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# **Nashville-Davidson County Coordinated Entry Policy and Procedures Manual**



**Table of Contents**

CONTINUUM OF CARE (“CoC”) OVERVIEW ..... 1

INTRODUCTION TO COORDINATED ENTRY ..... 1

    PURPOSE OF THIS MANUAL ..... 2

NASHVILLE-DAVIDSON COUNTY - STANDARD OPERATING PROCEDURES..... 2

    SYSTEM PURPOSE ..... 2

    GOALS AND GUIDING PRINCIPLES ..... 3

ACCESS ..... 4

    ELIGIBILITY ..... 4

    GEOGRAPHIC COVERAGE..... 5

    AFTER-HOURS SERVICES ..... 7

    ENTRY INTO CE ..... 7

    CE PROCESS FOR HOUSEHOLDS FLEEING DOMESTIC VIOLENCE..... 7

ASSESSMENT..... 8

    PRELIMINARY ASSESSMENT..... 8

    VULNERABILITY INDEX/SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL ..... 9

    RIGHT TO REFUSAL ..... 11

    PRIORITIZATION..... 11

    EMERGENCY SHELTER PRIORITIZATION ..... 11

    MASTER LIST AND BY-NAME LIST (BNL) ..... 12

        MASTER LIST..... 12

        BY-NAME LIST (BNL)..... 12

REFERRAL..... 13

    HOUSING NAVIGATOR TRAINING ..... 13

    CARE COORDINATION MEETINGS (CCMs)..... 14

    EXITING PERSONS FROM CE ..... 14

        DIVERSION/PREVENTION EXITS ..... 15

        INACTIVE POLICY ..... 15

    GRIEVANCE PROCEDURE..... 15

        NONDISCRIMINATION GRIEVANCE PROCEDURE ..... 15

DATA MANAGEMENT ..... 16

EVALUATION OF CE ..... 17

GLOSSARY .....17  
APPENDIX.....20  
KEY ROLES AND FUNCTIONS .....20

# NASHVILLE-DAVIDSON COUNTY'S COORDINATED ENTRY POLICIES & PROCEDURES MANUAL

## CONTINUUM OF CARE (“CoC”) OVERVIEW

Nashville-Davidson County is a city/county government and capital of the state of Tennessee. The Metropolitan Development and Housing Agency (MDHA) is the Collaborative Applicant for the United States Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding application in Nashville-Davidson County. The Metropolitan Homeless Impact Division (HID) of Metro Social Services is the lead for the Coordinated Entry (CE) management, oversight, protocols, training, and evaluation. The HID is also the agency lead for Nashville-Davidson County's Homeless Management Information System (HMIS). Both entities, along with an array of partners including non-profit homeless services providers, faith-based organizations, business and health sectors, and advocates, work hand-in-hand to build a housing crisis resolution system that strives to effectively end homelessness for all persons in the city. A critical piece of having a functioning housing crisis resolution system is CE.

## INTRODUCTION TO COORDINATED ENTRY

In 2010 the United States Interagency Council on Homelessness (USICH) introduced CE with its publication entitled *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. The plan outlines four central goals: (1) Finish the job of ending chronic homelessness in five years; (2) Prevent and end homelessness among Veterans in five years; (3) Prevent and end homelessness for families, youth, and children in ten years; and (4) Set a path to ending all types of homelessness.<sup>1</sup> Similarly, coordinated entry aligns with the HEARTH Act of 2009, a bi-partisan legislative mandate that directs localities to implement a collaborative system to prevent and end homelessness.<sup>2</sup>

Nashville-Davidson County's CE uses the goals set forth by USICH as a foundational building block. In 2013, under the leadership of the HID and with guidance from a national organization called Community Solutions, community partners launched the *How's Nashville* campaign to end chronic and veteran homelessness. Through the *How's Nashville* collaboration, community agencies serving veterans and people experiencing chronic homelessness agreed to use a prioritization system to serve people with available resources, and in effect, started a CE process for individuals. This collaboration created the foundation for the Nashville-Davidson County CE.

CE is an important process through which people experiencing, or who are at imminent risk of experiencing homelessness, can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to the appropriate housing and mainstream services within the community or designated region.

One of the main purposes of CE is to ensure service agencies prioritize housing and assistance services to those people with the most severe needs and the highest levels of vulnerability. The

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<sup>1</sup> United States Interagency Council on Homelessness. *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, 2010.

<sup>2</sup> *Hearth Act of 2009* from: <https://www.hudexchange.info/resource/1717/s-896-hearth-act>.

process is designed to facilitate rapid entry into the crisis response system and exit into housing. CE also supports strategic allocation of currently available resources and identification of the need for additional resources.

CE helps communities effectively end homelessness for all populations by:

- 1) Helping people move through the system more quickly and gain access to the right permanent housing and supports as quickly as possible, thus reducing the amount of time people spend moving from program to program before finding the right services;
- 2) Reducing entries into homelessness by:
  - a. Consistently offering prevention and diversion resources upfront, with the goal of limiting the number of people entering the system unnecessarily; and
  - b. Providing the right type of housing and services based on need, with the goal of limiting returns to homelessness; and,
- 3) Improving data collection and quality by collecting accurate information on the types of assistance individuals/families may need, ensuring accurate performance tracking, and allowing for in-depth system-level data analysis, interpretation, and on-going process improvement.<sup>3</sup>

## **PURPOSE OF THIS MANUAL**

HUD established requirements for coordinated entry that CoC recipients and sub recipients of HUD homeless program grant funds must meet.

The purpose of this manual is to provide the community with a set of agreed upon and standard CE policies as well as CE procedures. In addition, this manual documents how the community is implementing (or in the process of implementing) the HUD established CE requirements. The manual covers the current processes and procedures as well as processes that are still in development by a committee of the CoC. This manual is based on guidance provided by HUD with the current CE requirement, HUD guidance regarding prioritization of limited housing resources, and local input from homeless service community-based organizations.

Questions about this manual or Nashville-Davidson County's CE process can be directed to [NashvilleCES@nashville.gov](mailto:NashvilleCES@nashville.gov).

## **NASHVILLE-DAVIDSON COUNTY - STANDARD OPERATING PROCEDURES**

### **SYSTEM PURPOSE**

CE for all populations experiencing a housing crisis will help our community prioritize assistance based on vulnerability and severity of service needs to ensure that individuals receive the most appropriate assistance in a timely manner. The ultimate goal is housing for those who are experiencing literal homelessness (i.e., those individuals currently residing on the streets, in shelters, in places not meant for human habitation as well as those fleeing from domestic violence.)

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<sup>3</sup> NAEH Toolkit from: <http://www.endhomelessness.org/library/entry/coordinated-assessment-toolkit>.

## GOALS AND GUIDING PRINCIPLES

Nashville-Davidson County's goals are to effectively end homelessness in the city; have a process in place that prevents homelessness whenever possible; and, when prevention is not possible, make literal homelessness a rare, brief, and one-time occurrence.

The following principles will guide the CE process in Nashville-Davidson County:

- All housing and services utilize a “housing first”/low barrier approach to serve all populations;
- Provide the right amount of support, at the right time, to the right person;
- Divert as many persons as possible who may be at risk of homelessness by connecting them to mainstream resources;
- Promote person-centered practices – including, but not limited to, Motivational Interviewing and Trauma Informed Care;
- Create an open, transparent process that allows for thoughtful decision making and open communication;
- Engage in continuous quality improvement efforts; and,
- Consistently utilize a common database to evaluate and analyze needs and gaps in services.

A CE brochure is available for distribution to social service agencies, libraries, government offices, places that serve community meals, and other known access points for people experiencing homelessness. This communication tool will help direct people to the best place to receive services based on their situation. In addition, dedicated CE coordinators will support service providers by holding “office hours” throughout the city to ensure that all persons experiencing a housing crisis are identified. The CE brochure can be found here: <https://hmisnashville.weebly.com/navigator-resources.html>

A Committee of the CoC supports the implementation of CE and assists with providing updates, evaluations, and further developments of CE in Nashville-Davidson County.

Agencies that receive CoC/Emergency Solutions Grant (ESG) funding must, as part of their funding agreement, participate in CE by:

- Supporting efforts to streamline housing and homeless support services through CE;
- Supporting the transition from first come-first served to a needs-based access to services and housing;
- Supporting the transition to a Housing First/low barrier approach and philosophy;
- Complying with the CoC nondiscrimination policies and provide equal and fair access to all individuals and families who are experiencing a housing crisis;
- Adhering to policies and procedures as detailed in the most recent CE manual;
- Understanding that participation is required by the CoC through the funding requirements established by HUD for the CoC/ESG competitive funds;
- Using the designated HMIS in regard to CE implementation;
- Collecting and entering all needed data into the designated HMIS, on persons experiencing a housing crisis (this includes entries into and exits from the system);
- If operating a bed program, reporting project vacancies to the CE lead;

- Accepting appropriate referrals from CE and accepting participants based on need and vulnerability;
- Working with CoC CE Lead to resolve project implementation challenges;
- Participating in CE Care Coordination Meetings (CCMs), if appropriate;
- Participating and providing input on CE policies and procedures and other CE topics and,
- Participating in project and system evaluation activities.

Note: This language can change as CE continually improves. Funded agencies will be notified of any changes before they are implemented.

## **ACCESS**

The following section describes the policies and procedures related to CE access for households experiencing homelessness or at risk of homelessness. In addition to physical CE access points, certain street outreach programs can serve as mobile access points. Households may access CE through either physical or mobile points.

It is important to note that all access points are accessible for those with disabilities. Each access point must have the ability to provide the appropriate auxiliary aids and services necessary to effectively communicate with those who may be deaf and/or hard of hearing. There are coordinated outreach efforts to ensure that households who are unable or less likely to pursue services will be assisted. In addition, the CE Lead continuously reaches out to organizations who may serve homeless populations in the course of their normal delivery of services (e.g., health care providers; community services agencies such as youth, LGBTQ, or senior programs; and criminal justice entities, such as probation or parole) to ensure they are informed of CE and know where to direct those they work with who may be experiencing homelessness.

## **ELIGIBILITY**

Any person experiencing a housing crisis in Nashville-Davidson County is eligible to participate in the CE process. A housing crisis is defined as anything that can jeopardize, or has jeopardized, a person's ability to secure or maintain stable housing. In order to enter data into HMIS as part of the CE process, an agency must first obtain the consent of the individual who is seeking assistance. (The procedure for obtaining an ROI is detailed on p. 7, *infra*.) If a client refuses to sign the ROI, the client will be served at the agency, and the following steps will need to be taken for the client to still receive the services for which they are inquiring.

- The agency that has completed the assessment paperwork with the client will need to keep a paper file with the client's information.
- The agency then will assign the client a unique identifier utilizing their agency abbreviated name, the client's first and last initial, and the date identified, (e.g., OSDTN\_JI\_7.3.18).
  - The agency will be responsible for tracking those identifiers.
- The agency then will send an e-mail to [nashvilleces@nashville.gov](mailto:nashvilleces@nashville.gov) with the following information to ensure the client has access to CE related resources:
  - The unique identifier
  - The VI-SPDAT score (unless the client refused to complete the VI-SPDAT)
  - Approximate date literal homelessness (as defined by HUD Category 1) began

- Any other information required for the operating community prioritization protocol

In addition, agencies that participate in Nashville-Davidson County CE are prohibited from discriminating on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status.

## **GEOGRAPHIC COVERAGE**

Currently, Nashville-Davidson County has designated access points where individuals and families experiencing homelessness can easily access and complete the Preliminary Assessment in HMIS. Each Access Point provides the same assessment approach for all households, including those who may fall into more than one designated subpopulation (e.g., a family with minor children, in which the head of household is a veteran.) In addition, street outreach programs can act as mobile access points.

The HID’s Homeless Outreach Team is currently leading efforts to coordinate Nashville-Davidson County’s various outreach efforts to facilitate identification of all persons experiencing literal homelessness in Nashville-Davidson County. Street outreach staff uses the same assessment approach as physical access points.

The following table provides an overview of access points for each subpopulation.

<b>Subpopulation</b>	<b>Access Process Description</b>	<b>Specific Access Points</b>
<b>FAMILIES WITH MINOR CHILDREN</b>	The process for families is a centralized approach in which all families receive their preliminary assessment by either coming to Metro Social Services or calling the Family CE Phone Line. This is the first step in getting connected to services that will assist the family in identifying housing options.	Metro Social Services 800 2 <sup>nd</sup> Ave N Nashville, TN 37210 Walk-In Hours: M-F 8:00 am- 3:00 pm 615-862-6444
<b>ADULT ONLY HOUSEHOLDS</b>	The process is for individuals to come in contact with an outreach worker or to come into an agency that serves persons who are experiencing homelessness, such as the large shelters. There are two recommended places where individuals may receive the CE preliminary assessment:	Street Outreach Worker  Room In The Inn 705 Drexel St. Nashville TN 37203 New Participant Orientation: M-F 8:15 am 615-251-7019  Metro Social Services



		800 2 <sup>nd</sup> Ave N Nashville, TN 37210 Walk-In Hours: M-F 8:00 am- 3:00 pm 615-862-6404
<b>VETERANS WHO PREFER VETERAN SERVICES</b>	Veterans may also be identified at one of the large shelters or through outreach workers. If they prefer veteran services, there are two recommended locations where they may come to receive the CE preliminary assessment:	Street Outreach Worker  Operation Stand Down Tennessee 1125 12 <sup>th</sup> Ave S Nashville, TN 37203 Walk-In Hours: M-F 8:00 am- 3:30 pm 615-248-1981  Tennessee Valley Health Care Systems (TVHS) Healthcare for Homeless Veterans (HCHV) 1310 24 <sup>th</sup> Ave S Nashville TN 37212 Walk In Clinic Hours: M-F 9:00 am-3:00 pm Mental Health Annex 615-873-6400
<b>YOUTH AND YOUNG ADULTS</b>	Youth and Young Adults (YYA) are individuals between the ages of 18-24. YYAs can be identified by the large shelters or street outreach workers.	Street Outreach Worker  Oasis Center 1704 Charlotte Ave Nashville TN 37203 Walk-In Hours: M-F 8:00 am- 4:00 pm  615-327-4455
<b>PEOPLE FLEEING DOMESTIC VIOLENCE / INTERPERSONAL VIOLENCE</b>	Each of the access points listed above, when appropriate, should pre-screen all households for DV/IPV and offer to connect them with the DV-CE process. If someone has experienced DV/IPV in the past year and is in a housing crisis as a result of the DV/IPV, they are eligible for a DV-CE intake. A Housing Intake Specialist may be	DV-CE Intake Phone: (615) 955-0620  Family Safety Center 610 Murfreesboro Pike Nashville, TN 37210 M-F 9:00 am-5:00 pm  Mobile Intake Specialist available to complete the DV-CE assessment in shelter and other community agencies.

	reached by call the DV-CE Intake Phone.	
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## **AFTER-HOURS SERVICES**

A designated Nashville-Davidson County CoC Committee, in conjunction with other CoC agencies, is developing a plan to ensure that individuals who cannot connect to CE during normal business hours have access to after-hours services. This plan will establish an after-hours hotline that people may call to be directed to a shelter or resource center; that agency will connect the individual with services until the following business day. At that point, a CE coordinator can follow up with the individual regarding housing and needed services.

## **ENTRY INTO CE**

### **OBTAINING A RELEASE OF INFORMATION**

Once a person has been identified as experiencing a housing crisis, including individuals and families who may be diverted from the homelessness system or prevented from entering homelessness with the utilization of prevention resources, the staff member at the access point should:

- Obtain a written Release of Information (“ROI”) form that is uploaded into HMIS. The ROI can be found here: <https://hmisnashville.weebly.com/navigator-resources.html>
  - A physical form should be signed, scanned and uploaded.
  - If obtaining a written ROI is deemed a danger or health risk to the client or housing navigator, a verbal ROI may be obtained in place of a signed form. In this situation, the physical form with the client’s name and a note that says “verbal release” needs to be uploaded.
  - If a verbal ROI is initially documented, a written ROI must be obtained when there is no longer a danger or health risk present.
  - In addition to the physical form or verbal release, an electronic ROI must be documented in HMIS.
- Enter the person’s data into CE in HMIS by completing the Preliminary Assessment
  - For outreach workers who are working with an individual who does not provide enough information to complete the Preliminary Assessment, they should complete the Outreach Assessment in HMIS and indicate the date of the engagement.
- Complete the appropriate Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)

It should be the goal of every outreach worker, intake staff member, and CE coordinator to ensure that individuals and families connect to mainstream resources for which they are eligible. This includes, but is not limited to, helping the individual access community-based emergency assistance services, income assistance, food banks, etc.

## **CE PROCESS FOR HOUSEHOLDS FLEEING DOMESTIC VIOLENCE**

Depending on the subpopulation category into which they fall, households where an adult is experiencing interpersonal violence (e.g., domestic violence, family violence, stalking, sexual assault, and human trafficking) have the option to access CE through any of the access points listed on pp. 5-6. Nashville has developed a survivor-centered domestic violence (DV) CE process, however, that provides extra protections regarding the client's safety and confidentiality.

Any household fleeing or attempting to flee domestic violence, or who has no other safe residence, and lacks the resources or support networks to obtain permanent housing is considered homeless as defined by HUD Category 4.

If a household has experienced any type of interpersonal violence (IPV) within the last year and is either homeless or does not feel safe in their current living situation as a result of the IPV, they are eligible for the DV-CE process. The primary access point for DV-CE is a Housing Intake Specialist with The Mary Parrish Center (MPC). The MPC Housing Intake Specialist may be reached by calling 615-955-0620. This staff member also may assist in connecting households to appropriate diversion and prevention resources. A Housing Intake Specialist is available for appointment, or walk-in at Metro's Family Safety Center during normal business hours for assessment and intake into DV-CE. A Mobile Housing Intake Specialist also makes weekly site visits to local DV emergency shelters and other community sites for assessments and intake.

## **ASSESSMENT**

For the purposes of CE, the primary role of staff at the access points, street outreach staff, and CE coordinators is to conduct the community's CE Preliminary Assessment.

### **PRELIMINARY ASSESSMENT**

The Preliminary Assessment (PA) is the common assessment for the Nashville-Davidson County CE. The PA includes HUD Universal Data Elements (UDEs) and other information that helps to complete the CE Master List. The Master List contains the names of all individuals experiencing a housing crisis who have a PA entered into HMIS.

Any Access Point staff person, homeless service provider or outreach worker who has been trained on the Nashville-Davidson County Housing Navigator Process and completed HMIS Trainings conducted by the HMIS Lead will be able to conduct the PA on households that are experiencing a housing crisis. Once an individual's PA has been entered into HMIS their name is added to the Master List. If the individual is experiencing literal homelessness (HUD Category 1 or Category 4), they will be filtered onto the By-Name List and prioritized for housing and service resources. All information gathered is used to identify potential housing and services for which the household is eligible.

The PA is the first step in identifying a household as experiencing a housing crisis in Nashville-Davidson County. The PA helps identify who needs to be diverted, or prevented, from entering the homeless shelter system. Once a person is identified as experiencing literal homelessness, the access point or outreach worker will work to build rapport to identify if housing is a goal; if so, the appropriate VI-SPDAT will be completed. Individuals or families that note housing is not a want or need are identified as needing additional outreach and engagement.

Households going through the CE process are made aware that they have the right to refuse to answer any question, or complete any portion of any of the assessments conducted for CE, and that their refusal will not affect the level of services they are eligible to receive.

Before any assessment is completed, the assessor must give the individual a copy of the HMIS ROI and explain it to the head of household or individual so that he/she is able to provide informed consent.

The ROI must be signed, uploaded, and electronically recorded in HMIS under the *Coordinated Entry: Nashville-Davidson County (CE) (411) provider (CE Provider)*.

If an individual refuses to sign the ROI, the agency is still expected to serve the individual. The eligibility steps listed on p. 4 will need to be taken in order for the client to still receive the services they are requesting.

No household can be turned away from the Nashville-Davidson County CE assessment process due to perceived barriers to housing or services, or because the household refused to sign the ROI form that would allow an agency to enter their personal information into CE. Examples of perceived barriers include without limitation the following:

- too little or no income;
- active substance abuse or a history of substance abuse;
- domestic violence history;
- resistance to receiving services, the type or extent of a disability-related service or supports that are needed;
- history of evictions or poor credit, lease violations or history of not being a leaseholder; or,
- a criminal record.

To ensure uniformity in the referral process, all referrals must come from the Master and By-Name Lists, using the prioritization protocol detailed on p. 11.

The PA, along with all housing/service applications, can be accessed in paper form from the Nashville CE Weebly Website (<http://coordinatedentrynashville.weebly.com/>) or via HMIS. However accessed, all information must be entered into HMIS under the CE Provider.

A unique DV-CE assessment tool was developed to use with households experiencing IPV. The assessment focuses on evidence-based high lethality risk factors to generate a prioritization score that is compatible with VI-SPDAT scores. No preliminary assessment is necessary, and all DV-CE assessment data is kept completely confidential. Households are assigned a unique identifier and will not have any identifying information entered into HMIS.

## **VULNERABILITY INDEX/SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL**

The VI-SPDAT is a housing assessment tool created and owned by Community Solutions and OrgCode Consulting, Inc. Used effectively, the tool helps agency staff to identify the most

appropriate housing intervention based on the vulnerability of the household or individual. The VI-SPDAT may only be conducted by agencies who serve those who are experiencing a housing crisis and have been trained to use the assessment tool. There are three types of VI-SPDATs:

- VI-SPDAT – to be conducted with adult individuals experiencing literal homelessness;
- F-VI-SPDAT – to be conducted with families who have minor children in their care who are experiencing literal homelessness, or with an expectant mother who is experiencing literal homelessness and is in the third trimester of her pregnancy; and,
- TAY-VI-SPDAT – to be conducted with single young adults in the age range of 18-24 who lack a key to a safe and stable residence.

The VI-SPDAT should only be conducted with households and individuals who: (1) have identified housing as a goal; and, (2) are experiencing literal homelessness (HUD Category 1); or, if the individual is between the ages of 18-24 and lack a key to a stable and safe residence.

Agency staff may conduct the VI-SPDAT on paper and then enter the data into HMIS, or they may enter the data directly into the CE Provider in HMIS.

### **RE-ASSESSMENT**

When a household is experiencing literal homelessness and has identified housing as a goal, it is appropriate and allowable for a housing navigator to re-assess the household in the following circumstances:

- When re-entering a household into CE where that individual was previously exited for permanent housing or inactivity;
- When the composition of a household changes, such that they should have a different version of the assessment, e.g., if a single person enters their 3<sup>rd</sup> trimester of pregnancy, then a F-VI-SPDAT may be conducted;
- When a year or more has passed since the original assessment; or,
- When approved by the CE team through the Assessment Review Request process.

Any time a re-assessment is completed for the reasons listed above, it is the housing navigator's responsibility to enter the new assessment into HMIS and ensure CE staff are aware of score changes as soon as possible.

### **ASSESSMENT REVIEW REQUESTS**

With the permission of their direct supervisor, housing navigators who dispute the accuracy of an assessment score may submit an Assessment Review Request at any time. The purpose of the Assessment Review Request process is to allow for housing navigators to re-do assessments when the score does not accurately reflect the client's current circumstances.

Navigators may complete the Assessment Review Request form which is found on the Coordinated Entry website here: <https://hmisnashville.weebly.com/forms-and-applications.html>

The CE Manager will respond to the housing navigator within 2 business days to: (1) allow a re-assessment; (2) ask for more information; or (3) deny the request for a re-assessment.

- To dispute the decision of the CE Manager, please follow the grievance procedure on p. 15, infra. The grievance will be directed to the CE Manager's direct supervisor.

## **RIGHT TO REFUSAL**

Every person who is identified as experiencing a housing crisis has the right to refuse to provide consent and/or to complete the CE assessment. If a person refuses to provide consent and/or to complete the assessment, it is imperative that the agency that identified the person continue to engage and build rapport with the person in case the person later becomes comfortable with signing the ROI. Refusal to sign the ROI may limit the available housing options and resources; however, agencies can still assist the person in accessing other community services.

A person who is next in the queue for a referral to a resource also may reject a resource without it having any bearing on his/her position in the queue for the next available resource. It is up to the housing navigator to identify the reasons for the refusal so that the person can be referred to resources for which he/she is eligible and interested. The housing navigator will need to communicate with the CE team that a referral has been refused, and that the person needs to be re-added to queue.

## **PRIORITIZATION**

Prioritization for housing and support services in Nashville-Davidson County is dependent on the availability of each resource, and will be based on the following criteria:

- Score of the VISPDAT assessment
  - 1 point added for unsheltered homelessness
  - 1 point added for age 55+
  - 1 point added for CDC identified underlying medical conditions which increase a person's risk for severe illness due to COVID-19
- Length of time experiencing homelessness

Prioritization ensures that those individuals who are most vulnerable and at-risk for developing severe illness due to COVID-19 are served as quickly as possible. In line with HUD's suggested timeframe of 10 days to adjust CE prioritization, the CE team will work with the stakeholder group to determine and implement any necessary adjustments. All CE prioritization adjustments will be communicated with the Homelessness Planning Council immediately via e-mail by the HID and brought for questions and discussion to the next in-person or virtual meeting.

It is important to note that all agencies participating in CE have their own specific eligibility requirements that persons referred to them for services must meet.

## **EMERGENCY SHELTER PRIORITIZATION**

Within the Nashville-Davidson County CoC, there are large shelters that rarely turn anyone away (except in extenuating circumstances), and there are shelters that have limited numbers of beds for which they will take referrals from CE. As a result, there is prioritization for the following populations:

- Single fathers with minor children in their care
- 3rd trimester pregnancies
- Mothers who have newborns that are 0-14 days old

**Note:** This protocol can be changed as different populations and new shelters are identified.

If there is not a need in these populations, priority for admission is based on those individuals and families who are experiencing literal homelessness and who have not been able to access the other shelters.

As noted in the eligibility section, all agencies that participate in the Nashville-Davidson County CE will not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

### **MASTER LIST AND BY-NAME LIST (BNL)**

Nashville-Davidson County's HID manages the Master List and the By-Name Lists (BNL). These lists show in real time how many people are experiencing a housing crisis in Nashville-Davidson County. Each list is extracted from HMIS and has the same level of confidentiality protection of client-level data as HMIS does. HID will not distribute any of this information and lists to agencies without first requiring password protection, and assurances that recipient agency staff members have received the appropriate level of training.

The HID is responsible for management of these lists. After a household has 90 days of no contact, they will be exited as inactive under the CE Provider in HMIS and removed from the list.

#### **MASTER LIST**

The Master List contains all households with a PA entered into the CE Provider in HMIS. The Master List shows which households may be diverted or prevented from falling into the homeless shelter system and can identify those who may qualify for prevention resources.

#### **BY-NAME LIST (BNL)**

The BNL is extracted from the Master List. The BNL only contains those households who are experiencing Category 1 or Category 4 homelessness. The BNL will be utilized during the Care Coordination Meetings to help assign housing navigators and link households to housing and support services, following the prioritization protocols detailed on pp. 11-12.

- Current BNL's include Individual, Youth and Young Adult, Veteran and Family.

MPC maintains a separate but parallel DV-CE BNL with every active household that has gone through DV-CE and completed an assessment. During the assessment process, clients will be asked to sign a ROI for HID. This allows for HID to access MPC's confidential database in order to enter eligible households using only the unique identifier, contact information and number of children while maintaining survivors' confidentiality and allowing for the full range of potential referrals.

## **REFERRAL**

As noted above, to ensure uniformity in the referral process, all referrals must come from the Master and By-Name Lists using the prioritization protocol detailed on pp. 11-12.

It is important to note that all agencies receiving referrals from CE have their own eligibility requirements which each household being referred to such agencies must meet. Agencies are not permitted to screen out households based on prioritization protocol or perceived vulnerabilities.

### **REFERRAL PROCEDURE**

Agencies that accept referrals through the CE must abide by the following referral procedures:

- The CE team should respond to a referral request within 1 business day.
- The agency accepting the referral should contact the household referred within 2 business days.
- The agency accepting the referral should attempt contact at least 3 times.
  - If the agency is unable to contact a referral after at least 3 attempts, the agency will request another referral.
- If a referred household contacts an agency after the agency was unable to make contact, it is up to the agency's discretion whether they will accept the originally referred household.
  - If the agency no longer has capacity to work with the originally referred household, the agency should alert the CE team that the household needs to be put back on the referral list.

Especially high-risk cases may be immediately referred to a DV shelter for immediate placement. If there are no DV shelter beds available, the intake specialist will offer to help create a safety plan with the person. Some DV-CE cases may also be active on Nashville's High-Risk Intervention Panel (HRIP). If a client is an HRIP case, it acts as a tie-breaker for two or more clients with the same score when determining who is next in line for a housing referral. HRIP cases also may receive extra attention for DV housing referrals through the MPC.

Households fleeing domestic violence also may access DV services through the YWCA DV Hotline: 1-800-334-4628.

### **HOUSING NAVIGATOR TRAINING**

To account for staff turnover at service agencies, the HID conducts Housing Navigator (HN) trainings on a monthly basis. Recertification trainings are conducted annually for all HNs. The HN Training covers the basics of CE, the VI-SPDAT and all resources that can be accessed for those who are experiencing homelessness. DV/IPV CE trainings are conducted by the HID and participating victim service providers on a quarterly basis. The Housing Navigator Training and DV/IPV CE Training slides can be found here: <https://hmisnashville.weebly.com/navigator-resources.html>

The HID, as the current HMIS Lead for Nashville-Davidson County, also conducts HMIS training.



CE Training via HMIS are conducted by the HID on a monthly basis. To request CE Training via HMIS, Agency Administrators must submit a request for their new HNs through the HMIS Help Desk ([hmishelp@nashville.gov](mailto:hmishelp@nashville.gov)).

Site visits are conducted with all agencies actively participating in CE. A CE Process Cheat Sheet has been created to assist agencies with CE data collection and data entry policies. The cheat sheet can be found here: <https://hmisnashville.weebly.com/navigator-resources.html>

Only those individuals who have completed the HN and HMIS trainings have access to the CE Process (e.g., access to CE in HMIS, attendance at CCMs, etc.). This ensures adherence to the data management protocols outlined in the Data Management section (below).

### **CARE COORDINATION MEETINGS (CCMs)**

There are three scheduled CCMs (provider staff meetings) currently convening to address the following subpopulations: Families, Individuals (including Youth and Young Adults), and Veterans. These groups meet on a bi-weekly basis and must be attended by one representative from each agency. Immediate service needs or program vacancies that arise between meetings can be handled through emails to avoid unnecessary delays in service provisions. During these meetings, the following can occur:

- Connection to navigation services
- Updates to client cases (all updates will be recorded in HMIS)
- Identification of barriers in accessing housing and services
- Identification of emerging trends (e.g., increase in single fathers experiencing homelessness)
- Questions regarding processes
- Collaboration among homeless service providers
- Sharing of resources
- Any other client-related topics

CE staff will send out the updated, password protected BNL for each meeting at least two days prior to the scheduled meeting and will send out meeting notes once the meetings have occurred.

Each person who attends a CCM signs a sign-in sheet that notes the following for the privacy and protection of each client discussed: All person(s) who participate in the Family/Individual/Veteran Care Coordination Meetings understand that any client or situation discussed during this meeting are private and confidential and are not to be discussed outside of this meeting without prior consent and authorization given by the client.

The homeless service provider who identifies a person who is experiencing a housing crisis is responsible for initiating the connection to mainstream benefits and making sure that the person's immediate needs are met. If this homeless provider cannot serve as the person's housing navigator, it is recommended that the provider attend the CCM to provide a warm hand-off to a different provider who can assist with navigation services.

### **EXITING PERSONS FROM CE**

There are only two reasons why people should be exited from CE: either they are housed, and/or have become inactive. For more information on the inactive policy, see p.15. The exit is recorded in the CE Provider in HMIS. Additional guidance can be found in the CE Process Cheat Sheet.

### **DIVERSION/PREVENTION EXITS**

Persons identified through CE for diversion and prevention should be exited from CE when the housing situation has been stabilized.

For instance, if a person facing eviction due to rental arrears, once the arrears have been paid, the person is no longer facing eviction, and a stabilization plan is in place, the person would be exited from CE.

### **INACTIVE POLICY**

People become inactive if they have passed away; entered an institution (e.g., jail/prison, residential treatment facility) with an expected stay of 90 days or longer; or if a HN has been unable to contact them after at least three contact attempts have been made and 90 days have passed from the point of the last successful contact. All contact attempts must be documented in HMIS via a case note in the CE Provider.

### **GRIEVANCE PROCEDURE**

If there is a grievance in regard to CE, a client or a community-based organization may email [NashvilleCES@nashville.gov](mailto:NashvilleCES@nashville.gov) with the names of those involved, the best contact information for them, and a description of the grievance. The CE Manager will provide a response to the grievance within two to three business days. A grievance relating to the CE Manager will be directed to the CE Manager's direct supervisor.

This grievance procedure only applies to those organizations participating in the CE process.

Grievances regarding particular agencies must be filed according to that agency's grievance procedure.

### **NONDISCRIMINATION GRIEVANCE PROCEDURE**

If a person who is being served through CE feels that they experienced discrimination, they can appeal any decision made by the provider including but not limited to the following:

- Denial of services;
- Denial of request to add a member to the household; or,
- Termination of services after acceptance in the program

In general, providers must afford persons with a formal process outlined in their program procedures that recognizes the rights of the individuals affected. At a minimum, the required formal process must consist of:

- A written notice to the participant containing a clear statement of the reason for decision;
- Information on the how the participant can ask for a review/appeal of the decision and present written or oral objections to a person or committee other than the person who made or approved the decision;
- Inform them that they are allowed to have someone (i.e., legal aid, social worker, etc.,) present to represent them during the review/appeal at their own expense; and
- That they will receive prompt written notice of the final decision (typically no more than 30 days) after the appeal request is received.

All decisions to terminate assistance must be made in accordance with the requirements of 24 CFR 576.402. Providers must exercise judgement and consider all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases. Providers are not prohibited from providing further assistance at a later date to the same family or individual if they qualify for services based on changed circumstances.

The initial appeal of any decision shall be made to the provider pursuant to the process described above. Should the person not be satisfied with the appeal decision, he/she has the right to appeal that decision to the board of the agency, and if not resolved to the participant's satisfaction, then appeal to the entity that awarded the funding.

## **DATA MANAGEMENT**

All agencies entering data into the CE Provider in HMIS must abide by HMIS policies and procedures. The privacy protections of all participant information per the HMIS Data and Technical Standards of 24 CFR 578.7(a)(8), privacy rules associated with collection management, and reporting of client data; and all HMIS-related policies and information can be found here:

<https://hmisnashville.weebly.com/administrative-documents.html>

- CE participant information is entered into the CE Provider in HMIS. Every person who is identified, as experiencing a housing crisis will be entered into the CE Provider in HMIS once the ROI has been obtained. If an intake is completed via telephone, a verbal consent can suffice, but must be documented in HMIS until an in-person meeting is held. At that time, a written ROI must be obtained, uploaded and documented in HMIS.
- In the event that obtaining a written ROI is deemed a danger or health risk to the client or housing navigator, a verbal release can be given in place of a signed form. In this situation, the physical form with the client's name and a note that says "verbal release" needs to be uploaded.

Every person has the option of denying consent for their information to be entered into HMIS. Those cases will be addressed individually based on each agency's policy to ensure the client's information is protected and to ensure that the client is still able to access any and all resources for which he/she is eligible.

## **EVALUATION OF CE**

The Nashville Davidson County CoC conducted its first evaluation of CE beginning March 2020. Per HUD requirements, a CE evaluation will be conducted annually. The evaluation's purpose is to measure CE's functionality and effectiveness at achieving its goal of ensuring that people with the most severe service needs and highest levels of vulnerability are prioritized for housing and homeless assistance. The evaluation consisted of the following elements:

- Survey to participating provider agencies and individuals
- Survey to CE lead agency
- Facilitated feedback session with provider agencies
- Facilitated feedback session with people with lived experience
- CE data from HMIS

Future evaluations can include but will not be limited to the above elements. Information and insight gained from the evaluation will be used to update the CE Policies and Procedures Manual and create recommendations for ongoing work and improvement.

### **CE POLICIES AND PROCEDURES MANUAL EVALUATION AND REVISION**

In accordance with the evaluation, the CE Policies and Procedures Manual will be updated at least annually. The CoC General Body will have at least 30 calendar days for review and input before an updated draft of the CE Policies and Procedures Manual is presented to the Nashville-Davidson County CoC Homelessness Planning Council for final approval.

## **GLOSSARY**

### **By-Name List**

The By-Name List (BNL) is an active list of all persons, by name, in the Continuum of Care who are experiencing Category 1 and Category 4 homelessness as defined by HUD.

### **Care Coordination Meetings**

Care Coordination Meetings (CCM) are regularly convened for members of the community who are serving those experiencing homelessness to gather and discuss client cases, barriers and solutions. This space also provides the linkage to housing and support service resources.

### **Continuum of Care**

A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.<sup>4</sup>

### **Coordinated Entry (CE)**

Coordinated Entry is a process that streamlines limited housing resources and support services for those persons who are experiencing homelessness and are most in need based on current living situation and vulnerability.

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<sup>4</sup> What is a Continuum of Care from: <https://endhomelessness.org/resource/what-is-a-continuum-of-care/>.

### **Domestic Violence Survivor**

A domestic violence survivor is a person who has experienced or is experiencing a violent or aggressive behavior from a loved one.

### **Diversion**

Diversion is used when there is a housing crisis and a member of a community-based organization explores housing options with an individual or family. The goal of diversion is either to preserve an existing housing arrangement or to find an alternative one so that the individual or family may avoid staying on the streets, in a vehicle, shelter or other place not meant for human habitation. Other provisions may include arranging for them to stay with family, friends or some other appropriate ally. Diversion activities are based on a conversation that uses a strengths-based perspective to identify solutions. This includes an inventory of the individual or family's strengths as well as information about where they have been staying, how long they have been there, whether there is anywhere else they might be able to stay and what issues and circumstances might prohibit them from staying there. The client's responses to these and other questions will guide the process of linking them to housing and other needed resources.

### **Family**

A family is a household that consists of a parent and at least one minor child under the age of 18.

### **F-VI-SPDAT**

The Family Vulnerability Index and Service Prioritization Decision Assistance tool is developed and owned by OrgCode and Community Solutions. It is a tool that provides a recommendation for the type of housing intervention and support services needed for the family with minor children to resolve their homelessness.

### **Nashville-Davidson County CoC Homelessness Planning Council**

Enacted into the CoC Charter Revision on 5/17/2018, the Nashville-Davidson County Continuum of Care Homelessness Planning Council serves as the CoC Governance Board.

### **HMIS – Homeless Management Information System**

HMIS is the Nashville community database to collect information on homelessness. HMIS is currently managed by the HID as the current HMIS Lead Agency. The HMIS Advisory Committee, a committee of the Nashville Continuum of Care (CoC) Governance Board, provides oversight and non-binding strategic advice to the management and implementation of HMIS to the CoC Governance Board. HMIS is used to collect data from partner agencies as required by federal state and local funders including funding from the Department of Housing and Urban Development (HUD). Additionally, HMIS is used to collect data required for the local Nashville-Davidson County CE. HMIS enables service providers to collect uniform client information over time. HMIS is essential to streamlining client services and informing public policy decisions aimed at addressing and ending homelessness at local, state and federal levels. Through HMIS, households experiencing homelessness benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to systems planning. The client ultimately retains ownership of any identifiable client-level information stored within HMIS. All data provided by the client, then, ultimately "belong" to the client. The HMIS Lead Agency and partner agencies are jointly responsible for ensuring the HMIS data processing capabilities, including the collection,

maintenance, use, disclosure, transmission or destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. HMIS will contain client information that may be subject to the privacy and security protections and requirement of federal HMIS Standards, HIPAA Privacy Rule, other law and local HMIS privacy and security policies and procedures. *Questions regarding the Nashville-Davidson County's HMIS can be directed to the HMIS Help Desk at [hmishelp@nashville.gov](mailto:hmishelp@nashville.gov).*

### **Housing Crisis**

A housing crisis is anything that can jeopardize, or has jeopardized, a person's stable housing. A few examples are currently staying in an emergency shelter, DV shelter, or on the streets/car; residing in a motel/hotel and cannot continue to reside there due to lack of funds; or facing eviction for where a person is currently living.

### **Housing First**

Housing first is a housing approach that quickly connects those experiencing homelessness to permanent housing without barriers to entry. Supportive services are offered within this approach to help the person stabilize in housing and to prevent returns to homelessness.

### **Imminent Risk as defined by HUD [Category 2]**

Persons who will imminently lose their primary nighttime residence, provided that: i) residence will be lost within 14 days of the date of application for homeless assistance ii) no subsequent residence has been identified; and iii) the person lacks the resources or support networks needed to obtain other permanent housing.

### **Literal Homelessness as defined by HUD [Category 1]**

Being literally homeless is defined by HUD as a person whose primary nighttime residence is the streets, a shelter or a place not meant for human habitation. If a person is exiting an institution within 90 days of being admitted and they entered that institution as literally homeless, they also are identified as being literally homeless.

### **HUD [Category 4]**

Any individual or family who is fleeing or attempting to flee domestic violence; has no other residence and lacks the resources or support networks to obtain other permanent housing.

### **Mainstream Resources**

Mainstream resources are services such as Medicaid, Food Stamps, Supplemental Security Income (SSI), etc. These resources are available to people irrespective of housing status.

### **Master List**

The Master List is a live active list of all persons, by name, in the Continuum of Care who are experiencing a housing crisis.

### **Prevention**

Prevention is used when there is a housing crisis and an individual or family who are facing an eviction or some other crisis are able to maintain their current housing arrangement through additional assistance, monetary or otherwise. A community-based organization, for example, might work with the family or individual to raise funds for rent owed or to help them reconcile with their

landlord. Another example of prevention would be when a young person has a disagreement with a parent with whom they are living and the conflict is resolved through mediation or some other intervention. For example, a young person may be asked to leave within 14 days unless they are able to monetarily pay for where they are staying. As with diversion, beneficiaries of prevention services may still need to be linked to other resources as needed.

### **TAY-VI-SPDAT**

The Transition Age Youth Vulnerability Index and Service Prioritization Decision Assistance tool, also referred to as the Next Step Tool, is developed and owned by OrgCode and Community Solutions. It is a tool that provides a recommendation on the type of housing intervention and support services needed for the young adult, ages 18-24, to resolve his/her homelessness.

### **VI-SPDAT**

The Vulnerability Index and Service Prioritization Decision Assistance Tool is developed and owned by OrgCode and Community Solutions. It is a tool that provides a recommendation on the type of housing intervention and support services needed for the individual to resolve his/her homelessness.

### **Youth and Young Adults**

Youth and Young Adults (YYA) are those individuals in the age range of 18-24.

## **APPENDIX**

### **KEY ROLES AND FUNCTIONS**

- **CE MANAGER**— responsible for administrative duties such as:
  - Pulling the Master List and filtering for the By-Name List (BNL) by sub-population on a bi-weekly basis.
  - Facilitating subpopulation-specific bi-weekly care coordination meetings (CCM)
  - Providing direction or facilitation of trainings for CE
  - Conducting quarterly meetings with CE coordinator positions to identify gaps in services
  - Other tasks as deemed appropriate
- **CE SPECIAL PROJECTS COORDINATOR**
  - Work as part of the team to build an effective CE process for the Nashville-Davidson County CoC meeting federal requirements
  - Create and update information material about CE process on a regular basis
  - Support the work of the CE Manager
- **CE COORDINATOR** – responsible for in-reach/outreach to large shelter providers in the community and other tasks as identified below:
  - Basic Housing Navigation tasks as deemed necessary
  - Assist with CE Trainings and facilitation of CE specific meetings
  - Data Entry into HMIS of new persons experiencing a housing crisis
  - Participation in quarterly CE-grant funded position meetings with CE Manager
  - Identification of service gaps and areas of improvement in the process of CE for the community

- Offer guidance and assistance to their fellow community providers as needed
- Participate in Care Coordination Meetings
  
- CE TEAM – includes CE Manager, CE Special Projects Coordinator and CE Coordinator
  
- OUTREACH STAFF – responsible for identifying new persons who are experiencing a housing crisis. Once identified the outreach staff will acquire a signed ROI from the person and enter him/her into the CE process in HMIS.
  
- FAMILY INTAKE STAFF – enter preliminary data elements on families having a housing crisis into HMIS after receiving a verbal consent from families.
  
- HOUSING NAVIGATORS – responsible for working with persons who have been identified as literally homeless to acquire needed housing documentation and work with the person to identify a housing plan and connection to mainstream benefits/services as needed. Housing Navigators will be responsible for obtaining a written ROI, uploading it in HMIS, collecting any remaining information as needed in HMIS and conducting a VI-SPDAT once a person identifies housing as a goal.