

Monthly Report: April 2021



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

Section A:

Online Information

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

Flood Response

The flood at the end of March swept away two encampments, one at Seven Mile Creek off Edmondson/Nolensville Pike where three people lost their lives, and the other along Mill Creek off Murfreesboro Road.

Consequently, Metro Social Services and several provider agencies (Open Table Nashville, Park Center, and People Loving Nashville) decided to pay for one-month motel stays for 38 people whose encampments were completely swept away. The motel stays are through April 28. Provider agencies worked with people to address their trauma and identify housing plans/options. The Red Cross provided 50 tents, sleeping bags and other equipment. So far, four people have moved to permanent housing and others are working with housing navigators.

Opioid Overdoses

The Opioid crisis is affecting all populations. The Nashville Public Health Department has an Opioid/Overdose Response & Reduction Program. This team was invited to participate in our Monday afternoon provider call to talk about the crisis and what service providers can do to help educate people of how to prevent deaths.

Personal Stories

Submitted by Joseph Parker, MHID:

A gentleman from Nashville lived in Vine Hill towers and moved to Georgia for a job opportunity. A couple of months after his move both of his brothers died, so he returned to Nashville to look after his parents. Not long after moving in with his parents, all three of them were diagnosed with Covid-19. He experienced mild symptoms, but his parents were admitted into the hospital due to problems with breathing. He moved out of his parents' home after quarantine and came to the Mission and then the Metro shelter at the Fairgrounds. While at the Fairgrounds, he received his Social Security Retirement and now works with case management on a housing plan. He is glad he moved out of his parents' home because he had become complacent and lost motivation to seek housing. He stated the

Fairgrounds had really motivated him to locate housing and assisted him with completing his application for the Trevecca Towers. He is now waiting on approval for housing and hopes to spend more time with his grandkids in a place of his own.

Committee Chair meetings

We held two Continuum of Care (CoC) Committee Chair meetings to address the role of committees, exchange information and report back to the Homelessness Planning Council (HPC) what committee chairs need. The overwhelming take away was that committee chairs are seeking more communication from other committees as well as with the HPC. A special thank you goes to HPC member Laura Bermudez who organized and lead the committee chair meetings in partnership with MHID.

Here is a list of the different CoC Committees:

| |
|-------------------------|
| Consumer Advisory Board |
| Data |
| Equity and Diversity |
| Executive Committee |
| Governance Charter |
| HMIS Oversight |
| Membership |
| Nominating |
| Performance Evaluation |
| PIT Subcommittee |
| Resource Development |
| Shelter |
| Standards of Care |
| Veterans |
| Youth Action Board |
| Youth/Young Adults |

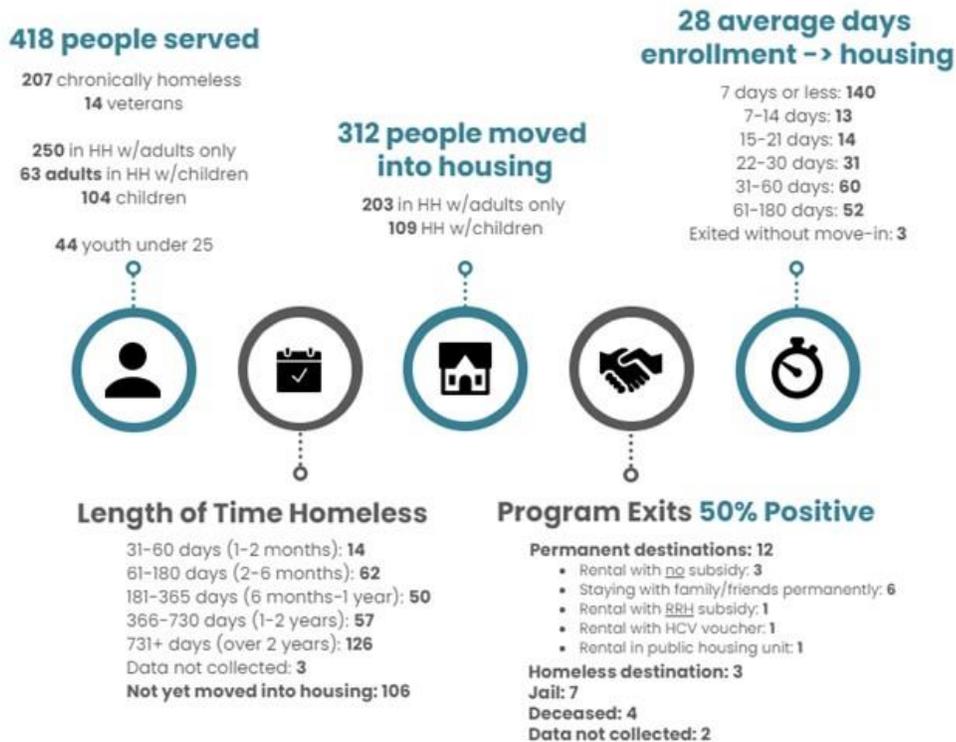
Resource Development Committee

The Resource Development Committee has met twice and is working on outlining where money to address homelessness comes from (they want to focus on big buckets to start with), how it is invested (ES, TH, RRH, PSH), and then look at the need (start with what we have, which are By Name Lists), and then present a report to the HPC with recommendations of opportunities to improve and how to do so. The goal is to have a first report to the Homelessness Planning Council by fall. This will be a crucial piece to how the Homelessness Planning Council will influence policies and investments in homelessness in Nashville.

Metro Special Committee on Veterans

Judith Tackett of MHID was asked to serve on a special committee addressing veterans' issues. The special committee is co-led by Eden Murray, CEO of Operation Stand Down Tennessee (OSDTN), and OSDTN former CEO, John Krenson. While the committee is not solely focused on homelessness, it does include all aspects and needs of veterans including those who experience homelessness.

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



Sustainability Efforts

The American Rescue Plan will include \$9.5 million in HOME funds for Nashville (https://nlihc.org/sites/default/files/Estimated-Allocations-Homeless-Assistance_American-Rescue-Plan-Act.pdf). Furthermore, at the beginning of May, MDHA will be informed how many emergency housing vouchers (Section 8) Nashville can expect to receive from the American Rescue Plan.

With assistance from Heather Dillashaw of ICF (our technical assistance provider from the U.S. Dept. of Housing and Urban Development (HUD)), we are working closely with MDHA to look at all the voucher programs to create a referral priority to each rental subsidy. Ongoing rent subsidies include:

- Up to 18 Housing Choice Vouchers (Section 8) per month
- An additional 100 Section 8 vouchers for 2021
- Shelter Plus Care vouchers

- Veterans Affairs Supportive Housing (VASH) vouchers
- Downtown Permanent Supportive Housing: 81 units
- Ensure we utilize the allocations that Nashville will receive from the American Rescue Plan in accordance with best practices.

Racial Equity Work

The CoC Equity Committee continues to focus on the following areas:

1. Community Resource Page – Two members of the equity committee have volunteered to work with MHID to create a Community Resource page to work in conjunction with the Continuum of Care Homelessness Planning Council Webpage. This month the Equity Committee will lay out the guiding principles for what to include, when to change resources, and how to solicit resources.
2. Trainings:
 - a. Homelessness Planning Council
 - b. Larger Community and Committee members
 - c. Level setting training:
 - i. Historical racial trauma and how it impacts systems
 - ii. The impact of poverty and how people of color are overrepresented
 - iii. What’s helpful as an ally
 - iv. Differences between intrapersonal and institutional racism
 - v. Inclusion: providing tools around power dynamics and helping people understand their power as committee members
 - vi. Language: A glossary to create common understanding when we discuss different terms

The Equity Committee also voted to provide a recommendation to the CoC Charter Committee after the racist comments made during another committee meeting:

- “The Equity and Diversity Committee recommends to the CoC Charter Committee that it consider including principles of Transformative Justice when drafting language of how to address acts of racism during committee meetings. The emphasis should be on building a healthy CoC community.”

HUD Equity Demo

The last Demo meeting for our community was held on March 29th with a plan for the local group to continue meeting on their own every two weeks to move the identified actions forward. It was also discussed that several action items would begin moving to the CoC Equity and Diversity Committee.

Section B:

Vaccination Plan for People Experiencing Homelessness

Nashville provider agencies have set a goal to have offered COVID-19 vaccines to all people experiencing homelessness by Memorial Day. The plan is moving forward, but events were rescheduled due to the temporary suspension of the J&J vaccine, which is the vaccine that only uses one-dose. For COVID-19 vaccine updates visit Neighborhood Health’s Website at <https://www.neighborhoodhealthtn.org/covid19vaccine/>

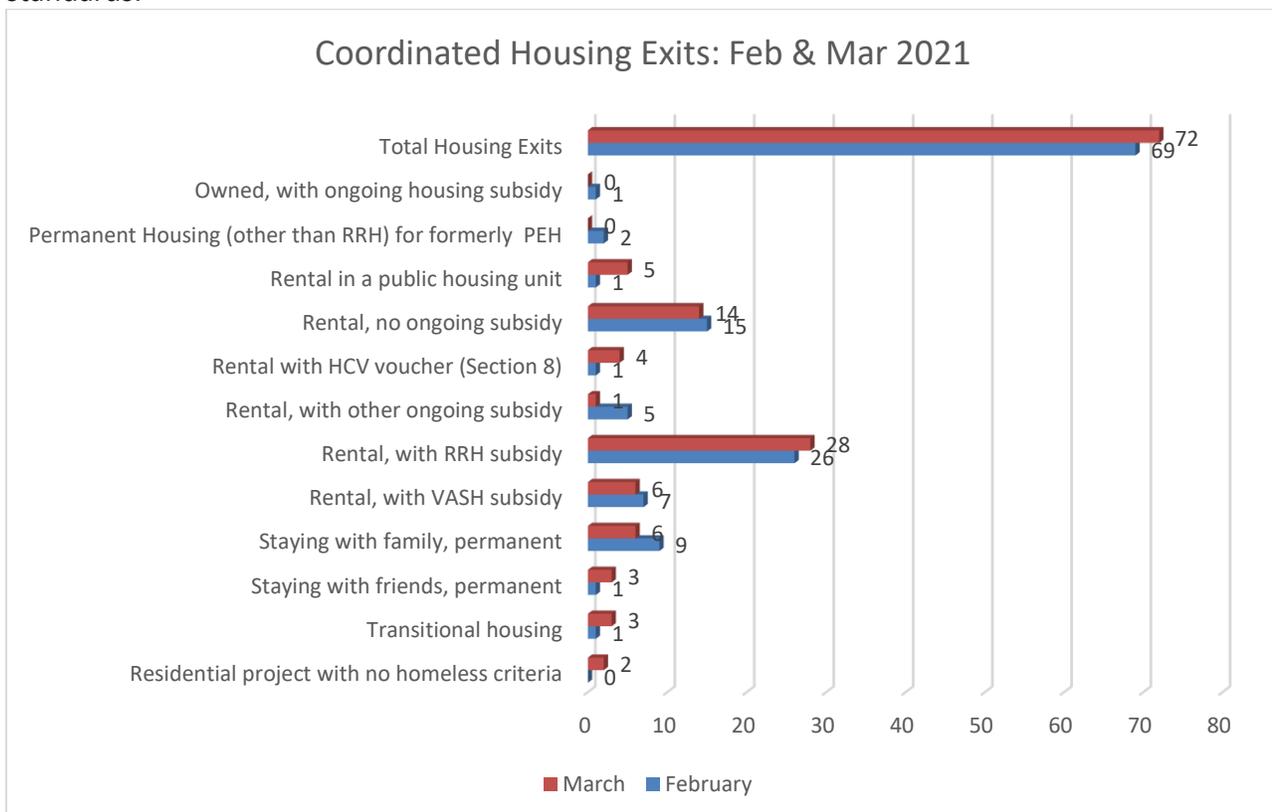
Nashville is one of the first cities in the Southeastern United States to implement a coordinated vaccination plan for its homelessness population. Huge thank you goes to Neighborhood Health, Metro Public Health Department, Ascension Saint Thomas, and all partnering provider agencies.

Responding to Concerns

The Homeless Impact Division receives complaints and concerns about people living outdoors. These concerns are submitted through Nashville’s HUB (3-1-1), through other departments, Metro Council and direct calls from the community. In March, MHID followed up on 84 requests with an average of 28 hours until the outreach specialist was able to make first contact with the person experiencing homelessness.

Housing Placement Rate

The following chart is breaking down the Housing Placement Rate by housing type. This information is based on data collected in the Coordinated Entry process. Please remember, our Continuum of Care depends on service providers to enter data consistently and accurately for all populations encountered and served. MHID provides ongoing community training to improve and maintain data quality standards.



HMIS Report

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

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

The quality of data depends on improving the following:

1. Have an adequately staffed HMIS Lead Team. At present, we have 2.75 FTE positions. Continuums of Care of comparable size have 4-5 FTEs.
2. Continue to train HMIS end users. Our team is discovering a lot of data entry mistakes that need to be corrected ASAP to ensure we can provide accurate reports. HMIS is the community's database and its correct implementation and application is the responsibility of the entire Continuum of Care. The HMIS Lead Agency assists the community in that process.
3. Continue our partnership with Nashville Rescue Mission to include their emergency shelter data in HMIS. The Homeless Impact Division is ready to receive that data.

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

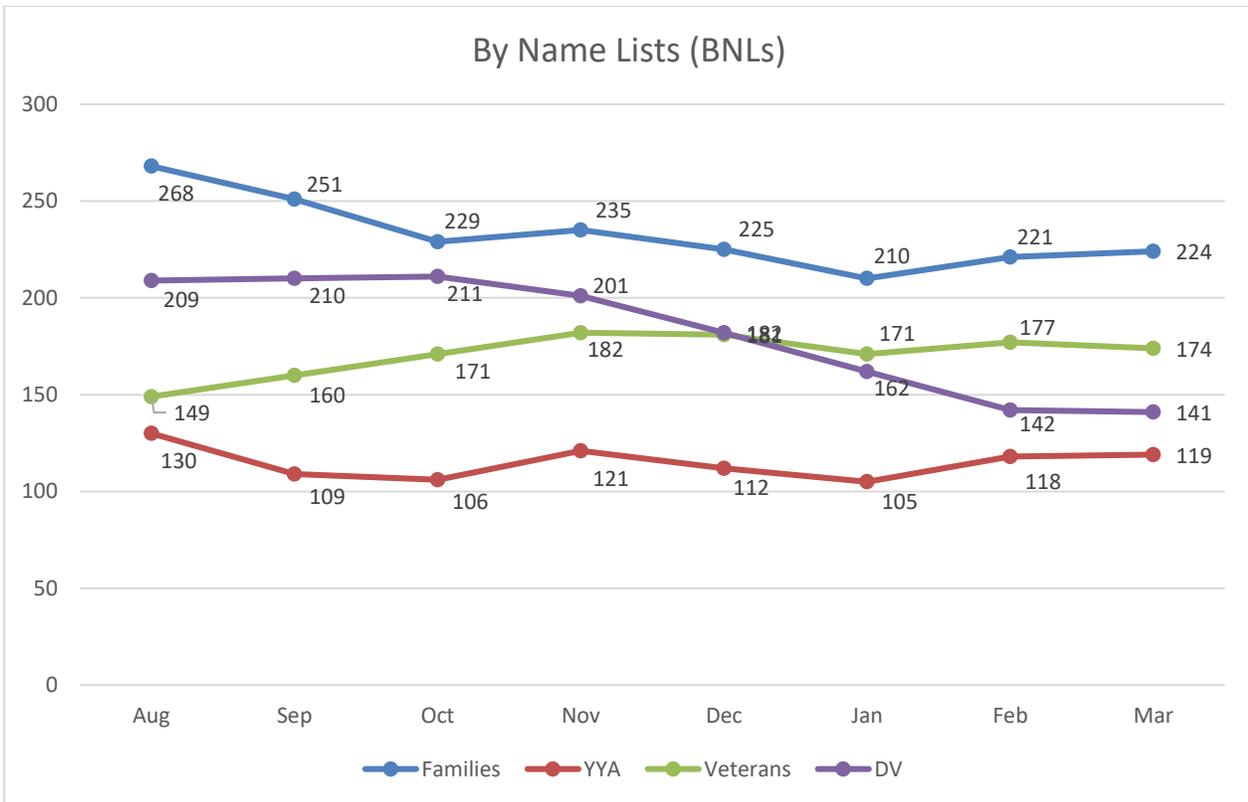
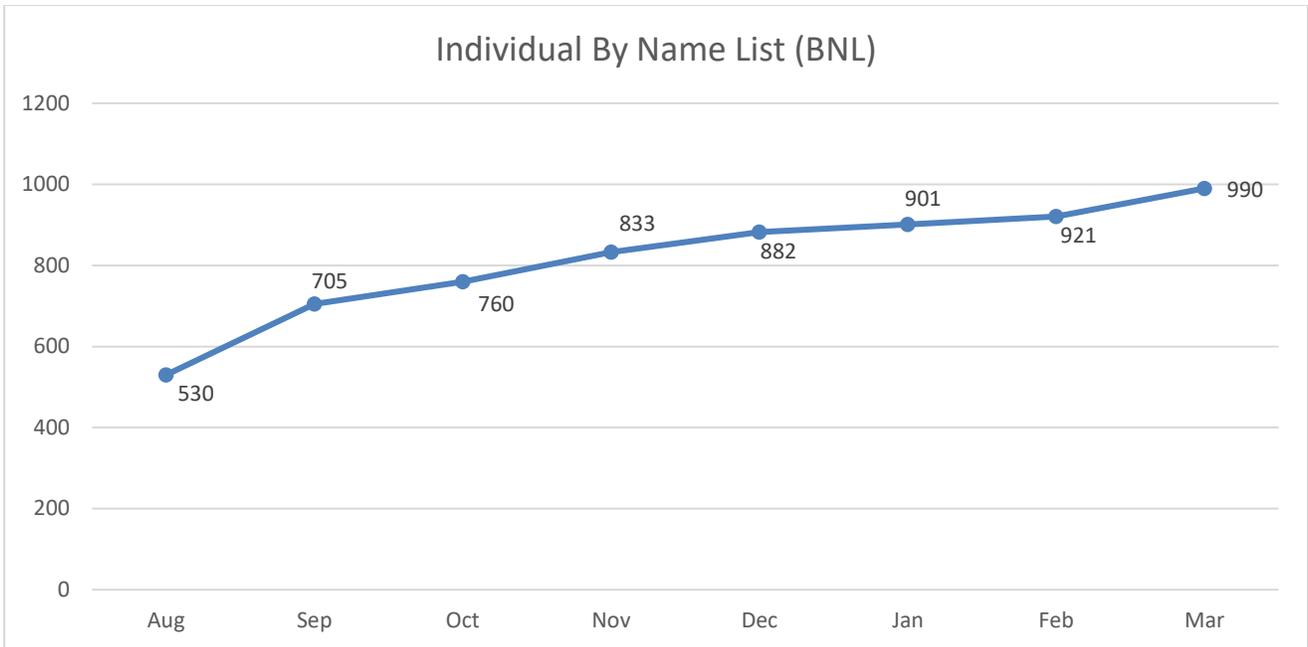
Move-in Cost

MHID paid move-in costs for a total of 18 clients in March. These costs are directly paid to landlords. NES deposits - \$250; Security Deposits \$6,559; Pro-rated rents - \$1,027.06; First Month rents - \$3,755.97; and cleaning fees - \$10.

The total cost was \$11,602.13 for an average of \$644.56 per client.

By Name Lists

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



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

| | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|----------|----------|----------|---------|----------|----------|---------|----------|
| How many YYA are on the BNL at the end of the month? | 130 | 109 | 106 | 121 | 112 | 105 | 118 | 119 |
| How many YYA were housed? | 9 | 19 | 11 | 9 | 27 | 28 | 14 | 15 |
| What was the average length of time from identification to housing? | 144 days | 124 days | 113 days | 94 days | 125 days | 146 days | 86 days | 124 days |
| How many new YYA were added to the BNL? | 18 | 14 | 20 | 16 | 23 | 25 | 21 | 19 |
| How many previously housed YYA were added to the BNL? | 1 | 1 | 2 | 2 | 1 | 0 | 3 | 3 |
| How many previously inactive YYA were added to the BNL? | 3 | 7 | 4 | 5 | 6 | 5 | 5 | 4 |
| What was the total BNL inflow? | 22 | 22 | 26 | 23 | 30 | 30 | 29 | 26 |

Individual BNL

| | | | | | | | | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|
| How many individuals on the BNL at the end of the month? | 530 | 705 | 760 | 833 | 882 | 901 | 921 | 990 |
| How many individuals were housed? | 13 | 19 | 53 | 48 | 97 | 145 | 45 | 54 |
| What was the average length of time from identification to housing? | 215 days | 253 days | 154 days | 214 days | 186 days | 218 days | 136 days | 174 days |
| What was the total BNL inflow? | 86 | 241 | 179 | 132 | 205 | 204 | 151 | 166 |

Veterans BNL

| Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|-----|------|-----|-----|-----|-----|-----|-----|
|-----|------|-----|-----|-----|-----|-----|-----|

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

How many Veterans were housed?

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

How many Veterans met the chronic definition?

How many have experienced long-term homelessness?

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

What was the total BNL inflow?

| | | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|----------|
| 149 | 160 | 171 | 182 | 181 | 171 | 177 | 174 |
| 9 | 6 | 28 | 19 | 13 | 24 | 19 | 14 |
| 149 days | 225 days | 166 days | 228 days | 198 days | 298 days | 251 days | 260 days |
| 37 | 30 | 32 | 40 | 44 | 46 | 50 | 49 |
| 21 | 18 | 18 | 22 | 23 | 38 | 35 | 35 |
| 7 | 12 | 40 | 26 | 13 | 13 | 18 | 11 |
| 20 | 30 | 45 | 36 | 29 | 31 | 30 | 16 |

Aug Sept Oct Nov Dec Jan Feb Mar

Family BNL

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

How many families were housed?

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

How many new families were added to the BNL?

How many previously housed families were added to the BNL?

How many previously inactive families were added to the BNL?

| | | | | | | | |
|----------|----------|----------|---------|----------|----------|----------|----------|
| 268 | 251 | 229 | 235 | 225 | 210 | 221 | 224 |
| 16 | 43 | 34 | 30 | 40 | 28 | 25 | 18 |
| 243 days | 213 days | 105 days | 97 days | 128 days | 119 days | 129 days | 171 days |
| 38 | 52 | 42 | 27 | 34 | 36 | 35 | 32 |
| 2 | 4 | 1 | 0 | 5 | 2 | 2 | 5 |
| 9 | 10 | 6 | 6 | 3 | 2 | 3 | 6 |

What was the total family BNL inflow?

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 49 | 66 | 69 | 33 | 41 | 40 | 40 | 43 |
|----|----|----|----|----|----|----|----|

DV BNL

How many DV/IPV Survivor households are on the BNL at the end of the month?

| August | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|--------|------|-----|-----|-----|-----|-----|-----|
|--------|------|-----|-----|-----|-----|-----|-----|

| | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|
| 209 | 210 | 211 | 201 | 182 | 162 | 142 | 141 |
|-----|-----|-----|-----|-----|-----|-----|-----|

How many DV/IPV survivor households were housed?

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 28 | 25 | 27 | 21 | 37 | 19 | 17 | 13 |
|----|----|----|----|----|----|----|----|

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

| | | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|----------|
| 132 Days | 116 Days | 100 Days | 133 Days | 176 days | 121 days | 180 days | 155 days |
|----------|----------|----------|----------|----------|----------|----------|----------|

How many DV/IPV survivors met the chronic definition?

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 33 | 35 | 40 | 34 | 30 | 31 | 30 | 30 |
|----|----|----|----|----|----|----|----|

How many DV/IPV survivors on the DV-CE BNL are active on the High-Risk Intervention Panel (HRIP)?

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 21 | 21 | 20 | 16 | 15 | 14 | 12 | 12 |
|----|----|----|----|----|----|----|----|

How many DV/IPV survivors were exited from HMIS due to inactivity, housing, or death?

| | | | | | | | |
|----|----|----|----|----|----|----|---|
| 12 | 15 | 10 | 15 | 23 | 12 | 16 | 8 |
|----|----|----|----|----|----|----|---|

What was the total # of assessments completed?

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 37 | 43 | 41 | 28 | 28 | 28 | 24 | 24 |
|----|----|----|----|----|----|----|----|

What was the total BNL inflow?

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 35 | 42 | 40 | 27 | 28 | 27 | 24 | 24 |
|----|----|----|----|----|----|----|----|

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

Glossary

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

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

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

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

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

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

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

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

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

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

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

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