

2011 Successes and Areas of Enhancement in support of the Ten Year Plan

I. Areas that Worked Well in 2011

A. Organizational Structure

- Continued to implement effective business practices for staff and Commission
 - Transitioned Metropolitan Homelessness Commission (MHC) to Metro Social Services from MDHA
 - Created Policy/Governance Committee with clear job descriptions and duties
- Enlisted active, engaged Commissioners
 - Engaged Mayor's Office in appointing new commissioners
 - Met with Commissioners to secure commitment

B. Program Development

- SOAR (SSI/SSDI Outreach Access and Recovery)
 - Served over 320 clients since inception generating more than \$6.1 million in funding
- Housing First (permanent housing with wrap-around case management)
 - Housed 34 clients (92 total clients received wrap-around case management since program inception on April 1, 2006)
 - Shown \$2,649,165 in ROI since program inception
- Room In The Inn Guest House / Day Center
 - Provided 30,000 beds for individuals to become sober; provided food and shelter on a 24-hour basis to individuals undergoing alcohol and drug treatment
- Vulnerable Veterans Program
 - Provided permanent housing with case management to 15 veterans who were connected to their VA benefits
- Go Teach (Mentor Program)
 - Recruited five (5) Adopt a Unit churches and One (1) Go Teach church
- Landlord Campaign
 - Established relationships with 37 landlords
 - Counted 57 available Housing First units (as of 12/9/11)
- Vulnerability Index (VI)

Operational and Budget Impact for FY 2011/2012

**these items make up the FY2011/12 budget*

I. Areas that Worked Well in 2011

A. Organizational Structure (operational impact)

Clear policies and procedures are important in creating clear goals and focus for the Commission as it enters the last four years of the Ten Year Plan to end chronic homelessness and reduce overall homelessness.

It also allowed us to actively engage Commissioners. Starting in January 2012, MHC has six new commissioners.

B. Program Development (budget impact)

**\$173,000 for outreach/case management*

**\$357,300 for wrap-around case management*

**\$350,000 for detox & drop-in center at Room In The Inn*

\$70,000 for case management and VASH vouchers (total value of \$60,000)

Adopt A Unit furnishes and provides household goods while Go Teach churches mentor a Housing First client.

These are low-income rental units at an annual cost of \$6,000. (However, we need to secure a total of \$342,000 to access these available units)

53% or 506 of the 951 homeless individuals listed on the VI are considered medically vulnerable.

C. Funds Development / Awareness Campaign

- The Key Alliance (TKA) Messaging and Branding
 - MHC partners with TKA, which was created by MHC in 2009 to garner support from the private sector to fulfill the goals of the Ten Year Plan
- Organized the inaugural Run for the Homeless, a 5K run/walk benefitting Housing First
- Started renewal of the Adopt A Meter sponsorships, a program placing refurbished parking meters for cash donations in high foot-traffic areas throughout Downtown Nashville
- Held three successful Project Homeless Connect events since inception (in the planning phases for the fourth event scheduled for March 28, 2012)
- Continued implementation of Communications Plan
 - Received regular media coverage
 - Continued newsletter and monthly outreach to all audiences
 - Invited to speaking engagements through Speaker's Bureau
 - Continued with clear messaging & supported community partners with community awareness

D. Planning & Coordination

- Continued to provide planning & coordination services
- Supported MDHA with the purchase and rollout of a new HMIS (Homeless Management Information System) – New System Rollout and agency training
- Developed an Emergency Homeless Shelter Plan – in partnership with OEM and homeless service providers
- Supported MDHA's annual point-in-time homeless count
- Accomplished the goals as laid out in the Strategic Planning update of the Ten Year Plan (the strategic planning took place in summer of 2010)
- Expanded working relationship with Section 8 Office and local Housing Authority (Metropolitan Development and Housing Authority)

C. Funds Dev. /Awareness Campaign

Funds development and public awareness run mostly under our nonprofit partner, The Key Alliance, which is becoming a recognized name.

300 runners participated. Revenue was \$15,000, raising a net profit of \$8,000 for Housing First.

The program has generated more than \$25,000 in revenue since inception in fall of 2010. A sponsorship costs \$1,000 per donation meter.

In 2010, 1,500 homeless guests received over 10,000 services from 71 agencies with the help of 700 volunteers

We received at least 50 days of media coverage in 2011 with a 100% pick-up rate of our press releases. We continue to work hard to increase our audience. Our current newsletter distribution is over 4,000 individuals. We created a social media campaign including Facebook (625 friends) and Twitter (562 followers).

D. Planning & Coordination

**\$474,000 in total operational costs*

MHC contributed \$61,000 for the purchase of a new system.

As the lead agency, MHC coordinates communications & needs to fill gaps.

Lent staff support to organize the count.

Provided organizational focus and set priorities.

Continuing our working relationship with the local Section 8 Office resulted in our access to 3 Shelter Plus Care vouchers, 15 VASH Vouchers, and a reduction housing inspection time for our Housing First Program.

II. Areas that need Enhancements and/or Improvements:

A. Organizational Structure

- Adhere to MSS policies and procedures
- Complete commissioner orientation
- Schedule regular committee meetings throughout 2012
- Generate more fiscal resources to take programs to scale
- Need more staff capacity to address planning and coordination in the areas of employment, prevention, aftercare, and healthcare
- Finalize a government contract between MSS, MHC and The Key Alliance

B. Program Development

- Take program successes to full scale
 - SOAR outreach workers
 - Housing First - rent subsidy & case management dollars
 - Vulnerable Veterans Program -case management dollars
 - Guest House & Day Center
- Launch a rent subsidy fundraising campaign and define specific goals for that campaign
- Access more housing vouchers – Section 8, Shelter Plus Care, VASH, HOPWA
- Pilot an Employment Initiative (complete the formula for success: Housing + Case Management + **Income** = Reduction in Homelessness)
- Support MDHA to move HMIS toward an open system

C. Funds Development / Awareness Campaign

- Set and reach private fundraising goals –
 - Through The Key Alliance
 - Support for Camilla Caldwell Fund

D. Planning & Coordination

- Work on improving access to Healthcare for homeless
- Help understand the local homeless situation through communication and research (includes support of HMIS and Homeless Count)
- Be involved in the coordination of federal dollars (i.e. CoC, ESG, HOWPA, Vouchers)
- Continue implementation of Ten Year Plan – Funding
- Coordination with the MSS Homeless Unit

II. Areas that need Enhancements

A. Organizational Structure

*Task will be done by the MHC Governance Committee.
To be completed in the first quarter of 2012.*

Determine what a full-scale program looks like.

An estimated \$203,000 in salaries is needed to hire coordinators in these four areas.

This contract will create the continued ability to secure private dollars in support of the Ten Year Plan.

B. Program Development

Develop a budget for FY 2013/14 that will take SOAR, Housing First and Vulnerable Veterans programs to full scale.

Help promote RITI as a one-stop center.

This requires a commitment from MDHA.

Develop program plan including budget and staffing

Budget allocation will be required.

C. Funds Development / Awareness

Raise resources for Housing First through TKA & prevention (Camilla Caldwell Fund).

D. Planning & Coordination

Requires another staff position.

Continue our partnerships with service providers to get at local numbers.

Requires a strong partnership with MDHA.

Identify & secure funding sources.

Establish a partnership with MSS to address prevention and aftercare initiatives.