

Public Comments Regarding Proposed Changes to the CE Policies & Procedures Manual

Comment #1

1. Page 11 should say “Continuum of Care Standards of Care” instead of “Written Standards”.

2. Section IV. Access

First of all, the formatting should have a colon after the Roman numerals. The same with sections V and VI. I didn't check the others.

3. More importantly, can you add language in the access section about case managers meeting people where they are to do the CE intake? The “no wrong door” language still implies that they have to come knock on a closed door to get access to services. We need to change the way we do business and stop treating these people like they're such a burden. I'm talking about adding aspirational language about the CE teams actually going to them in their camps or on the street to get them into the system and keep them progressing through it.

I found it incredibly difficult to get a case manager out to camps in South and North Nashville. After asking several nonprofit partners, Chelsea with The Salvation Army was the only one who came out with physical paperwork (no tablets?) to input the campers with the VI-SPDAT. I've said it at numerous committee meetings just like I said that we should enter people into HMIS at the emergency shelter and everyone in the meetings said “no, they're tired and cold” but I'm happy to see we're doing it now.

These people don't have easy access to transportation to get to appointments. The bus passes get lost or stolen. The CE policy should at least mention how these transportation issues will be handled (if we're going to keep requiring them to come to us) to ensure the most vulnerable people don't continue to fall through the cracks. The people that have been trained as access point staff are not getting out to the most vulnerable people to perform the assessments. For example, Roger only had one foot and then a few winters later he lost the other. He wasn't pushing his wheelchair from the parks and under bridges all the way to meetings easily. This document should address that and I am continually surprised that nobody who does this stuff for a living has mentioned it yet.

I'm sure there are more issues, but I only have five minutes to go through this stuff. I can't do it all for you guys. You need to change your mindset if we are going to change the trajectory of this crisis.

Comment #2

Page 17 “* The CE Lead reserves the right to reevaluate and change protocols as new high-risk populations are identified and/or new resources become available. These changes should be disclosed at the following CE Oversight Committee and an opportunity for public comment should be provided.”

- I don't think this is appropriate. What kind of protocols is this referring to? Since the CE Lead is meant to facilitate the CE process on behalf of the community, this sentence feels like it gives an inappropriate amount of power to the CE Lead. I recommend instead that the CE Oversight Committee be responsible for making decisions on new needed prioritization protocol. Recommendations for amendments could of course be made by the CE Lead to the Oversight committee for consideration.

Encampments should ABSOLUTELY NOT be listed as a priority pool for the limited resources that flow through Coordinated Entry.

There should be some sort of outlined expectation for how long it should take for the CE lead to produce referrals to agencies that have identified vacancies in a project. It seems that there has been inconsistency with timeframes for this and in some cases, providers have experienced compliance issues from lengthy delays. Is there a national best practice that we can look at to help define this?

For the sake of consistency with other local policies and procedure documents, instead of listing “OHS” by name it should say the “CE Lead” where appropriate throughout the document.

The System Access Options section reads a little confusing. It starts with the “no wrong door” phrase but then lists 4 specific access points that don't seem comprehensive. I think that by changing #4 to read “walk-in hours at any participating CE agency” (or something like that) makes it more clear.

Take or leave this, but I think somewhere early on it could be helpful to specify that CE data entry in HMIS is simply used as a local coordination tool. CE data isn't reportable to HUD and isn't data that helps us clearly understand the story of homelessness in Nashville. For that reason, the community benefits from also collecting project level data in addition to just CE entry. Maybe this would fit as a section 3 on page 11/12

Page 17 #2 “Length of time homeless”. I feel like this could use a sentence to clarify how it is used in prioritization.

I could have missed this, but I think there needs to be mention of removal of a user or agency from access to CE if there are breaches in protocol. Specifically, for years there have been rumors and/or evidence that people are fraudulently entering VI-SPDAT answers to get their

clients higher on the list. There needs to be a documented process for actions to be taken in this instance.

“Interim Housing - A housing option intended to help stabilize and support those exiting encampments and prepare them for permanent housing, in accordance with the Outdoor Homelessness Strategy.”

- I don't like this phrase... have you seen this phrase in other documents? I think that we should call things what they are. If encampment residents are displaced and end up in a shelter, it should be called a shelter ect. In recent conversations about Old Tent City, this phrase, in my opinion, muddies the understanding about housing destinations. It's being said that “107 people were housed” when 81 of them are at Rodeway inn, which is classified in HMIS as a shelter... because it is a shelter.

Comment #3

I would like to advocate that individuals with medical conditions and comorbidities be added to the list of high-risk groups for special prioritization. I know that the VI-SPDAT adds one point if an individual has disabling condition(s), but it does not account for people having multiple conditions that are exacerbated by homelessness and, often times, patients are denied treatment if they don't have a permanent home where they can recover. Thank you.

Comment #4

B. PRIORITY POOLS Priority Pools are used to facilitate the Nashville CE Process. They are created using data from the BNL and relevant Interest Lists applicable for specific housing and supportive services resources. 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 Prioritization Protocol: 1. Priority Scores are determined based on the following: VI-SPDAT Assessment Score + Criteria Below

- 1 point added for disabling conditions,
- 1 point added for unsheltered homelessness, and
- 1 point added for age 55+ 2. Length of Time Experiencing Homelessness

PUBLIC COMMENT: The SWOP Committee, of which I am a member, has been discussing people with high medical vulnerabilities. To that end, a question was raised on addressing the need to add an additional point to their VI-SPDAT Assessment. As the VI-SPDAT is reassessed, I would suggest creating questions that include assessing a person's medical vulnerability and adding an additional point to the above criteria based on vulnerabilities disclosed. Sometimes people aren't sure if they have a “medical vulnerability” or know how/when to disclose that information. It would be helpful to get advice from groups like the National Healthcare for the Homeless Council on how to

best frame/ask the questions in the VI-SPDAT to try and ensure the most accurate response.

* The CE Lead reserves the right to reevaluate and change protocols as new high-risk populations are identified and/or new resources become available. These changes should be disclosed at the following CE Oversight Committee and an opportunity for public comment should be provided.

PUBLIC COMMENT: This language needs to be stronger to ensure more input from the general membership so that the CE lead is not making a decision in a vacuum without the input of the broader service provider community- to help ensure transparency and equity in resource allocation. Instead of these changes should be disclosed, state: “these changes must be disclosed...” Further, instead of an opportunity for public comment should be provided, state: “an opportunity for public comment will be provided.”

2. Encampment Prioritization Based on the Nashville-Davidson County Outdoor Homeless Strategy, CE considers individuals residing in encampments as high priority households. Individuals identified and included in the encampment closure BNL will be prioritized for available community resources. Existing CE prioritization protocol will remain for those residing in encampments that have not been prioritized for closure.

PUBLIC COMMENT: Encampments should be removed as a special prioritization. The Outdoor Homeless Strategy remains far too vague as is the process for selecting said encampments for our limited CE resources to go to encampments. Until more intensive collaboration, communication, and transparency comes from OHS who is implementing said strategy, these resources should be prioritized elsewhere. It is not equitable that a person residing in an encampment slated for closure should be prioritized for shelter at Rodeway or transitional housing at Wallace Studios (which was never announced widely as an option for folks) simply because they are in the geographic location being closed. There are people with far more pressing vulnerabilities who do not live in that camp who should be up for housing. That makes this process feel more like you have to be “in the right place at the right time.” A person’s individual assessment is what should be used for their priority into housing, not the geographic location where they reside.

OHS never shared the BNL that was created for closing Old Tent City. If I am reading the previous definition given on page 16 of what a BNL list is and the purpose it serves, then not sharing the BNL created goes against CE protocol. Our organization attended every camp coordination meeting that was held (which did not begin until a month after the closure notices were distributed) and the list was never shared in those meetings. To have that list kept private, made it extremely difficult to advocate for folks, assess options, and know who of our clients were going where, etc. And as a community we have no way of knowing who may have been missed. There are also no clear protocols for how the “list” works. Who from that list was offered housing options first, second, last? It also does not adequately take into account the transient nature of homelessness. There are certainly long term residents who stay in encampments, but there are others who are not. Why do they not get to go on the list and have the same access to the

resources being offered? The BNL should absolutely be shared in the event of a camp closure.

The outdoor strategy, also sometimes referred to as a housing surge, should ONLY be implemented because the camp is being closed by an outside entity. A housing surge should not occur in order to close the camp. Meaning, everything else possible has been done to prevent the camp from closing. The strategy should also ONLY be implemented when new PSH has been brought online to support a large closure and influx of people into shelters/transitional housing. If we implement this outdoor strategy without the PERMANENT housing to support it, then we are simply taking a camp and moving it inside. Transitional housing and emergency shelters are certainly interim strategies that exist when PSH is not immediately available, but so is stabilizing in place outdoors. The National Alliance to End Homelessness did a report on interim strategies last year and stabilizing in place within self supported encampments is a strategy they list. Also, and this has been said before by Dr. Beth Shinn when she was a member of the Homelessness Planning Council, but prioritizing camps prioritizes white people. Data shows that more of the white population reside in camps than do people of color. This means as a community we are inequitably offering resources and services as people of color experience homelessness at a disproportionate rate to their white counterparts. Keeping encampments as a CE special priority means we are not equitably using our resources. Our system cannot be used to implement inequitable practices.

Comment #5

Not to be dramatic but I think this is the most important document in Nashville right now. Because encampment closures have been incredibly destabilizing to our CoC, it feels clear to me that language in this document is out of alignment with the community's priorities. I think ultimately, some of these things could require some community conversation/input.

Currently reads- "Encampment Prioritization

Based on the Nashville-Davidson County Outdoor Homeless Strategy, CE considers individuals residing in encampments as high priority households. Individuals identified and included in the encampment closure BNL will be prioritized for available community resources. Existing CE prioritization protocol will remain for those residing in encampments that have not been prioritized for closure."

Background and concerns:

- To prioritize encampments for limited resources is to prioritize white people over people of color. It has been shown repeatedly through national research that BIPOC folks tend to choose shelter over encampments for a variety of reasons (including

personal safety). For that reason, to prioritize camps for housing resources is to prioritize white people for housing resources.

- This encampment language was added to the document based on Stacy Horn Koch's recommendations during a time of transition and turmoil in the CoC. It was approved before the creation of the CE Oversight committee and followed a more rushed and narrow process than used previously to update this document. This process limited community feedback and/or community awareness that this update would drastically alter how our CoC's limited CE resources are dispersed.

- Each time OHS closes an encampment, there is community discord, tension, crisis, trust breakdown, etc. To me, this demonstrates that the language here is out of alignment with what the community sees as a priority for CE resources. At minimum, more process language needs to be created regarding encampment closures as it pertains to the use of CE resources.

- The Outdoor Homeless Strategy (although revised locally since) derives from Houston's encampment strategy. Houston has vastly more dedicated housing resources and only implements a camp closure when housing for all encampment residents has been identified. In Nashville, because dedicated housing for encampment residents is not the first phase of an encampment closure, it's

incredibly important for this document to clearly reflect the community's wishes about how the CE lead can or cannot utilize CE resources during camp closures.

- This singular section in the P&P gives OHS (as the CE Lead) unrestricted authority to use limited CE resources to close camps. The CE lead is meant to facilitate the CE process on the CoC's behalf, not the other way around. We have the power as a CoC to determine how we want the CE Lead to utilize our limited resources.

My recommendation is to completely remove this language and instead, create a process for collaborating as a community when camp closures are inevitable.

In removing this section, a new section would need to be added to address the Outdoor Homelessness Strategy. There will inevitably still be instances when camps must close (action from state agencies, the Mayor's office, development/construction). In those instances, it's necessary to define when and how the CE Lead can tap into CE resources as part of the process.

This would mean that if we say the CE lead cannot use CE resources to close a camp, and they decide they still want to, then it would also be their sole responsibility to generate new resources to house/support folks so that it doesn't drain the pot of CE resources.

Process language recs:

- Anytime there is a suspected camp closure coming, the CE Oversight Committee should be engaged immediately. They should have the authority to decide when and how CE resources can or cannot be utilized for camp closures.

- The BNL for camp closures SHOULD NOT be secret. How are outreach workers and case managers supposed to know who to help and advocate for, or who to get housing documents together for?

- Camp closures should be required to utilize the case conferencing model. I've heard that "confidentiality of camp residents" is the primary reason that it is not happening. We case conference other individuals who have signed the proper Releases of Information so why would this be different? These meetings would not be open to the public. Like normal case conferencing, this would only include relevant case managers. If an additional confidentiality agreement needs to be created beyond what's in place to make this happen, then let's make one.

-The CE P&P needs to include more language that ties the Outdoor Homeless Strategy to the CE process. How are the two documents related? Does one have authority over the other? My thought is that the Outdoor Homelessness strategy would fall under the umbrella of the CE P&P.

Comment #6

To whom it may concern:

Thank you for the opportunity to address Nashville-Davidson County Continuum of Care's proposed updates on the Coordinated Entry Policies & Procedures Manual. We write in support of the manual with ideas for growth. The Coordinated Entry Policies & Procedures Manual details the incredible work of the Nashville-Davidson County Continuum of Care and provides actionable steps to continue assisting residents of Davidson County.

This comment is submitted on behalf of the Eviction Right to Counsel (ERTC) program at the Legal Aid Society of Middle Tennessee & the Cumberland (Legal Aid Society). Our nonprofit law firm covers a 48- county service area in Middle Tennessee. Our mission is to advance, defend, and enforce the legal rights of low-income and vulnerable people in order to secure for them the basic necessities of life. The ERTC team comprises housing attorneys, advocates, and support staff specializing in representing clients facing eviction in Nashville. Our program is funded by Metro Nashville City Council and carried out alongside partnering nonprofit organizations. In the past year, our coalition has represented and advised hundreds of clients who live in public housing and in properties receiving other forms of assistance, many of whom were at risk of homelessness or had previously experienced homelessness.

Public and subsidized housing are priority areas of representation for our attorneys when considering where to focus the limited resources of our program. We also

prioritize cases involving tenants who have recently experienced homelessness or who are at risk of homelessness. As such, Legal Aid Society and the ERTC Program have a unique perspective on housing administration in our community.

As is explained further below, ERTC commends Nashville-Davidson County Continuum of Care's (CoC) work in assisting many of these vulnerable clients and also urges the CoC to expand the homeless definition, clarify the Coordinated Entry process, and provide transparency or revise the high-risk population prioritization.

I. The CoC Should Focus on Reducing Entries into Homelessness by Expanding the Homeless Definition to Include ESG Category 2: Imminent Risk of Homelessness

The Coordinated Entry system is currently set up to be an individual's first point of contact when experiencing homelessness. While this is beneficial to those individuals, it does not help prevent homelessness. Often, individuals are aware of impending homelessness, but they cannot plan since the Coordinated Entry system will only assist with individuals already facing homelessness.

The Coordinated Entry system states that one of its goals is to "[reduce] entries into homelessness by: consistently seeking upstream prevention and diversion resources, with the goal of limiting the number of people entering the system unnecessarily." Draft Manual at 3. However, this goal is hindered by the CoC's policy to only assist individuals who are experiencing ESG Categories 1 or 4. Draft Manual at 9.

To address this mismatch, the Manual should be amended at pages 9-11 to allow services to individuals and families in HUD Category 2: Imminent Risk of Homelessness. This category includes:

An individual or family who will imminently lose their primary nighttime residence, provided that:

- i. The primary nighttime 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 individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

24 C.F.R. § 578.3.

Legal Aid Society routinely assists clients facing eviction. When we are unable to facilitate a settlement or prevail at trial, the client often must move out of the property within a specified time. Our clients know what date they must leave, and

if they have alternate housing plans or if they will be facing homelessness. If we could connect our clients with Coordinated Entry at this point in their housing case, then they could avoid a stint of homelessness while being connected to resources. Instead of becoming homeless in order to access CoC resources, they could have a plan that protects them from the uncertainty and lack of safety surrounding homelessness. In short, the CoC could help prevent homelessness.

Further, once a client is already experiencing homelessness, their stability and access to resources diminishes. This makes it harder for them to utilize the Coordinated Entry system.

The CoC may be worried that including another category will overly burden the system; however, the opposite will occur. Individuals in ESG Category 2 are often already calling the Coordinated Entry line since it is advertised as a system that prevents homelessness. These individuals go through the entire intake process only to be denied and told to call back when they become the categorically correct type of homeless. Then, once those individuals do indeed become unhoused, without any resources or ability to know where to go, they must go through a second intake to be connected to resources. Screening these individuals for resources the first time would reduce the number of intakes.

Further, the eviction prevention work that Legal Aid Society does with the community demonstrates the financial impact that preventative measures – rather than reactive measures – can have on the community. In February 2025, Stout released its [“Independent Evaluation of the Eviction Right to Counsel Pilot Program in Davidson County.”](#) In its report, “Stout estimates that ERTC generated a total financial return Clarksville · Columbia · Cookeville · Gallatin · Murfreesboro · Nashville · Oak Ridge · Tullahoma of \$5.10 for every dollar invested. Approximately \$2.50 of this return is fiscal impact that could be directly realized by Davidson County.” Report at 2.

The financial return is due in part to the prevention of homelessness. Specifically, “Stout estimates that 567 households in Davidson County avoided disruptive displacement [...] due to ERTC.” Report at 15. If it were not for Legal Aid Society’s preventative measures, “42% of these households would have likely experienced homelessness.” Id.

Unfortunately, Legal Aid Society is unable to prevent every eviction. However, attorneys are often able to assess when homelessness will occur, and we can negotiate extra time for our clients to vacate the property. During this crucial time, clients are conducting extensive housing searches, often to no avail. If we were able to direct them to Coordinated Entry as soon as we make the determination that they will need to vacate the property within 14 days, then for many households we could further avoid or shorten periods of homelessness, even for clients whose evictions we cannot prevent.

Like Legal Aid Society, the CoC could realize a substantial return on investment by including ESG Category 2 in its pipeline and ensuring that individuals do not have to enter destabilizing and unsafe conditions to access help.

Plainly, the CoC cannot prevent homelessness if individuals must already be homeless prior to accessing services. At Coordinated Entry's current functioning level, it can only be used after the fact.

II. The CoC Should Clarify the Process to Users to Ensure Understanding

Coordinated Entry is a beneficial and sophisticated process to ensure that individuals are getting streamlined and professional assistance. However, individuals utilizing the system are often going through the most stressful time of their lives. They are experiencing instability and may not have access to typical resources such as phone services or transportation. These individuals also may have Limited English Proficiency or other disabilities that prevent them from utilizing CE to its fullest extent. The CoC should make changes to ensure that its process is designed with this in mind.

A. Clarification Should be Provided Regarding No Contact Policies

The CoC has systems in place for when it is unable to make consistent contact with individuals requesting assistance. While these procedures may be necessary to ensure efficiency within the program, every effort must also be made to contact these individuals and that these individuals can receive help even after a period of no-contact.

First, in Section VII.F. – Engagement & Enrollment, discussing referrals to different agencies, the CoC policies state that “the agency accepting the referral should attempt contact the household at least 3 times.” The requirement to attempt contact at least three times is a good policy because it recognizes that not everyone is easily reachable.

However, the CoC should go one step further and specify in the Manual that contacts should be attempted via different methods. The second paragraph of Section VII.F should be updated as follows (also correcting typos in the first sentence):

The agency accepting the referral should attempt to contact the household at least 3 times. Wherever possible, one attempt should be verbal (e.g., phone call) and one should be written (preferably text message). If the agency...

This ensures that individuals can access the referral system even if they are unable to speak on the phone or have limited literacy or Limited English Proficiency.

Second, in Section VI.A. – By-Name List, discussing when a case is closed after no-contact, the Manual states, “If a household has 90 days or more of no contact or update in HMIS, they will be exited from CE in HMIS and removed from the BNL. Once a client is removed from the BNL due to inactivity, they are no longer eligible to receive any type of CE resource.” Manual at 17.

It is understandable that the CoC must close out a case due to no-contact; however, if an individual reaches out after the 90-day limit, they should not be barred from receiving assistance. The Manual should specify that after 90-days, if the individual reaches back out, they should be directed to go through the CE process again to access resources. This can be accomplished by amending the final sentence of Section VI.A as follows: “Once a client is removed from the BNL due to inactivity, they are no longer eligible to receive any type of CE resource **and should be directed to restart the CE intake process if they contact a provider again.**”

While this is likely the current practice, it should also be put into writing. Individuals facing homelessness often lack access to stable communication. If an unhoused individual loses their phone, they are essentially losing all means of accessing help. So, grace should be given to individuals who reach out after 90 days. They should be assured that they can still receive resources for which they may be eligible; they just need to call the CE line again.

It is understandable that processes need to be in place for when individuals do not respond to agencies. However, due to the nature and symptoms of homelessness, processes should also be in place to ensure that every effort is made to reach these vulnerable individuals and that they can receive assistance at any necessary point.

B. Updated In Person Intake Lists Should be Regularly Provided

Individuals facing homelessness often have limited access to technology and transportation. This makes reliable, in-person Coordinated Entry locations extremely vital, and we are thankful that the CoC places an emphasis on ensuring this availability. However, it is often unclear and difficult to find out the time and location that these Coordinated Entry intakes may occur.

Legal Aid Society often refers our clients to the in-person, walk-in locations for more direct assistance, as we often have clients that do not have access to a working phone or are unable to reach Coordinated Entry intake specialists via the phone due to high call volume. However, we are

only able to send clients to the locations that we are aware of through word of mouth and outreach, and we often have no way of knowing if the service will be available at the time and location that we are providing. If individuals have limited access to transportation, they could be using extensive resources to access these services, and it would be an extreme hinderance to homelessness prevention if it was a fruitless trip.

Legal Aid Society and Davidson County residents who may need to use the Coordinated Entry system would greatly benefit from regular, real-time updates about when Coordinated Entry services are provided in person. We understand that locations are sometimes unable to do Coordinated Entry screenings as planned and need to change times or locations, but this makes it imperative that up-to-date lists are managed. This should include walk-in locations that specialize in domestic violence and veterans' assistance as well as locations that are more accessible to seniors and individuals with disabilities.

To best ensure that vulnerable populations can access the assistance they need through the Coordinated Entry system, the CoC should provide monthly updates on where and when individuals can go in-person to complete an intake, with real-time updates when organizations must unexpectedly close or limit services. This can be completed through the existing CoC listserv, a text message alert system, social media, or ideally posting on a specific website. We estimate that it would take less than 10 minutes a day to provide updates, but it could save unhoused individuals extensive time and money on unnecessary trips.

C. CE Applicants Should be Provided Clear Guidance and Resources

Too often, individuals are thrust into homelessness without warning. Legal Aid Society sees clients who never got notice of the eviction until one day a sheriff shows up to remove them and their belongings from their home. The panic that sets in is immediate, and the stress it causes leads to a plethora of other issues. This is all to say, that individuals calling the Coordinated Entry line are usually extremely stressed and unable to focus on one thing.

We appreciate that the Coordinated Entry intake specialists receive trauma-informed training and hope that it is continued. This is necessary training to ensure that intake specialists can handle these stressful situations. We also recognize that the CoC is currently reworking the vulnerability assessment to create a more dynamic tool that better reflects the Nashville-Davidson County community and its needs. The current vulnerability assessment contains a scoring system and algorithm that

does not efficiently serve individuals who are going through this stressful time.

To continue providing better assistance to these individuals, **the Manual should be edited to require that every individual going through the Coordinated Entry system leaves with written guidance documenting what they spoke to the specialist about, the resources that were provided, and what their next steps are.**

Legal Aid Society often has clients report to us that they called the Coordinated Entry line, received the same resources that Legal Aid Society already provided, and don't know what they're supposed to do next. Even if the next step is just to wait for a referral call, each applicant should be given a piece of paper informing them of the timeline, and if there is a point of contact for them going forward.

For example, a Legal Aid client who has leukemia and is actively fleeing domestic violence went to a Coordinated Entry provider just this past week. After waiting more than two hours, she was turned away. She told Legal Aid that she was provided no assistance and no referrals. We would like to help her try again to access Coordinated Entry but have no way to tell why she was turned away or what she needs to do next. A staff member may have attempted to provide her some of this information, but she did not retain it, and we do not know how best to assist her now.

As trauma-informed service providers, we know that individuals facing trauma such as homelessness find it harder to remember important details. It is our job to bridge this memory gap and provide them with written information that they can rely on. This can also reduce the number of no-contact Coordinated Entry terminations that occur because applicants will know who they need to call and when. It should also reduce the number of individuals who erroneously attempt multiple entries into the Coordinated Entry system, as participants will have written records showing what they have already completed.

By (1) diversifying efforts to contact applicants and ensuring they know they can receive help after no contact periods, (2) providing up-to-date information about in-person Coordinated Entry locations, and (3) summarizing for applicants in writing after their intake what was discussed, giving them resources, and informing them of the next steps, the Coordinated Entry system will be better designed to assist individuals that are experiencing one of the most stressful times of their lives.

III. The CoC Should Provide Transparency or Revise the Definition of ‘High-Risk Population’

Due to the limited resources available for these kinds of services, CoC prioritizes certain households to receive assistance. While categorization is understandable, the established categories lack transparency. Absent proof that these categories are appropriate, the CoC should reevaluate and change the current prioritization.

One high-risk group that Coordinated Entry prioritizes is “single fathers with minor children in their care.” While taking care of minor children is appropriate, the failure to include and prioritize other parents with minor children while prioritizing men in the same situation is problematic and facially discriminatory. This discriminatory language exposes the CoC and the Office of Homeless Services to potential litigation for violation of the Equal Protection clause.

First, this verbiage does not recognize the existence of nonbinary or transgender parents. Nonbinary and transgender individuals are more likely to experience homelessness than their cisgender counterparts. The CoC should prioritize assisting this vulnerable group, not erase them.

Second, as to giving men preferential treatment over women, the CoC might argue that women already have access to shelters. This fails to reflect the reality that many women’s shelters are limited to survivors of domestic violence. Moreover, all shelters serving women are often full and operating on waiting lists. And even when those shelters have space, they do not necessarily provide access to the types of long-term supports that are available through Coordinated Entry. Women and nonbinary parents of minor children deserve the same access to resources as their male counterparts.

The prioritization should also include domestic violence survivors. Legal Aid prioritizes survivors of domestic violence due to the housing instability that often comes along with facing abuse. Additionally, domestic violence survivors often lack access to resources due to abuse. As stated, shelters are often full and limited to female survivors, which overlooks the reality that men, nonbinary individuals, and transgender individuals also face domestic violence. Recently, a single mother of six and domestic violence survivor reached out the Coordinated Entry line. Unfortunately, due to lack of prioritization, she was given the same resources that Legal Aid Society already provided for her.

The Manual should revise its prioritization to include gender-neutral verbiage and domestic violence survivors. All single

parents should be prioritized when it comes to keeping children housed. At a minimum, the CoC should provide all parents of minor children access to services when the shelters that could otherwise assist them are full. All survivors of domestic violence should also be prioritized when it comes to protecting individuals from abuse.

If the CoC fails to revise its prioritization, then it should include more transparency on why single mothers were not included. This includes, but is not limited to, producing the study that recommends excluding single mothers and any other protocols surrounding how prioritization is determined.

IV. Concluding Remarks

The Eviction Right to Counsel Program at the Legal Aid Society of Middle Tennessee and the Cumberland is committed to providing legal services to those who are in the most need. Our experience with clients who utilize the Coordinated Entry system and our commitment to preventing homelessness gives us a unique perspective on the Nashville-Davidson County's Continuum of Care Coordinated Entry Policies. We hope that these commendations and recommendations will be taken into consideration in the development of this Manual as we all seek to improve the housing environment in Davidson County by decreasing and preventing homelessness.

Thank you for the opportunity to comment on the policies and for your consideration of our suggestions. We again would like to voice our support of the Continuum of Care's continued commitment to address homelessness for our community

Comment #7

1. I commend the committee for their work to update and improve this document.
2. My main concern is the missing emphasis on a critical objective of the CE process, which is matching individuals with the appropriate level of support, alongside housing:
 - a. CE plays a critical role in ensuring that individuals who receive housing vouchers are also connected to the appropriate level of supportive services—such as those offered through RRH or PSH—to promote long-term housing stability and prevent returns to homelessness. CE is not simply a mechanism to fill vacancies or move people into the first available housing unit. Rather, it is a needs-based, strategic matching system designed to ensure that housing and services are aligned with each individual's vulnerabilities, service needs, and preferences.

- b. The most appropriate candidates for vouchers paired with a Housing First PSH-level of support are individuals with significant vulnerabilities, including chronic illness, mental health and substance use disorders, and physical disabilities. For these individuals, housing without the necessary services is often insufficient. CE should therefore include a clear pathway for people matched with a voucher to also be offered housing units that come with PSH-level services when their level of need justifies it.
 - c. CE accomplishes this through a standardized and comprehensive assessment of housing and service needs, prioritization of the most vulnerable for the most intensive supports, and strong collaboration with service providers. By connecting people to the right level of care—whether RRH or PSH—CE helps ensure that individuals are not only housed but supported in sustaining that housing. This targeted approach not only improves individual outcomes but also increases the efficiency and effectiveness of resource use and can significantly shorten the path to stable, permanent housing.
 - d. Balancing individual choice with appropriate resource matching is essential. While CE respects participant preferences and aims to incorporate their input into the referral process, it also has a responsibility to ensure that high-need individuals are matched with interventions that can best support their long-term success. A voucher offered without services to someone with significant barriers may lead to housing instability and a cycle of repeated homelessness. Instead, CE must use data, collaboration, and careful assessment to match individuals with the interventions that will give them the greatest chance of stability and recovery—ultimately achieving better outcomes for individuals and for the system as a whole.
3. Relatedly, I noted repeated use of the term “enter” permanent housing without mention of retention. Retaining housing is not only a goal of RRH and PSH, but also a goal of CE itself. It is not just about getting people into housing but offering them the best chance of success.
4. Finally, unilateral prioritization by city government of individuals in encampments scheduled for closure—outside of the established CE protocols—undermines the integrity of a collaborative, data-driven system. It is inappropriate because it circumvents the agreed-upon prioritization criteria rooted in vulnerability and need, not political expediency. It is non-collaborative because it excludes CE partners and oversight structures from decision-making, and it breaks down trust by falsely suggesting that such prioritization aligns with CE policy when no such language exists in the Outdoor Homeless Strategy. This approach erodes transparency, damages community partnerships, and risks misallocating limited housing resources away from those most in need.