

Monthly Report: June 2021



This report contains two sections. Section A will contain new information while Section B will focus on updates of standing sections that you will see repeated in the monthly reports. This way, you will continue to find consistent messaging throughout this report without having to go back to older reports. This report is based on available data from May 2021.

Section A:

Vaccination Milestone Achieved

Submitted by Brian Haile, Neighborhood Health. Brian has been the lead agency to help coordinate efforts in encampments.

Nashville is now **the first city in the nation** to ensure that 100% of people experiencing homelessness got real access to the COVID-19 vaccine. Metro Nashville Public Health and Metro Homeless Impact Division championed the coalition of 19 organizations across Nashville to ensure 100% of persons experiencing homelessness had the chance to get a COVID-19 vaccination by Memorial Day 2021. Because of everyone's hard work and commitment, Nashville accomplished this goal ahead of time. Most importantly, we achieved a vaccination rate among persons experiencing homelessness that appears to be higher than the general adult population in Music City. Our efforts certainly continue: we are vaccinating more persons experiencing homelessness and all Nashvillians every day.

Metro Public Health issued a press release earlier today, and we [posted](#) a brief analysis explain the context and the factors that led to our collective success. I am also attaching this for your reference. We are particularly grateful to each partner in this effort, including:



Nashville-Davidson County Continuum of Care: Housing Plan Overview

The following community efforts, which are currently underway, are supported by Metro government. We believe we need to allow for these housing-focused efforts to gain traction and evaluate their efficacy over the long-term. To do so, we encourage community partners to participate in the Homeless Management Information System and adopt a person-centered and housing-focused approach.

- Street 2 Home: Coordinated Street Outreach:
 - Coordinate among the 45-50 full time outreach workers in our community to ensure street outreach is provided across Davidson County to meet people where they are

- Set standards for street outreach to ensure people experiencing homelessness (PEH) can expect aligned services (this effort is driven by street outreach provider agencies)
- Increase efficiency in services and measuring outcomes by utilizing the Homeless Management Information System (HMIS) in street outreach
- Establish a Mobile Housing Navigation pilot (see more in below)
- Landlord Engagement Coordination:
 - Bring together a dozen nonprofit organizations that have a position designated to search for landlords, improve and implement a landlord engagement plan, and coordinate landlord outreach efforts
 - Establish a Landlord Risk Mitigation Fund to include:
 - A rent bridge that pays for up to two months in rent (capped at \$2,000) to ensure landlords hold units that were vacated
 - Pay for up to \$1,000 in damages on top of security deposits
 - Provide a landlord phone line to work with landlords to mitigate on issues that may arise and avoid evictions
 - Work on a sign-up bonus for the up to 500 housing vouchers that will be available between May 2021 and May 2022
 - Work with faith leaders to reach out to more landlord
- Housing Initiative Supports:
 - Hold regular Housing Workgroup meetings with provider agencies that implement Rapid Re-Housing and Permanent Supportive Housing programs
 - Ensure trainings of best-practice models are provided and create a space for agencies to ask questions
- Resource Development:
 - Work to utilize the 500 housing subsidies (see landlord engagement above)
 - Work within the health sector to identify opportunities for ongoing support services for the up to 500 housing vouchers over the next year:
 - 100 vouchers are at MDHA through the CARES Act dollars (in the process of distributing those)
 - 198 emergency housing vouchers (EHVs) made available through the American Rescue Plan (ARP)
 - Up to 216 Section 8 set aside vouchers through a partnership between MDHA and the Metro Homeless Impact Division (up to 18 per month), which will be ongoing
 - VASH vouchers for veterans
 - Shelter Plus Care vouchers
 - Work with the healthcare community to identify ongoing support services to go along with the 500 housing voucher subsidies (if not already available)
 - Metro's Permanent Supportive Housing project (81 units)

Racial Equity

The Continuum of Care Diversity and Equity Committee continues to make progress on two main projects:

1. The Racial Equity Resource Webpage Current Status
 - a. The final slate of resources has been decided and the committee empowered the subgroup to move forward with uploading them to the Weebly websites (www.mhidsnashville.weebly.com)
 - b. A process for community members to submit resource ideas has been created and added to the draft site.
 - c. A draft of the site content can be found here: https://docs.google.com/document/d/1wWGjvy71tnDldw01_TtB7wxiXwhxxq_Pp8UUN8a2JMI/edit?usp=sharing
2. Training Opportunities
 - a. The committee determined to start with two separate fall trainings to engage different audiences
 - i. One for front line staff, committee members, Homelessness Planning Council members, etc. – The broader community
 - ii. A second for CoC funded agency Executive Directors and Board Members – This will include a panel of foundations who are moving to requirements that promote greater racial equity.
 - b. Both trainings have an ideal timeframe of occurring in the fall 2021
 - c. Funding Sources Needed
 - d. Potential Speakers
 - i. Speaker options were identified and their fees, availability, and interest are being explored.
 - d. Next Steps- all are underway with different committee members assigned.
 - i. Define Budget
 - ii. Set Date
 - iii. Secure Location – potentially Catholic Charities
 - iv. Reach out to potential speakers
 - v. Reach out to foundations for Executive/Board Member training

The HUD Equity Demo group also continues to move their work forward with a firmly defined SMARTE Aim and beginning assignments for different action steps.

Personal Stories

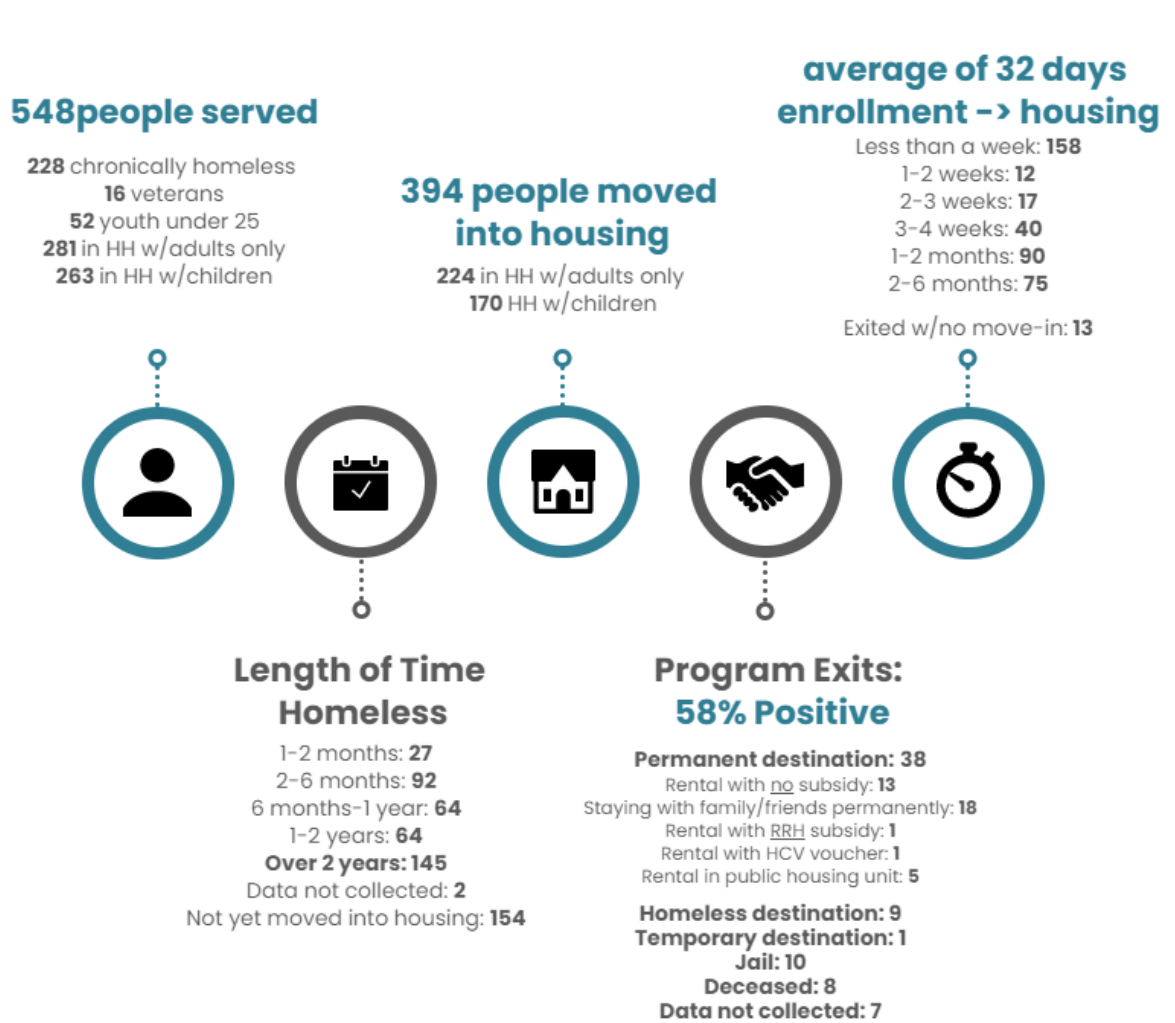
Submitted by Joseph Parker, MHID:

A gentleman experiencing homelessness who nearly lost his life due to car wreck, transferred from the mission to the Fairgrounds shelter. When he initially arrived, he wore a neck brace and trouble walking due to the injuries he sustained. He was given transportation to and from needed medical appointments during his rehabilitation process. As he began to get better, he would fill out applications for employment due to his experience in construction. The doctors have now removed his neck brace and he has gained employment at 40 hrs a week. He is currently awaiting housing approval at a local apartment complex and thanks MSS for all the assistance provided with transportation as well as shelter during his rehabilitation. He hopes to be housed in a couple weeks and looks forward to what the future has in store.

Housing Surge Update: Emergency Solutions Grant – COVID (ESG-CV)

Nashville community provider together set a goal to house 400 people experiencing homelessness between October 2020 and December 2021 through the Emergency Solutions Grant – COVID dollars.

As of June 21, 2021: 548 people have been served through the ESG-CV Rapid-ReHousing programs. Of those, 394 people obtained permanent housing.



The CARES Act, which provided Nashville with the ESG-CV dollars allowed for permanent housing efforts under a program called Rapid Re-Housing (RRH). RRH pays for up to one year in rental assistance and support services. Each household enters their own lease. Referrals to the RRH programs are made through the community’s Coordinated Entry (CE) process. Most nonprofit agencies who work with Nashville’s homeless population participate in CE and the ones who do not, know how to refer to a nonprofit who participates in CE.

Coordinated Entry (CE) is a system-wide approach that serves to assess all persons experiencing a housing crisis to help identify, prioritize, and connect them with the appropriate housing and support service resources as quickly as possible.

In other words, people access housing resources available for people experiencing homelessness through partner agencies (a list of agencies is provided online <https://mhidnashville.weebly.com/hmis.html>)

Resources to assist households experiencing homelessness are still limited. Therefore, the community is following a prioritization approach that focuses on the most vulnerable people first. Other households are referred to mainstream resources while providers continue to assist them.

For more information about Nashville’s Coordinated Entry process, visit <https://mhidnashville.weebly.com/coordinated-entry.html>

The Metro Homeless Impact Division manages the CE process on behalf of the community. Our staff is holding multiple weekly meetings with community providers to work through the CE process. Coordinated Entry is a federal requirement and to ensure Nashville-Davidson County continues to receive certain federal dollars, our community providers continuously strive to improve the process.

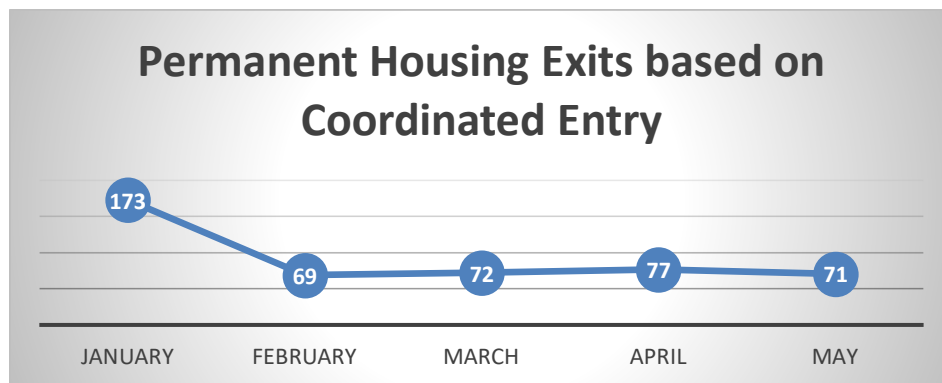
Section B:

Online Information

The Metro Homeless Impact Division (MHID) has created a Website with information pertaining to the Continuum of Care: <https://mhidnashville.weebly.com/>. This page contains information about the Homeless Management Information System (HMIS), Coordinated Entry (CE), and the Landlord Engagement project.

Housing Placement Rate

This information is based on data collected in the Coordinated Entry process. Please remember, our Continuum of Care depends on service providers to enter data consistently and accurately for all populations encountered and served. MHID provides ongoing community trainings to improve and maintain data quality standards.



HMIS Report

HMIS information is available online at <https://mhidnashville.weebly.com/>.

The Homeless Impact Division’s HMIS Team created a separate HMIS report. We believe it is imperative that the Homelessness Planning Council understands what data our community is collecting, what data HMIS is capable of collecting, and where we are in the data collection process. Please review the separate report. By doing so, you will familiarize yourself with the current state of the data quality and data completeness of HMIS.

The quality of data depends on improving the following:

1. Have an adequately staffed HMIS Lead Team of 4 FTE, which will be achieved during FY22/23 thanks to the support of the Mayor’s Office and Metro Council.
2. Continue to train HMIS end users. HMIS is the community’s database and its correct implementation and application is the responsibility of the entire Continuum of Care. The HMIS Lead Agency assists the community in that process.
3. Continue our partnership with Nashville Rescue Mission to include their emergency shelter data in HMIS. The Homeless Impact Division is ready to receive that data. Without this data, the Nashville-Davidson County CoC HMIS data for individuals and families will not be able reflect the realities in our community.

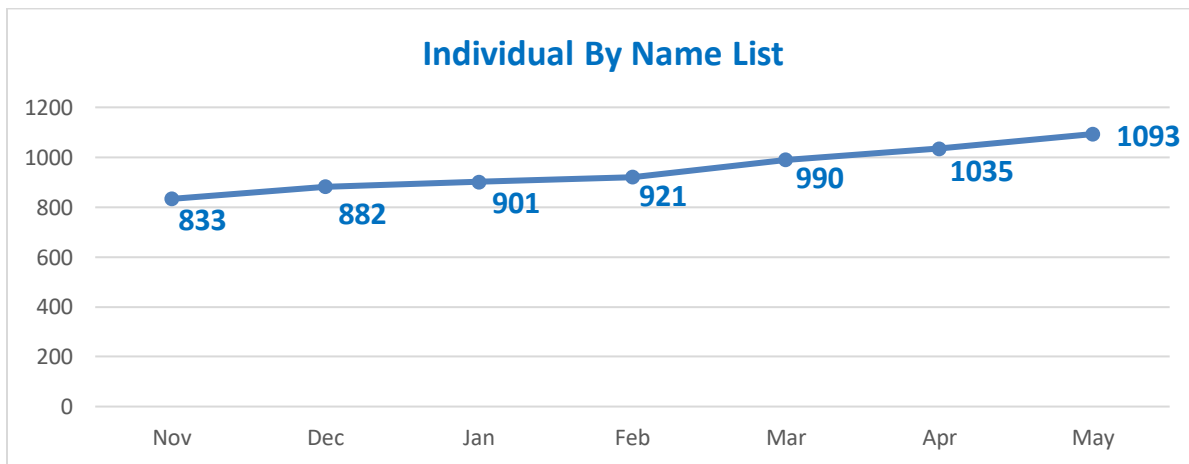
Under the guidance of our stellar HMIS team our community has been able to significantly improve the functionality of HMIS. With this year’s ability to safely share data among participating partners, Nashville is on the right track, but not quite there yet when it comes to producing an unduplicated annualized number of people experiencing homelessness. We continue to focus on our work with shelter and outreach providers.

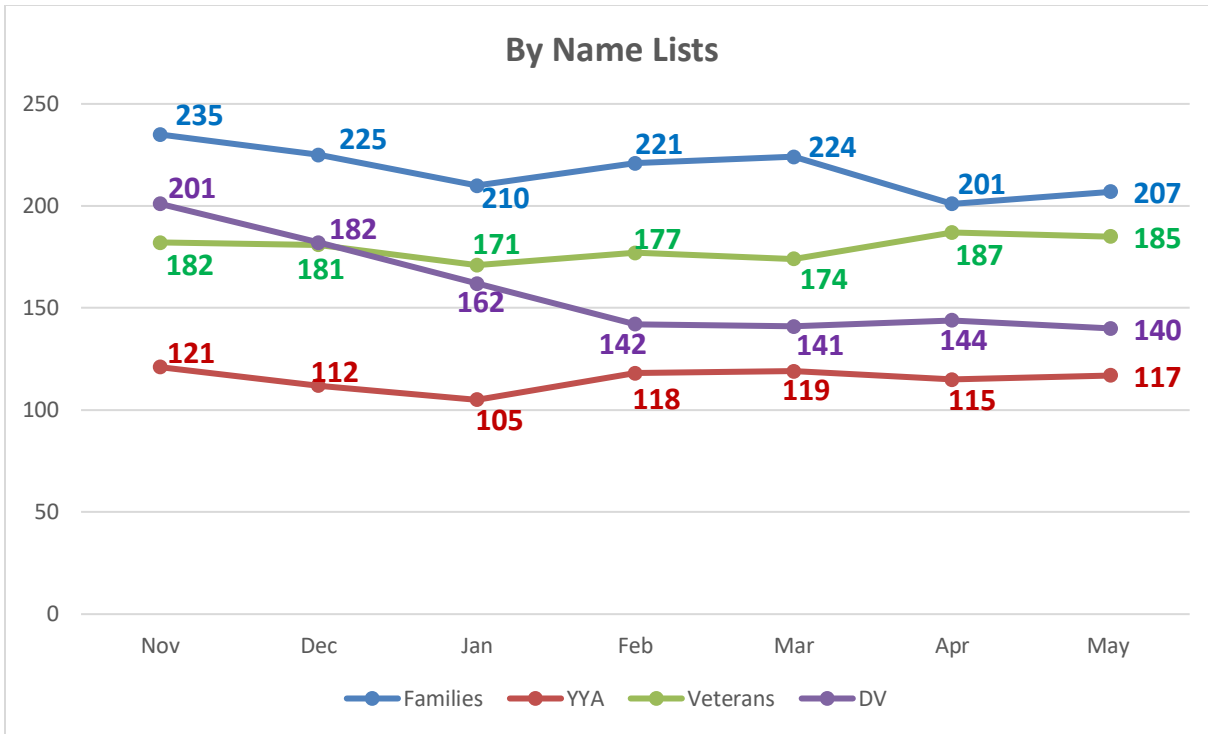
By Name Lists

While the Homeless Impact Division is keeping track of four By Name Lists (BNLs) for Veterans, Youth and Young Adults, Families with minor children, and Individuals, we are currently most confident in the quality of the BNLs for Veterans and the Youth and Young Adults. The Homeless Impact Division team is working with Domestic Violence (DV) providers on their BNL. We will keep including them in this report (thank you to the Mary Parrish Center for providing that data).

We are presenting the Individual By Name List (BNL) separately. The increase in the BNL does not demonstrate an increase in homelessness. Rather, it shows the increase in data collection. Data is entered by participating nonprofit organizations. It is extremely important that agencies serving people participate in the Homeless Management Information System (HMIS).

When utilized correctly, HMIS is our community’s tool to increase efficiency in services, linking people experiencing homelessness to the right intervention and housing quicker. In addition, HMIS provides accountability and allows our community to determine what works, where gaps in services are, and where future investments should occur.





The following BNLs provide more detailed information of the different populations: Youth and Young Adults (YYA), Individuals, Veterans, Families, and Domestic Violence (DV)/Intimate Partner Violence (IPV).

	Nov	Dec	Jan	Feb	Mar	Apr	May
How many YYA are on the BNL at the end of the month?	121	112	105	118	119	115	117
How many YYA were housed?	9	27	28	14	15	20	5
What was the average length of time from identification to housing?	94 days	125 days	146 days	86 days	124 days	112 days	120 days
How many new YYA were added to the BNL?	16	23	25	21	19	22	6
How many previously housed YYA were added to the BNL?	2	1	0	3	3	2	0
How many previously inactive YYA were added to the BNL?	5	6	5	5	4	3	2
What was the total BNL inflow?	23	30	30	29	26	27	8

Individual BNL

How many individuals on the BNL at the end of the month?

How many individuals were housed?

What was the average length of time from identification to housing?

What was the total BNL inflow?

833	882	901	921	990	1035	1093
48	97	145	45	54	44	57
214 days	186 days	218 days	136 days	174 days	154 days	203 days
132	205	204	151	166	191	154

Nov Dec Jan Feb Mar Apr May

Veterans BNL

How many Veterans are on the BNL at the end of the month?

How many Veterans were housed?

What was the average length of time from identification to housing?

How many Veterans met the chronic definition?

How many have experienced long-term homelessness?

How many Veterans were exited from HMIS due to inactivity, housing, or death?

What was the total BNL inflow?

182	181	171	177	174	187	185
19	13	24	19	14	14	21
228 days	198 days	298 days	251 days	260 days	177 days	203 days
40	44	46	50	49	60	58
22	23	38	35	35	34	30
26	13	13	18	11	13	7
36	29	31	30	16	43	25

Family BNL

How many families are on the BNL at the end of the month?
 How many families were housed?
 What was the average length of time from identification to housing?
 How many new families were added to the BNL?
 How many previously housed families were added to the BNL?
 How many previously inactive families were added to the BNL?
 What was the total family BNL inflow?

	Nov	Dec	Jan	Feb	Mar	Apr	May
How many families are on the BNL at the end of the month?	235	225	210	221	224	201	207
How many families were housed?	30	40	28	25	18	33	14
What was the average length of time from identification to housing?	97 days	128 days	119 days	129 days	171 days	158 days	125 days
How many new families were added to the BNL?	27	34	36	35	32	28	23
How many previously housed families were added to the BNL?	0	5	2	2	5	1	2
How many previously inactive families were added to the BNL?	6	3	2	3	6	2	6
What was the total family BNL inflow?	33	41	40	40	43	31	31

DV BNL

How many DV/IPV Survivor households are on the BNL at the end of the month?
 How many DV/IPV survivor households were housed?
 What was the average length of time from identification to housing?
 How many DV/IPV survivors met the chronic definition?
 How many DV/IPV survivors on the DV-CE BNL are active on the High-Risk

	Nov	Dec	Jan	Feb	Mar	Apr	May
How many DV/IPV Survivor households are on the BNL at the end of the month?	201	182	162	142	141	144	140
How many DV/IPV survivor households were housed?	21	37	29	21	18	10	12
What was the average length of time from identification to housing?	133 Days	176 days	122 days	167 days	192 days	246 days	196 days
How many DV/IPV survivors met the chronic definition?	36	30	30	32	26	29	29
How many DV/IPV survivors on the DV-CE BNL are active on the High-Risk	16	15	14	12	22	26	25

Intervention Panel (HRIP)?							
How many DV/IPV survivors were exited from HMIS due to inactivity, housing, or death?	15	23	12	16	9	8	13
What was the total # of assessments completed?	28	28	28	25	24	24	28
What was the total BNL inflow?	27	28	27	24	24	24	28

This concludes our monthly report. If you would like additional information and/or have questions regarding building an effective Housing Crisis Resolution System to address homelessness in Nashville-Davidson County, please email Judith Tackett, the director of the Homeless Impact Division, at judith.tackett@nashville.gov

Glossary

By Name List (BNL) - A real-time up, up-to-date list of all people experiencing homelessness, which can be filtered by categories and shared across agencies. In essence, this provides a regular census of how many people have been identified as experiencing homelessness in Nashville. Our community is working on these lists constantly. We do not feel we have the capacity quite yet to produce quality lists for all populations.

Collaborative Applicant - The organization that is designated by the CoC to collect and submit the CoC Registration, CoC Consolidated Application, and apply for CoC planning funds on behalf of the CoC during the CoC Program Competition. More information is available at hudexchange.info.

Continuum of Care (CoC) - A regional or local planning body that coordinates housing and services funding for individuals, families, and unaccompanied youth experiencing homelessness. A CoC creates a collaborative community effort that provides a strategic systems approach that focuses on connecting people to housing and services to end their homelessness.

Coordinated Entry (CE) – A system-wide approach that serves to assess all persons experiencing a housing crisis to help identify, prioritize, and connect them with the appropriate housing and support service resources as quickly as possible.

Emergency Solutions Grants (ESG) - A program to assist individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG provides grants by formula to states, metropolitan cities, urban counties, and U.S. Territories to support homelessness prevention, emergency shelter, transitional housing, and Rapid Re-Housing.

Emergency Solutions Grants – COVID (ESG-CV) - Nashville has received a total of \$10 million in Emergency Solutions Grant (ESG) funding as part of its CARES dollars to address COVID-19 (ESG-CV grants). These funds are designated to respond to homelessness. They are one-time funds and are exponentially higher than the usual annual ESG allocations, which was \$450,000 for 2020. In addition to the \$10 million, the U.S. Department of Housing and Urban Development (HUD) provided Nashville with free technical assistance and has assigned Heather Dillashaw of ICF (icf.com) as our local consultant to use the COVID-19 allocations to improve our Housing Crisis Resolution System.

The goal is to house 400+ families with Rapid Re-Housing funds. Nonprofit partners have applied for the ESG-CV grants, which are managed locally by MDHA. The grants will pay up to one year in rent assistance to individuals and some families. Rapid Re-Housing is a program that also pays for support services once people obtained housing. The goal is to increase income for people, so they can maintain their housing long-term. In addition, Metro, MDHA, and ICF are working with community partners to develop a process that will link people with ongoing rent subsidies whenever possible. Approximately a dozen partner agencies are also coordinating their housing searches to ensure our community has housing available for people. As part of that process, our community is focusing on utilizing motels as efficiency housing. Landlords, including motels, must be willing to enter one-year leases with options for renewal. **Any landlord or motel/hotel owners willing to receive more information can contact Deon Trotter at deon.trotter@nashville.gov.**

Homeless Management Information System (HMIS) - a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families experiencing or at-risk of homelessness. It is used as a tool to evaluate people's needs and assist them more effectively, avoiding duplication of services. To make HMIS functional and effective, our community recently took the first steps to allow agencies to share data within HMIS.

Homelessness Planning Council – a 25-member board that serves as the Continuum of Care's governance board. It was created in July 2018 to unify our community's efforts to build an effective Housing Crisis Resolution System (HCRS). The board's official name is the Nashville-Davidson County Continuum of Care Homelessness Planning Council and it is anchored within Metro government through BL2018-1199. Members consist of 8 mayoral appointees, 3 Council members appointed by the Vice Mayor, and 14 board members elected by the Continuum of Care general membership.

Housing Crisis Resolution System (HCRS) – A community system that includes all types of programs from prevention/diversion, emergency and temporary interventions to permanent housing solutions. An effective Housing Crisis Resolution System focuses on identifying people in a housing crisis as early as possible and connects them with housing and needed supports as quickly as possible. In Davidson County, the current goal is to house people in an average of 90 days or less.

Point In Time (PIT) Count – A one-night count conducted within the last 10 days of January of people meeting the Literal Homelessness definition. The PIT Count should be used as part of a data set including data from HMIS, the local school system, and other data sources to provide a full picture of homelessness in a community.

Rapid Re-Housing - provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person.

VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) – is a triage tool in form of a self-reported survey to determine risk and prioritization when providing assistance to homeless and at-risk of homeless individuals, families, and youth. It allows to determine the appropriate housing intervention based on vulnerability determinants.
