



The Strategic Plan to End Chronic Homelessness in Nashville Executive Summary 2005-2015



Photo by Gary Layda

Executive Summary

In March 2004, Nashville citizens from all walks of life participated in a count of homeless persons living on the streets and in emergency or transitional housing. In April 2004, Mayor Bill Purcell appointed a Task Force of concerned leaders and stakeholders to address the multiple facets of homelessness. The Task Force was charged with creating a plan to guide Nashville in a focused effort to end chronic homelessness in 10 years.

Process Summary

Prior to the first meeting of the Task Force in June, several steps were taken to create a foundation for the work of creating the 10-year plan to end chronic homelessness. First, Mayor Purcell was successful in securing the substantial support of Vanderbilt University. The University provided meeting space, financial support, research assistance, and expert facilitation by faculty. Staff from Metro Social Services, the Metro Development and Housing Agency, Metro Action Commission, the Nashville Career Advancement Center and the Metro Public Health Department were dedicated to assist the Task Force throughout the planning process and with the development of this document.

At the initial Task Force meeting, members broke into four work groups: housing; health; economic stability; and systems coordination. These areas provided a framework for the Task Force to develop Nashville's 10-year plan. From that point forward, the work groups met independently of the full Task Force, bringing in additional expertise as needed, and then reporting back at the next Task Force meeting.

Work Groups

The four work groups consisted of experts in the planning and services area from both the public and private sectors. Each group was charged with creating a set of recommendations. The four work groups sought input from the homeless, business, faith, and service provider communities.

To create a set of recommendations, the work groups were assigned a standardized series of tasks. These tasks included defining key terms and identifying the relevance of the work group area to an overall plan to end chronic homelessness. Additional research was conducted on the current status of the work group topic in Nashville, existing gaps and barriers to services, and best practices implemented in other cities. The findings and recommendations of the work group efforts are condensed in this summary and thoroughly discussed in the main body of this document.

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Guiding Principles and Vision

The Task Force formulated a vision that within 10 years, Nashville will be a community without chronic homelessness by assuring access to safe, affordable and permanent housing with a comprehensive area of supportive services. To more specifically express that vision, the following principles were formed.

1. **Permanent Supportive Housing** is a priority, with individuals moving into housing as quickly as possible.
2. **A Continuum of Supportive Services** including health, mental health, substance abuse, outreach and other services is available, tailored to meet an individual's need and recognize a person's ability to change. Services are essential to achieving long-term housing stability.
3. **Systems Coordination** and collaboration between public and private sector service providers is critical and necessary for long-term success.
4. **Self Sufficiency** includes access to income assistance (i.e, federal benefits) and/or employment opportunities, and is the best way to assure an individual's ability to maintain housing and live independently.
5. **Community Ownership** is understanding that homelessness impacts the whole community – every individual, agency, and business – particularly those operating in the central city. Solutions to end homelessness can and must be found in every public and private sector entity.
6. **Voice and Choice** of homeless individuals is a must, both in their individual circumstances and in the systems that affect them.
7. A **Results-Driven** focus must be embedded in all our services, programs, and endeavors. Success must be clearly defined and measured. Only services proven effective will be funded.
8. **Prevention** strategies are a necessary component of lasting and cost-effective solutions to chronic homelessness.

Task Force Recommendations and Strategies

HOMELESSNESS COMMISSION The administration of the 10-Year Plan to End Chronic Homelessness rests with the establishment of a Homelessness Commission to oversee implementation of the recommendations and strategies outlined in this document. The Commission shall be located within Metro Social Services with members appointed by the Mayor of Nashville-Davidson County or his designee(s). Primary areas of focus for the Commission will be:

1. Coordinated and focused approach to ending chronic homelessness
2. Accountability for implementation of the 10-Year Plan
3. Participation of all stakeholders including homeless persons
4. Maintenance of accurate, current data on homeless populations
5. Alignment and or realignment of policies, services, and funding decisions with the 10-Year Plan
6. Education of the public, service providers, and other interested parties on the 10-Year Plan
7. Development and allocation of new resources for plan initiatives
8. Ongoing evaluation and revision of the 10-Year Plan

HOUSING Homelessness is linked to a shortage of housing for individuals and families with very low incomes. The vast majority of individuals experiencing homelessness have incomes that fall far below the typical threshold calculated for most affordable housing. Monthly rents of \$0 to \$160 are the maximum that can be paid by most homeless individuals. Although Nashville's housing sector for homeless individuals has experienced some development in the past two decades, this resource must expand if we are to sufficiently address the need. The primary recommendations offered by the Task Force in this area are:

1. Develop Permanent Supportive Housing (PSH) opportunities for homeless individuals and families
2. Identify all existing funding sources while developing new funding initiatives to finance the permanent supportive housing
3. Establish a leadership committee to secure lead private gifts for housing development
4. Develop a community education initiative regarding homelessness in Nashville
5. Address discrimination against homeless individuals, which violates human rights and dignity
6. Apply to the Nashville Civic Design Center for consultation on housing design that can meet homeless resident and neighborhood needs
7. Establish an emergency fund for the purpose of preventing chronic homeless individuals and families from relapsing into homelessness after they move into permanent housing
8. Train service providers on the permanent supportive housing model

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HEALTH Homeless persons have all the same physical and behavioral health problems as individuals with homes, but at greatly elevated rates, with multiple diagnoses and disabling conditions being common. By “health,” this report refers to the full complex of physical health, mental health and substance abuse problems. Homelessness inevitably causes or worsens serious health problems. The primary recommendations offered by the Task Force in this area are:

1. Establish new/expanded services
2. Conduct a comprehensive assessment of health care system capacity and need
3. Increase availability of outcome-based case management services
4. Increase availability of medical respite services
5. Expand the array of, and access to, mental health and substance abuse services and treatments
6. Assure access to primary and specialty care services

ECONOMIC STABILITY A fully-realized economic stability strategy is necessary to maintain stable housing and establish and test personal accountability. Economic stability, along with housing, is the critical precursor to any potential training and employment program. For those chronically homeless people who may never be employed, full access to income maintenance, health care, and housing resources will allow them to reach their highest level of independent housing, economic self-sufficiency, and social self-reliance. The primary recommendations offered by the Task Force in this area are:

1. Utilize an outcome-based funding approach to be monitored at least annually for any continued homeless funding generated through Metro government
2. Develop a formal “Income Maintenance – Training – Employment Continuum”
3. Develop formal Memoranda of Understanding with key public service providers
4. Develop at least one results-based chronically homeless job readiness/ training/ employment pilot project
5. Aggressively seek new funding for job training and employment programs
6. Obtain the services of a full-time homeless programs development director
7. Establish a pilot project to facilitate access to basic local banking services for homeless individuals
8. Conduct an analysis of the public transportation barriers that prevent homeless individuals from participating in job training programs or maintaining employment

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SYSTEMS COORDINATION An array of distinct components is necessary to construct an effective response to chronically homeless individuals. We must assure that the broad system of services and housing available to homeless individuals is as seamless and coordinated as possible. Among the many and often complex issues under the systems coordination umbrella, the Work Group divided into subcommittees to focus on three main topics: expanding outreach activities; collecting accurate data; and coordinated discharge planning. The primary recommendations offered by the Task Force in this area are:

1. Implement the Homeless Management Information System (HMIS) currently under development by the Metropolitan Health Department.
2. Mandate that all city-funded homeless programs participate in HMIS
3. Create an inter-disciplinary street outreach team
4. Provide formal training for outreach workers
5. Develop a Community Court, or other alternative sentencing option
6. Identify, educate and coordinate with key administrators and discharge personnel from hospitals, mental health, correctional, and residential treatment facilities in order to reduce rates of recidivism among the homeless population
7. Develop training curricula and implement a comprehensive list of discharge related staff at institutions and facilities state-wide that serve a high number of individuals who are homeless and at risk of being homeless
8. Establish criteria for exemplary discharge planning practices for individuals who are homeless and those who are at risk of being homeless
9. Assure pre-release assistance with enrollment and public assistance programs