Approved: TBD

Coordinated Entry Lead:
Metropolitan Government of
Nashville & Davidson County
Office of Homeless Services

Nashville-Davidson County Continuum of Care

Coordinated Entry
Policies & Procedures Manual

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SECTION I: INTRODUCTION

A. PURPOSE & GOALS

Coordinated Entry (CE) is a shared community-wide intake process intended to match all people experiencing homelessness with available community resources that are best able to help them enter permanent housing. The U.S. Department of Housing and Urban Development (HUD) requires each Continuum of Care (CoC) to establish and operate a coordinated entry process. CE is designed to make local homelessness response systems more efficient, while ensuring fair and easy access to resources for everyone experiencing homelessness in the community. CE processes are intended to help communities allocate housing and stabilization resources using focused interventions that are proven to end homelessness. CE also provides information to the CoC and other stakeholders about service needs and gaps to help strategically allocate current resources and identify the need for additional resources.

The primary purpose of CE is to ensure that people with the most severe service needs and highest vulnerability levels are prioritized for housing resources and homeless assistance. The process is designed to facilitate rapid entry into the housing crisis resolution system and exit into permanent housing. The ultimate goal of CE is to secure housing for those experiencing literal homelessness.

The Nashville-Davidson County Coordinated Entry process is designed to 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 supportive services as quickly as possible, thus reducing the amount of time people spend moving from program to program before finding the right service.
2. Reducing entries into homelessness by:
    a. Consistently seeking upstream prevention and diversion resources, with the goal of limiting the number of people entering the system unnecessarily.
    b. Providing the right type of housing and services based on need, with the goal of limiting returns to homelessness.
3. Improving data collection and quality by collecting accurate information on assistance types that individuals/families may need, ensuring accurate performance tracking, and allowing for in-depth system-level data analysis, interpretation, and continuous process improvement.

This manual establishes standardized CE policies and procedures for the Nashville-Davidson CoC. Developed using HUD guidance and input from local organizations,

this manual focuses on CE standards and housing resource prioritization to support efforts to end homelessness in Nashville. It documents the community's implementation of HUD CE requirements and outlines both current and evolving processes.

Questions regarding this manual or Nashville-Davidson County's Coordinated Entry System can be directed to CEHelp@nashville.gov

B. BACKGROUND

The Continuum of Care (CoC) is a federal grant program created by the U.S. Department of Housing and Urban Development (HUD) to promote community-wide commitment to the goal of ending homelessness, increase access and utilization of homeless services, and distribute funding to support and quickly rehouse people experiencing homelessness. Continua of Care are assigned to specific geographic regions across the country for which their allocated resources and local planning body are designated to serve. The TN-504 CoC exclusively covers Nashville and Davidson County, Tennessee. The mission of Nashville's CoC is to create a collaborative community-based process and approach to planning and managing effective homeless assistance resources and programs. The CoC is made up of an array of community partners working hand-in-hand to support a housing crisis resolution system that strives to effectively end homelessness for all people in Nashville and Davidson County. A critical piece of having a functioning housing crisis resolution system is the CE process.

Nashville-Davidson County's CoC utilizes goals set forth by the U.S. Interagency Council on Homelessness (USICH) as a foundational building block for developing a robust Coordinated Entry System. In 2013, under the leadership of the Metro Homeless Impact Division (now referred to as the Metro Office of Homeless Services) 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 utilize 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.

Provisions in the CoC Program Interim Rule 24 CFR 578.7(a)(8) require that CoC and recipients of HUD CoC Program and HUD Emergency Solutions Grants (ESG) Program funding establish a centralized or coordinated assessment system. Per the requirements established in the Interim Rule, the CoC's Coordinated Entry process must:

1. Cover the entire geographic area claimed by the CoC;
2. Be easily accessed by individuals and families seeking housing or services;
3. Be well-advertised;
4. Include a comprehensive and standardized assessment tool;

5. Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
6. Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

The CoC and ESG Program Interim Rules use the terms "centralized or coordinated assessment" and "centralized or coordinated assessment system;" however, HUD and its Federal partners have begun to use the terms "coordinated entry" and "coordinated entry process." "Centralized or coordinated assessment system" remains the legal term but, for purposes of consistency with phrasing used in other Federal guidance and in HUD's other written materials, these written standards use the term "coordinated entry" ("CE") or "coordinated entry system" ("CES").

C. GUIDING PRINCIPLES

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

The following principles 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 people 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.
- Consistently utilize a common database to evaluate and analyze needs and gaps in services.

ROLES & RESPONSIBILITIES

A. COORDINATED ENTRY SYSTEM LEAD

The CE Lead manages CE operations and administrative functions, including staffing and managing budget and grant requirements. The CE Lead has the following responsibilities:

- Facilitate the local CE process.
- Expand participation of services providers in CE.

- Maintain CE policies and procedures for review and approval by the CE Oversight Committee.
- Ensure that CE is administered in compliance with requirements prescribed by HUD as well as local priorities.
- Conduct and coordinate necessary CE trainings.
- Provide technical assistance as necessary related to CE.
- Coordinate and support operations related to CE implementation.
- Undertake additional duties as outlined in an operational agreement between the HPC and the CE Lead.

The Office of Homeless Services is currently designated as the CE System Lead for the Nashville-Davidson County Continuum of Care. The Office of Homeless Services is also the lead agency for managing and administering the community's Homeless Management Infromation System (HMIS) and serving as the Collaborative Applicant, responsible for submitting the community's response to CoC funding opportunities issued by HUD and provide relevant operational, staffing, and administrative support to the CoC.

B. COORDINATED ENTRY PARTICIPATING AGENCIES

All programs funded through CoC and/or Emergency Solutions Grant (ESG) are required to participate in CE. The CoC aims to have all homeless assistance projects participating in its CE process and works with all local projects and funders in its geographic area to facilitate their participation in CE. Agencies that participate in the Nashville-Davidson County HMIS may be granted access to CE to further the reach of CE assessments and referrals.

Participating agencies are expected to contribute to the CE System 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 any known and anticipated upcoming vacancies to the CE lead in a timely manner to facilitate prompt referrals and reduce vacancy rates
- 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
- 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.

1. **CE Assessor Training**

   The CE Resource & Referral training series covers access, assessment, prioritization, referrals, and resources offered through CE. CE Resource & Referral trainings are virtual, self-paced, and required of all new HMIS users in order to enter clients on to CE Housing Interest Lists and to attend weekly CCMs. Annual recertification trainings are required for all authorized HMIS users in order to continue accessing CE resources.

   The CE Resource and Referral Training is available to anyone. Requests must be submitted to the CE Help Desk (cehelp@nashville.gov) and will be assigned via email through RISE.

C. COORDINATED ENTRY OVERSIGHT COMMITTEE

The Coordinated Entry Oversight Committee was established as a standing committee of the CoC in June 2024. The committee is responsible for recommending policy guidance for the Homelessness Planning Council and CE Lead on issues related to the implementation of the CE process. The committee provides ongoing support and guidance to the designated CE lead. The committee will help update the CE policies and procedures manual, on an annual basis, help determine community priorities for the CE process, ensure adherence to national CE best practices, and will participate in creating solutions to evolving CE needs. The CE committee will be responsible for creating and implementing an annual evaluation of the CE lead and reporting its findings to the CoC General Membership and Homelessness Planning Council (HPC) for consideration.

II. OVERVIEW OF THE COORDINATED ENTRY PROCESS

CE is a process developed to ensure that all people experiencing homelessness have access to resources and are identified, assessed, and referred and/or connected to housing assistance based on prioritization and resource availability. It is important to note that CE is a process, not a program, and is dependent on the availability of community resources and effective coordination among organizations participating in the process.

The CE process is centered on the following four key elements:

- **Access –** How those experiencing homelessness can connect with the CE process through access points in the community.

- **Assessment –** The process of collecting information from individuals entering CE using a standardized tool to evaluate their needs and prioritize assistance for those experiencing homelessness.
- **Prioritization –** The protocol for determining when households are prioritized for specific community resources based on needs and vulnerabilities.
- **Referral –** The process for identifying vacancies across community programs participating in CE and fill those vacancies, according to the community's prioritization standards, with interested and eligible households.

Each of element of the process has a dedicated section below to further outline relevant policies and procedures.

All persons participating in any aspect of CE such as access, assessment, prioritization, or referral shall be afforded equal access to CE services and resources without regard to a person's actual or perceived membership in a federally protected class. The CE system must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations. Additionally, all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence shall have fair and equal access to the CE process.

IV. ACCESS

Access refers to how people experiencing homelessness access the CE process and the Housing Crisis Resolution System. The CoC adopts a "no wrong door" approach to CE, which ensures that no matter which homeless assistance provider a person goes to for assistance, they will have access to the same resources, referrals, and assessment and prioritization processes.

A. SYSTEM ACCESS OPTIONS

Individuals experiencing homelessness can access and connect with the CE process via access points. These access points have CE specialists equipped to assess those who are eligible and interested in being entered into the CE process.

The Coordinated Entry System can be accessed through the following options:

1. Coordinated Entry Phone Line
2. Street outreach workers
3. Coordinated Entry Specialists' office hours
4. Walk-in hours at participating access points

The following subpopulations have designated CE access points within the CoC:

1. Youth & Youth Adults (Ages 13 to 24)

a. Oasis Center
Address: 1704 Charlotte Ave Nashville TN 37203
Walk-In Hours: Monday through Friday, 9AM to 5PM

24/7 Crisis Line: (615)327-4455

2. **Veterans**
   a. (VA) Tennessee Valley Healthcare System
      Address: 1310 24th Ave S Nashville TN 37212
      Walk-In Hours: Monday through Friday, 10AM to 2PM
      Phone Number: (615)873-6400

   b. Operation Stand Down TN
      Address: 1125 12th Ave S Nashville, TN 37203
      Walk-In Hours: Monday through Friday, 8AM to 3:30PM
      Phone Number: (615)248-1981

3. **Survivors of Domestic Violence**
   a. Domestic Violence Coordinated Entry (DV-CE) Line
      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 Domestic Violence Coordinated Entry (DV-CE) process. DV-CE utilizes a separate vulnerability assessment and database tailored to the unique safety considerations for survivors of violence. The primary access point for DV-CE is the DV-CE Intake Phone Line where survivors can connect with a Coordinated Entry Specialist from The Mary Parrish Center and complete a confidential DV-CE intake/assessment.

      DV-CE Phone Line: (615) 955-0620
      Hours of Operation: Monday through Friday, 9AM to 5PM

      Anyone in immediate danger should call 911, the local Domestic Violence Hotline (1-800-334-4628), or the National Domestic Violence Hotline (1-800-799-7233).

   b. Family Safety Center
      The Mary Parrish Center partners with the Family Safety Center to host in-person walk-in hours with a DV CE specialist two days a week. The Family Safety Center hosts a range of victim service providers who can help support survivors with safety planning, orders of protection, crisis intervention, etc.

      Address: 1125 12th Ave S Nashville, TN 37203
      DV CE Walk-In Hours: Tuesday 9AM to 1PM and Wednesday 9AM to 4PM

The hours of operation and expectations for CE access points are dependent on community needs and the capacity of participating organizations. For more information, community members can consult the OHS Coordinated Entry Website.

B. INITIAL ELIGIBILITY SCREENING

The U.S. Department of Housing and Urban Development (HUD) outlines specific eligibility requirements that must be met for households to be entered into the HMIS and CE process. Households must be currently residing within Nashville/Davidson County AND be experiencing either Category 1 or Category 4 homelessness, as defined below.

1. Residing within Nashville/Davidson County

Each CoC across the country has their own CE System to ensure that resources are referred to those experiencing homelessness within the geographic coverage of the CoC. The geographic coverage for the TN-504 CoC, is limited to Nashville and Davidson County. Thus, only households experiencing homelessness within the Davidson County lines are eligible to be entered into CE. Individuals wishing to participate in CE that live outside of Davidson County should be diverted to their respective CoC.

2. Experiencing Literal Homelessness (Category 1)

Households meet HUD's Category 1 definition of literal homelessness if they lack a fixed, regular, and adequate nighttime residence, which must be one of the following three subcategories:

a. Has a primary nighttime residence that is a public or private place not meant for human habitation;
b. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); AND/OR
c. Is exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

3. Fleeing/Attempting to Flee Domestic Violence (Category 4)

Households meet HUD's Category 4 definition of homelessness if they are:

a. Fleeing, or is attempting to flee, domestic violence;
b. Have no other safe residence; AND
c. Lack the resources or support networks to obtain other permanent housing

For the purposes of the CoC, HUD defines "domestic violence" as dating violence, sexual assault, stalking, and human trafficking.

It is the goal of every outreach worker, intake staff member, and CE coordinator to ensure that individuals and families are connected to mainstream resources for which they are eligible, in accordance with the Continuum of Care Written Standards. In the event that a household is found to currently be ineligible from being entered into HMIS or CE, the CE user should make an effort to connect the household with relevant prevention, diversion, and mainstream resources to help prevent literal homelessness.

C. ENTRY INTO HMIS

Once a household has been identified as residing in Nashville/Davidson County and experiencing either Category 1 or 4 homelessness, they may be entered into the CoC's HMIS. The HMIS is a web-based software application, managed by the Office of Homeless Services, operated in accordance with the HMIS Policies and Procedures Manual. It serves as Nashville's primary database for collecting critical data on households that are served by projects intended to prevent and end homelessness. HMIS is a shared database, which allows for effective service coordination across participating service providers. The CE process is facilitated using HMIS. Households must first be entered into HMIS before they can be entered into the CE process.

1. Data Management

All agencies entering data into the CE Provider in HMIS must abide by the HMIS Policies and Procedures Manual; he privacy protections of all client 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.

CE participating agencies abide by the HMIS policies and procedures ensuring that client data is secured. All clients must be informed how their data are being collected, stored and managed and for what purpose. 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 they eligible.

2. Data Quality Monitoring

The HMIS Team will provide several opportunities throughout the year for CE participating agencies to review and correct issues with data quality. Additionally, CE data quality monitoring meetings will be held annually to review each agency's performance in terms of data quality. CE participating agencies or users with consistently poor data quality as determined by the HMIS Team/Administrator on the basis of the benchmarks set in the HMIS Data Quality and Monitoring Plan, may forfeit their ability to access HMIS until they complete

additional training and develop a Corrective Action Plan to remedy data quality issues.

D. ENTRY INTO COORDINATED ENTRY

Once a household is entered into HMIS, they must also be entered into the CE project to begin the CE process. During this entry, they will complete the Preliminary and Vulnerability Assessment, which help determine their vulnerability and prioritization. Clients must be informed at this time that it is imperative to check back in with a CE user at least once every 89 days to update their Current Living Situation (CLS) to remain open and active in CE in order to qualify for CE resources. Participating agencies must update an individual's or household's CLS in the 'interim updates' section in HMIS at least every 89 days in order for a household to remain active and eligible.

1. Obtaining a Release of Information (ROI)

Any person identified as experiencing a housing crisis must sign a Release of Information (ROI) before being entered into the CE process in our local HMIS.

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.

Data must not be collected without a client's consent per the HMIS Policies and Procedures Manual. 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:

a. The agency that has completed the assessment paperwork with the client will need to keep a paper file with the client's information.
b. The agency will then 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
c. The agency will then send an e-mail to cehelp@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

E. CE PROCESS FOR HOUSEHOLDS FLEEING DOMESTIC VIOLENCE

The Violence Against Women Act (VAWA) and the Family Violence Prevention and Services Act (FVPSA) contain strong, legally codified confidentiality provisions that limit victim service providers from sharing, disclosing or revealing victims' personally identifying information, including entering information into shared databases like HMIS. Nashville has developed a survivor-centered domestic violence (DV) CE process that provides extra protections regarding the client's safety and confidentiality. To ensure additional privacy measures are maintained for survivors experiencing Category 4 homelessness, Nashville's DV-CE lead agency, the Mary Parrish Center, has created a separate parallel database and CE process. Additional information regarding the DV-CE process can be found in the DV-CE Policies & Procedures Manual.

1. Eligibility for DV-CE

To participate in the DV-CE process, clients must meet the following criteria:

a. Experienced Interpersonal Violence (IPV) within the last year.
   - IPV can include domestic violence, dating violence, sexual assault, stalking, and human sex trafficking.
   - Abuser/Offender must be a current/former spouse, current/former dating partner, family member, or other person living in the same household

b. Feels unsafe in their current living situation due to the IPV
c. Has no other safe residence
d. Is currently residing in Davidson County

If the household is not currently living in Davidson County, they must have a current connection to Davidson County such as:

a. Actively commuting into Davidson County for work/school;
b. Previously residing in Davidson County but residing in a DV shelter in a neighboring county due to space at YWCA or Morning Star being unavailable

If all of the above criteria are met, the client is an appropriate candidate for a DV-CE intake.

2. DV-CE Assessment

The DV-CE process includes an alternative vulnerability assessment tool that emphasizes the unique risks faced by survivors attempting to flee their abusers. The 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.

3. **DV-CE Access**
   The primary access point for DV-CE is the DV-CE Intake Phone (615-955-0620) where survivors can connect with a Coordinated Entry Specialist from The Mary Parrish Center and complete a confidential DV-CE intake/assessment. During the DV-CE assessment process, clients will be asked to sign a ROI for the Office of Homeless Services, which allows CE to access MPC's confidential database. DVCE staff members may also assist in connecting households to diversion and prevention resources when appropriate. Specialists are available by appointment or walk-in at Metro's Family Safety Center during normal business hours. Those who call after hours may leave a voicemail and receive a callback the following day.

V. ASSESSMENT

Assessment refers to the process of gathering information about a household being entered into CE utilizing a standardized assessment tool to triage those experiencing homelessness. The assessment tool and process are critical for determining how people are prioritized and connected to appropriate resources.

A. PRELIMINARY ASSESSMENT

The Preliminary Assessment (PA) is the initial assessment for the Nashville-Davidson County CE. The PA collects Universal Data Elements (UDEs) required by the HUD and other essential information.

Any Access Point staff person, homeless service provider, or outreach worker who has completed HMIS and CE Trainings overseen by the HMIS Lead can conduct the PA on households experiencing a housing crisis. If the person is experiencing literal homelessness (HUD Category 1 or Category 4), they will be entered 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 a household is eligible.

The PA is the initial step in identifying households experiencing a housing crisis in Nashville-Davidson County. It helps determine who may benefit from diversion or prevention services before entering the shelter system. If someone is experiencing literal homelessness, access point staff or outreach workers build rapport to assess if housing is a goal. If it is, the appropriate assessment is completed. Those who do not express a need or desire for housing are referred for further outreach and engagement.

Households participating in the CE process must be informed that they have the right to skip any question—including those about disabilities or diagnoses—and may choose not to complete any part of the assessments without it affecting their eligibility for services. Specific diagnosis or disability information may only be collected when necessary to determine eligibility for certain programs and to make appropriate referrals.

Before completing any assessment, the assessor must provide the client with a copy of the HMIS ROI and explain it to the head of household or individual so they can give informed consent.

B. VULNERABILITY ASSESSMENT

The VI-SPDAT is a housing assessment tool created and owned by Community Solutions and OrgCode Consulting, Inc. The tool helps to identify the most appropriate housing intervention based on the vulnerability of the household or individual. The VI-SPDAT can only be conducted by agencies who serve those 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.
- TAY-VI-SPDAT – to be conducted with single young adult individuals 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 they are ages 18-24 and lack a key to a stable and safe residence.

The VI-SPDAT can be conducted on paper and then entered into HMIS, or entered directly into the CE Provider in HMIS.

NOTE: The Nashville-Davidson County CoC is currently reworking the vulnerability assessment to create a more dynamic tool that better reflects Nashville's community and it's needs. The CE lead is working closely with the CE Oversight Committee and key community partners to develop a pilot process for testing the new assessment tool before it is implemented community wide.

C. 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 a household in any of the following circumstances:

1. When re-entering a household into CE that was previously exited as permanently housed or due to inactivity.

2. When a client experiences a major life change or needs a different version of the assessment, e.g. if a single person enters their 3rd trimester of pregnancy a F-VI- SPDAT must be conducted.
3. When a year or more has passed since the original assessment.
4. When approved by the CE Lead.

If a re-assessment is completed, it is the housing navigator's responsibility to enter the new assessment into HMIS, clearly document the reason for the reassessment in the 'Case Notes' section of HMIS **AND** contact the CE Lead to inform them of a score change in order for the client's new score to be reflected on the BNL.

Reassessment requests and updated assessment scores must be submitted to cehelp@nashville.gov.

VI. PRIORITIZATION

Prioritization within Nashville-Davidson County CE is designed to ensure that those experiencing homelessness are matched to housing resources based on urgency and need—not on a first-come, first-served basis. This process focuses on vulnerability and uses the B**y-name List (BNL)**, **priority pools**, and **special prioritization protocols** for certain high-risk groups.

A. BY-NAME LIST

The BNL is a real-time, person-centered tool that tracks individuals and households experiencing category 1 and/or category 4 homelessness in Nashville-Davidson County. It serves as the foundation for understanding who needs assistance based on a number of vulnerability factors. The BNL is generated from HMIS and is protected by the same client-level privacy and confidentiality standards as all data within HMIS. The Mary Parrish center maintains a separate but parallel DV-CE BNL with every active household that has gone through DV-CE and completed an assessment.

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.

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***

a. 1 point added for disabling conditions,
b. 1 point added for unsheltered homelessness, and
c. 1 point added for age 55+

2. Length of Time Experiencing Homelessness

C. SPECIAL PRIORITIZATION PROTOCOLS

1. Household Prioritization

Due to limited resources for certain high-risk groups in Nashville-Davidson County, CE prioritizes the following populations:

a. Single fathers with minor children in their care
b. Pregnant 3rd trimester individuals (28+ weeks gestation)
c. Households with infant 0 to 90 days old
d. Individuals with HIV & AIDS
e. Individuals on the Sex Offender Registry

* The CE Lead reserves the right to reevaluate and change protocols as new high-risk populations are identified and/or new resources become available.

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.

VII. REFERRALS

All programs that participate in CE referral process are required to accept referrals exclusively through the CE process. This ensures that housing and supportive resources are distributed fairly, efficiently, transparently, and based on prioritization criteria.

All agencies receiving referrals from CE are expected to accept all referrals that meet basic eligibility criteria, engage with the referred household within 24 hours of the referral, and report outcomes back to the CE Lead at CCMs. Agencies are not permitted to deny or screen out referrals based on prioritization protocol or perceived vulnerabilities, such as level of service need or perceptions of housing readiness.

A. RESOURCES REFERRED THROUGH CE

Coordinated Entry can only make referrals to programs that are willing to utilize and participate in the process. Some programs are required to participate in the Coordinated Entry process, such as those receiving Continuum of Care funding. Other programs may

opt to participate in the Coordinated Entry process to contribute towards Nashville's Homeless Crisis Response System and ensure referrals are made in alignment with community needs.

Resource availability is constantly changing as programs join the CE process and change in capacity, eligibility, service delivery, and utilization. Thus, the resources referred through CE are dynamic. The CE Lead will work to notify those participating in CE of key changes to referral processes and resource offering available through CE.

Below is a non-exhaustive list of resources that may be available for referral through the CE process:

1. **Permanent Supportive Housing (PSH) -** A long-term housing intervention that combines affordable housing assistance with supportive services to help households experiencing chronic homelessness achieve housing stability. PSH is typically targeted to those with disabilities or complex service needs and has no time limit for participation.
2. **Rapid Re-Housing (RRH) -** Short- to medium-term rental assistance coupled with support services to help households obtain and maintain housing.
3. **Transitional Housing (TH)-** A temporary housing program with the goal of providing interim stability and support to help households successful move to and maintain permanent housing.
4. **Designated Section 8 Vouchers –** Housing vouchers that provide ongoing subsidies that are designated for those exiting homelessness. Examples include Set Aside Housing Choice Vouchers (HCVs), Veteran Affairs Supportive Housing (VASH), Family Unification Program (FUP), etc.
5. **Supportive Services –** Services provided alongside housing interventions to help participants maintain housing stability and improve quality of life. These may include case management, mental health counseling, substance use treatment, employment assistance, life skills training, and health care coordination.

B. INTEREST LISTS

Interest Lists are utilized for programs referred through Coordinated Entry that have specific programs requirements that need to be discussed with clients (e.g. sober living) and/or eligibility requirements that must be verified beyond what is available in HMIS (e.g. documented disability). Agencies requiring an Interest List will work with the CE Lead to create a designated Interest List Request Form to be posted to Hub Nashville.

Case managers and housing navigators should add their clients to any Interest Lists that the client is interest in and eligible for. Instructions for submitting Interest List Request Forms will be shared with those participating in Care Coordination and posted to the CE Lead website. The CE Lead will verify that clients meet eligibility to be included on the Interest List. The CE Lead will then utilize prioritization protocols to generate dedicated

Priority Pools to be shared at their respective Care Coordination Meetings to ensure appropriate referrals can be made.

C. NOTIFICATION OF VACANCIES

Providers accepting referrals through CE will notify the Office of Homeless Services of any immediate and upcoming vacancies including relevant information such as population served, unit size, eligibility requirements, location, etc. Agencies accepting referrals are to submit vacancy requests to the Office of Homeless Services at least 72 hours before the upcoming Care Coordination Meeting to be including in the Priority Pool that will be reviewed for upcoming referrals.

D. CARE COORDINATION MEETINGS (CCMs)

To ensure an effective CE system, the CE Lead facilitates weekly Care Coordination Meetings (CCMs) utilizing a case conferencing model. CE uses case conferencing to connect prioritized households to available resources, housing placements, and supportive services through structured, collaborative meetings involving HMIS participating community partners.

There currently are four scheduled CCMs that address the following subpopulations: Families, Individuals, Youth & Young Adults, and Veterans. All CCMs meet weekly with the exception of the Veteran CCM, which meets biweekly. These CCMs should be attended by at least one representative from each agency participating in their respective Coordinated Entry process.

During these meetings, the following can occur:

- Referrals to CE resources including but not limited to Rapid Rehousing, Housing Choice Vouchers, Mobile Housing Navigation Centers, Joint Transitional Housing/Rapid Re-Housing
- 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

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.

Immediate service needs or program vacancies that arise between meetings can be handled thorough emails to avoid unnecessary delays in service provisions.

1. **Privacy and Data Sharing Policy for Care Coordination Meetings**
   a. **Purpose**
   This policy outlines the procedures and guidelines for sharing and protecting the confidentiality of the By-Name-List (BNL) and the Priority Pool (PrPool) in CE CCMs, ensuring that client information and personal data remains secure and private.

   b. Data Sharing Protocol
   All CCM attendees are required to be current HMIS users with a signed End User License Agreement, which agrees to maintain the security and confidentiality of the information. Records are protected by federal, state, and local regulations governing the confidentiality of client records and cannot be disclosed without written consent unless otherwise provided for in the regulations.

   All CCM attendees must vigilantly maintain client confidentiality and have a moral and legal obligation to ensure that the data shared in these meetings and email communications are used appropriately and only to the ends for which they are intended.
   The updated, password-protected PrPool will be sent through encryption by CE staff at least two days prior to each scheduled CCM. The password for accessing the PrPool will be sent in a separate encrypted email and will change weekly to maintain security. The PrPool with meeting notes will be distributed following each CCM meeting, ensuring participants have access to relevant discussions and action items while maintaining confidentiality.

   The BNL will not be sent out to the community as part of the CCMS. CE will share the BNL via screen-sharing during CCMs as needed.

   c. Confidentiality Agreement
   All participants in Care Coordination Meetings (CCMs) acknowledge that the information shared is private and confidential. Client situations and identifying details discussed in the meeting must not be shared outside of the meeting without explicit prior consent and authorization from the client. Unauthorized sharing or discussion of client information outside the meeting, including the PrPool, may result in removal from participation in future meetings and potential legal consequences.

E. REFERRAL NOTIFICATION

Once a household has been identified for referral, the Office of Homeless Services will notify both the agency accepting the referral and the CE users listed as case managers for the household. At future Care Coordination Meetings, the Office of Homeless Services will check in with both parties to verify progress made in notifying the individual of their referral and moving them into the program.

F. ENGAGEMENT & ENROLLMENT

The agency accepting the referral should contact the household referred within in a timely manner. To streamline this process, the housing navigator or outreach worker working with the client is encouraged to provide a warm handoff once the client has been referred.

The agency accepting the referral should attempt contact the household 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.

G. REFERRAL REFUSALS

A person who is prioritized for a CE referral can choose to reject the referral without it impacting their standing in the list for the next available resource. It is up to the Housing Navigator to identify and note the reasons for the refusal so that the person can be referred to resources for which they are eligible and interested. The CE user will need to communicate with the CE team that a referral has been refused and that the person needs to be designated as in need of a referral.

VIII. EXITS FROM COORDIANTED ENTRY

There are only two reasons why people should be exited from Coordinated Entry (CE) if either they are housed, and/or have become inactive. The exit is recorded in the CE Provider in HMIS.

A. INACTIVITY

Individuals become inactive in CE if they:

1. Have passed away;
2. No longer reside within Nashville/Davidson County;
3. Entered an institutional situation(e.g., jail, prison, residential treatment facility) with an expected stay of 90 days or longer; or
4. They have not been able to be contacted by any CE user after at least three 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.

B. PERMANENT HOUSING

Persons identified through CE should be exited from CE when their housing situation has been stabilized and they are no longer experiencing Category 1 or 4 homelessness. CE users that have bee notified that a household is no longer experiencing homelessness should note the type of permanent housing the person is exiting to in HMIS and provide referrals and warm handoffs to relevant supportive services resources.

IX. GRIEVANCE PROCEDURES

If there is a grievance in regard to the Coordinated Entry (CE) process, a client or a community-based organization may email CEhelp@nashville.gov with the names of those involved, the best contact information for them, and a description of the grievance. The Office of Homeless Services' 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, the Assistant Director of Programs.

NOTE: This grievance procedure only applies to the CE process, outlined in this Manual. Grievances regarding particular providers accepting referrals through CE should be filed according to that provider's grievance procedure. Homeless service programs funded through the Continuum of Care or Emergency Solutions Grants are subject to the Written Standards, which outline dedicated procedures for grievances and appeals.

A. NONDISCRIMATION 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
- 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 household 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 they have 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.

X. EVALUATION & CONTINUOUS IMPROVEMENT

A. CE EVALUATION

Per HUD requirements, a CE evaluation will be attempted 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 should consist of the following elements:

1. Survey of participating provider agencies and individuals;
2. Survey of the CE lead agency;
3. Facilitated feedback session with provider agencies;
4. Facilitated feedback session with people with lived experience; and
5. CE data from HMIS.

The feedback of provider agencies and people with lived experience is crucial to the evaluation and improvement of CE. People with lived experience will be invited to participate in feedback sessions with the requirement that they are currently entered into CE or were previously entered into CE and are now housed. All provider agencies will be encouraged to participate in any evaluation survey. Providers invited to participate in the feedback sessions will CE participating agencies.

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. Results of the CE evaluation will be shared with the GM and the HPC once completed. If there are concerns regarding compliance or performance, the CE Oversight Committee will develop a plan to correct issues identified by the evaluation. If egregious concerns are identified, the GM may decide to initiate the start of an RFP process to select a new entity to fulfill the role of CE Lead.

B. CE MANUAL REVIEW AND REVISIONS

In accordance with the CE evaluation, this CE Policies and Procedures Manual will be updated at least annually. The CoC General Membership 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. Any updates to the manual may also be brought to the Standards of Care committee for review to ensure alignment with CoC and ESG Written Standards.

XI. GLOSSARY

By-Name List (BNL)
The By-Name List 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 (CCM)
Care Coordination Meetings are regular convenings of homeless service providers to gather and discuss client cases, barriers and solutions. This space provides opportunities to coordinate referrals for housing and supportive service resources.

Category 1 Homelessness (Literal Homelessness)

Households meet HUD's Category 1 definition of literal homelessness if they lack a fixed, regular, and adequate nighttime residence, which must be one of the following three subcategories:

a. Has a primary nighttime residence that is a public or private place not meant for human habitation;
b. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); AND/OR
c. Is exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 4 Homelessness (Fleeing or Attempting to Flee Domestic Violence)

Households meet HUD's Category 4 definition of homelessness if they are:

a. Fleeing, or is attempting to flee, domestic violence;
b. Have no other safe residence; AND
c. Lack the resources or support networks to obtain other permanent housing

For the purposes of the CoC, HUD defines "domestic violence" as dating violence, sexual assault, stalking, and human trafficking.

Continuum of Care (CoC)
Continua of Care are local planning bodies responsible for coordinating the funding and delivery of housing and services for people experiencing homelessness. This document is intended for TN-504, the Continuum of Care for Nashville and Davidson County, Tennessee. CoC-funded programs such as rapid re-housing, permanent supportive housing, transitional housing, are required to participate in the Coordinated Entry process.

Coordinated Entry (CE)
Coordinated Entry is a shared community-wide intake process intended to match all people experiencing homelessness with available community resources that are best able to help them enter permanent housing.

Diversion
A strategy used to help supports people who are already experiencing homelessness and helps them avoid entering shelters or becoming unsheltered.

Domestic Violence Coordinated Entry (DV-CE)
A parallel Coordinated Entry system designed specifically for those who are fleeing or attempting to flee domestic violence (see Category 4 definition on pg 23). The DV-CE process is lead by the Mary Parrish Center and utilizes a separate database for Victim Services Providers that offers extra protections regarding the client's safety and confidentiality.

Encampment
An outdoor location where individuals experiencing unsheltered homelessness live. The Outdoor Homelessness Strategy provides additional distinction between large encampments, small encampments, and hot spots.

Emergency Solutions Grants (ESG)
A grant program administered by the U.S. Department of Housing and Urban Development to fund homelessness initiatives such as street outreach, emergency shelter operations, homelessness prevention, and rapid re-housing assistance.

Exited
Clients that are exited from the Coordinated Entry process are no longer considered for referrals. Households may be exited if they become permanently housed and/or have become inactive (see pg 21).

Family
A household that has at least 50% physical custody of a minor child. Families may also include pregnant women in their 3rd trimester.

Homeless Management Information System (HMIS)
The Homeless Management Information System is a web-based software application, required for all Continua of Care, that serves as Nashville's primary database for collecting critical data on households that are served by projects intended to prevent and end homelessness.

Homelessness Planning Council (HPC)
The governance board for Nashville-Davidson County's Continuum of Care. The Homelessness Planning Council was created in July 2018 to unify our community's efforts to build an effective

Housing Crisis Resolution System. The HPC meets monthly to coordinate the funding and delivery of housing and services to end homelessness in our community.

Housing Crisis Resolution System (HCRS)
Denotes all the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those what are homeless, whereas homeless system refers specifically to the services and housing available only to persons who are literally homeless.

Housing First
The Housing First Model recognizes that people experiencing homelessness (like all people) need the safety and stability of a home in order to best address challenges and pursue opportunities. The Housing First approach connects people back to a home as quickly as possible without any prerequisites or other barriers, while connecting the household with supportive services to help them remain stably housed.

Inactivity
Individuals are deemed "inactive" in the Coordinated Entry process if they no longer reside within the county, enter an institutional situation with an expected stay of 90 days or longer; or have not been able to be contacted by any CE user after at least three attempts have been made and 90 days have passed from the point of the last successful contact.

Interest List
Interest Lists are utilized for programs referred through Coordinated Entry that have specific programs requirements that need to be discussed with clients (e.g. sober living) and/or eligibility requirements that must be verified (e.g. documented disability).

Interim Rule
Refers to the CoC Program Interim Rule 24 CFR 578.7(a)(8), which guides expectations for Continuum of Care programs, including the expectation to establish a centralized coordianted entry process.

Low Barrier
A program or housing option that minimizes or removes obstacles for entry and participation. Examples include removing sobriety mandates, income thresholds, restrictions of specific backgrounds, or service compliance conditions.

Preliminary Assessment
An initial step in the Coordinated Entry process to collect important data required by the HUD and verify whether the household is experiencing literal homelessness.

Prevention
A strategy to prevent households from entering homelessness in the first place. These strategies can include efforts such as short-term financial assistance, mediation to prevent eviction, legal aid, employment resources, etc.

Priority Pool (PrPool)
A pool of households that are prioritized for specific housing and supportive services, based on the Prioritization Protocol and using data from the By Name List and Interest Lists.

Release of Information (ROI)
A consent form that must be signed by client to determine whether or not they authorize service providers participating in HMIS to share specific personal information for the purpose of coordination and delivery of housing and supportive services.

Survivor of Domestic Violence
For the purposes of this manual and the CE process, survivors are considered those that meet the U.S. Department of Housing and Urban Development definition for Category 4 Homelessness (see pg 23).

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)
The VI-SPDAT is a housing assessment tool created and owned by Community Solutions and OrgCode Consulting, Inc. The tool helps to identify the most appropriate housing intervention based on the vulnerability of the household or individual. Nashville is actively working to generate a new vulnerability assessment that will better target the unique needs of our Continuum of Care.