

# Monthly Report: May 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:**

### **Landlord Risk Mitigation Fund**

Metro created a Landlord Risk Mitigation Fund in partnership with United Way of Greater Nashville. The fund will utilize federal Emergency Solutions Grant-Covid (ESG-CV) dollars as well as a donation from the Frist Foundation to United Way of Greater Nashville.

Landlords who accept federal housing vouchers to rent to people transitioning out of homelessness are eligible to apply to the Risk Mitigation Fund. Benefits include rent coverage of up to two months (not to exceed \$2,000) to hold a unit during turn-over and up to \$1,000 in damages above security deposits.

The Homeless Impact Division will work closely with landlords to access the Landlord Risk Mitigation Fund and additional benefits including move-in costs, linkage to support services, assistance with THDA's housing search Website, and mitigation. For more information, landlords should reach out to the new landlord information/assistance phone line at 615-800-0195 or email [MhidLandlordSupport@nashville.gov](mailto:MhidLandlordSupport@nashville.gov).

### **HUD TA visit in May**

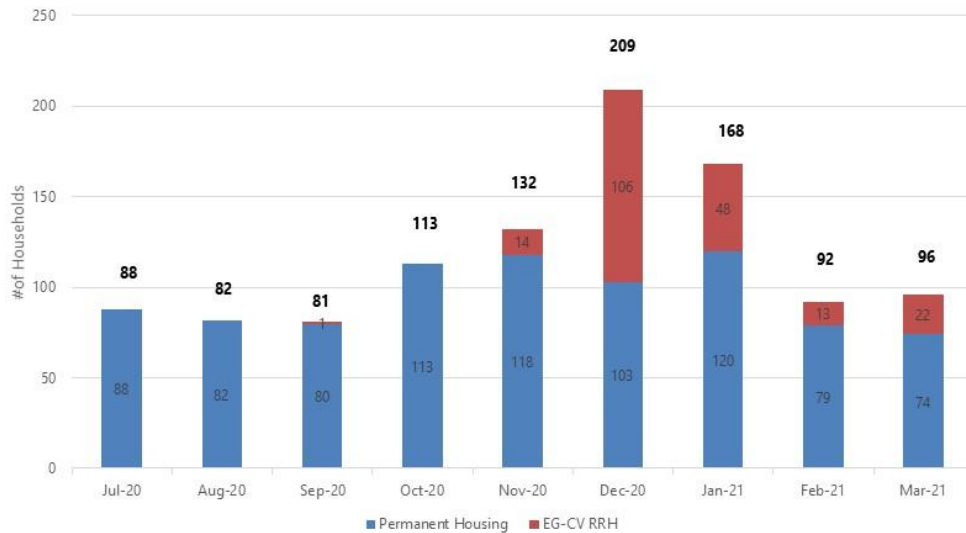
Heather Dillashaw traveled to Nashville on May 10-14 and visited with the Homelessness Planning Council and several CoC committees and community groups.

Due to technical issues, the following report was provided to the Homelessness Planning Council, but we were unable to show the PowerPoint, which is listed below.

The main conversation was focused on showing that the Rapid ReHousing effort is one aspect that increased the housing placement rate and lowered the barriers to housing in many instances, but the overall housing placement between July and March was 1,061 households. Of those, 857 households obtained permanent housing through existing resources outside of the Emergency Solutions Grant-Covid (ESG-CV) dollars.

# Permanent Housing Placements FY2021

Total = 1061 households



## Housing Efforts

### RRH-CV grant: \$10 million:

- 1 year rent subsidy PLUS case management – 400 people
- THDA ESG - \$2.4 million – [working on it now](#)

### Voucher programs – 500 rental units needed

- Up to 18 Section 8 vouchers/month
- 100 additional Section 8 vouchers (COVID)
- 15 Shelter Plus Care vouchers/year (212 total)
- 198 of ARP emergency vouchers (Sect. 8)

### Unit creation – [working on](#)

- \$9.5 million ARP HOME grant
- \$4.7 million CDBG-CV grant

# Outdoor Homelessness

**At minimum 800-1,000 people are estimated to live in encampments**

Pre-COVID outdoor estimate: 600-800 people on any given night.  
Post-COVID outdoor estimate: 800-1,000 on any given night

Goal: HMIS data improvement to measure outdoor population on a monthly basis & factor in usage of increased housing placement



## Immediate Access Shelter Data

### Winter Shelter Data

Emergency Shelter beds were available at Nashville Rescue Mission, Room In The Inn, and Metro Fairgrounds.

- Average bed capacity: 1,011
- Average bed occupancy: 665
- Average bed usage: 65.4%

	Nov	Dec	Jan	Feb	Mar
Highest occupancy	711	792	743	903	696
Lowest occupancy	549	573	579	627	621
Usage rate	64.6%	65.3%	63%	66.7%	67.5%

In comparison, during season FY19/20:

- Average occupancy rate: 74%
- Lowest bed occupancy: 802
- Highest bed occupancy: 1,223



# Highlights of Encampment Coordination during COVID

- Coordination of food box drop offs and meals in encampments with 10 nonprofit partners
- Vaccination planning by coordinating Public Health Department, Neighborhood Health, and Ascension Saint Thomas, then bringing in outreach groups for outdoor vaccination planning
- Street medicine linking Neighborhood Health with The First Foundation & then facilitate outreach provider calls with a special focus on Jefferson Street Bridge, Old Tent City, Brookmeade, Chestnut Drive, Hester Street, and other encampments
- Cold weather planning
- Transportation coordination with a new pilot project of Nashville Homeless Connect
- Opioid crisis conversation with Metro Health Department, Neighborhood Health, and nonprofit outreach providers

## Areas of Encampments

**As of May 2020, we worked on geographic areas:**

- North Nashville (8)
- Madison (6)
- South Nashville (17)
  - Nolensville Road (6)
  - Murfreesboro Pike (15)
- East Nashville (12 & Green Street, which is the only sanctioned encampment in town)
- Donelson/Hermitage (14)
- West Nashville (15)
- Downtown (3)



# Partner Agencies

## Outreach Coordination Meeting: May 11, 2021

### Nonprofit Outreach Groups:

- Centerstone
- Colby's Army
- Downtown Partnership
- Mental Health Cooperative
- Nashville Street Project
- Neighborhood Health
- Oasis Center
- Open Table Nashville
- Operation Stand Down Tennessee
- Park Center
- People Loving Nashville
- Step Up on Second
- Streetworks
- The Contributor
- The Salvation Army
- VA

### Additional representatives:

- Faith-based (non-CoC) street outreach groups:
  - YaiPaks
  - Layman Lessons
  - Home Street Home
- People with Lived Experience:
  - Consumer Advisory Board
  - Youth Advisory Board
  - From encampment
- Renee Pratt & Chief John Drake



# Outreach Plan

- Geographic Coordination with Partner Agencies
- Data Entry – Homeless Management Information System/Coordinated Entry
- Prioritization for specific resources
- Street outreach standards for participating agencies
- Mainstream linkage



# Outreach Plan

**Coordinated Entry Process:**

**Access – Assessment – Prioritization - Referral**

**Access:**

- Metro Social Services (all populations with exception of youth)
- Oasis Center (Youth/Young Adults)
- Room In The Inn (individuals/chronic)
- Nashville Rescue Mission (individuals/chronic)
- Operation Stand Down TN & VA Medical Center (Veterans)
- Street Outreach

The only phone line we have in place is for Families at Metro Social Services – 615-862-6444.



# Outreach Plan

**Coordinated Entry Process:**

**Access – Assessment – Prioritization - Referral**

**Assessment:** A communitywide assessment through the coordinated entry process. This should be conducted in combination with an HMIS entry.

**Prioritization for Housing:** VI-SPDAT, length of time homeless, and weekly care coordination meetings. This year, we are hiring a consultant to help evaluate and outline a new assessment plan for the community as we are moving away from the VI-SPDAT (a tool that has been criticized for not promoting equitable access).



# Outreach Plan

## Coordinated Entry Process: Access – Assessment – Prioritization - Referral

**Referral:** Referrals are made based on the assessment tool. At this point, CE referrals occur to the following programs:

- How's Nashville Section 8 Vouchers
- Single Room Occupancy (SRO) units at Urban Housing Solutions
- How's Nashville financial assistance for move-in costs
- Annual WeGo bus passes for clients who are experiencing or at risk of chronic homelessness
- Critical Time Intervention (CTI) case management through Centerstone (post-housing)
- Family Rapid Re-housing
- Individual Rapid Re-housing
- Youth and Young Adult Rapid Re-housing
- Intimate Partner Violence/Domestic Violence CE and Rapid Re-housing



## Summary

- **Geographic Coordination**
  - Who serves where
- **Street Outreach Standards**
  - What do we want SO in Nashville to look like (minimum standards)

### Personal Stories

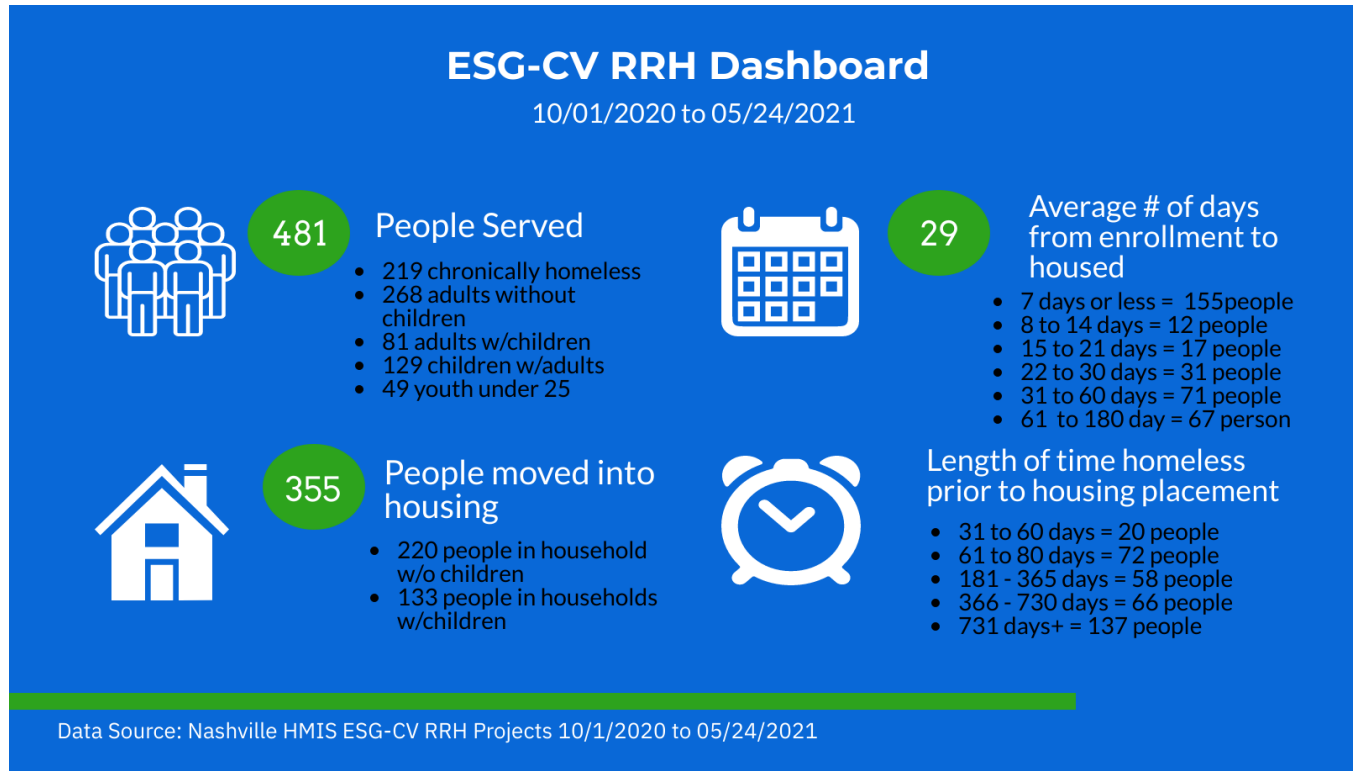
*Submitted by Joseph Parker, MHID:*

A lady from California moved to Nashville last year to flee an abusive relationship. Once she arrived, she called a friend who allowed her to stay for a while. The friend later fell on hard times and lost her housing, which resulted in the lady from California to seek shelter at the Woman's Guest Services of the Nashville Rescue Mission from where she transferred to Metro's COVID social distancing shelter. While at the shelter she received case management and assistance on finding employment. After a couple of weeks of working, she was approved for shared housing through Village on the Green. She will be moving the first of the month. and is grateful for the assistance provided.



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

As of May 24, 2021: 481 people have been served through the ESG-CV Rapid-ReHousing programs. Of those, 355 people obtained permanent housing.



## 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](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**

After finishing the Equity Demonstration Project through the U.S. Department of Housing and Urban Development (HUD) last month, the Nashville team continues to meet every two weeks to work through action steps developed during the demo.

Updates from the CoC Equity and Diversity Committee:

- Resource Webpage – A sub-group worked together to create criteria, resource page categories and add resources that meet the requirements.
  - o The webpage will be added to MHID’s Weebly website initially and moved to Homelessness Planning Council page on Nashville.gov once available (Nashville.gov is in the process of being updated, which temporarily limits additional content postings).
  - o A process for community members to submit resource ideas will be created.
- Training Opportunities
  - o Arrange a half-day training for members of the Homelessness Planning Council.
  - o Provide training suggestions and opportunities for funded service providers.
    - Bring more focus to make sure agencies are moving from building basic knowledge to doing more reflection.
  - o Potential partners: Center for Non-profit Management and YWCA.

## **Vaccination Plan for People Experiencing Homelessness**

Nashville is the first city in the United States to implement a coordinated vaccination plan for its homeless population. Thanks to 19 partner organizations and the leadership of Neighborhood Health, Nashville met its goal to ensure that all people who experience literal homelessness were offered the COVID-19 vaccination by Memorial Day.

While everyone had the opportunity to receive the vaccine, not every person accepted it. Thus, the effort continues. For COVID-19 vaccine updates visit Neighborhood Health’s Website at <https://www.neighborhoodhealthtn.org/covid19vaccine/>

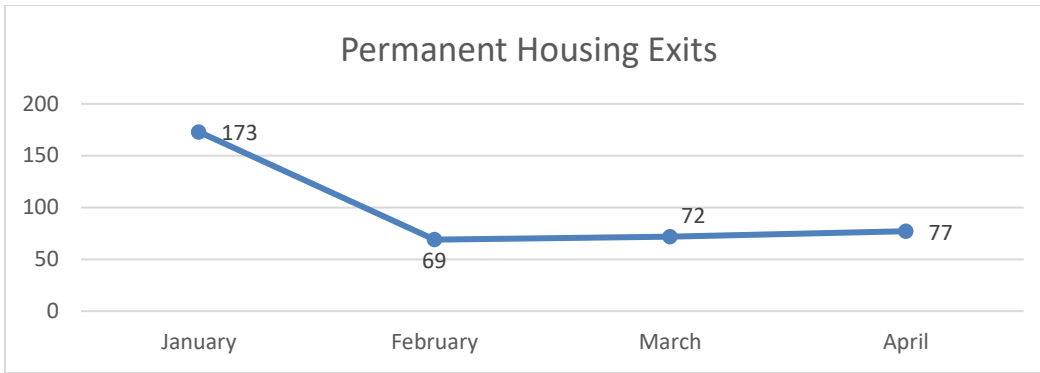
## **Section B:**

### **Online Information**

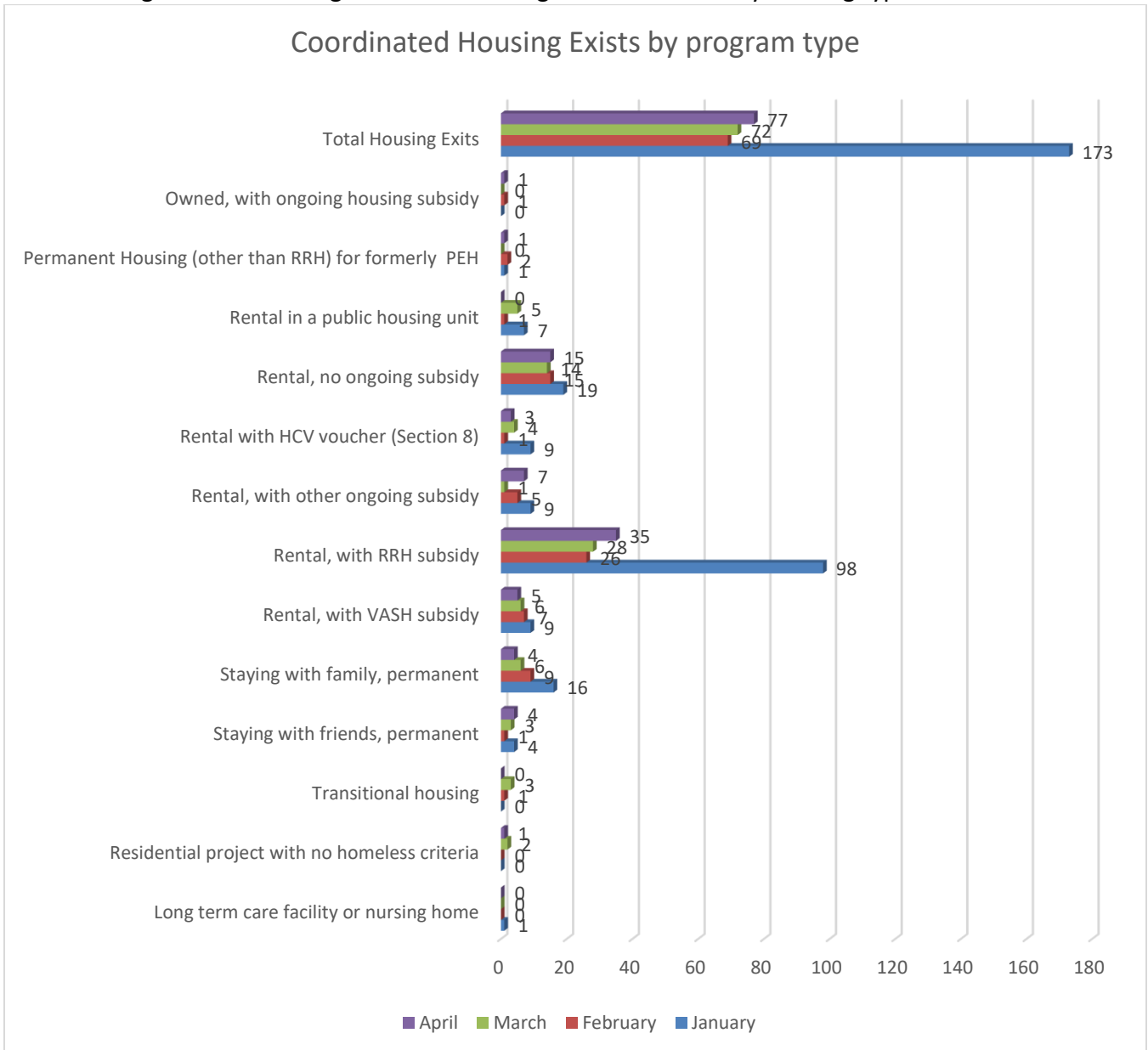
The Metro Homeless Impact Division (MHID) has created a Website with information pertaining to the Continuum of Care: <https://mhidnashville.weebly.com/>. This page contains information about the Homeless Management Information System (HMIS), Coordinated Entry (CE), and the Landlord Engagement project.

### **Housing Placement Rate**

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



The following chart is breaking down the Housing Placement Rate by housing type.



## **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.

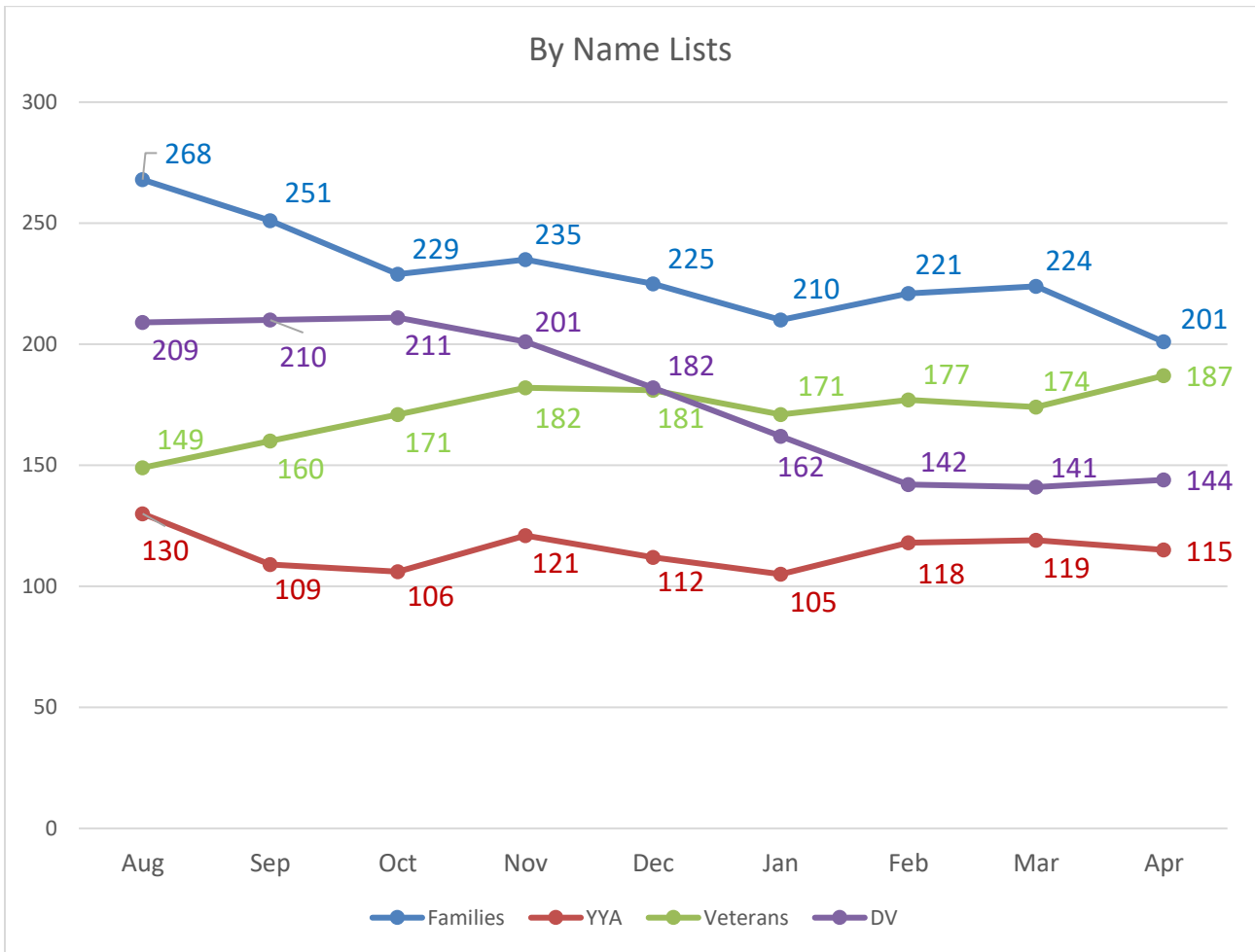
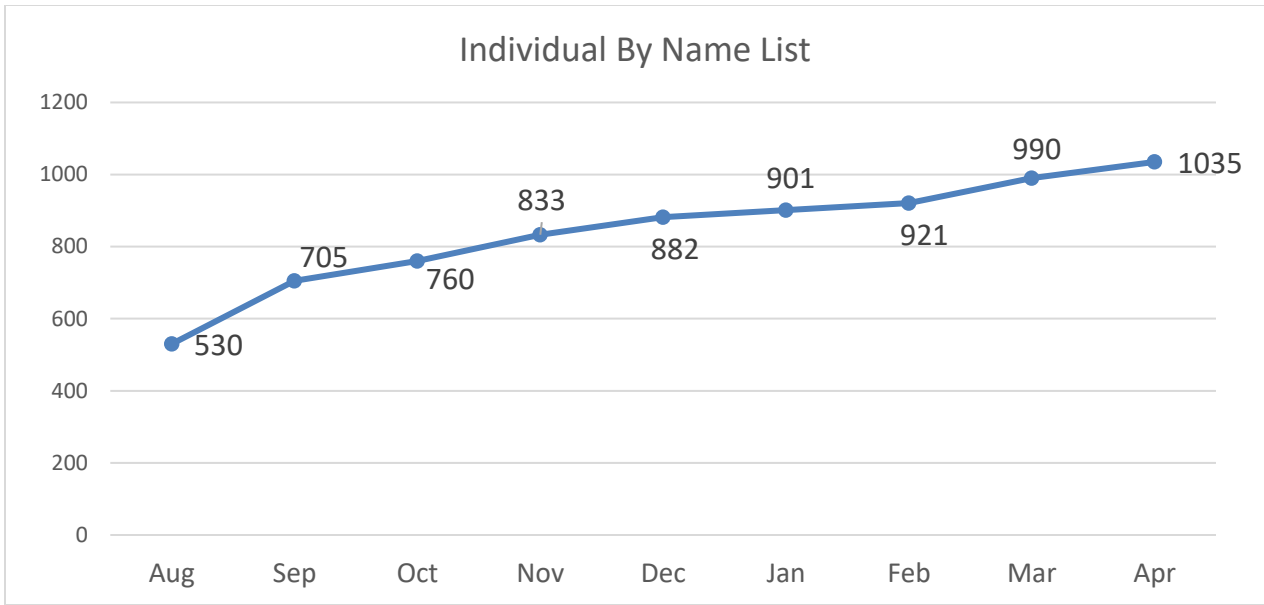
Under the guidance of our stellar HMIS team our community has been able to significantly improve the functionality of HMIS. With this year's ability to safely share data among participating partners, Nashville is on the right track, but not quite there yet when it comes to producing an unduplicated annualized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

## **By Name Lists**

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

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

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



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

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
<b>How many YYA are on the BNL at the end of the month?</b>	109	106	121	112	105	118	119	115
<b>How many YYA were housed?</b>	19	11	9	27	28	14	15	20
<b>What was the average length of time from identification to housing?</b>	124 days	113 days	94 days	125 days	146 days	86 days	124 days	112 days
<b>How many new YYA were added to the BNL?</b>	14	20	16	23	25	21	19	22
<b>How many previously housed YYA were added to the BNL?</b>	1	2	2	1	0	3	3	2
<b>How many previously inactive YYA were added to the BNL?</b>	7	4	5	6	5	5	4	3
<b>What was the total BNL inflow?</b>	22	26	23	30	30	29	26	27

**Individual BNL**

<b>How many individuals on the BNL at the end of the month?</b>	705	760	833	882	901	921	990	1035
<b>How many individuals were housed?</b>	19	53	48	97	145	45	54	44
<b>What was the average length of time from identification to housing?</b>	253 days	154 days	214 days	186 days	218 days	136 days	174 days	154 days
<b>What was the total BNL inflow?</b>	241	179	132	205	204	151	166	191

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
<b>Veterans BNL</b>								
How many Veterans are on the BNL at the end of the month?	160	171	182	181	171	177	174	187
How many Veterans were housed?	6	28	19	13	24	19	14	14
What was the average length of time from identification to housing?	225 days	166 days	228 days	198 days	298 days	251 days	260 days	177 days
How many Veterans met the chronic definition?	30	32	40	44	46	50	49	60
How many have experienced long-term homelessness?	18	18	22	23	38	35	35	34
How many Veterans were exited from HMIS due to inactivity, housing, or death?	12	40	26	13	13	18	11	13
What was the total BNL inflow?	30	45	36	29	31	30	16	43

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
<b>Family BNL</b>								
How many families are on the BNL at the end of the month?	251	229	235	225	210	221	224	201
How many families were housed?	43	34	30	40	28	25	18	33
What was the average length of time from identification to housing?	213 days	105 days	97 days	128 days	119 days	129 days	171 days	158 days
How many new families were added to the BNL?	52	42	27	34	36	35	32	28
How many previously housed families were added to the BNL?	4	1	0	5	2	2	5	1

How many previously inactive families were added to the BNL?	10	6	6	3	2	3	6	2
What was the total family BNL inflow?	66	69	33	41	40	40	43	31
<b>DV BNL</b>								
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>
How many DV/IPV Survivor households are on the BNL at the end of the month?	210	211	201	182	162	142	141	144
How many DV/IPV survivor households were housed?	25	27	21	37	29	20	17	9
What was the average length of time from identification to housing?	116 Days	100 Days	133 Days	176 days	122 days	175 days	185 days	244 days
How many DV/IPV survivors met the chronic definition?	35	41	36	30	30	32	27	30
How many DV/IPV survivors on the DV-CE BNL are active on the High-Risk Intervention Panel (HRIP)?	21	20	16	15	14	12	22	26
How many DV/IPV survivors were exited from HMIS due to inactivity, housing, or death?	14	10	15	23	12	16	8	8
What was the total # of assessments completed?	43	41	28	28	28	24	24	23
What was the total BNL inflow?	42	40	27	28	27	24	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](mailto: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](http://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](http://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](mailto: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.

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