued at approximately $217,961.

We understand that HUD bases eligibility for their programs on CoC fair housing requirements, and eligibility will not be restricted by TennCare.

Sincerely,

Caitlin Wright, MSW, LAPSW
Director, Behavioral Health Services