

Nashville Study of Homelessness and Affordable Housing

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Agenda

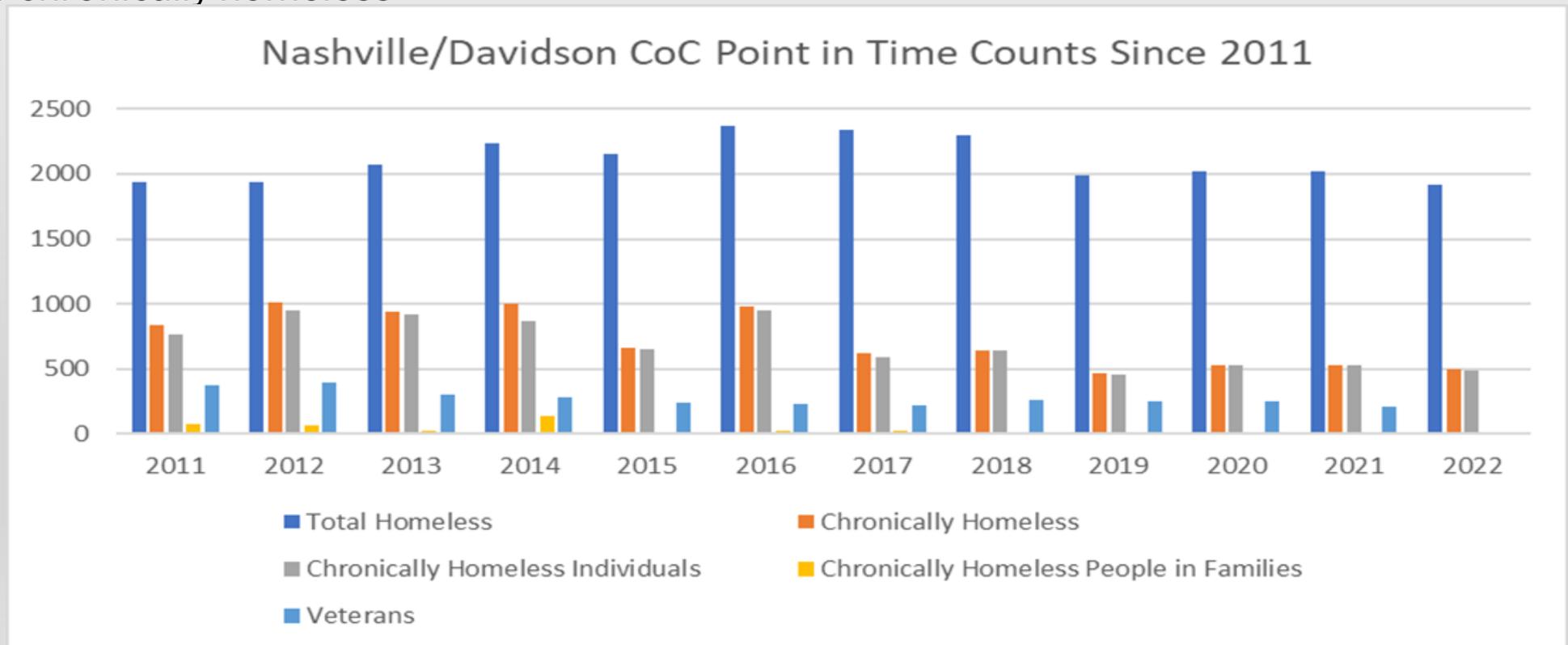
- Scope of Nashville Phase I Report
- Strengths
- Areas For Improvement
- Data-Driven Recommendations
- References
- Questions

Nashville Phase I Report Summary

- Scope of Phase I-Evaluate the performance of the homeless response system
- In our assessment of the Nashville Continuum of Care, we are encouraged by its many strengths
 - Many caring people are devoted to ending the homelessness of those sleeping on the city's streets and within its shelters
- However, more progress can be made
 - The number of people experiencing homelessness has barely changed
 - Structural hurdles include a lack of coordination, a need for clear leadership and performance management, and prioritization of the chronically homeless
- With key improvements, change is possible
 - Adoption of a “Housing First” approach will assure the city can successfully and stably house the chronically homeless population

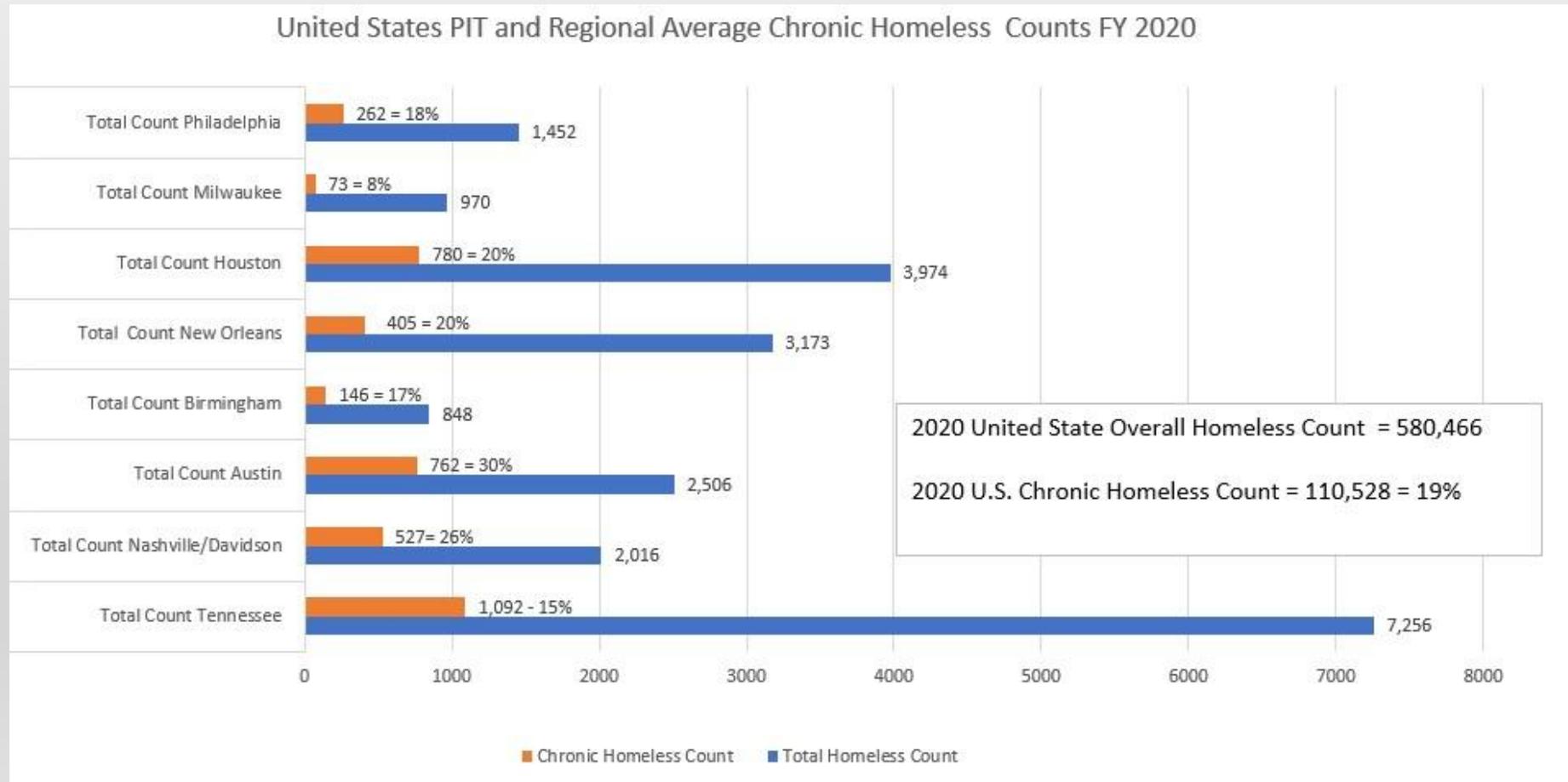
Who is Homeless in Nashville?

- January 2022-1,900 individuals are experiencing homelessness
- Of these, more than 600 are living outdoors or in places not fit for habitation
- Preliminary data for 2022 show that the number of chronically homeless people slightly decreased, but still 500 are chronically homeless



National and Regional Comparisons

- Data from 2020 shows that the percentage of chronically homeless in the United States was 19%
- Nashville CH count was 26% (527) in same year. Milwaukee was only 8%!



A Need for Services and Affordable Apartments

- Implementing a Housing First model in Nashville will require a concerted investment in supportive services and access to affordable housing. (State and Local)
- 45% of renter households are “cost burdened,” spending more than 30% of their annual income on housing

| Table 1. Renter Cost Burden | |
|---|-------|
| Total Cost Burdened Renter HHs | 58576 |
| % Cost Burdened Renter HHs | 45% |
| Total Severely Cost Burdened Renter HHs | 25674 |
| % Severely Cost Burdened Renter HHs | 20% |

Source: ACS 2019 1-year data

- Nearly 20,000 renter households earn less than \$20,000 per year. Those earning between \$10,000 and \$20,000 per year are particularly challenged – 86% of renters in this income category are cost burdened, and 74% are severely cost burdened

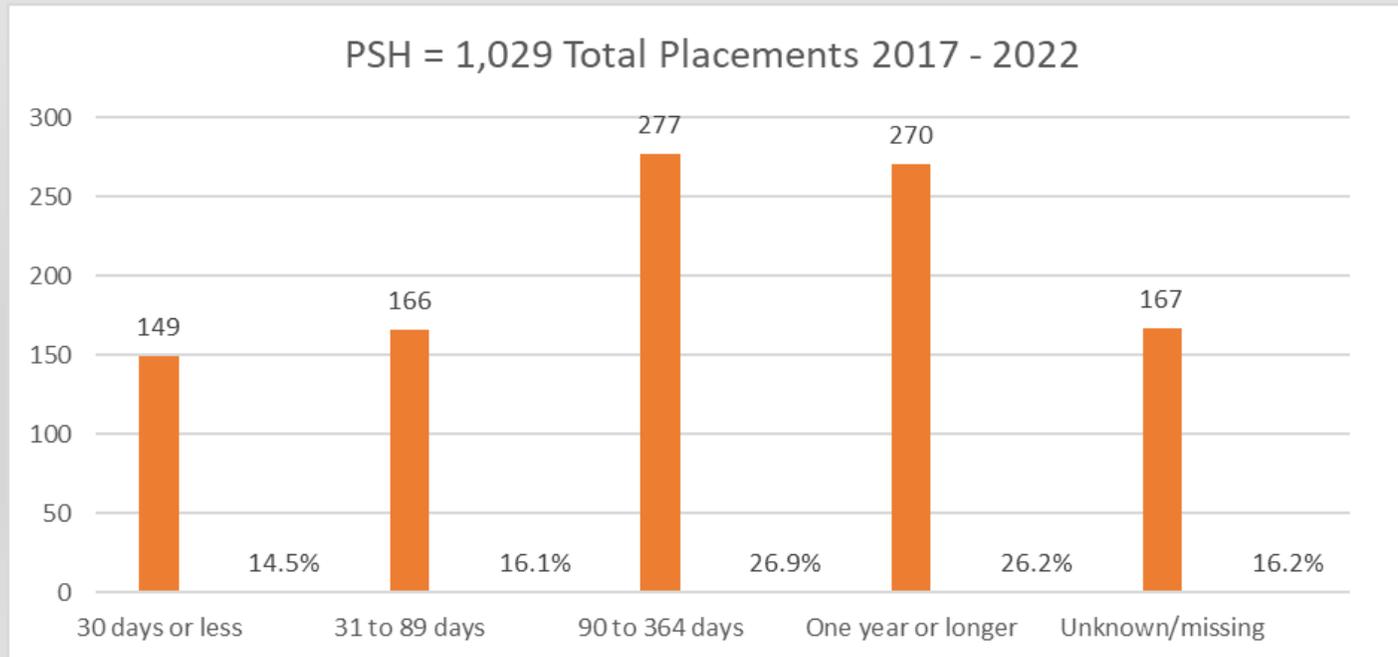
| Table 2. Renter Cost Burden by Income | | | | |
|---------------------------------------|-----------------|-----------------|--------------------------|--------------------------|
| | # Cost Burdened | % Cost Burdened | # Severely Cost Burdened | % Severely Cost Burdened |
| Less than \$10,000 | 7236 | 69% | 5887 | 56% |
| \$10,000 - \$19,999 | 11117 | 86% | 9591 | 74% |
| \$20,000 - \$34,999 | 17291 | 78% | 8644 | 39% |
| \$35,000 - \$49,999 | 15376 | 66% | 1387 | 6% |
| \$50,000 - \$74,999 | 6798 | 25% | 165 | 1% |

Strengths

- The Nashville Continuum of Care (CoC) has many passionate and committed stakeholders. That is particularly evident in the following areas:
 - Effective communication and collaboration between Metropolitan Development and Housing Authority (MDHA), Metropolitan Homeless Impact Division (MHID), and the Metro Nashville Planning Department
 - Dedication of 18 Housing Choice Vouchers (Section 8) each month from the Housing Authority
 - Creation of the Low Barrier Housing Collective: Landlord incentives/engagement, damage to property funds, housing navigation

Areas For Improvement

- The Continuum of Care does not prioritize the chronically homeless
 - Resources are not targeted toward long-term homeless
 - Most short-term homeless people targeted by Nashville would have solved their own homelessness within three months without intervention
 - Only 26% of the households placed into Permanent Supportive Housing in Nashville over the last five years have met the HUD criteria for chronic homelessness, of being homeless for at least one year



Areas For Improvement

- The Continuum of Care, Homeless Planning Council is not organized for effective governance
- The Continuum's strategic plan is too broad, without well-articulated, data-driven strategies
- CoC Permanent Supportive Housing sites require "high barriers" to housing, such as sobriety or unemployment
- Lack of effective housing first supportive services
- Lack of state partnerships with the State Health, Mental Health or Housing
- Braiding streams of funding are not maximized

Homeless Planning Council

- The Homeless Planning Council, in its current structure, is cumbersome and not structured for collaborative and effective governance
- HPC focuses on managing Metro staff and could be more effective rally the community to address chronic homeless, fundraising, and implementing best practice
- HPC lacks diversity, inclusiveness, and a racially and trauma-informed lens to do its work
- In a city that is 28% Black and 10% Latino, the 25-member Council should have 7 Black and at least 2 Latino members to match the demographics of the city itself
 - Currently, the HPC 3 people of color: 2 African American members and 1 Latino member

Data-Driven Recommendations

Target Chronic Homelessness

- Prioritizing the chronically homeless, allowing Nashville bring together government, nonprofit, and community resources to set an aggressive goal to house the chronically homeless in three years
- Across the country, more than 75 communities, representing approximately 20% of the Continuums of Care in the nation, have committed to similar efforts – with impressive, measurable reductions
- Prioritizing chronically homeless people is both humane and fiscally smart

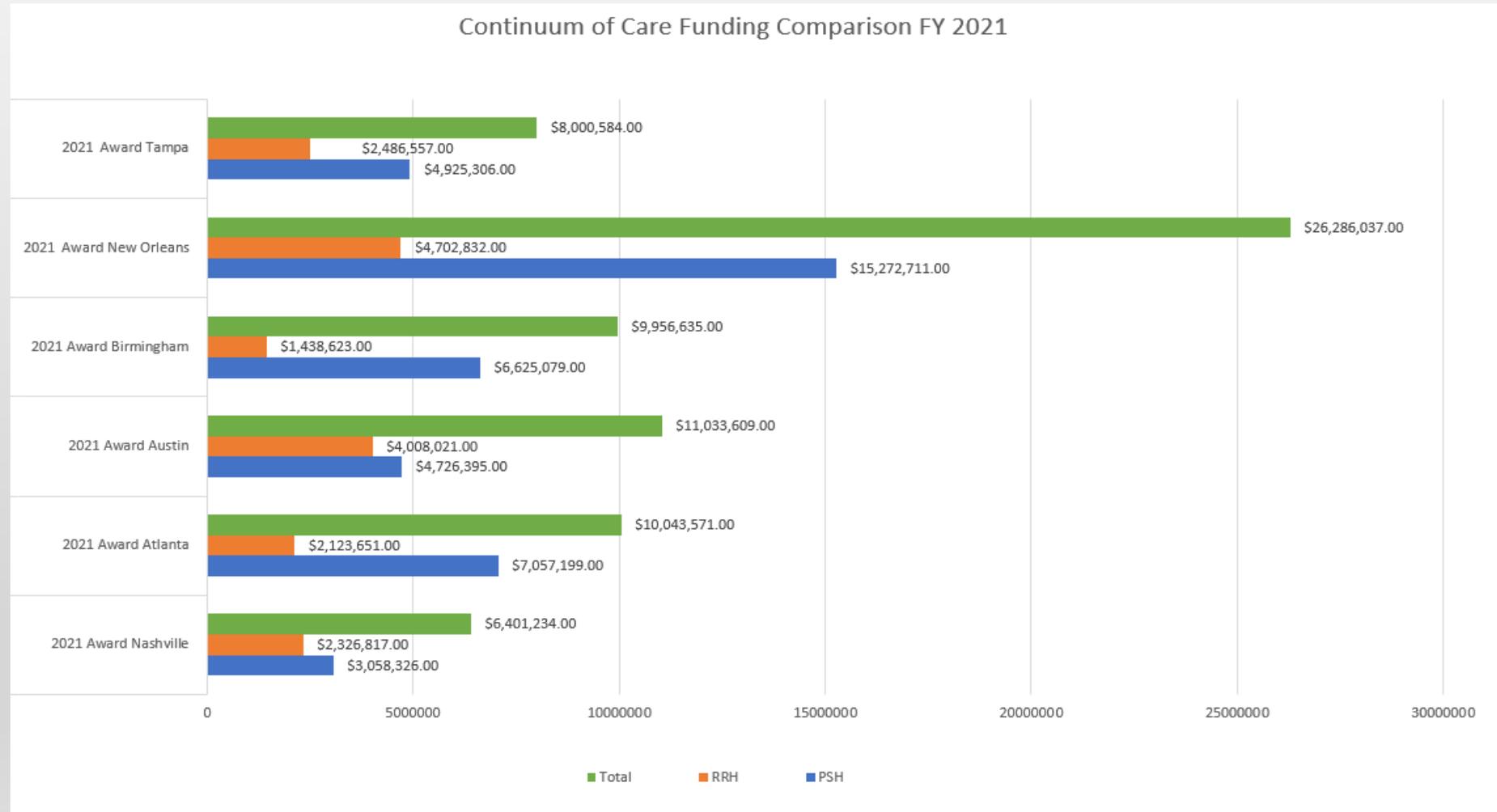
Data-Driven Recommendations

Implement “Housing First” Model

- Housing First consists of rental housing subsidies or PSH with robust, intensive support and treatment services
- Nashville CoC will keep a central list that tracks each individual by name and consistently puts those with the most severe needs at the top of the list for PSH or vouchers
- This approach has proven effective in ending each person’s homelessness and, ultimately, saves lives
- These strategic efforts will both help Nashville reduce its homeless population and will pay off in other dividends, through increased national grants.

Data-Driven Recommendations

Implement “Housing First” Model



Data-Driven Recommendations

Create Stand-Alone City Office

- The Office of Homeless Services will report directly to the Mayor and incorporate the Metropolitan Homeless Impact Division (MHID) and the collaborative applicant (MDHA)
- Director of the Office of Homeless Services should be appointed by the Mayor
- High-performing cities such as Houston and Milwaukee operate this way, with a lead agency of the Continuum of Care that manages coordinated entry, citywide information and data, and the federal application made annually to HUD



Data-Driven Recommendations

Restructure Homeless Planning Council

- Downsize and restructure the HPC to make it conducive to good governance
- The HPC – currently 25 standing members and 14 committees – should be pared down to between 17 and 19 standing members
- The city could also consider creating a more robust executive committee as a core management team, consisting of no more than 11 people
- New leadership is needed to provide a clear understanding of governance and the role of each HPC member
- Once reconfigured, the HPC should be able to go beyond providing governance of the Continuum of Care to building capacity, targeting funding opportunities, and informing city and state policy

Data-Driven Recommendations

Assess Needs and Invest Strategically

- Nashville needs to conduct a strong needs-assessment to determine the size of the city's homeless population, scope of its needs and prevent housing insecurity
- Nashville must improve the data kept in the current HUD-mandated system, called the Homeless Management Information System (HMIS)
- When complete, the needs assessment will reveal gaps with no current funding and gaps in resource deployment, where an existing funding stream can be leveraged to address needs

Data-Driven Recommendations

Build Permanent Supportive Housing (PSH) Capacity

- Nashville's current Continuum of Care award is roughly \$7,000,000 with 366 units of Permanent Supportive Housing (PSH) subsidies
- Vast majority of those subsidies are site-based and 119 of those beds have sobriety requirements, which is not compliant with HUD Guidelines
- Building PSH capacity can be done through the following ways:
 - Federally, through the HUD Continuum of Care competition
 - Nashville needs to be able to access more Housing First case management services through federal and state housing agencies or through collaborative partnerships To provide intensive case management, braiding funding from multiple sources.
 - Increase coordination between the CoC and the TN Department of Mental Health
 - Develop relationships with landlords and developers of multifamily units, to increase the number of physical units that will be open for PSH clients

Data-Driven Recommendations

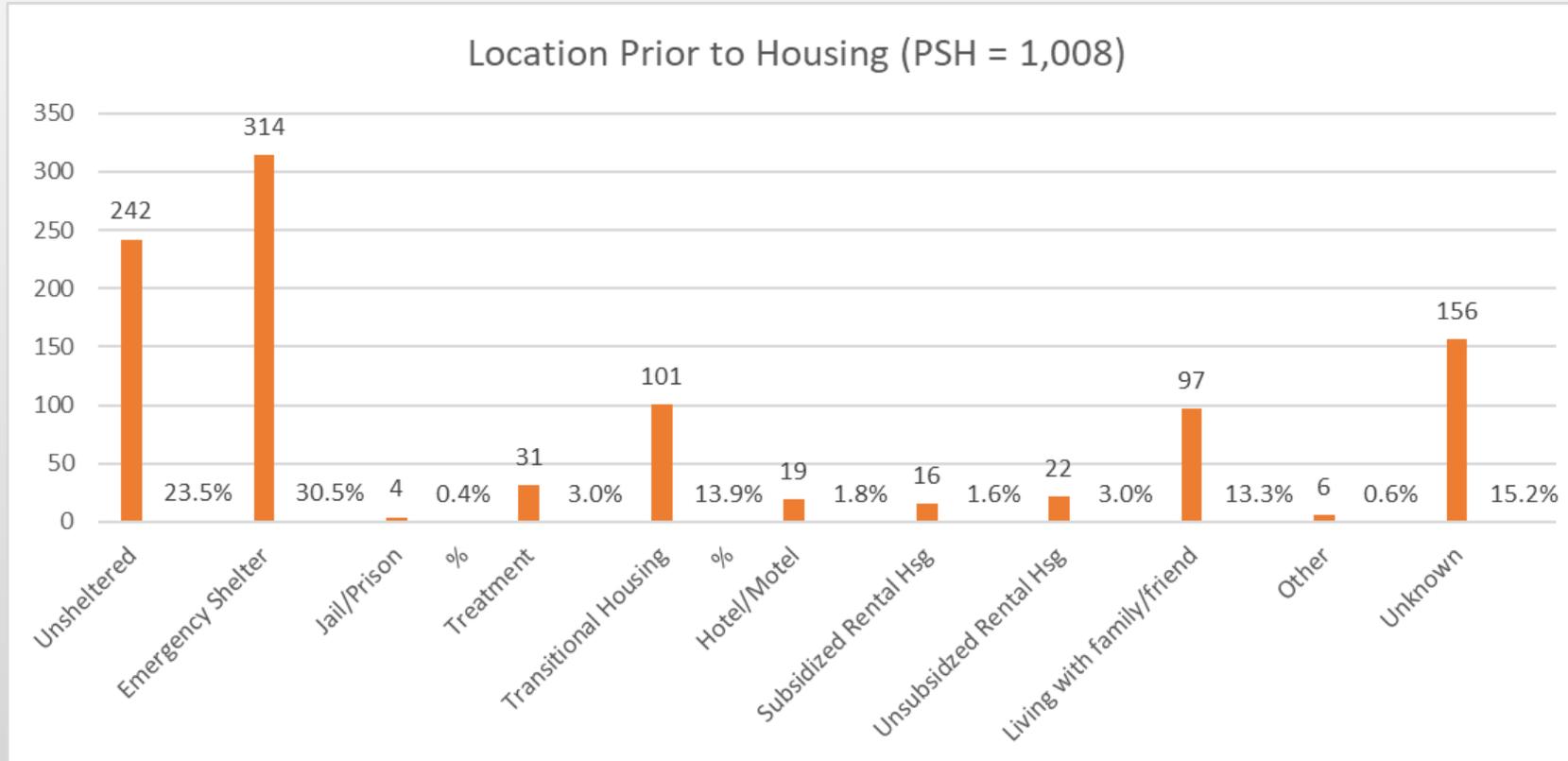
Data Collection

Make sure all requirements are met for eligibility of Permanent Supportive Housing prior to entry. This includes:

- Location Prior to Entry
- Length of Time Homeless
- Disability Status
- Document all information thoroughly in HMIS including demographics of each household
- Keep track of housing placement rates by project type and report to the CoC monthly
- Keep current lists of eligible chronically homeless individuals and prioritize placement of the most vulnerable individuals into available PSH beds
- Track returns to homelessness from each housing type

As shown in the chart below, the location of more than 15% of people receiving PSH assistance over the past 5 years was unknown or the data is missing in HMIS. Further, many who received the assistance were not literally homeless, coming instead from other unstable housing situations or even subsidized housing.

Data-Driven Recommendations



Data Methodology

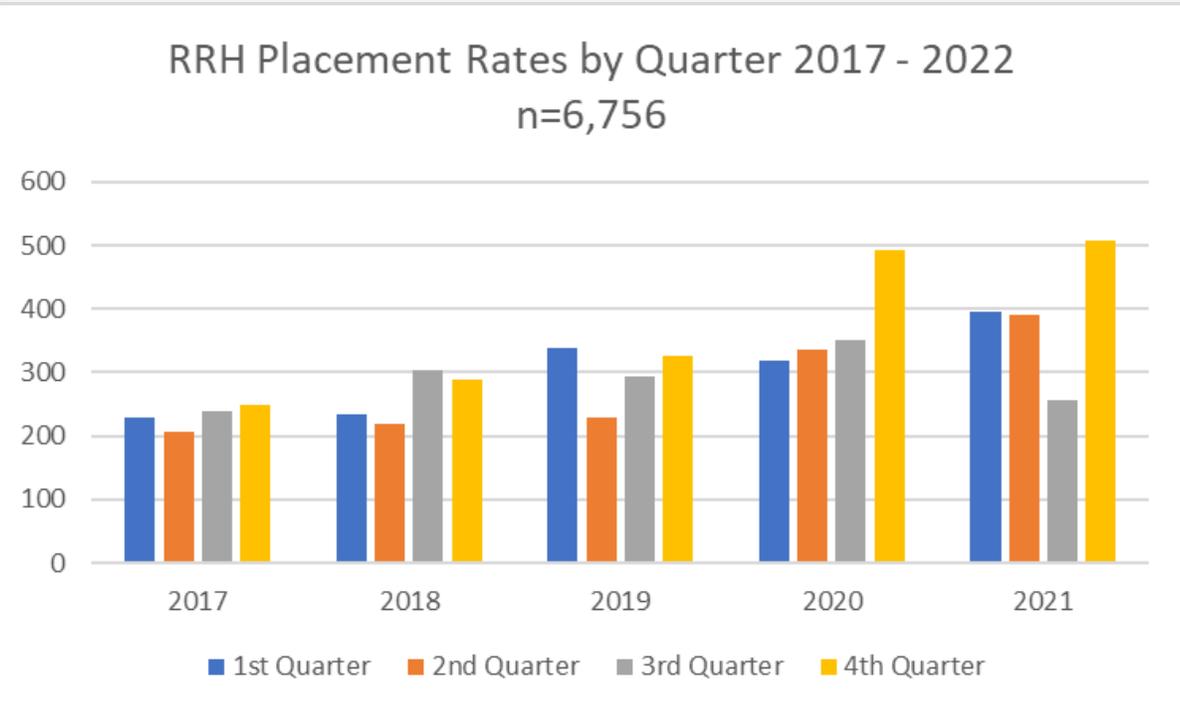
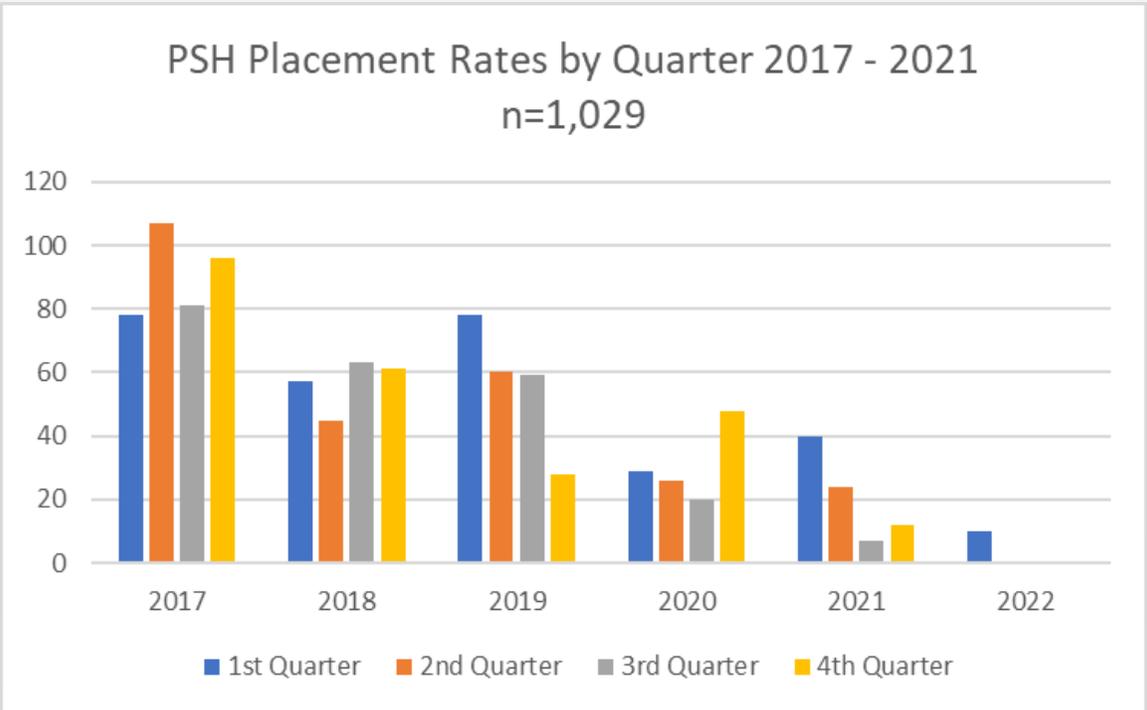
Nashville's PIT data, total number Permanent Supportive Housing (PSH) and Rapid Rehousing (RHH) units

Data obtained from past 5 years

Used to predict next 5 years

- Data analysis from Nashville-Davidson HMIS between 2015 and 2022, including*
 - Demographics and Length of Time Homeless
 - Housing Placements
 - Housing Types (RRH PSH)

**Thank you to Richard Rankin of Data Remedies along with Suzie Tolmie, Hannah Cornejo-Nell, Chantelle Owens and others for their contributions.*



Housing Placement Rates from 2017 – 2022 of 8,531 households, by Housing Type

- Permanent Supportive Housing (PSH, with Services) n= 1029
- Rapid Rehousing (RRH, temp subsidy and temp services) n=6,756
- Other Permanent Housing (PH Only, no services) n=727*

*this category not counted since 2020

Findings from 2017 – 2022 (1st Qtr)

Permanent Supportive Housing decreased by 9% (-127 beds)

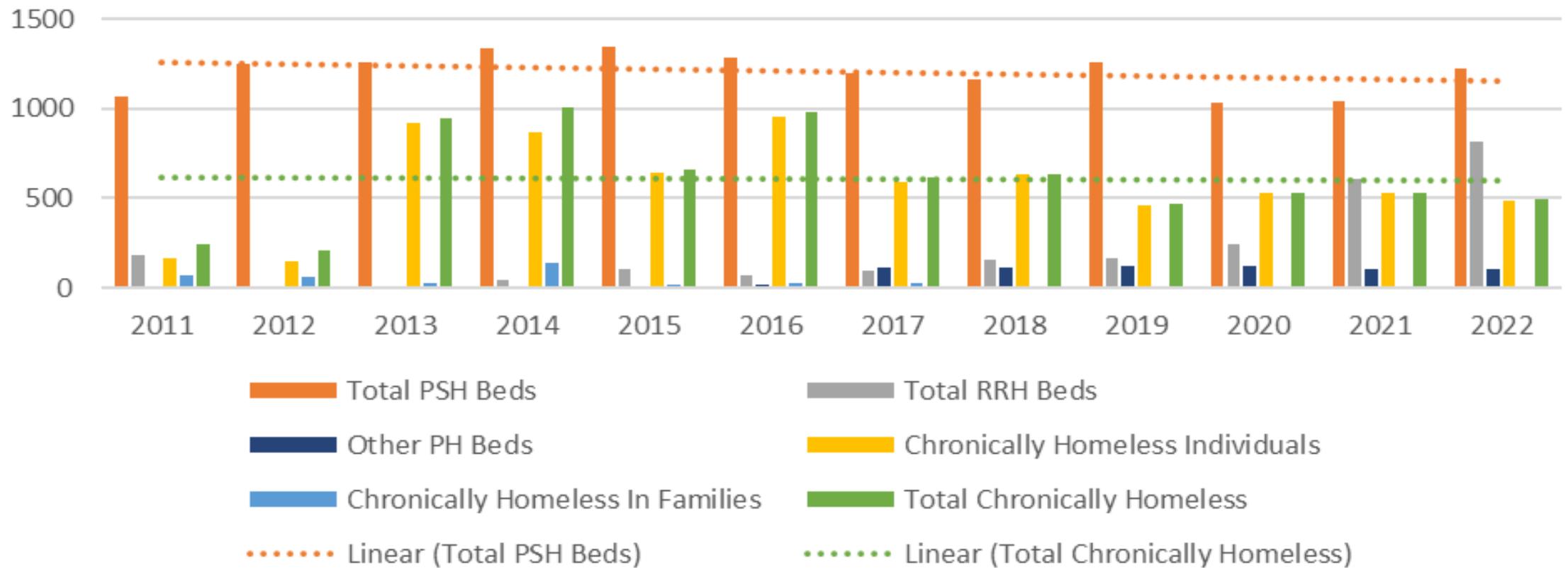
Rapid Rehousing Increased by 656% (+709 beds)

Housing Placement

- 77% decrease in access to PSH over a 5-year period
- Decreased from 90.5 per quarter (30 per month) in 2017 to 20.8 per quarter in 2022 (7 per month)
- Placement of chronically homeless individuals has decreased by 13% as of 2021

Data Analysis

Point in Time - Housing Inventory Count since 2011



Forecasting Need

- By setting a 9% benchmark for PSH bed production over 5 years
- 650 new PSH beds will be added to the current inventory of 1,223 as shown:

| Year Total PSH Beds | Estimated CH Individuals | 9% Bed Increase Benchmark | |
|----------------------------|---------------------------------|----------------------------------|--------------|
| 2022 - 1,223.00 | 489.00 | | |
| 2023 - 1,333.10 | 378.90 | 110.1 | |
| 2024 - 1,453.00 | 259.00 | 120.0 | |
| 2025 - 1,583.80 | 128.20 | 130.8 | |
| 2026 - 1,726.40 | -14.40 | 142.5 | |
| 2027 - 1,881.70 | -169.70 | 155.4 | |
| | | Total | 658.7 |

Forecasting Outcomes

The estimated number of chronically homeless individuals will reach zero by 2026 and will be significantly exceeded by 2027 making functional zero sustainable, as also shown in the trend analysis in Figure 13 below.

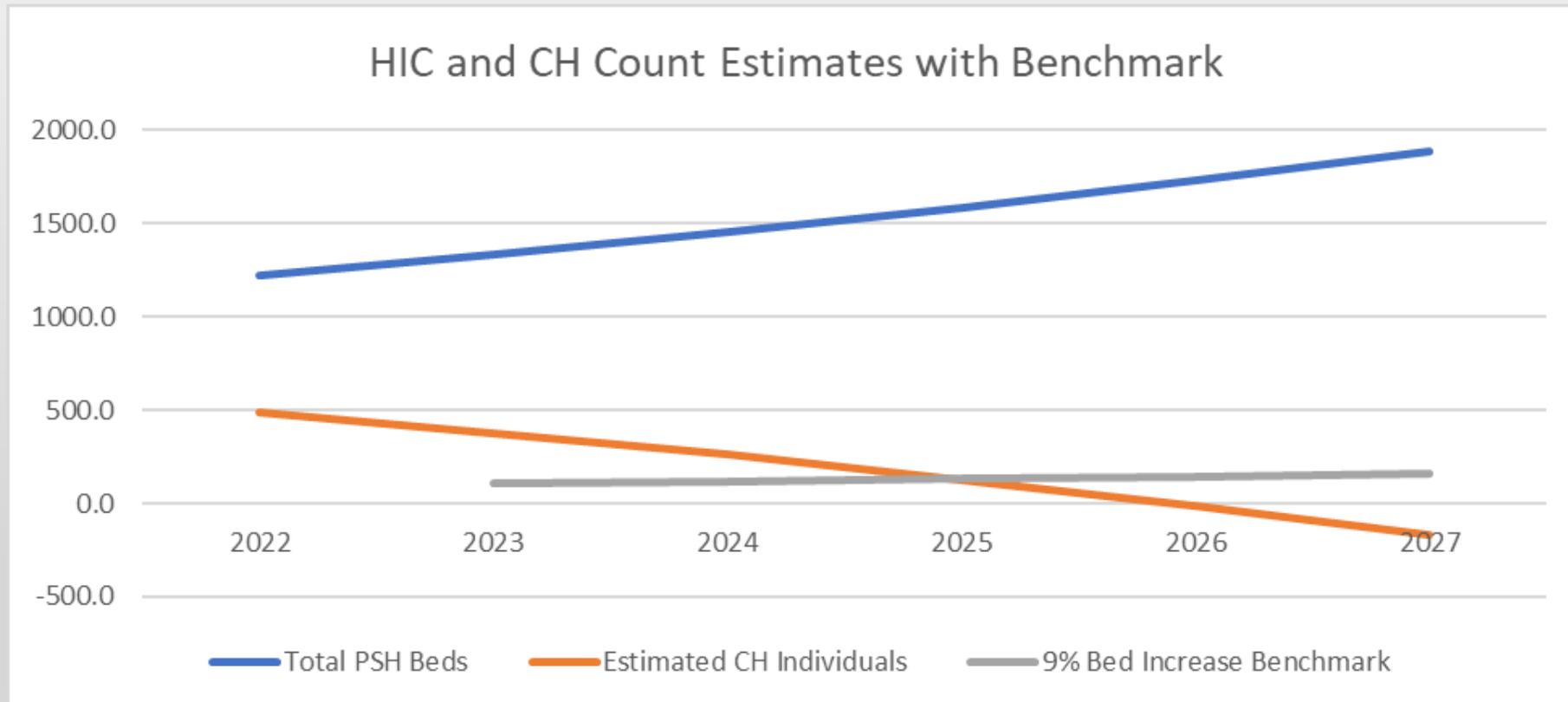


Figure 13

Forecasting Outcomes

Increasing monthly placements from 16.3 to 82.7 as the available inventory increases will zero out chronic homelessness

Recommendations

| Recommendation | Immediate Next Step (June – Aug) | Medium-Term Next Steps |
|--|---|--|
| Target Chronic Homelessness | <ul style="list-style-type: none"> - Fund Mayor’s \$50M plan - Prioritize a by-name list of chronic as output of CE / establish structures to work the list | <ul style="list-style-type: none"> - Develop and implement plan to formalize chronic as a priority across funding and systems - Work with State of TN / THDA / TN Housing Corporation on alignment to include deeply affordable housing in the QAP |
| Create a Stand-Alone Metro Office of Homelessness | <ul style="list-style-type: none"> - Move the Collaborative Applicant to Metro via MOU with MDHA and realignment of 1 MDHA staff - Hire new Director (search process underway) | <ul style="list-style-type: none"> - Take 6-9 months to determine office needs / establish – ensure that it is not a silo, establish what resources can and should be shared across other offices and departments, develop a budget for FY24 |
| Restructure Homeless Planning Council | <ul style="list-style-type: none"> - Evolve current Executive Committee into a “Core Management Team” - Training on governance role of HPC and overall CoC - Diversity and equity training - Consider a formal facilitator / moderator for HPC meetings | <ul style="list-style-type: none"> - Downsize / revise via Ordinance: clarify role, reduce numbers, streamline - Continue to work to increase diversity and equity |

Recommendations

| | | |
|--|---|---|
| Assess Needs and Invest Strategically | <ul style="list-style-type: none">- Develop a data-driven needs assessment methodology- Identify and implement quick fixes to HMIS data, e.g., training of agencies, compliance checking- Modify and reallocate HUD funding based on priority and performance | <ul style="list-style-type: none">- Conduct needs assessment and map to current funding- Develop braided and coordinated funding approach to gaps- Work with the State of TN to apply for two waivers, a 1915-i and a 1915-c from the Centers for Medicare & Medicaid Services (CMS) for mental health and other home and community-based supports- Deep dive into HMIS data issues (full workflow analysis, user feedback) and implement improvements (increase widespread data use, link to funding requests and outcomes, sustained training) |
| Build PSH Capacity | <ul style="list-style-type: none">- Immediately define a policy action plan to remove barriers to housing (e.g., sobriety requirements) for anything with Federal funding | <ul style="list-style-type: none">- Develop a tenant-based PSH subsidy priority for HUD CoC competition- Work with FQHCs and Federal, State and local housing agencies to develop and access more Housing First case management services- Continue to seek collaboration and opportunities to build the Low Barrier Housing Collaborative |

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Questions?

