

METROPOLITAN NASHVILLE-DAVIDSON COUNTY, TENNESSEE

**2024-2025 ANNUAL UPDATE  
FOR  
PROGRAM YEAR TWO  
TO THE  
2023-2028 CONSOLIDATED  
PLAN  
FOR  
HOUSING AND COMMUNITY  
DEVELOPMENT  
For the period June 1, 2024 – May 31, 2025**

**Prepared by:**

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**On Behalf of:**

The Metropolitan Government of  
Nashville and Davidson County  
Final June 24, 2024



**The 2024-2025 Annual Update to the 2023-2028 Consolidated Plan**

**(2024 Action Plan) Program Year Two**

**Executive Summary** **ES1**

**Action Plan** **AP1**

**Appendices:**

**Appendix A – Home Resale/Recapture Provisions**

**Appendix B – Data to establish 95% of the Median Area Purchase Price for Single Family housing in Metropolitan Nashville-Davidson County**

**Appendix C – Summary of consultation survey comments and responses**

**Appendix D – Public Notice**

**Appendix E – Summary of Public Comments and MDHA Responses**

**Exhibits:**

**Exhibit 1 – Notice of 2024 Allocations**

**Exhibit 2 – HUD Approval to Extended Submission Deadline for 2024 Action Plan**

# Executive Summary

## AP-05 Executive Summary - 24 CFR 91.200(c), 91.220(b)

### 1. Introduction

The Metropolitan Government of Nashville-Davidson County (County) is an entitlement community eligible to receive direct assistance under the U.S. Department of Housing and Urban Development’s (HUD’s) Community Development Block Grant (CDBG) program. The County is a participating jurisdiction under the HOME Investment Partnerships Program (HOME). It is a formula grantee under the Emergency Solutions Grant (ESG) and the Housing Opportunities for Persons with AIDS (HOPWA) program.

Every five years, the County must prepare a Consolidated Plan to describe how these funds will address housing and community development needs. CDBG, HOME, and ESG must be expended within Nashville-Davidson County for participants who meet applicable eligibility criteria and for eligible activities as outlined by program regulations and each year’s Action Plan. HOPWA funds target the needs of persons living with HIV/AIDS and their families in the Nashville-Davidson—Murfreesboro-Franklin Metropolitan Statistical Area (MSA). All programs must benefit low-income persons or households ( $\leq 80\%$  of the area median income) or low-income areas.

The Metropolitan Development and Housing Agency (MDHA) is designated as the lead agency for developing and administrating the Consolidated Plan and its related programs. Within MDHA, the Community Development Department undertakes these functions. To ensure the Consolidated Plan reflects the City’s priorities, aligns with its initiatives, and incorporates local plans and reports, MDHA collaborated with several community stakeholders and Metro agencies throughout the planning process of the 2023 to 2028 Consolidated Plan.

The Five-Year Consolidated Plan covers June 1, 2023, through May 31, 2028. The Consolidated Plan is updated each year (Annual Update) to reflect proposed activities and goals for the program year (Action Plan). Annual Updates/Action Plans serve as Nashville’s application for federal funds each year. This Action Plan is for the Program Year (PY) 2 (2024-2025) for the period June 1, 2024, through May 31, 2025, and allocates regular formula grants for CDBG, HOME, ESG, and HOPWA to eligible projects/activities based on the goals and priorities established in the original Five-Year Plan.

Allocations and project budgets in the draft 2024-2025 Action Plan reflect allocations for the PY based on 2024 PY funding, which HUD released on May 8, 2024. In addition, approximately \$260,090 in CDBG program income and \$246,178 in HOME program income are expected to be received during the 2024-2025 Program Year. Therefore, anticipated resources are as follows:

<b>PROGRAM YEAR 2 ANTICIPATED RESOURCES</b>				
	<b>Annual Allocation</b>	<b>Estimated Program Income</b>	<b>Prior Year Resources</b>	<b>Total</b>
CDBG	\$ 5,074,394.00	\$260,090.00	\$ 0.00	<b>\$5,334,484 .00</b>
ESG	\$ 432,661.00	\$ 0.00	\$ 0.00	<b>\$ 432,661.00</b>
HOME	\$ 2,295,090.00	\$246,178.00	\$ 0.00	<b>\$ 2,541,268.00</b>
HOPWA	\$ 2,422,025.00	\$ 0.00	\$ 0.00	<b>\$ 2,422,025.00</b>
<b>TOTAL</b>	<b>\$ 10,224,170.00</b>	<b>\$ 506,268.00</b>	<b>\$ 0.00</b>	<b>\$ 10,730,438.00</b>

**Table A - PROGRAM YEAR 2 ANTICIPATED RESOURCES**

The Annual Update is due to HUD forty-five (45) days before the beginning of the PY, which, for Metro Nashville, is by April 14 of each year. Once received, the Plan must be approved by the MDHA Board of Commissioners and Metropolitan Council before it is submitted to HUD. Therefore, a request for an extension for submission of the final Action Plan to August 16, 2024, was approved by the HUD office on April 29, 2024. The final allocations for 2024 ESG and HOPWA activities – other than those directly undertaken by MDHA staff – will be determined via the Request for Application (RFA) process and demand for funding for projects, subject to regulatory caps.

**2. Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview**

The Strategic Plan was formed from the Needs Assessment, Market Analysis, and input from community stakeholders and members of the public. Where possible, HUD default data was updated with more current data from the American Community Survey (ACS) and HUD’s Comprehensive Housing Affordability Strategy (CHAS). The format of the Consolidated Plan and 2024-2025 Annual Action Plan are consistent with HUD’s Consolidated Plan Template.

Priorities of the Consolidated Plan are to:

1. Increase the number of decent, safe, affordable housing units and help low-and moderate-income (LMI) households access affordable housing.
2. Preserve existing affordable housing stock for LMI homeowners and tenants.
3. Support facilities and services for the homeless and persons with HIV/AIDS.
4. Provide essential services to LMI and vulnerable populations.
5. Revitalize distressed neighborhoods and underserved areas through public facility and infrastructure improvements.
6. Undertake grant management, planning, and other eligible administrative tasks authorized under CDBG, HOME, ESG, and HOPWA.

Activities proposed to be undertaken this program year are intended to address the

Consolidated Plan priorities and the primary objectives of the four Consolidated Plan programs: to develop viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities principally for low- and moderate-income persons. Related outcomes are increasing availability and accessibility, improving affordability, and promoting the sustainability of communities. The primary means toward this end is to extend and strengthen partnerships at all levels of government and the private sector, including for-profit and nonprofit organizations, in the production and operation of affordable housing and maximizing federal resources.

The table in AP-35 of the Annual Plan summarizes the proposed activities for addressing Consolidated Plan priorities.

### **3. Evaluation of past performance**

Each year, MDHA reports its progress in meeting the five-year and annual goals in the Consolidated Annual Performance and Evaluation Report (CAPER). This report is required to be submitted to HUD within 90 days after the program year ends. Previous years' CAPERs are available on MDHA's website: <http://www.nashville-mdha.org/?p=1857>. MDHA has consistently satisfied program mandates and has successfully targeted funds to benefit low- and moderate-income persons and neighborhoods. In its most recent letter approving the 2021 CAPER, HUD determined that MDHA's overall progress is excellent and that activities appear to be in accordance with program requirements.

While the accomplishments reported in the CAPER are used to measure the success of meeting the goals for a program year, the evaluation of past performance is a continual process. For example, the quantity and quality of responses to funding opportunities indicate the demand for a particular activity, the capacity needs of an organization, and whether the expectations of MDHA and program requirements were communicated clearly. Results of audit/monitoring activities are used as management tools to strengthen MDHA and funding partners. Regular participation of MDHA staff in local forums, community meetings, and neighborhood events provide partners and citizens the opportunity to communicate needs, concerns, and ideas.

### **4. Summary of citizen participation process and consultation process**

To ensure the 2024 Action Plan truly addresses the needs in Metro Nashville, the citizen participation and consultation processes were designed to garner considerable public input on the development of the Action Plan, as well as on the Draft. Throughout the 2023 PY, MDHA staff consulted with stakeholders, non-profits, project sponsors, and the Mayor's office for suggestions to improve or expand programs for PY 2024. Additional input on the development of the draft Plan was obtained through four virtual consultation sessions with local stakeholders, three private virtual consultation with various departments of the Mayor's office, and an on-line survey which had 55 responses. Comments on the draft Action Plan were obtained during the 30-day public comment period (May 1 through May 30, 2024) and an in-person and virtual public

hearing held via Zoom on May 16, 2024. Details about the public hearing and how the public can submit comments are provided in the Public Notice (Appendix D).

Information on how persons with disabilities or sensory impairments or those in need of translation services can request accommodation is provided in all Public Notices, in emails advertising community meetings/public input sessions, and posted on the Consolidated Plan webpage in Spanish, Chinese, Vietnamese, Arabic, and Somali. MDHA will make every effort to accommodate reasonable requests if they are made not later than five (5) business days prior to any meeting. Public Notices are translated to Spanish.

Following the conclusion of the Public Comment Period, the 2024 Action Plan will be presented to the MDHA Board of Commissioners and the Metropolitan Council for approval, prior to its submittal to HUD.

The County's 2023 Citizen Participation Plan is included as Appendix A.

## **5. Summary of public comments**

A summary of the comments received is included in Appendix E.

## **6. Summary of comments or views not accepted and the reasons for not accepting them**

A summary of public comments or views received during any public hearing that were not accepted and the reasons for not accepting them is included in summaries of public comments in Appendix E.

## **7. Summary**

Nashville is a growing city with rising housing prices that are significantly affecting opportunities for low-moderate-income residents. Housing cost burden has been the most common housing problem experienced by Nashvillians of all income ranges for many years, but those pressures have intensified in recent times. This problem is particularly acute for households with income less than 50% of the area median income (AMI). This housing crisis and strategies for addressing it were identified in the 2021 Affordable Housing Task Force Report, which noted that nearly half of Nashville's renters are cost burdened, meaning they spend more than 30% of their income on housing costs.

Further, Nashville's growth has not occurred equally across the county – the landscape of some neighborhoods has been changed dramatically by new development and the loss or potential loss of precious affordable housing, while investment and new development have yet to make it to other areas. The goals and priorities of this Action Plan seek to create new affordable housing and incentivize this development in areas of opportunity; to preserve existing

affordable housing to stabilize the fabric of neighborhoods and allow homeowners to age in their homes; and to address service needs of the community.

## The Process

### PR-05 Lead & Responsible Agencies 24 CFR 91.200(b)

1. Describe agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
CDBG Administrator	NASHVILLE-DAVIDSON	MDHA Community Development Department
HOPWA Administrator	NASHVILLE-DAVIDSON	MDHA Community Development Department
HOME Administrator	NASHVILLE-DAVIDSON	MDHA Community Development Department
ESG Administrator	NASHVILLE-DAVIDSON	MDHA Community Development Department

**Table 1 – Responsible Agencies**

### Narrative

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## **AP-10 Consultation – 91.100, 91.110, 91.200(b), 91.300(b), 91.215(I) and 91.315(I)**

### **1. Introduction**

**Provide a concise summary of the jurisdiction’s activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(I)).**

As part of the consolidated planning process, the lead agency, MDHA, must consult with a wide variety of organizations in order to gain understanding of housing and community development needs. To ensure this Consolidated Plan truly addresses these needs in Metropolitan Nashville, citizen participation and stakeholder consultation activities were designed to help:

- Validate the accuracy of data;
- Determine priority needs;
- Increase coordination among partners;
- Expand outreach efforts; and
- Build support for Consolidated Plan activities.

Through 4 virtual stakeholder consultations for which invitations were sent to dozens of community stakeholders, a wide variety of organizations were consulted in order to gain understanding of housing and community development needs. Additional input prior to the development of the draft Plan was obtained through a countywide survey that generated 55 responses. Comments on the draft Action Plan were obtained during the 30-day public comment period and at a public hearing held during this time. The final Action Plan reflects comments obtained through these efforts.

The focused format of the consultations was aimed at coordinating with housing and service providers. This method resulted in several housing and service providers contributing to the Plan. Additional coordination efforts are described below.

#### Public Housing Authority

MDHA is the public housing authority (PHA) in Metro Nashville and provides public/affordable housing through its Affordable Housing Department and rental assistance (i.e., Section 8 Vouchers) through the Rental Assistance Department and undertakes redevelopment of its properties through the Planning and Development Department. These functions are guided by the Five Year PHA Plan and are separate and distinct from the Community Development Department, which administers the Consolidated Plan and its related programs. Input on the needs of public/affordable housing residents and voucher-holders and how to address these needs was obtained through consultation with the leadership from these MDHA departments. Further, department directors participate in frequent staff meetings with MDHA executive leadership to review projects and coordinate efforts.

MDHA's Five Year Strategic Plan, the Five Year PHA Plan, the Envision Cayce Master Plan, and the Envision Napier and Sudekum Transformation Plan are among the other planning efforts considered when developing this Plan.

#### Partnership between MDHA and the Metropolitan Office of Homeless Services (OHS)

MDHA is transitioning its duties as the Collaborative Applicant for the Nashville-Davidson County Continuum of Care (CoC) to the Metro Office of Homeless Services (OHS). In November 2023, the CoC General Membership voted to designate OHS for the role; MDHA & OHS staff have been meeting weekly since mid-October to discuss logistics, review the FY2023 CoC application to HUD and score debriefing, local renewal and new project application formats, Governance Charter updates, Point-in-Time Count tasks and other items as OHS prepares to assume the mantle of Collaborative Applicant.

OHS is Nashville's homelessness data manager and city lead in reducing Nashville homelessness, serving as a central hub that collaborates with multiple community partners to help provide safe and stable living options and support for those experiencing homelessness. OHS also coordinates a community response to street homelessness through its homeless outreach team and leads efforts to improve our Nashville's Coordinated Entry system.

The main goals of OHS are to:

- Offer expertise and support to the work of the Nashville-Davidson County Continuum of Care Homelessness Planning Council;
- Serve as the Continuum of Care's (CoC) Homeless Management Information System (HMIS) Lead;
- Lead and co-lead local community efforts by serving as the city's backbone organization to further collaborative goals;
- Provide expertise and training to implement a community-wide Coordinated Entry System as required of the CoC by the federal Department of Housing and Urban Development (HUD); and
- Coordinate Metro departments in the city's response to homelessness.

Another partnership between MDHA and OHS allows for the utilization of up to 18 Housing Choice Vouchers per month to house people experiencing literal homelessness. MDHA and OHS staff have also been meeting regularly for months to assure optimal utilization of subsidies dedicated to persons experiencing homelessness.

#### Coordination with Private and Governmental Health, Mental Health, and Service Agencies

Interaction is routine among private nonprofit service providers, health, mental health and government agencies in Nashville. OHS constantly interfaces with other Metro departments, such as Planning, Police, Health, Public Works, Social Services, Schools, Parks and the Office of the Mayor. Frequent meetings of bodies like the Homelessness Planning Council, CoC General Membership, the Nashville Coalition for the Homeless, various care coordination meetings and CoC Committee meetings help coordinate efforts and keep players updated on key activities. Via the CoC listserv, over 600 individuals are informed about items ranging from housing waitlist openings to job opportunities to updates of documents such as the Charter, Strategic Plan and HMIS Policies and Procedures.

One prime example of coordination is the Community Mental Health Systems Improvement (CMHSI) collective impact effort led by the Metro Health Department. Formed in 2017, the CMHSI focuses on the most vulnerable people who experience behavioral health issues and who touch the health, mental health, criminal justice, and social sectors. The group's initial effort resulted in the establishment of a 30-bed Crisis Treatment Center, a program of the Mental Health Cooperative that offers 24/7 free Crisis Assessment and a therapeutic alternative to Emergency Rooms and/or jails for individuals in a psychiatric crisis.

In addition, CMHSI launched a Supportive Housing Task Force that is seeking to improve coordination between agencies that provide health, mental health, and substance abuse treatment services, especially as those agencies' clients are at risk of entering, or are already involved with, the criminal justice systems. The group is exploring all funding and programmatic options to assist getting people who have been living on Nashville's streets for years off the streets and into permanent housing options.

Steps to enhance coordination detailed later in this Action Plan include: meetings of CoC committee chairs; training conferences covering best practices; transparent reporting of local performance metrics and progress with activities funded by the city, using reports at meetings and public-facing dashboards; data imports from the Nashville Rescue Mission into HMIS; and regularly educating and updating key stakeholders regarding access to housing and services.

### **Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness**

Along with myriad community partners, the Nashville-Davidson County CoC and the Metropolitan Government have worked in tandem to address these needs, and look forward during the next year to partnering in efforts to: prioritize Permanent Supportive Housing funding for adult-only households, particularly people who are chronically homeless; increase expertise in housing search and removing barriers to entry; accessing employment and related supports; via tax incentives, grant funds and other vehicles, increasing permanent housing units that are affordable to persons experiencing homelessness making 0-30% AMI; identifying and addressing inequities in the city's system of housing and services.

Capitalizing on a huge influx of CARES Act HUD ESG-CV funds, the city embarked on a Housing Surge designed to connect people sleeping outdoors and in shelters with permanent housing and rental assistance. Through September 2023, 1,022 people have been housed with ESG-CV RRH funds, according to HMIS records maintained by the OHS.

### **Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS**

CoC committees work to streamline performance standards across multiple funding sources. These efforts help create, revise and align the policies and procedures for Coordinated Entry, HMIS and the Performance Evaluation processes. In efforts to further align ESG with CoC priorities, there has been increased coordination between the CoC and ESG performance standards.

The HMIS Oversight Committee serves as the advisory body to the CoC and HMIS Lead. Its primary purpose is to provide guidance to the CoC and HMIS Lead on data planning; policy development; and systems improvement, including regular data quality review. In addition, the HMIS Oversight Committee ensures the administration of HMIS in accordance with HUD guidelines. The goals and duties of the HMIS Oversight Committee include:

- Informing the vision for HMIS and setting priorities to align with goals established by the CoC.
- Reviewing and monitoring strategic initiatives for HMIS.
- Developing and recommending approval of policies to the CoC Planning Council for local HMIS and the HMIS Lead and staff, including MOUs and data sharing agreements.
- Assuring appropriate data privacy mechanisms are in place and informing the process to manage data breaches as needed.
- Providing a platform to resolve provider concerns or issues.

While a lot of work has been done around the alignment of procedures, policies and resources, the CoC’s HMIS Oversight Committee, in coordination with OHS’s HMIS team, continuously works with provider agencies to improve data quality, onboard new participating agencies, shape policies and procedures of HMIS, and implement data quality and privacy plans, etc. The HMIS Lead team is also implementing an educational push and, with the assistance from CoC committees and the Homelessness Planning Council, is actively encouraging street outreach workers to increase their efforts to collect key information about people living outdoors into HMIS. As the work of the Data Committee and the HMIS Oversight Committee intersects so often, once the Charter is updated for 2024, those two committees are due to fuse into one.

**2. Describe Agencies, groups, organizations, and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities**

**Table 2 – Agencies, groups, organizations who participated**

1	<b>Agency/Group/Organization</b>	Westminster Home Connection
	<b>Agency/Group/Organization Type</b>	Housing
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment  Public Housing Needs  HOPWA Strategy  Anti-Poverty Strategy

	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in a stakeholder meeting.
2	<b>Agency/Group/Organization</b>	Metro Office of Homeless Services
	<b>Agency/Group/Organization Type</b>	Continuum of Care
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment  Homeless needs-chronically homeless, families with children, veterans, unaccompanied youth.  Homelessness strategy
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in a stakeholder meeting.
3	<b>Agency/Group/Organization</b>	HABITAT FOR HUMANITY OF GREATER NASHVILLE
	<b>Agency/Group/Organization Type</b>	Housing
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Public Housing Needs  Anti-poverty strategy  HOPWA strategy  Non-housing Community Development Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the</b>	Agency participated in stakeholder consultation meeting.

	<b>consultation or areas for improved coordination?</b>	
4	<b>Agency/Group/Organization</b>	Martha O'Bryan Center
	<b>Agency/Group/Organization Type</b>	Services-Children Services-Education
	<b>What section of the Plan was addressed by Consultation?</b>	HOPWA Strategy
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in a stakeholder meeting.
5	<b>Agency/Group/Organization</b>	Metropolitan Government of Nashville-Davidson County
	<b>Agency/Group/Organization Type</b>	Metro Office of Affordable Housing Metro Office of Homeless Services Metro Human Relations Commission Metro Planning Department Metro Parks and Recreation
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Non-Homeless Special Needs HOPWA Strategy Anti-Poverty Strategy
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Representatives from a number of Metro Agencies participated in stakeholder meetings and private consultations to help align Consolidated Plan priorities with City initiatives.

6	<b>Agency/Group/Organization</b>	METROPOLITAN DEV & HOUSING AGENCY
	<b>Agency/Group/Organization Type</b>	PHA Development
	<b>What section of the Plan was addressed by Consultation?</b>	Public Housing Needs Strategic Plan
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Representatives from the following MDHA Departments were consulted to assess public housing and development needs: Affordable Housing, Planning and Development, Rental Assistance, and Urban Development.
7	<b>Agency/Group/Organization</b>	NASHVILLE CARES
	<b>Agency/Group/Organization Type</b>	Services-Persons with HIV/AIDS
	<b>What section of the Plan was addressed by Consultation?</b>	Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Non-Homeless Special Needs HOPWA Strategy
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in HOPWA and Homeless stakeholder meeting consultation.
8	<b>Agency/Group/Organization</b>	NASHVILLE DOWNTOWN PARTNERSHIP
	<b>Agency/Group/Organization Type</b>	Services-homeless Business Leaders
	<b>What section of the Plan was addressed by Consultation?</b>	Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children



		Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in stakeholder meeting consultation on homelessness.
9	<b>Agency/Group/Organization</b>	OASIS CENTER
	<b>Agency/Group/Organization Type</b>	Services-Children Services-homeless
	<b>What section of the Plan was addressed by Consultation?</b>	Homelessness Needs - Unaccompanied youth
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in stakeholder consultation.
10	<b>Agency/Group/Organization</b>	OPERATION STAND DOWN
	<b>Agency/Group/Organization Type</b>	Services-homeless Veterans
	<b>What section of the Plan was addressed by Consultation?</b>	Homelessness Strategy Homelessness Needs - Veterans
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in a stakeholder consultation.
11	<b>Agency/Group/Organization</b>	ROOM IN THE INN (NASHVILLE)
	<b>Agency/Group/Organization Type</b>	Services-homeless

	<b>What section of the Plan was addressed by Consultation?</b>	Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in a stakeholder interview.
12	<b>Agency/Group/Organization</b>	STREET WORKS
	<b>Agency/Group/Organization Type</b>	Services-Persons with HIV/AIDS
	<b>What section of the Plan was addressed by Consultation?</b>	Non-Homeless Special Needs HOPWA Strategy  Homelessness Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in a stakeholder consultation.
13	<b>Agency/Group/Organization</b>	Tennessee Housing Development Agency
	<b>Agency/Group/Organization Type</b>	Housing Other government - State
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Homelessness Needs  Public Housing Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the</b>	Agency participated in stakeholder consultations.

	<b>consultation or areas for improved coordination?</b>	
14	<b>Agency/Group/Organization</b>	AGAPE Nashville
	<b>Agency/Group/Organization Type</b>	Services-Children Services-Victims of Domestic Violence Services-Health
	<b>What section of the Plan was addressed by Consultation?</b>	Homeless Needs-Chronically Homeless, Families with Children, Veterans, Unaccompanied Youth
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in stakeholder consultation.
15	<b>Agency/Group/Organization</b>	Gideon's Army
	<b>Agency/Group/Organization Type</b>	Services-children Services-education
	<b>What section of the Plan was addressed by Consultation?</b>	Homeless needs-families with children, unaccompanied youth Public Housing Needs Housing Needs Assessment
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participate in a stakeholder consultation meeting.

	<b>Agency/Group/Organization Type</b>	Housing Services-homeless
16	<b>Agency/Group/Organization</b>	The Contributor, Inc
	<b>Agency/Group/Organization Type</b>	Services-homeless Services-employment
	<b>What section of the Plan was addressed by Consultation?</b>	Homeless needs-chronically homeless Homelessness strategy
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in a stakeholder consultation meeting.
17	<b>Agency/Group/Organization</b>	Nashville Organized for Action and Hope (NOAH)
	<b>Agency/Group/Organization Type</b>	Community Organization
	<b>What section of the Plan was addressed by Consultation?</b>	Homeless needs-families with children Housing Needs Public Housing Needs HOPWA Strategy
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Organization participated in a stakeholder consultation meeting.
18	<b>Agency/Group/Organization</b>	TN Affordable Housing Coalition and Greater Nashville Realtors
	<b>Agency/Group/Organization Type</b>	Housing

	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Public Housing Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in stakeholder meetings.
19	<b>Agency/Group/Organization</b>	Meharry Community Wellness Center
	<b>Agency/Group/Organization Type</b>	Health Organization
	<b>What section of the Plan was addressed by Consultation?</b>	HOPWA Strategy Homelessness Strategy
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in a stakeholder consultation.
20	<b>Agency/Group/Organization</b>	Pathway Lending
	<b>Agency/Group/Organization Type</b>	CDFI
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Public Housing Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the</b>	Agency participated in a stakeholder consultation.

	<b>consultation or areas for improved coordination?</b>	
21	<b>Agency/Group/Organization</b>	Inspiritus
	<b>Agency/Group/Organization Type</b>	Community Organization
	<b>What section of the Plan was addressed by Consultation?</b>	HOPWA Strategy
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in a stakeholder meeting.
22	<b>Agency/Group/Organization</b>	Family and Children's Services
	<b>Agency/Group/Organization Type</b>	Services- Children
	<b>What section of the Plan was addressed by Consultation?</b>	Non-housing community development needs Anti-poverty strategy
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Agency participated in a stakeholder consultation meeting.
23	<b>Agency/Group/Organization</b>	Metro Office of Affordable Housing
	<b>Agency/Group/Organization Type</b>	Housing Local Government
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Needs Assessment Public Housing Needs

	<p><b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b></p>	<p>Agency participated in private consultation regarding housing needs.</p>
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**Identify any Agency Types not consulted and provide rationale for not consulting**

MDHA attempted to engage as many stakeholders as possible for input into the Plan through stakeholder consultations or community meetings/public input meetings. Stakeholders who could not attend a meeting but wanted to provide input were invited to schedule an appointment with MDHA staff. Agencies were also invited to complete the Stakeholder Survey.

**Other local/regional/state/federal planning efforts considered when preparing the Plan**

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
MDHA Five Year Strategic Plan June 2023	MDHA	This plan establishes strategic goals for MDHA’s next five years.
2023 Community Needs Evaluation ( 2023) Metro Social Services	Metro Social Services	The CNE provides an overview of social service needs and resources available to meet these needs. The CNE is used as a supplement for the needs assessments and market analyses undertaken through this Plan.
Affordable Housing Primer, Part 1 (January 2018), Part 2 (October 2018) and Part 3 (2019)	Metro Human Relations Commission	This Primer explains the concepts of affordable housing and analyzes gaps between incomes and housing costs and was used as a supplemental resource for this Plan.
Envision Cayce Master Plan (July 2014) and draft Envision Napier and Sudekum Transformation Plan (July 2018)	MDHA	These plans reflect MDHA’s commitment to transform areas of distressed public housing into neighborhoods of opportunity.
Metro Government of Nashville And Davidson County Homelessness Planning Council (HPC) Strategic Community Plan (July 2023 – June 2026)	CoC – Metro Office of Homeless Services (OHS) and MDHA	The HPC’s Strategic Plan is the community’s action-oriented endeavor to build an effective Housing Crisis Resolution System for Nashville-Davidson County. The 3-year plan focuses on the top priorities for the HPC to implement.
NashvilleNext (Amended August 2017)	Metro Planning Department	NashvilleNext is the City’s General Plan to guide growth through 2040. Proposed Consolidated Plan activities are consistent with NashvilleNext.
PHA Annual Plan (October 1, 2023 – September 30, 2024)	MDHA	The PHA Annual Plan sets forth MDHA’s vision to address the needs of public and affordable housing residents. Activities identified in the Consolidated Plan to support these needs align with the PHA Plan.



The Nashville Promise Zone (Designated June 2016)	MDHA	The 6 Promise Zone Goals related to housing, jobs, economic opportunities, education, infrastructure, and safety are reflected in the goals and priorities of the Consolidated Plan.
Transportation as a Key to Housing Affordability – Issue Brief (2018)	Tennessee Housing Development Agency	This Brief presents a summary of the State’s AI research and Fair Housing Plan and serves as an introduction to other briefs in a series examining fair housing issues in Tennessee.
Housing Indicators: Comparing Tennessee’s Largest Cities (November 2022)	Tennessee Housing Development Agency	This report provides data for Davidson County.
2020-2024 State of TN Consolidated Plan (May 2020)	Tennessee Housing Development Agency	The Consolidated Plan is an assessment of the affordable housing and community development needs and market conditions in the State of Tennessee.
Equity as a Metric in City Metro Performance Management System (April 2020)	Metro Human Relations Commission	This report recommends that Metro use an Equity Lens, implemented with a racial focus, as a tool to help guide decision making and resource allocation leading to more equitable policies, programs and results
Affordable Housing Task Force Report, June 8, 2021	Mayor’s Office Affordable Housing Task Force	9 priority recommendations to make significant process on affordable housing between n 2021 - 2024
Nashville Performance Study of Homelessness and Affordable Housing, May 2022	Mayor’s Office	Strengths and recommendations provided based on an assessment of the Continuum of Care.
How Nashville Moves – November 21, 2023 How Nashville Works – November 21, 2023 How Nashville Grows – November 21, 2023	Mayor’s Office	Policy Briefs – Recommendations to Mayor O’Connell
Plan to Play: The Nashville Parks & Greenways Master Plan	Metro Board of Parks and Recreation	Recommendation of funding needed to build and sustain the Metro Parks systems.

2021 Domestic Violence in Tennessee	Tennessee Bureau of Investigations	This report provide information on domestic violence reports by number and type.
2021 Comprehensive Economic Development Strategy for Northern Middle Tennessee	Greater Nashville Regional Council	This plan provide goals and action steps for economic development.
2021 Nashville Digital Inclusion Needs Assessment	Digital Inclusion and Access Taskforce	This assessment addresses the intersecting systemic racial, ethnic, and economic digital inequities found within Nashville’s digital landscape to give everyone the means to succeed in today’s society.

**Table 3 – Other local / regional / federal planning efforts**

**Describe cooperation and coordination with other public entities, including the State and any adjacent units of general local government, in the implementation of the Consolidated Plan (91.215(l))**

Although MDHA is the administrator of the Consolidated Plan, it is not a department of the Metropolitan Government. To ensure the plan reflects the City’s priorities and aligns with its initiatives, representatives from the following Metro Offices participated in stakeholder interviews or completed a stakeholder survey:

- Metro Office of Affordable Housing
- Metro Office of Homeless Services
- Metro Human Relations Commission
- Metro Planning Department
- Metro Parks and Recreation
- Mayor’s Office of Children and Youth Development
- Mayor's Office of New Americans
- Mayor’s Office of Neighborhoods and Community Engagement

**Narrative (optional):**

## **AP-12 Citizen Participation – 91.105, 91.115, 91.200(c) and 91.300(c)**

### **1. Summary of citizen participation process/Efforts made to broaden citizen participation Summarize citizen participation process and how it impacted goal-setting**

The County utilized a variety of citizen participation tools throughout the process to allow input on the planning process. This included a survey, stakeholder interviews, and public input sessions. The comments received from these various forums were integrated into the development of the Plan in selecting priority needs and establishing goals. A summary of comments is included as Appendix C. Notices are included as Appendix D.

**Citizen Participation Outreach**

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
1	Internet Outreach	Non targeted/broad community	The 2024 Action Plan Survey asked respondents various questions about the needs of housing and community development throughout the county. A total of 55 responses were received.	Outcomes of the survey results are presented throughout this document.	All comments were accepted.	
2	Stakeholder Meetings	Community Stakeholders	<p>Four virtual stakeholders meetings were held on:</p> <ul style="list-style-type: none"> <li>-February 20, 2024</li> <li>-February 22, 2024</li> <li>-February 27, 2024</li> <li>-February 28, 2024.</li> </ul> <p>These four focus groups covered affordable housing, facilities and</p>	Participants included community stakeholders. Comments focused on the need for more affordable housing and assistance with supportive services for those experiencing homelessness and those at risk of homelessness, including housing navigators. The need for more reliable transportation and	All comments were accepted.	

			infrastructure, community services, and general resident perspectives.	sidewalk and flood/drainage improvements were also discussed.		
3	Public Comment Period	Non targeted/broad community	A public comment period on the draft Action Plan was held from May 1 – May 30, 2024.	A public comment period on the draft Action Plan was held from May 1 – May 30, 2024.		
4	Interviews	Targeted stakeholders were interviewed to collect expertise on housing and community development topics.	Targeted stakeholders were interviewed to collect expertise on housing and community development topics.	3 interviews were conducted.	All comments were accepted.	
5	Newspaper Advertisements	Non-targeted/broad community	Ad posted in the Tennessee Tribune on May 3, 2024. An ad was posted in Azul 615, a Spanish language publication May 2, 2024	There were no comments received.	N/A	

			and in the Tennessean on May 1, 2024.			
7	Social Media	Non-targeted/broad community	Posts made on the MDHA Facebook and X pages.	There were no comments received.	N/A	

**Table 4 – Citizen Participation Outreach**

Survey Results:

Results from the 2024 Action Plan Survey showed that the availability of housing is the biggest barrier to finding decent housing in Nashville-Davidson County, followed by the cost of building and funding affordable housing options and background checks/history, personal income, funding opportunities and regulations regarding the building of affordable housing were also discussed. The survey showed that addressing homelessness, low-income housing and wrap around supportive services were high on the priorities to address subgroups. Transportation and housing close to transit areas were high on all the survey topics. Increased education, landlord incentives, communication with the local population and collaboration with other agencies were included as areas to improve effectiveness and awareness for community needs. The need for services was also noted. Some of these included mental health services, family services, services for victims of domestic violence, services for those who are chronically homeless. For those that are experiencing homelessness, the survey indicates that emergency shelters and homelessness prevention activities were the highest priority. Barriers for the homeless community included lack of affordable housing inventory and rent prices, background checks/history, lack of income, lack of transportation, and lack of supportive services for housing stability. For persons with HIV/AIDS, permanent housing options and tenant based rental assistance were the highest priority for housing options, though STRMU and transitional/emergency housing were also needed. Top barriers for persons with HIV/AIDS included background checks/history, stigma, NIMBYISM and discrimination, health concerns, lack of affordable units, and lack of income due to low or unstable employment opportunities. The need for childcare centers and support for youth, including summer enrichment and summer work programs, generally was also highly noted by survey respondents across several topics. Sidewalks were high on the list for the need for public improvements. Parks and additional greenspaces were also mentioned. Business technical assistance, microenterprise assistance and other types of job training or other financial empowerment programs were also mentioned as potential economic development activities.

## Expected Resources

### AP-15 Expected Resources – 91.220(c)(1,2)

#### Introduction

Anticipated Resources and proposed Project Budgets are based on 2024 Allocations, which HUD released on May 8, 2024. CDBG Program Income (PI) is estimated and is the average amount of PI collected for the program. HOME PI reflects PI as of May 2024.

#### Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	5,074,394	\$260,090	0	\$5,334,484	\$16,003,452	Expected amounts reflect funding based on 2024 allocations.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOME	public - federal	Acquisition Homebuyer assistance Homeowner rehab Multifamily rental new construction Multifamily rental rehab New construction for ownership TBRA	\$ 2,295,090	\$246,178	0	\$2,541,268	\$7,623,804	Expected amounts reflect funding based on 2024 allocations.
HOPWA	public - federal	Permanent housing in facilities Permanent housing placement Short term or transitional housing facilities STRMU Supportive services TBRA	\$2,422,025	0	0	\$2,422,025	\$7,266,075	Expected amounts reflect funding based on 2024 allocations.



Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
ESG	public - federal	Conversion and rehab for transitional housing Financial Assistance Overnight shelter Rapid re-housing (rental assistance) Rental Assistance Services Transitional housing	\$ 432,661	0	0	\$ 432,661	\$1,297,983	Expected amounts reflect funding based on 2024 allocations.

**Table 47 - Expected Resources – Priority Table**

**Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied**

In addition to the Consolidated Plan formula grants, funding from other Federal programs and local funds will be used to address local needs and Consolidated Plan priorities: Continuum of Care (CoC) funds, Neighborhood Stabilization Program (NSP) I and II Program Income, CDBG Disaster Recovery (CDBG-DR) from a recently awarded 2021 & 2022 grant and HOME ARP funding in the amount of \$9,315,028. FY 2023 CoC funds awarded to the Nashville-Davidson County CoC totaled \$9,695,266 will sustain existing homeless assistance programs at MDHA and other nonprofit organizations and develop three new projects.

MDHA has approximately \$365,708.53 in NSP PI on hand from rental income from two multifamily rental projects previously acquired and constructed under the NSP programs. Once additional NSP PI is accumulated, MDHA plans to use it to fund housing activities that will benefit persons with incomes of up to 120% AMI to fill the gap for housing units for persons with incomes between 80 – 120% AMI as identified in the Mayor’s Housing Report Needs and Gap Analysis as other programs are limited to providing units for persons whose income does not exceed 60 to 80% AMI. NSP1 PI funds will be targeted to provide units countywide, while NSP2 PI funds will be targeted to the 17 census tracts identified in the NSP2 application. It is possible that some projects will be able to use PI from both sources. The funds will be loaned or granted as gap financing to nonprofit and for-profit developers for eligible NSP activities through a Request for Application (RFA) process. The minimum affordability period will be consistent with the HOME program requirements, where the affordability period ranges from 5 to 20 years based on the amount of the per-unit investment. Any PI generated from loans to developers will be used to fund additional projects.

On average, \$165,000 in CDBG-DR PI is generated annually through housing activities undertaken by The Housing Fund (THF). The Program Income currently on hand continues to be used to, rehab homes in flood-impacted areas to LMI buyers. The Housing Fund released a Request for Proposals to identify single-family, for-sale homeownership projects in areas impacted by the 2010 Floods. Habitat for Humanity of Greater Nashville was awarded \$1,028,000 in CDBG-DR funds to construct 17 townhome units in Sherwood Commons to construct and convey fee simple to households having incomes of less than 120% AMI, adjusted according to family size. The project is complete.

It is expected that the CDBG-DR grant will be closed out in late 2024; at that time, CDBG-DR PI will become PI to the CDBG program.

MDHA receives pass through funding from the Tennessee Housing Development Agency (THDA) for the U.S. Department of Energy Weatherization Assistance Program (WAP) and for the U.S. Department of Health and Human Services Low Income Home Energy Assistance Program (LIHEAP), which are used jointly to install weatherization measures for very low-income households.

The Metropolitan Government also funds affordable housing and homeless assistance programs.

The Barnes Fund Commission has supported 4,260 total units as of June 2023.

## Leverage

MDHA attempts to use federal funds to leverage additional resources in several ways. Except for homeowner rehab assistance, applications for funding should demonstrate the ability to leverage funds. This is part of the Financial Capacity evaluation criteria for requests for proposals/applications. MDHA's grant writer researches federal, state, local, and private funding opportunities to apply for funds that further MDHA's mission based on the priorities established in the Consolidated Plan and Public Housing Plan. To leverage HOME dollars, MDHA continues efforts to fund projects that leverage other resources for affordable housing development. For example, funded projects typically leverage funds from U.S. HUD/SHOP Grant, Federal Home Loan Bank AHP funds, private funds from corporations, foundations, churches, and individuals. Additionally, the Barnes Fund, Metro's local Housing Trust Fund, makes funds available that are used to leverage HOME dollars. Another opportunity to leverage HOME funds is with Low Income Housing Tax Credits (LIHTC). MDHA actively pursues other funding opportunities to leverage HOME and CDBG funds to create affordable housing through the Community Reinvestment Act (CRA), HUD-insured loans, and the State Housing Trust Fund (HFT). Where appropriate, leverage may be achieved through supportive services provided by partners.

## Match Requirements

The HOME program requires a 25% match of the total HOME funds drawn down for project costs. This match is different than leverage, and this requirement will be met by match credit from prior HOME projects, Barnes Trust fund projects that meet the requirements of the HOME program, by the value of donated land or improvements, or by other eligible methods as provided in the HOME regulations. Amounts above the 25% match are considered leverage.

To meet the ESG match requirement, all organizations applying for funding must provide a 100% match of the funds they are seeking. This and the MDHA administration match requirements may be satisfied by cash, the value of time and services provided, or other eligible methods as provided by the ESG regulations.

CoC funds must be matched 25% by funding from other eligible sources. An array of sources are expected to be leveraged to meet this match, depending on the project and the administering agency – from the value of primary care and pharmacy services to residents living in permanent supportive housing, to private donations that assist with operating costs, to federal and state funds that help further CoC planning activities.

## **If appropriate, describe publicly owned land or property located within the jurisdiction that may be used to address the needs identified in the plan**

Metro has established a Community Land Trust (CLT) to acquire property and preserve it for long-term affordability. Along with seed funding to launch it, The Barnes Housing Trust Fund donated 15 properties to The Housing Fund for the CLT. The Housing Fund owns the property and is responsible for developing single-family homes on the land. The homes are then sold at an affordable price to qualifying buyers at or below 80% of the area median income. The Housing Fund retains the title to the land and

leases it to the new homeowner. This helps ensure that the home and the land remain affordable once sold. The primary objective of the CLT program is to build permanent, affordable housing, serving as the permanent place for a community's land and serving as the permanent steward for any residential or commercial buildings located upon its land. The Housing Fund has completed another CLT property in North Nashville in addition to the first CLT home completed in February.

Additionally, Metro has made properties available to nonprofit partners to be utilized in conjunction with affordable housing projects utilizing Barnes Housing Trust funds. A total of 124 Metro owned lots have been awarded through the Spring 2023 funding cycle. Metro's Housing Division is currently performing an evaluation of all potentially surplus metro properties to determine if they can be used for affordable housing.

## Annual Goals and Objectives

### AP-20 Annual Goals and Objectives

#### Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	New Affordable Housing Opportunities	2024	2025	Affordable Housing Non-Housing Community Development	N/A	Construct New Affordable Housing Address Housing Barriers	*HOME: 2,541,268	Rental units constructed: 20 Household Housing Unit  Homeowner Housing Added: 8 Household Housing Unit
2	Affordable Housing Preservation	2024	2025	Affordable Housing Public Housing Non-Housing Community Development	N/A	Retain Affordable Housing Stock Maintain Housing Stability	CDBG: \$2,383,763	Rental units rehabilitated: 1 Household Housing Unit  Homeowner Housing Rehabilitated: 80 Household Housing Unit

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
3	Support for Homeless & Persons with HIV/AIDS	2024	2025	Homeless Non-Homeless Special Needs	N/A	Assist Homeless Persons & Persons with HIV/AIDS	*HOPWA: \$2,422,025 *ESG: \$432,661	Tenant-based rental assistance / Rapid Rehousing: 225 Households Assisted (ESG)  Homeless Person Overnight Shelter: 2000 Persons Assisted (ESG)  Homelessness Prevention: 175 Persons Assisted (ESG- includes outreach)  HIV/AIDS Housing: 300Household Housing Unit (HOPWA)  Other: 2105 Other (HOPWA)

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
4	Essential Services for LMI and Vulnerable People	2024	2025	Public Housing Non-Housing Community Development	N/A	Create Economic Opportunities for LMI Persons Support Youth Programs	**CDBG: \$1,867,070	Public service activities other than Low/Moderate Income Housing Benefit: 1700 Persons Assisted
5	Neighborhood Revitalization	2024	2025	Non-Housing Community Development	N/A	Invest in Underserved Areas	CDBG: \$1,083,651	Other: 1 Other

**Table 48 – Goals Summary**

\*Totals include \$254,126 for HOME admin - \$2,287,142 is the actual amount of funds available for HOME projects; \$72,660 for HOPWA MDHA Admin - \$2,349,365 is the actual amount of funds available for HOPWA activities; \$32,449 for ESG MDHA Admin - \$400,212 is the actual amount of funds available for ESG activities.

\*\*Total includes \$1,066,897 for CDBG Admin/Planning - \$800,173 is the actual amount of funds available for public services

**Goal Descriptions**

1	<b>Goal Name</b>	New Affordable Housing Opportunities
	<b>Goal Description</b>	Increase the number of decent, safe affordable units and help LMI households access affordable housing.

2	<b>Goal Name</b>	Affordable Housing Preservation
	<b>Goal Description</b>	Preserve existing affordable housing units and help LMI tenants and homeowners retain housing.
3	<b>Goal Name</b>	Support for Homeless & Persons with HIV/AIDS
	<b>Goal Description</b>	Support facilities and services for homeless persons and persons with HIV/AIDS.
4	<b>Goal Name</b>	Essential Services for LMI and Vulnerable People
	<b>Goal Description</b>	Provide services that support basic needs and expansion of opportunity for low-moderate income and vulnerable people.
5	<b>Goal Name</b>	Neighborhood Revitalization
	<b>Goal Description</b>	Revitalize distressed neighborhoods and underserved areas.



## Projects

### AP-35 Projects – 91.220(d)

#### Introduction

The following are proposed projects to be undertaken during the 2024 program year utilizing 2024 allocations.

#### Projects

#	Project Name
1	CDBG Administration and Planning
2	CDBG Homeowner / Rental Rehab
3	CDBG Public Facilities and Infrastructure
4	CDBG Public Services
5	HOME Administration
6	HOME New Construction – Rental
7	HOME New Construction – Homeownership
8	HOPWA Housing and Supportive Services
9	ESG Programs and Services

Table 492 – Project Information

#### Describe the reasons for allocation priorities and any obstacles to addressing underserved needs

Funding priorities for the 2024-2025 Action Plan are the same as those in the Five Year Strategic Plan.

Funding priorities are intended to address underserved needs as identified in the needs assessment and through public input, and they are designed for feasible and effective implementation.

## AP-38 Project Summary

### Project Summary Information

<b>1</b>	<b>Project Name</b>	CDBG Administration & Planning
	<b>Target Area</b>	N/A
	<b>Goals Supported</b>	Administration and Planning
	<b>Needs Addressed</b>	Construct New Affordable Housing Address Housing Barriers Retain Affordable Housing Stock Maintain Housing Stability Support Youth Programs Invest in Underserved Areas
	<b>Funding</b>	CDBG: \$ 1,066,897
	<b>Description</b>	Funding to be used for oversight and administration of CDBG programs, including monitoring, reporting, program evaluation, fair housing activities, and the development of the Consolidated Plan and annual updates and amendments. Planning includes studies, analysis, data gathering, and preparation of plans.
	<b>Target Date</b>	5/31/2025

	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	N/A
	<b>Location Description</b>	N/A
	<b>Planned Activities</b>	Funds to be used by MDHA as the lead agency for the development and administration of the Consolidated Plan. Administrative activities include grant management, monitoring, budgeting, and planning and executing CDBG-eligible activities. MDHA may choose to partner with another entity to undertake eligible planning activities. Funding for this activity is capped at 20% of the annual CDBG allocation plus 20% of program income.
<b>2</b>	<b>Project Name</b>	CDBG Homeowner/Rental Rehab
	<b>Target Area</b>	N/A
	<b>Goals Supported</b>	Affordable Housing Preservation
	<b>Needs Addressed</b>	Retain Affordable Housing Stock Maintain Housing Stability
	<b>Funding</b>	CDBG: \$ 2,383,763
	<b>Description</b>	Rehabilitation of owner-occupied and rental homes to allow residents to maintain stable affordable housing and project delivery.
	<b>Target Date</b>	5/31/2025
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	80 owner/occupied units; 1 rental/occupied unit
	<b>Location Description</b>	Countywide

	<b>Planned Activities</b>	Assistance will be provided in the form of forgivable loans for elderly (age 62+) homeowners. Assistance to other homeowners will be provided in the form of deferred (due on sale) loans. Repairs or improvements will be limited to items that address health and safety needs, such as heat/air, roof repair, plumbing, electrical, and accessibility. Priority will be given to homeowners whose incomes are at or below 50% AMI, persons with disabilities, and the elderly (age 62+). This program will be administered directly by MDHA and/or contracted out via a contracted partner. Homeowners may apply during the open application period, and funds will be allocated on a first-come, first-serve basis to eligible households until funding is exhausted. Effective April 11, 2024, the environmental review (ER) process, may require radon testing and mitigation for properties undergoing rehab. Staff is seeking guidance from HUD to determine the effect this will have on the budget and the number of rehab activities that can be completed. The number of estimated homeowner and rental rehab projects could decrease depending on the results.
3	<b>Project Name</b>	CDBG Public Facilities and Improvements
	<b>Target Area</b>	N/A
	<b>Goals Supported</b>	Neighborhood Revitalization
	<b>Needs Addressed</b>	Invest in Underserved Areas
	<b>Funding</b>	CDBG: \$1,083,651
	<b>Description</b>	Construction or expansion of a neighborhood facility owned by a nonprofit or public agency or installation of infrastructure improvements (such as sidewalks or drainage) in areas where at least 51% of the residents are LMI.
	<b>Target Date</b>	5/31/2025

	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	Residents in low-moderate income areas, as well as those in areas of urgent need, in the event funds are needed to address urgent circumstances.
	<b>Location Description</b>	Projects must be located in and serve residents in an area when at least 51% of the residents are considered LMI
	Planned Activities	Costs include hard and soft costs, A&E costs. Maintenance/operations costs are not eligible. Projects may be identified through collaboration with Metro. Funds for public facilities may be used for Metro or MDHA-owned projects or awarded to qualified nonprofits. MDHA may use a portion of funds for activity delivery costs.
4	<b>Project Name</b>	CDBG Public Services
	<b>Target Area</b>	N/A
	<b>Goals Supported</b>	Essential Services for LMI and Vulnerable People
	<b>Needs Addressed</b>	CDBG Services that Provide Stability
	<b>Funding</b>	CDBG: \$800,173
	<b>Description</b>	Included are new or enhanced programs undertaken by nonprofit or public agencies that serve youth ages 6-18 from LMI families during the Summer of 2024; fair housing counseling, outreach, education and other activities; and limited assistance of one-time emergency payments for rent and utility needs for homeless persons obtaining housing through the Metro Homeless Impact Division or utilizing MDHA Voucher programs (i.e., Shelter Plus Care, VASH).
	<b>Target Date</b>	5/31/2025
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	1700 LMI persons

	<b>Location Description</b>	Countywide
	<b>Planned Activities</b>	<p>Programs must provide new or enhanced activities that will further participants’ academic, artistic, and athletic interests, as well as promote job skills development and/or healthy lifestyles, to help prepare youth to become successful adults. Youth work programs in collaboration with the Mayor’s office are also included. Programs must operate between June 1 and July 31, 2024. Funding is awarded through a competitive process.</p> <p>Speaking with aggrieved individuals to inform them of their rights pertaining to Fair Housing and interacting with a potentially aggrieved individual’s housing provider to determine the housing provider’s version of the facts (i.e., investigation.); interacting with a housing provider to inform the housing provider of his or her obligations under applicable law, in order to bring relief to the aggrieved individual; providing legal representation to an aggrieved individual, either as a defendant or plaintiff in housing-related litigation; providing general education information to individuals to inform them of their rights in conjunction with the Fair Housing Laws; providing general educational information to individuals to inform them of their rights in conjunction with the Fair Housing Laws.</p> <p>Funding will be awarded to a qualified nonprofit through a competitive process.</p> <p>A portion of the funds may be used to pay by MDHA for activity delivery costs.</p> <p>One-time emergency payments up to \$2000 per client to pay first month’s rent and security and utility deposits for homeless persons obtaining housing through the Metro Homeless Impact Division or utilizing MDHA Voucher programs (i.e., Shelter Plus Care, VASH). Payments are made directly to landlords and utility companies. Funds can also be used for costs associated with program delivery.</p>
5	<b>Project Name</b>	HOME Administration
	<b>Target Area</b>	N/A
	<b>Goals Supported</b>	Administration and Planning
	<b>Needs Addressed</b>	Construct New Affordable Housing

	<b>Funding</b>	HOME: \$254,126
	<b>Description</b>	Provide grant management, compliance, and oversight of Home-funded activities.
	<b>Target Date</b>	5/31/2025
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	N/A
	<b>Location Description</b>	N/A
	<b>Planned Activities</b>	Administrative costs include staff and related requirements for overall program management, coordination, monitoring, reporting, and evaluation. Administrative activities will be undertaken by MDHA.
6	<b>Project Name</b>	HOME New Construction - Rental
	<b>Target Area</b>	N/A
	<b>Goals Supported</b>	New Affordable Housing Opportunities
	<b>Needs Addressed</b>	Construct New Affordable Housing
	<b>Funding</b>	HOME: \$1,787,142
	<b>Description</b>	Funding for construction of new units for rent to households with incomes at or below 60% AMI.
	<b>Target Date</b>	5/31/2025
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	20 units (≤ 60% AMI)
	<b>Location Description</b>	Countywide

	<b>Planned Activities</b>	<p>A minimum of 15% of the 2024 HOME allocation, estimated to be \$381,190, will be set-aside for eligible CHDO projects. The tenure of the CHDO projects will be based on developer demand and can come from the homeowner or rental project budgets.</p> <p>Additionally, MDHA may aside a minimum of \$500,000 for the redevelopment of MDHA-owned properties converted under RAD.</p> <p>For remaining funds, MDHA may award funds on a first-come, first-served basis through an open application cycle or on a competitive basis via a Request for Proposals development.</p> <p>Depending on project demand, financial assistance to developers may be in the form of construction loans and permanent financing.</p> <p>Eligible uses of funds include acquisition, site preparation, construction, and soft costs. All new construction projects will be subject to underwriting by MDHA and must meet HOME Site and Neighborhood Standards.</p> <p>Units must be occupied by tenants with incomes at or below 60% AMI. In projects with 5 or more HOME-assisted units, at least 20% of the units must serve households at or below 50% AMI.</p> <p>Projects that would require the permanent displacement of existing residents will not be eligible for funding.</p>
7	<b>Project Name</b>	HOME New Construction - Ownership
	<b>Target Area</b>	N/A
	<b>Goals Supported</b>	New Affordable Housing Opportunities
	<b>Needs Addressed</b>	Construct New Affordable Housing
	<b>Funding</b>	HOME: \$500,000
	<b>Description</b>	New home construction and downpayment assistance in conjunction with the purchase of homes for LMI households with incomes at or below 80% AMI.
	<b>Target Date</b>	5/31/2025



<b>Estimate the number and type of families that will benefit from the proposed activities</b>	8 homes (with incomes at or below 80% AMI), with priority given to projects that benefit large families.
<b>Location Description</b>	Countywide
<b>Planned Activities</b>	<p>A minimum of 15% of the 2024 HOME allocation, estimated to be \$381,190, will be set-aside for eligible CHDO projects. The tenure of the CHDO projects will be based on developer demand and can come from the homeowner or rental project budgets.</p> <p>Funding for the construction of new homes (which may include property acquisition costs, predevelopment loans, and downpayment assistance for eligible homebuyers to purchase these homes.) All purchasers must receive/complete homebuyer education through a HUD approved education provider.</p> <p>MDHA may award funds on a competitive basis via a Request for Proposals or on a first come, first served basis through an open application cycle/RFP or undertake development.</p> <p>Projects that would require the permanent displacement of existing residents will not be eligible for funding.</p>
<b>Project Name</b>	HOPWA Housing and Supportive Services
<b>Target Area</b>	N/A
<b>Goals Supported</b>	Support for Homeless & Persons with HIV/AIDS
<b>Needs Addressed</b>	Assist Homeless Persons & Persons with HIV/AIDS
<b>Funding</b>	HOPWA: \$2,422,025
<b>Description</b>	Housing; short-term rent, mortgage, and utility assistance (STRMU); supportive services for persons with HIV/AIDS and their families; program administrative costs incurred by MDHA and Sponsor agencies
<b>Target Date</b>	5/31/2027

<b>Estimate the number and type of families that will benefit from the proposed activities</b>	<ul style="list-style-type: none"> <li>-Housing Assistance (PBRA, TBRA, Short-term/transitional: 75 persons</li> <li>-STRMU: 225 persons</li> <li>-Supportive Services: 2,105 persons</li> </ul>
<b>Location Description</b>	Countywide

<p><b>Planned Activities</b></p>	<ul style="list-style-type: none"> <li>• \$242,201 for <u>Administration</u> – \$72,660 retained by MDHA and \$169,541 to be awarded to Sponsor agencies</li> <li>• \$2,179,824 for the following eligible activities:</li> <li>• <u>Facility Based Rental/Housing Assistance</u>– costs associated with the rental subsidy assistance of clients in project-based rental units OR facility-based housing assistance costs for leasing a transitional/short-term housing facility/unit (ex-hotels/motels)</li> <li>• <u>STRMU</u> – reasonable rent and mortgage assistance payments that represent actual housing costs; assistance varies per client depending on funds available, tenant need, and program guidelines</li> <li>• <u>Tenant Based Rental Assistance</u> – costs associated with the placement of clients in permanent housing in the private rental housing market; assistance covers a portion of the rent based upon Fair Market Rent or “reasonable rent” and operates similar to the Section 8 Housing Choice Voucher Program.</li> <li>• <u>Supportive Services</u> - services including, but are not limited to, health, mental health assessments, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, transportation assistance, employment assistance, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services, except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals. Permanent Housing Placement assistance is also covered under Supportive Services.</li> </ul> <p>All funds will be awarded to Sponsors selected for funding through an RFA to be issued in 2024. Proposals will be evaluated by a Review Committee comprised of MDHA staff, representatives of programs that serve persons living with HIV/AIDS, or individuals that are knowledgeable about various aspects of housing services in accordance with the evaluation criteria contained in the RFA and ranked from highest to lowest. Funding will be awarded for projects according to their overall rank until funding is exhausted.</p>
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9	<b>Project Name</b>	ESG Programs and Services
	<b>Target Area</b>	Countywide
	<b>Goals Supported</b>	Support for Homeless & Persons with HIV/AIDS
	<b>Needs Addressed</b>	Assist Homeless Persons & Persons with HIV/AIDS
	<b>Funding</b>	ESG: \$ 432,661
	<b>Description</b>	Activities to support homeless persons - rapid re-housing and homeless prevention assistance, shelter operations/essential services, and outreach; program and HMIS administration
	<b>Target Date</b>	5/31/2026
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	-Rapid Re-housing: 225 persons -Homeless Prevention: 75 persons -Shelter Operations/Essential Services: 2,000 -Outreach: 100 persons
	<b>Location Description</b>	Countywide

<p><b>Planned Activities</b></p>	<ul style="list-style-type: none"> <li>• \$32,449 for <u>Administration</u> – retained by MDHA for general management, oversight, and coordination of ESG programs</li> <li>• \$ 400,212 for the following eligible activities: <ul style="list-style-type: none"> <li><u>Rapid Re-housing Assistance</u> – includes, but is not limited to, utilities, rental application fees, security deposits, etc. and other eligible activities as defined in the ESG regulations at 24 CFR, §576.104; §576.105 (Housing relocation and stabilization services) and §576.106 (Short term and medium-term rental assistance)</li> <li><u>Homeless Prevention</u> includes, but is not limited to, rental assistance (such as arrears) and housing relocation and stabilization services, etc., and other eligible activities as defined in the ESG regulation at 24CFR, §576.103</li> <li><u>Shelter Operations*</u> - include, but are not limited to, maintenance, rent, repair, etc., and other eligible activities as defined in ESG regulations at 24 CFR §576.102(3)</li> <li><u>Essential Services*</u> – include, but are not limited to, case management, childcare, education services, etc., and other eligible activities as defined in ESG regulations at 24 CFR, §576.102(1)</li> <li><u>Street Outreach*</u> – includes, but is not limited to, the cost of engagement, case management, emergency health and mental health, etc. and other eligible activities as defined in the ESG regulation at 24 CFR, §576-101</li> </ul> </li> </ul> <p>*The total amount awarded for Shelter Operations, Essential Services, and Street Outreach cannot exceed \$259,596 (60% of the 2024 ESG Allocation).</p> <p>Funding for all activities, except Administration, will be awarded to qualified nonprofits through a competitive process to be announced Summer 2024.</p> <p>Proposals will be evaluated by a Review Committee comprised of MDHA staff, representatives of programs that serve homeless persons, homeless or formerly homeless individuals or individuals that are knowledgeable about various aspects of the ESG program. Proposals will be evaluated in</p>
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		accordance with the evaluation criteria contained in the RFA and ranked from highest to lowest. Funding will be awarded for projects according to their overall rank until funding is exhausted.
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## AP-50 Geographic Distribution – 91.220(f)

### **Description of the geographic areas of the entitlement (including areas of low-income and minority concentration) where assistance will be directed**

No geographic target areas have been identified. Funds will be distributed throughout the County based on need and in accordance with program regulations.

### **Rationale for the priorities for allocating investments geographically**

N/A

## Affordable Housing

### AP-55 Affordable Housing – 91.220(g)

#### Introduction

<b>One Year Goals for the Number of Households to be Supported</b>	
Homeless (ESG)	225
Non-Homeless (HOME + CDBG)	109
Special-Needs (HOPWA)	300
<b>Total</b>	<b>634</b>

**Table 50 - One Year Goals for Affordable Housing by Support Requirement**

<b>One Year Goals for the Number of Households Supported Through</b>	
Rental Assistance (ESG+HOPWA)	525
The Production of New Units	28
Rehab of Existing Units	81
Acquisition of Existing Units	0
<b>Total</b>	<b>634</b>

**Table 51 - One Year Goals for Affordable Housing by Support Type**



## AP-60 Public Housing – 91.220(h)

### Introduction

MDHA will continue to undertake the redevelopment of its oldest former public housing into mixed-use, mixed-income communities.

### Actions planned during the next year to address the needs to public housing

To support MDHA's redevelopment efforts, approximately \$500,000 of HOME funds may be used for new construction of mixed-income housing as part of an "Envision" initiative. The HOME-assisted units will be restricted to households with incomes ≤60% AMI.

The redevelopment at Napier-Sudekum includes a rebranded client one-stop referral, information, and service destination, now named the VOICE Center, which represents Valuing Opportunity, Inclusion, and Connectivity for Everyone). This service center serves the broader Metropolitan Development & Housing Agency housing portfolio. The VOICE Center focuses on services related to job training, hi-set/college education, wellness/health, and youth engagement. All visitors are helped with assessing needs and offered guidance and referrals to match services with the client's needs. The rebranded and repurposed VOICE Center is operated by the newly formalized Resident Services department, with Resident Service Coordinators that offer health insurance registration under Obama Care, crime reduction activities that promote resident and police partnership, Section 3 job training assistance and consultation for all MDHA established Resident Associations. ALL visitors are welcome and able to participate in an integrated service delivery model of ongoing classes and programs. Other available services include HiSET classes, financial literacy, homebuyer education, and the ConnectHome program, which serves students in grades 3-12 with digital literacy and good digital citizen education at the VOICE Center.

### Actions to encourage public housing residents to become more involved in management and participate in homeownership

MDHA provides a number of opportunities for residents to become more involved in management and to participate in homeownership programs:

- Two public housing residents are appointed to the 7 member MDHA Board of Commissioners.
- Each property has a resident association that actively engages the residents and coordinates activities with property management. The president of each resident association meets with MDHA leadership annually to review the PHA Annual Plan.
- At each monthly MDHA Board meeting, a property manager and a resident association president are invited to address the Board and provide updates on activities occurring at their properties and relay needs to the Board.
- MDHA's "Envision" process encourages residents to participate in the master planning process for their sites and specific meetings are held to obtain their input.
- MDHA's Resident Services and Rental Assistance Department offer self-sufficiency programs that create pathways to homeownership. In 2023 the Resident Services

Department assisted 4 house purchases among financial literacy and homebuyer classes and the Family Self-Sufficiency Program (FSS). In 2023 7 FSS participants purchased homes.

- The Family Self-Sufficiency (FSS) Grant Program is a long-term initiative that encourages and assist residents in achieving individualized goals, attain financial independence and home ownership, for those who seek to become homeowners. Intensive goal-driven case management and making linkages for wrap-around services are fundamental components of this initiative. Some of the hallmarks of all of MDHA's services and self-sufficiency programming include but are not limited to: helping families increase household income; techniques for reducing and/or eliminating the need for government assistance; improving credit scores; expunging charges; achieving higher levels of education; enhancing job training and employability skills; improving overall health/wellbeing; improving money management/financial literacy; homeownership classes; increasing savings and In reducing/eliminating debt etc.
- The Resident Services Department conducts ongoing homebuyer education classes each month to encourage home ownership. Additionally, the department operates other self-sufficiency programs that help persons interested in purchasing homes to devise a savings plan, build credit and partner with local financial institutions. The Resident Services Department of MDHA is currently partnered with Wilson Bank and Trust to offer 1st-time home-buyer assistance, 100% mortgage financing, and lower mortgage interest rates for new MDHA home buyers.

**If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance**

Not applicable. As of the last assessment, MDHA is considered a high performer.

## AP-65 Homeless and Other Special Needs Activities – 91.220(i)

### Introduction

This section describes the one-year goals and activities for the Nashville-Davidson County area to strengthen its housing crisis resolution system. Nashville-Davidson County's Continuum of Care Homelessness Planning Council is empowered to make decisions and recommendations as the governance board for the Nashville-Davidson County Continuum of Care, as required by 24 CFR Part 578.

The Nashville-Davidson County Continuum of Care Homelessness Planning Council has the following duties and responsibilities:

1. To implement a coordinated and focused approach to ending homelessness and to develop measurable objectives via the creation of a strategic plan;
2. To fulfill all duties and responsibilities as the governance board for the Nashville-Davidson County Continuum of Care, including compliance with 24 CFR Part 578;
3. To hold regular meetings open to the public with published agendas;
4. To assure participation of all stakeholders, including persons experiencing homelessness;
5. To maintain accurate, current data on homeless populations; and
6. To educate the public, service providers, and other interested parties on issues related to homelessness. For information on specific homeless initiatives, visit the Office of Homeless Services (OHS) web page: <https://www.nashville.gov/departments/office-homeless-services>

The July 2023 – June 2026 Homelessness Planning Council Strategic Plan cites two primary goals:

- *employ evidence-based, data-driven decisions to serve and empower individuals*

*experiencing homelessness; and*

- *align resources that close the resource gap and have clear lines of accountability.*

The Plan outlines 8 primary objectives:

<b>Objective 1.1</b> Reexamine and strengthen collaborative infrastructure and roles played by key stakeholders, including individuals with lived experience, governance, committees, and members.
<b>Objective 1.2</b> Identify inventory.
<b>Objective 1.3</b> Outline a plan to improve data collection, analysis, and presentation for all populations.
<b>Objective 1.4</b> Establish effective goals and metrics to report on strategic homelessness initiatives.
<b>Objective 2.1</b> Mobilize community partners and maximize funding to serve all populations.
<b>Objective 2.2</b> Work towards ending all homelessness.
<b>Objective 2.3</b> Maximize community wide HMIS data collection, sharing, and use.
<b>Objective 2.4</b> Develop an ongoing, robust, and transparent communications strategy to advance collaborative efforts to end homelessness.

**Describe the jurisdiction’s one-year goals and actions for reducing and ending homelessness including**

**Reaching out to homeless persons (especially unsheltered persons) and assessing their**

## **individual needs**

The Metro Office of Homeless Services (OHS) has a homeless outreach team that coordinates within and outside Metro government to reach people who live outdoors. The team has helped move Metro government response from an enforcement-only approach to an engagement approach with a heavy emphasis on supportive services. Government agencies are reaching out and reporting any concerns or complaints from the public regarding homeless encampments and other activities. OHS outreach then coordinates with other outreach teams and focuses on linking people with needed services and housing to address and de-escalate potential situations and avoid arrests.

Outreach teams meet monthly to discuss urgent issues and coordinate efforts. They are all trained in entering people into Coordinated Entry (CE) and participate in bi-weekly care coordination meetings to advocate for their most vulnerable clients.

Despite these efforts, the lack of affordable housing in all neighborhoods and a continuing loss of low-income housing stock remains a barrier. In addition, landlords have tightened their eligibility requirements (criminal background, deposit requirements, etc.), which increasingly prohibit people from acquiring housing, even when they have the necessary income. Nashville's critical need for new Permanent Supportive Housing is exacerbated by the recent passage of Tennessee law SB1610, which expands the Equal Access to Public Property Act of 2012 to include city and county public property. Camping on any public property not designated for camping use is now a Class E felony in Tennessee.

Through HUD's Special NOFO in FY2022, Nashville sought funding to expand services to persons experiencing unsheltered homelessness and access to housing via Stability Vouchers. To prepare an application for these funds, the Shelter Committee of the CoC worked through much of 2022 honing the city's Outdoor Homelessness Strategy, which encompasses a system-wide approach to prevent and end homelessness for people living in large encampments and other unsheltered locations. The methodology provides a road map for incorporating the Housing First model for Permanent Supportive Housing (PSH) and decommissioning encampments. The Outdoor Homelessness plan contains solutions proposed by unsheltered and recently sheltered people, Metro government committees, and public comments from meetings regarding the budgeting of funds received from the American Rescue Plan. Although Nashville was not selected for an award, the foundations laid in 2022 forged strong partnerships that have set the stage for reducing unsheltered homelessness.

Starting in the fall of 2022, outreach workers, Metro agencies and an array of community partners embarked on a concerted effort focused on an encampment on the edge of Brookmeade Park, working with residents to move from the park into various housing options. Work began in February 2023 with residents of a second camp in Wentworth Park, and in October 2023 in the Truckstops of America (TA) encampment. According to information provided through OHS, a total of 147 persons living in these areas was assisted with housing placement, and 79% of these people entered either interim or permanent housing. An additional estimated 36 residents of Hermitage Camp were engaged in late January 2024 with

housing navigation as the Encampment Housing Surge efforts continued.

Goals and actions for the next year include the following:

- Increase system capacity in outreach and housing navigation services.
- Adopt minimum standards for street outreach and improve the coordination between different street outreach groups.
- Support extension of health care to encampments and the streets, via Neighborhood Health's team and the Street Medicine Team at Vanderbilt.

## **Planning**

- In mid-late 2023, Nashville's strategic plan for 2022-2025 was updated and action steps streamlined. In the next year, responsible parties will be identified to accomplish goals, and an accountability plan will be created. The steps will align with the USICH (US Interagency Council on Homelessness)/federal government's [All In: The Federal Strategic Plan to Prevent and End Homelessness](#) to get people off the streets, out of shelters, and into homes.

The primary aim of this plan is to set forth goals and objectives that can be used to drive implementation of an effective Housing Crisis Resolution System for the Nashville area. In such a system, the community will work together to ensure that homelessness is a rare occurrence, lasts only briefly when it does occur, and does not recur for those individuals who have been housed. This system incorporates Coordinated Entry and prioritizes households with the highest needs for assistance, uses data to assess system and project performance, and assures that all the components, programs, and services are oriented toward a common goal: rapidly moving people who are homeless into housing. Emphasis will be placed on elevating the voice of the community in line with our person-centered values, particularly those voices that have been historically marginalized.

All metrics to track progress are already being collected via HMIS. This data will be disaggregated by race to check for equity or any disparities in outcomes, will be reported to the Homelessness Planning Council, CoC General Membership, Performance Evaluation Committee, Data Committee and other stakeholders on a regular basis, and shared online in dashboards and infographics.

## **Accountability**

- Support the Metro Council's Public Health and Safety Committee in its monitoring of activities funded through the Mayor's \$50 million in American Rescue Plan funding, and development of a data dashboard on those activities, being created by the HMIS team at OHS.
- Work to assess and improve the community's system for addressing homelessness by increasing the efficiency and effectiveness of Nashville's housing crisis resolution system.
- Evaluate local strategic plan on a regular basis with annual and/or quarterly reports provided to the Homelessness Planning Council and the Continuum of Care General

- Membership. The intention is to update the plan during an annual review process.
- Engage members of the Homelessness Planning Council to serve on CoC committees of interest & assure they become members of the CoC.

### **Foster Collaboration and Training**

- Build on the successful March 2024 Housing First Community Conference by holding such educational conferences regularly.
- Support Park Center in its SSI/SSDI Outreach, Access, and Recovery (SOAR) training and partnerships with Vanderbilt University Medical Center, Neighborhood Health, The Village at Glencliff, Safe Haven Family Shelter, HCA and service providers who use Coordinated Entry, so that people who are eligible for SSI/SSDI receive these supports as quickly as possible and enhance stability in their lives. Metro is providing funding to The Contributor to provide additional SOAR services.
- Build on local partnerships strengthened by work during the last 3 years combatting COVID and utilizing a huge influx of CV-CARES funding, by formalizing collaborations and assuring clear and regular communications.
- Equip providers/CoC partners with training and updates on how to access services for homeless persons. This can be done at monthly Coalition for the Homeless meetings and should cover services that are homeless-specific as well as mainstream services that can stabilize the broader community. This will require more work at the state level, since that is where many of these programs (TANF, Medicaid) are located.
- Continue to educate service providers so they know how to link and partner with trained housing navigators.
- Support the continued work of Coordinated Entry (CE), specifically for victims of domestic violence, as well as the Rapid Rehousing resources for this subpopulation, made possible via CoC bonus project funding awarded by HUD to The Mary Parrish Center, Safe Haven Family Shelter and The Salvation Army.
- Continue partnering with Regional Overdose Prevention Specialists (ROPS) to offer Nashville providers free training designed to increase awareness of the dangers of opioids and stimulants, and how to recognize and respond to an overdose, including how to use the life-saving drug naloxone. This training is incorporated as part of the annual Point-in-Time (PIT) Count team member orientation.
- Continue education & advocacy efforts like the 2023 Day on the Hill, where scores of people from across the state met with state legislators to increase their awareness of issues such as the need for more affordable housing for extremely low-income individuals, and the negative impact of bills that criminalize homelessness.
- Ensure staff at key agencies consistently transmit critical information and updates to all relevant staff within their agencies.

### **Focus on Data**

- Improve coordination efforts among service providers through increased investment in the city's Homeless Management Information System (HMIS). In particular, begin to regularly import data from the Nashville Rescue Mission into HMIS, to increase HMIS bed coverage desired by HUD and get a more accurate picture of homelessness in

- Nashville.
- Enhance data entry into HMIS by street outreach staff, to better understand Nashville’s unsheltered population, and evaluate that data regularly to gauge trends.

**Effectively use current housing resources, and expand using new ones**

- Invest in activities that lead people experiencing homelessness to permanent housing as quickly as possible while offering a variety of interventions to address persons’ unique needs.
- Use ESG funds to assist approximately 225 people with rapid rehousing and 75 households with homeless prevention services; serve approximately 2,000 individuals via shelters and essential services; and, with ESG-funded and other community partners, engage a minimum of 100 individuals via street outreach efforts with the goal to link them through our Coordinated Entry (CE) process with housing opportunities.
- Enhance supports to individuals housed using HUD ESG funds.
- Effectively utilize subsidies such as: the 100 mainstream housing vouchers awarded to MDHA in December 2020, effective 3/1/2021; Shelter Plus Care vouchers for homeless persons with disabilities; a monthly set-aside by MDHA of 18 Housing Choice Vouchers; VASH subsidies for veterans; 198 Emergency Housing Vouchers awarded to the city in 2020; and Family Unification Program (FUP) vouchers for youth with histories of, or who are at risk of placement into, foster care.
- Expand the inventory of available housing units for persons served with Rapid Rehousing assistance when their rental assistance ends, via housing search and access to more landlords.
- Streamline access to Shelter Plus Care and other vouchers to ensure we prioritize people according to their need and link them through CE to the right resources.

**Equity**

- Heighten awareness of the racial inequities across housing, economic mobility, health care, criminal justice, and other systems. These all contribute to racial inequities in homelessness.
- Urge community members to pledge to actively and intentionally practice antiracism when participating in CoC committee meetings, representing the CoC in the community, and when talking about homelessness and housing issues in Nashville. The Homelessness Planning Council took a first step in this endeavor by forming an Equity and Diversity Committee and formally endorsing an Anti-Racist Pledge during its January 13, 2021 meeting. This pledge is read at CoC committee meetings, as well as at the beginning of each Planning Council meeting.
- Require CoC & ESG recipients to review HUD’s updated Equal Access Assessment Tool & complete an assessment. This tool provides specific action steps to meet the requirements of the Equal Access Rule in shelters and other facility settings. Have agencies review recommended actions steps and prioritize those steps in a CoC General Membership meeting, during which a draft plan can be discussed for the community to better comply with the Equal Access Rule.
- Continue equity training sessions that target C-Suite/Management staff, as well as board members and frontline staff at area agencies, to elevate equity in Nashville's



homeless services, to understand the impact of racism, and to collaboratively use an anti-racist approach to dismantle systemic inequities within housing and services.

- Continue incorporating responses to questions on equity as part of the local CoC application scoring process, using a rubric designed by a member of the Performance Evaluation Committee, the body that rates and ranks local applications for HUD CoC funding.
- Continue to identify and address existing disparities and inequities in the homeless services and housing system – including, but not limited to, representation in the population of people experiencing homelessness, access and placement, hiring practices and workforce patterns, interaction with colleagues and clients, and health and economic outcomes.
- Continue to expand and improve implementation of CE and include an equity lens while doing so.
- Continue marketing efforts to ensure diverse populations know where the main entry points to services are.
- Continue to expand efforts to connect people who were experiencing homelessness when they entered institutions (hospitals, jail, mental health facilities, etc.) with housing navigators as part of their discharge planning to avoid people being released to the streets or shelters.
- Support further developments within the Homeless Court in Nashville.

### **Addressing the emergency shelter and transitional housing needs of homeless persons**

The Office of Homeless Services (OHS) is dedicated to continual improvement of Coordinated Entry (CE) to ensure people experiencing literal homelessness have immediate access to emergency shelter and, when appropriate, to transitional housing programs. The CoC Shelter Committee is discussing access to shelter, how to remove barriers to shelter, and with OHS and \$4.5 million from the city to Community Care Fellowship (CCF), created alternative shelter options with a Housing First approach. These “Mobile Housing Navigation Centers” are scattered throughout the community and accommodate much smaller numbers than the Nashville Rescue Mission and the seasonal Room in the Inn. They are prioritized for people living unsheltered and those with conditions not suited for high barrier emergency shelters; for example, those who use substances, people with behavioral health issues not stable on meds, women in the third trimester of pregnancy, single fathers with children, unsheltered families, and families with disabling conditions. The funding comes as part of Mayor John Cooper’s \$50 million plan to combat homelessness, which capitalizes on funds from the American Rescue Plan set aside for long-term housing. During the next year, CCF will continue using Metro’s funding to operate mobile housing navigation centers (MHNCs), which will serve more than 500 individuals and provide a bridge between encampment and permanent housing.

The following strategies will help evaluate appropriate referrals to fill beds with people with highest needs:

- Analyze city funds budgeted and spent on overflow shelter costs, occupancy rates at all shelters in Nashville, and develop a recommendation to the city about how best to allocate resources in a new way that saves lives and reduces duplication of tax dollars and

- private donations.
- Analyze current shelter occupancy numbers to see if emergency and transitional beds are utilized at a high capacity.
  - Develop a solid prevention and diversion effort;
  - Quickly link people to emergency beds;
  - Coordinate exit strategies that allow newly identified low-income affordable housing units to be filled with people who experience literal homelessness;
  - Create an in-reach team to assist shelter providers with housing navigation and enter people into CE;
  - Improve data sharing in HMIS to know how long people stay in shelter beds and where they go when they exit;
  - Educate providers across the CoC on eligibility requirements for various transitional housing options to promote appropriate referrals (ideally through CE);
  - Assist transitional housing providers to coordinate with other agencies when people leave their programs, so that they do not return to literal homelessness;
  - Develop warm hand-off protocols to support people as they exit shelter and transitional housing beds;
  - Link housing navigators with transitional housing providers to assist in the housing search coordination if needed;
  - Share housing resources/destination information and eligibility criteria to provide people in emergency shelters and transitional housing with options;
  - Continue to evaluate innovative approaches such as developing bridge housing, navigation centers, safe havens, service centers, night centers, etc. to address the needs of people who identify themselves as shelter-resistant.

**Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again**

According to local HMIS data from October 1, 2021 through September 30, 2022, a far lower percentage of “adult only” households move into permanent housing compared to households with children. 80% of households experiencing homelessness in Nashville are adult-only households. Adult-only households are far more likely to experience chronic homelessness than households with children. A full 1/3 of adult-only households in Nashville are experiencing chronic homelessness and another 37% have disabling conditions, and will soon meet the chronic definition if they are not housed.

HUD’s definition of chronically homeless is a person or household having experienced homelessness for at least 365 consecutive days OR having experienced 4 episodes of homelessness in 3 years that add up to at least 365 days. Additionally, the individual or someone in the household must have a disabling condition. People experiencing chronic homelessness are considered to be highly vulnerable, and are identified as a priority

population for housing in our community's strategic plan.

The HMIS data above are among key statistics highlighted in a report created by the Nashville CoC Data Committee and HMIS Oversight Committee, in which the committees recommend that this data be used as a foundation of strategic data-driven decisions for CoC and other funding. In FY2023, the data were used by the Performance Evaluation Committee to help prioritize new local projects submitted for the annual competition for HUD CoC funding.

The report concluded that Nashville has a high percentage of chronically homeless individuals needing permanent supportive housing. These individuals are least likely to be housed in the city and if housed, they wait longer than others before they are housed - and then are often not housed with the supports they need for housing retention. Nashville's stock of resources does not match the needs of the community.

*The Data and HMIS Oversight Committees recommended that local data be used as the foundation for strategic funding decisions so that funding more effectively meets the needs of people experiencing homelessness in Nashville. Data show that to fill the gap, Nashville should target projects that create new Permanent Supportive Housing (PSH) units to serve people experiencing chronic homelessness and prioritize these projects for funding.*

These data also demonstrated that clear racial disparities exist between how many Black and White families move into permanent housing and how long that takes.

Further recommendations from the Data and HMIS Oversight Committees include:

1. Data and HMIS Oversight Committees should further investigate racial disparities in outcomes, particularly for families with children.
2. Performance Evaluation Committee should ensure all CoC-funded PSH projects are appropriately accepting eligible persons experiencing chronic homelessness.
3. Coordinated Entry should establish referral processes for all PSH projects that prioritize people experiencing chronic homelessness.

Other actions steps to help homeless persons make the transition to permanent housing and independent living are listed below:

- Increase permanent housing opportunities, linked to appropriate supports, for homeless veterans, chronic/vulnerable homeless persons, families and youth, as well as other persons experiencing homelessness who do not fit into these categories (living in encampments).
- Link people with available housing opportunities as quickly as possible and support them in accessing subsidies and increasing their income to help them sustain their housing long-term.
- Seek management entity for 90-unit PSH downtown (under development)
- Train and evaluate staff at CoC-funded agencies on fidelity to the Housing First model
- Reinstate preference in public housing and housing vouchers administered by MDHA for

persons experiencing homelessness, with literal homelessness verified by Coordinated Entry.

- Continue to use CDBG funds to cover one-time move-in costs (security and utility deposits and first month's rent) for households experiencing literal homelessness.
- Identify flex funding to assist with other move-in costs, including arrears that keep people out of housing, including but not limited to, pet deposits, application fees, prorated rent, furniture, etc.
- Assess benefits of the landlord mitigation fund to incentivize landlords to work with providers on a Housing First approach.
- Explore funding opportunities to increase placement, life skills and housing retention services for people transitioning from literal homelessness to permanent housing and deploy a progressive engagement approach to start with the least intervention level and increase it as needed. Metro is funding a capacity-building agreement with Mending Hearts to increase education around life skills for the newly housed.
- Enhance services & housing placement in Nashville by exploring resource opportunities to add 24-hour care coordination, psychiatric support and medication management for chronically homeless persons as they move to permanent supportive housing.
- Enhance community understanding of Housing First by offering training and learning opportunities.
- Work with public agencies, private and nonprofit developers to explore opportunities to build affordable housing for persons with 0-30% AMI and permanent supportive housing units.
- Support the continued partnership between MDHA and the Metropolitan Office of Homeless Services that dedicates up to 18 Housing Choice Vouchers per month to households experiencing literal homelessness.
- Strengthen the Low Barrier Housing Collective by improving coordination between the city and service providers who search for housing opportunities for their clients. Include the use of the Tennessee Housing Development Agency's <http://www.tnhousingsearch.org>.
- Continue refining By Name Lists for families, Veterans, Youth & Young Adults, and single individuals with prioritization for housing for people experiencing literal homelessness who are most vulnerable.
- Through a written agreement and regular collaboration between homeless service providers and employment service providers, increase access to employment and employment supports. This includes a minimum of quarterly meetings to focus on mitigating a wide variety of barriers to employment such as criminal records, English as a second language, access to childcare, and internet access. Additionally, it includes building direct contacts and relationships between service providers for individual trouble shooting when someone has difficulty obtaining and/or maintaining employment.
- Continue the Community Mental Health Systems Improvement (CMHSI) efforts to bring together partners from the health, mental health, criminal justice and homeless systems to improve coordination for the most vulnerable populations and link them with stable housing by ensuring all partners are aware of available local, state and government funding sources to support the housing needs of this population.
- Assure that ESG- & CoC-funded agencies take referrals via CE & abide by the CE Policies and Procedures.
- Design a prioritization tool to replace the VI-SPDAT, paying particular attention to avoiding

racial bias.

**Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs**

Primarily via Community Mental Health Systems Improvement (CMHSI) efforts:

- Increase systems coordination and education of discharge personnel at different institutions with discharge procedures in place to prevent homelessness upon discharge, i.e., Foster Care, Mental health, Physical health and Criminal Justice and Correctional systems to identify people at risk of homelessness and link them with supports.
- Improve cross-sector approaches and coordination between hospital and health care providers and our local criminal justice system, starting with a focus on people with mental health diagnoses. A prime example is the Metro Public Health Department’s Community Mental Health Systems Improvement (CMHSI) workgroup, which identified high utilizers of hospitals, jails, & shelters, & created a 30-bed psychiatric ER/Crisis Treatment Center to divert people from the criminal justice system & prevent homelessness. Another product of the CMHSI is Partners in Care, pairing a police officer with a mental health counselor to assess & de-escalate situations that formerly ended in the arrest of individuals having a behavioral health crisis. Since June 2021, teams have responded to more than 1,000 events & only 10 resulted in an arrest. The Metro Council authorized expanding the program to additional precincts in its FY 2023 budget. CMHSI’s Supportive Housing Task Force works to improve coordination between health, mental/behavioral health, and substance abuse treatment services, as their clients are at risk of entering, or are already involved with, the criminal justice systems.
- Build a diversion program with resources to identify and work with individuals and families who were recently homeless to prevent them from becoming homeless again.
- Provide homelessness prevention and diversion services to those who are still housed.
- Prioritize ESG prevention funds to assist persons with histories of homelessness.
- Attempt to avoid homelessness among youth via:
  - ✚ Improved coordination with the state Department of Children Services and support of their effort to expand services for youth exiting foster care with a focus on prevention efforts; and
  - ✚ Support of diversion programs such as the YHDP project operating at Oasis Center.

## AP-70 HOPWA Goals - 91.220 (l)(3)

<b>One year goals for the number of households to be provided housing through the use of HOPWA for:</b>	
Short term rent, mortgage, and utility assistance payments	225
Tenant-Based Rental Assistance	5
Units provided in permanent housing facilities developed, leased, or operated with HOPWA	50
Units provided in transitional short-term housing facilities developed, leased, or operated with HOPWA funds	20
<b>TOTAL</b>	<b>300</b>

## AP-75 Barriers to affordable housing – 91.220(j)

### **Introduction:**

Currently, no comprehensive strategy or plan exists to address the housing challenges that Metro Nashville faces. Metro aims to build up on the work and recommendations of the Affordable Housing Taskforce Report to change that and create a single strategic direction to guide Metro's approach to increase housing security for all Nashvillians. The desired outcomes of the Unified Housing Strategy will be actionable strategies that:

Expand permanent housing options affordable to Nashvillians at all incomes levels, therefore reducing the percentage of Nashvillians who are cost-burdened; Increase access to housing for all protected classes by addressing long-standing housing inequities; Support residents with resources and policies to achieve and maintain housing security and stability; and Ensure that Nashville's housing stock and systems are resilient and sustainable.

These initiatives are further supported through the Five-Year Consolidated Plan and Annual Action Plan's emphasis on funding for housing initiatives.

### **Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment**

More specifically, actions to address policy concerns follow:

#### ***BARRIER: Availability and Cost of Land***

ACTIONS: Evaluate utilizing public land for affordable housing development; continue to allow acquisition as an eligible expense of HOME and Barnes Funds; Community Land Trust to continue to acquire and preserve property.

#### ***BARRIER: Lack of mandatory inclusionary zoning***

ACTIONS: Encourage private developers to construct affordable housing in the urban core and along major corridors through incentives, such as the Mixed-Income PILOT.

#### ***BARRIER: Zoning/density requirements***

ACTIONS: Continue to provide density bonuses for affordable housing.

#### ***BARRIER: Scarcity of Funding***

ACTIONS: Continue to leverage public funds to create more units; Continue to fund the

Barnes Fund; Explore public/private partnerships.

***BARRIER: Prohibition on Local Hire Requirements***

ACTIONS: Increase Section 3 participation in HUD-funded construction projects through outreach and job training programs

***BARRIER: NIMBYism***

ACTIONS: Develop a public awareness campaign to combat NIMBYism

***BARRIER: Housing Discrimination***

ACTIONS: Educate residents as well as the industry on fair housing rights and responsibilities

***BARRIER: Criminal History***

ACTIONS: Encourage landlords to establish flexible admission policies for persons with a criminal history; Consider actual conviction history rather than criminal affidavits or arrest records; Support re-entry and diversion programs.

***BARRIER: Credit Challenges***

ACTIONS: Promote financial counseling/literacy programs.

***BARRIER: Source of Income***

ACTIONS: Work with landlords through outreach to development relationships and educate on housing subsidy programs and landlord incentive programs. AP-85 Other Actions – 91.220(k)

**Actions planned to address obstacles to meeting underserved needs**

- Give priority points in RFAs/RFPs to award CDBG funds for public facility and improvements to projects located in areas with high concentrations of poverty.
- Continue to offer CDBG assistance for rental rehab as a grant to landlords who agree to rent to voucher-holders to facilitate more inventory.
- Using CDBG funds to provide grants to LMI homeowners for the installation of accessibility improvements for disabled households.
- Continue to generate interest and involvement in the Promise Zone.

**Actions planned to foster and maintain affordable housing**

- Help the very low income and formerly homeless maintain housing stability by:
  - Continuing to work to develop and maintain a listing of landlords who have accepted subsidies and have worked with service providers who assist people



- with behavioral issues;
- Continue to work on creating a training plan for housing navigators and other service providers on how to engage positively with landlords and speak the same language (business-oriented approaches);
- Continue to inform residents they can access the following free services locally through HUD Approved Housing Counseling Agencies:
  - Delinquency and Default Resolution Counseling
  - Pre-Purchase Counseling
  - Pre-Purchase Homebuyer Education Workshops
  - Financial Management/Budget Counseling
  - Financial, Budgeting, and Credit Workshops
  - Fair Housing Pre-Purchase Education Workshops
  - Services for Homeless Counseling
  - Predatory Lending Education Workshops
  - Rental Housing Counseling
  - Rental Housing Workshops
  - Reverse Mortgage Counseling
  - Non-Delinquency Post Purchase Workshops
  - Home Improvement and Rehabilitation Counseling
  - Resolving/Preventing Mortgage Delinquency Workshops
- Partner with District Council members and neighborhood groups to reach out to homeowners in need of rehabilitation assistance.
- Actively pursue other funding mechanisms and partnerships for the development of affordable housing to leverage limited public dollars.
- Continue to participate in PolicyLink’s All-in Cities Anti-Displacement Policy Network so Nashville will be equipped with data, policy ideas and best practices that will lead to the strategic development and tracking of solutions to displacement to ensure that Nashville’s neighborhoods continue to thrive.

### **Actions planned to reduce lead-based paint hazards**

- Implement housing related activities in accordance with all applicable HUD, EPA, and State of Tennessee regulations.
- Provide all rehab clients and potential clients with the “Lead- Based Paint” pamphlet that describes hazards of lead-based paint. Pursuant to 24 CFR Part 35, all rental and homeowner dwelling were built prior to 1978 are tested for lead-based paint. (These tests consist of visual inspections, lead screens, and full assessments. Additionally, when properties test positive for LPB hazards, interim controls are performed and LBP clearances are provided.)
- Address lead- based paint hazards as part of the home rehab programs and rehab of shelters and community centers.

### **Actions planned to reduce the number of poverty-level families**

- Provide empowerment and enrichment opportunities to youth during the summer

months that provide constructive outlets and illuminate paths out of generational poverty.

- Put people on pathways to sustainably maintained housing to stabilize them and allow them room to grow and succeed.
- The redevelopment at Napier- Sudekum includes an Envision Center (EC) which is a one-stop-shop serving Napier Place, Sudekum Apartments, and the broader South Nashville community, which focuses on services related to lifelong learning, economic advancement, health and wellness, and community leadership. The EC is staffed with Navigators that assist clients in the creation of assessing needs, setting goals, and individualized plans to achieve them. The Navigators also provide ongoing support as clients' access services through an integrated service delivery model. In addition to navigation services clients of the EC have access to HiSET classes, virtual financial literacy education group classes and homebuyer education group sessions through Zoom meetings.
- MDHA's ConnectHome program is serving students in 3-12 grades with digital literacy and good digital citizen education.

### **Actions planned to develop institutional structure**

- Provide training and technical assistance to subrecipients.
- Streamline procurement process.

### **Actions planned to enhance coordination between public and private housing and social service agencies**

- Continue to work to develop and maintain a list of housing providers that serve low-income/homeless and their requirements and include them in forums and stakeholder meetings.
- Continue to encourage communication among providers using Information & Referral and/or CE.
- Continue to work to develop a Housing Crisis Resolution System.

## Program Specific Requirements

### AP-90 Program Specific Requirements – 91.220(l)(1,2,4)

**Introduction:**

In accordance with federal regulations, this Action Plan describes the CDBG, HOME, and ESG activities proposed to be undertaken with 2023 allocations. To the extent allowed by federal regulations, MDHA may claim costs incurred prior to the effective date of respective grant agreement. CDBG funds will be used to assist low- and moderate-income households and low- and moderate-income areas.

#### **Community Development Block Grant Program (CDBG) Reference 24 CFR 91.220(l)(1)**

Projects planned with all CDBG funds expected to be available during the year are identified in the Projects Table. The following identifies program income that is available for use that is included in projects to be carried out.

1. The total amount of program income that will have been received before the start of the next program year and that has not yet been reprogrammed	0
2. The amount of proceeds from section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the grantee's strategic plan	0
3. The amount of surplus funds from urban renewal settlements	0
4. The amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan.	0
5. The amount of income from float-funded activities	0
<b>Total Program Income</b>	<b>0</b>

#### **Other CDBG Requirements**

1. The amount of urgent need activities	0
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**HOME Investment Partnership Program (HOME)  
Reference 24 CFR 91.220(l)(2)**

1. A description of other forms of investment being used beyond those identified in Section 92.205 is as follows:

N/A

2. blifor homebuyer activities as required in 92.254, is as follows:

HOME Resale/Recapture Guidelines are provided in Appendix A.

3. A description of the guidelines for resale or recapture that ensures the affordability of units acquired with HOME funds? See 24 CFR 92.254(a)(4) are as follows:

The HOME Resale/Recapture Guidelines in Appendix A include a description of affordability requirements.

The latest sales price limits published by HUD for HOME and Housing Trust Fund for Nashville-Davidson County became effective 7/1/2023, which are substantially lower than the true market. To ensure the values are realistic, as these limits will be applied to all homeownership transactions funded with HOME funds, MDHA will continue to use local housing sales data to establish the purchase price limits in accordance with the requirements outlined in 24 CFR Part 92.254. Appendix D of this Second Year Annual Action Plan provides the source data and methodology to establish these limits. Based on the data provided, 95% of the median purchase price limit will be \$507,933 for single-family existing construction and \$534,375 for single-family new construction. These are the value limits MDHA will utilize to ensure homes acquired with HOME funds comply with the modest housing requirements of 24 CFR 92.254. All Homes must be sold to households with incomes at or below 80% AMI.

4. Plans for using HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds along with a description of the refinancing guidelines required that will be used under 24 CFR 92.206(b), are as follows:

N/A

**Emergency Solutions Grant (ESG)  
Reference 91.220(l)(4)**

1. Metro Nashville’s Homeless Planning Council CoC Standards of Care Committee updated the CoC Standards of Care in 2021 to reflect the tremendous influx of ESG-CV dollars for Rapid Rehousing. Those standards were approved in July 2021 by the Homelessness Planning Council. The document represents the completion of the first phase of the update process. The Standards of Care committee considered updating shelter standards that encompass best practices for more than just CoC and ESG-funded shelters. In addition, the following are critical topics to be further discussed during future phases:
  - Permanent Supportive Housing
  - Housing First policies, philosophy, and culture
  - Coordinated Entry (CE) Evaluation
  - COC/ESG Program Evaluation (including finalizing benchmarks)
  - Prevention and Diversion Training
  - After hours care
  - Domestic Violence Planning
  - Racial Equity
  
2. If the Continuum of Care has established centralized or coordinated assessment system that meets HUD requirements, describe that centralized or coordinated assessment system.

The Nashville-Davidson County Coordinated Entry (CE) has a de-centralized access approach with designated entry points for different populations (individuals, families, youth, and Veterans). OHS has designated staff members to help the community coordinate and build CE. These individuals serve as the planning lead, staffing specific committees, and being the main contact points for approximately 45 agencies that participate actively in CE.

CE was created to identify and engage any person or family who is experiencing a housing crisis in order to enhance diversion and prevention efforts in the larger Housing Crisis Resolution System. To accomplish this objective, anyone who is experiencing a housing crisis, and has given consent, is entered into CE via the city’s Homeless Management Information System (HMIS) and completes a preliminary assessment. (A person may still receive services even if they do not consent to HMIS.)

The CoC is in the process of strengthening its prioritization methods in Nashville-Davidson County, and will be moving from utilizing the VI-SPDAT as the community’s housing triage assessment tool to a different system that is more equitable. Generally, priority will be given to households who are most vulnerable, with the length of homelessness and any extenuating circumstances raised during care coordination meetings also factored in.

Our community holds four 4 different care coordination meetings where provider agencies

discuss households with the highest barriers to housing and consult on how to assist those households to move to permanent housing and link them with the right supports as quickly as possible. Meeting weekly or every other week, each care coordination group has a particular focus - Veterans, families with minor children, individuals and youth. The CoC receives grant funding for three CE intake specialists that conduct outreach and in-reach across Davidson County to identify people experiencing homelessness and link them to the best organization/agency that can provide services and housing as quickly as possible based on the client's needs. OHS trains and coordinates with housing navigators, who are the frontline staff, at 45 partner agencies that coordinate services and housing for people accessing CE.

Further investment in data collection through HMIS will help quantify the gaps where focus is needed, including but not limited to, serving single male-headed households, and couples who refuse to separate. In addition, the CoC has established and is in the process of strengthening a Consumer Advisory Board, to provide ongoing feedback on our overall Housing Crisis Resolution System.

FY2018 CoC funding awards strengthened the city's CE and HMIS capabilities. Nashville garnered three (3) new Domestic Violence bonus projects; one developed a CE specifically designed to serve this subpopulation. An HMIS Expansion grant was also awarded that doubled staffing capacity to assure more robust and accurate data collection efforts in Nashville. The CoC is awaiting the final report of our CE evaluation, which is going to be used to determine a new assessment and prioritization process in the community.

3. Identify the process for making sub-awards and describe how the ESG allocation available to private nonprofit organizations (including community and faith-based organizations).

A Request for Applications is emailed to over 40 community- and faith-based entities and/or governmental agencies, advertised in several local papers and published on the MDHA website. Application responses are reviewed and rated by a four-to-five member review committee based on the following evaluation criteria: Project Quality; Need for Project; Operational Feasibility; Applicant Capacity, including HMIS data quality; and proven ability to stabilize homeless people with housing and income supports. Awards are made based on the highest ranked scores of the applications and recommendations of the review committee. The review committee typically includes staff from various funding agencies, program coordinators and a formerly homeless person. In 2023, a member of the CoC Performance Evaluation Committee (PEC) also served on the ESG evaluation committee. Discussions are underway to potentially merge the PEC and ESG review committees to allow them to review both programs to facilitate increased coordination between the funding sources.

4. If the jurisdiction is unable to meet the homeless participation requirement in 24 CFR 576.405(a), the jurisdiction must specify its plan for reaching out to and consulting with homeless or formerly homeless individuals in considering policies

and funding decisions regarding facilities and services funded under ESG.

Each year, MDHA recruits someone who has been, or who is currently, homeless to serve on the ESG Review Committee. A clause requiring homeless input is also included in all Agreements between MDHA and ESG subrecipient agencies.

5. Describe performance standards for evaluating ESG.

The CoC Written Standards of Care Committee updated Nashville’s standards of care to reflect the influx of ESG-CV dollars for RRH. Those standards were approved in July 2021 by the city’s Homelessness Planning Council.

This is a work in progress, as the Continuum increases its focus on data collected via HMIS (& comparable databases, in the case of domestic violence shelters), and intends to broaden the reach of the standards to projects that do not receive CoC or ESG funding. The 2021 document contains the following performance benchmarks for ESG projects:

<b>Emergency Shelter</b>	<b>Target</b>
Exits to Permanent Housing Rehousing	85% - Shelters – 90% - Prevention and Rapid
Length of Stay	Average of 90 days - shelters

Agencies using ESG funds will continue to strive to assure that housing stability & incomes are increasing for persons served via ESG funds, as well as attempt to shorten stays in shelter and reduce recidivism.

METROPOLITAN NASHVILLE-DAVIDSON COUNTY, TENNESSEE

**APPENDICES  
TO  
THE 2024-2025 ANNUAL UPDATE  
FOR  
PROGRAM YEAR TWO**

**For the period June 1, 2024 – May 31, 2025**

**Prepared by:**

Metropolitan Development and Housing Agency  
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**On Behalf of:**

The Metropolitan Government of  
Nashville and Davidson County

**FINAL – JUNE 24, 2024**





**The 2024-2025 Annual Update**

**(2024 Action Plan) Program Year Two**

**APPENDICES**

**Appendix A – HOME Resale/Recapture Provisions for Homeownership Projects**

**Appendix B – Data to establish 95% of the Median Area Purchase Price for Single Family housing in Metropolitan Nashville-Davidson County**

**Appendix C – Summary of Consultations Comments and Responses**

**Appendix D – Public Notices**

**Appendix E – Summary of Public Comments and MDHA Responses**

APPENDIX A  
HOME RESALE/RECAPTURE  
PROVISIONS

**I. BACKGROUND**

Section 215 of the HOME statute establishes specific requirements that all HOME-assisted homebuyer housing must meet in order to qualify as affordable housing. Specifically, all HOME-assisted homebuyer housing must have an initial purchase price that does not exceed 95 percent of the median purchase price for the area, be the principal residence of an owner whose family qualifies as low-income at the time of purchase and be subject to either resale or recapture provisions. The HOME statute states that resale provisions must limit the subsequent purchase of the property to income-eligible families, provide the owner with a fair return on investment, including any capital improvements, and ensure that the housing will remain affordable to a reasonable range of low-income homebuyers. The HOME statute also specifies that recapture provisions must recapture the HOME investment from available net proceeds in order to assist other HOME-eligible families. Metro Nashville-Davidson County, as the Participating Jurisdiction (PJ), utilizes the resale/recapture methods for HOME homebuyer programs in accordance with 24 CFR 92.254(a)(5). The Metropolitan Development and Housing Agency (MDHA) is the entity designated by the PJ as the administrator of the HOME program and will be the entity responsible for enforcement of HOME Resale/Recapture provisions.

The HOME rule at §92.254(a)(5) establishes the resale and recapture requirements that must be used for all homebuyer activities. These provisions are imposed for the duration of the period of affordability on all HOME-assisted homebuyer projects through a written agreement with the homebuyer, and enforced via lien, deed restrictions, or covenants running with the land. The resale or recapture provisions are triggered by any transfer of title, either voluntary or involuntary, during the established HOME period of affordability.

When undertaking HOME-assisted homebuyer activities, including projects funded with HOME program income, the PJ must establish resale or recapture provisions that comply with HOME statutory and regulatory requirements and set forth the provisions in its Consolidated Plan. HUD must determine that the provisions are appropriate. The written resale/recapture provisions that the PJ submits in its Annual Action Plan must clearly describe the terms of the resale/recapture provisions, the specific circumstances under which these provisions will be used, and how MDHA will enforce the provisions.

**II. DEFINITIONS**

- Development Subsidy – a development subsidy is defined as financial assistance

provided by MDHA as the HOME program administrator to offset the difference between the total cost of producing a housing unit and the fair market value of the unit. When provided independently and absent any additional subsidy that could be classified a direct subsidy, development subsidy triggers resale.

- **Direct Subsidy** – a direct subsidy is defined as the amount of HOME assistance, including any program income that enables the homebuyer to buy the unit. The direct subsidy includes down payment, closing costs, interest subsidies, or other HOME assistance provided directly to the homebuyer. Direct subsidy also includes any assistance that reduces the purchase price from fair market value to an affordable price. If HOME funds are used for the cost of developing a property and the unit is sold below fair market value, the difference between the fair market value and the purchase price is considered directly attributable to the HOME subsidy. A direct subsidy triggers recapture.
- **Net Proceeds** – the sales price minus superior loan repayment (other than HOME funds) and any closing costs.

### **III. PERIOD OF AFFORDABILITY**

The HOME rule at §92.254(a)(4) establishes the period of affordability for all homebuyer housing. How MDHA calculates the amount of HOME assistance in each unit and therefore the applicable period of affordability varies depending on whether the unit is under resale or recapture provisions.

#### **a. Period of Affordability Under Resale Provisions**

Under resale, §92.254(a)(5)(i) of the HOME rule states that the period of affordability is based on the total amount of HOME funds invested in the housing, regardless of whether the funds are reflected in buyer financing. In other words, the total HOME funds expended for the unit determines the applicable affordability period. Any HOME program income used to assist the project is included when determining the period of affordability under a resale provision.

#### **b. Period of Affordability Under Recapture Provisions**

Under the recapture option, the period of affordability is based upon the HOME-funded Direct Subsidy provided to the homebuyer that enabled the homebuyer to purchase the unit. Any HOME program income used to provide direct assistance to the homebuyer is included when determining the period of affordability.

The following table outlines the required minimum affordability periods. Affordability periods for HOME-assisted units that also receive assistance through the Metro Housing Trust Fund (Barnes Fund) and/or the Community Land Trust (CLT) will be aligned with the affordability periods of those programs.

<b>If the total HOME investment (resale) or Direct Subsidy (recapture) in the unit is:</b>	<b>The Period of Affordability is:</b>
Under \$15,000	5 years
Between \$15,000 and \$40,000	10 years
Over \$40,000	15 years

#### **IV. RESALE PROVISIONS**

Resale Provisions shall ensure that, when a HOME-assisted homebuyer sells his or her property, either voluntarily or involuntarily, during the affordability period,

1. The property is sold to another low-income homebuyer who will use the property as his or her principal residence.
2. The original homebuyer receives a fair return on investment, (i.e., the homebuyer’s down-payment, plus capital improvements made to the house); and
3. The property is sold at a price that is “affordable to a reasonable range of low-income buyers.”

The resale provisions allow the original HOME-assisted homebuyer to sell the unit to an income eligible homebuyer. The resale provision does not require repayment of the HOME funds used to assist the original homebuyer, but rather preserves the affordability of the unit through the sale of the property to a subsequent lower income homebuyer. All HOME resale restrictions must apply to the original and any subsequent homebuyer throughout the period of affordability.

##### **a. Applicability**

MDHA has chosen to use Resale Provisions for all HOME-assisted homebuyer units in order to preserve the affordable housing stock. Thus, any HOME assistance, development or direct subsidy to the homebuyer, will trigger the use of Resale provisions. This decision is predicated by the loss of 20% (18,000 units) of the affordable housing stock since the year 2000 based on the “House Nashville” housing

report issued by the Mayor's office in May 2017 and the fact that home prices in Metro Nashville-Davidson County continue to escalate.

Additionally, Resale Provisions will apply to any Home-assisted homebuyer project that also receives assistance through the Metro Housing Trust Fund Commission (Barnes Fund) with the minimum affordability period of 20 years. The PJ is in the early stages of establishing a Community Land Trust (CLT) which will preserve the affordability of properties for perpetuity while enabling homeowners to build wealth through the use of a resale formula that will restrict the sales price for subsequent buyers (the formula will be an annual fixed rate of appreciation). An advisory committee will ensure policies and procedures are established for the CLT including resale requirements. Any HOME funded CLT units will be subject to the resale provisions/formula and minimum affordability requirements established by the CLT.

#### **b. Effect**

The HOME rule at §92.254(a)(3) requires that all HOME-assisted homebuyer housing be acquired by an eligible low-income family, and the housing must be the principal residence of the family throughout the Period of Affordability. Under Resale Provisions, if the housing is transferred, voluntarily or otherwise, during the Period of Affordability, it must be made available for subsequent purchase only to a buyer whose household qualifies as low-income and will use the property as its principal residence.

#### **c. Fair Return on Investment**

Resale Provisions shall ensure that, if the property is sold during the period of affordability, the price at resale provides the original HOME-assisted homebuyer a fair return on investment (including the original homebuyer's initial investment and any capital improvement). The value of capital improvements is defined as the actual, documented costs of permanent structural improvements to the property that enhance the property value. Capital improvements are generally non-recurring expenses, such as the cost of an addition, or a remodel. Repairs and regular maintenance are not capital improvements. To be considered by MDHA in determining fair return on investment, the actual costs of the capital improvements must be documented with receipts, cancelled checks, or other documents acceptable to MDHA. Additionally, the work must have been properly permitted and inspected and MDHA will visually inspect the property to verify that the capital improvements exist.

MDHA shall consider a fair return on investment achieved when the original homebuyer (now the seller) receives from the sale a percentage return on investment based on the percentage of change as calculated by the **Housing Price Index Calculator** of the Federal Housing Finance Agency. The HPI Calculator is currently located at <https://www.fhfa.gov/DataTools/Tools/Pages/HPI-Calculator.aspx> and forecasts what a given house purchased at a point in time would be worth today if it appreciated at the average appreciation rate of all homes in the area. The calculation shall be performed for the Nashville-Davidson—Murfreesboro—Franklin, TN Metropolitan Statistical Area.

**Calculating Fair Return on Investment – EXAMPLE**

1. Down payment: The original homeowner put down \$1,000 earnest money at the signing of the sales contract.
2. Cost of Capital Improvements: The original homeowner had a permitted, inspected, fence installed at a cost of \$1,500; has receipts to document the cost and a visual inspection confirms the fence exists.
3. Percentage of Change: The original purchase price for the home was \$150,000 and the amount of HOME subsidy invested in the unit was \$25,000. Additionally, the home received Barnes Funds requiring a 20-year affordability period.

For the purposes of using the HPI calculator, the home was purchased in the 3<sup>rd</sup> Quarter of 2014, and will be calculated using the 3<sup>rd</sup> Quarter of 2020. Using the HPI calculator, the house would be worth approximately \$247,000.

Calculating the Fair Return to the Original Owner:

Downpayment:	\$1,000
Capital Improvements	\$1,500
Increase in value per HPI:	<u>\$97,000</u>
	\$99,500 Fair Return on Investment

In order to realize a fair return to the original homeowner, the sales price must be set at roughly \$249,500 (i.e., \$150,000 + \$1,000 down payment + \$1,500 capital improvements + \$97,000 HPI increase = \$249,500).

The seller must have the sales price approved by MDHA. Additionally, MDHA must verify that the new homebuyer is income eligible. If the resale price necessary to provide a fair return to the seller is not affordable to the subsequent lower income homebuyer, MDHA may provide additional HOME assistance, if it's available as an eligible activity in the Action Plan. If additional HOME assistance is provided, the affordability period will start over.

The fair return to the homeowner is paid out of proceeds from the sale of the home; if the value of the home declines and the home is sold at a loss and no proceeds are available, the homeowner shall not be entitled to any return. If proceeds are insufficient to provide the full amount of the calculated fair return, the homeowner shall receive a return only up to the amount of available proceeds.

#### **d. Continued Affordability**

In addition to ensuring that the HOME-assisted homebuyer receives a fair return on his or her investment, MDHA's Resale Provisions shall ensure that the housing under a Resale Provision will remain affordable to a reasonable range of low-income homebuyers. Accordingly, MDHA shall ensure that the sales price of a home resold under Resale Provisions is within the maximum mortgage capacity of a target population of potential buyers with incomes ranging from 65% to 80% of the Area Median Income (AMI) adjusted according to family size. Sales prices shall be set such that the amount of Principal, Interest, Taxes, and Insurance and HOA fees, if applicable, does not exceed 30% of the new homebuyer's annual income.

#### **e. Imposing Resale Provisions**

A clear, detailed written agreement, executed before or at the time of sale, ensures that all parties are aware of the specific HOME requirements applicable to the unit (i.e., period or affordability, principal residency requirement, terms and conditions of the resale requirements). The HOME written agreement must be a separate legal document from any loan instrument and must, at a minimum, comply with the requirements at §92.504(c)(5) of the HOME rule. If MDHA provides HOME funds to a subrecipient or CHDO to develop and sell affordable housing, MDHA will prepare and execute the agreement with the buyer or be a party to the agreement along with the entity it funded.

While mortgage and lien documents are used to secure repayment of the HOME subsidy, these documents are not sufficient to enforce the Resale Provisions. Separately recorded deed restrictions, covenants running with the land, or other similar mechanisms must be used to impose the Resale Provisions (§92.254(a)(5)(i)(A)) in HOME-assisted homebuyer projects under the resale option. The purpose of these enforcement mechanisms is to secure and retain the affordable re-use of the property, while providing a fair return to the seller.

#### **f. Foreclosure**

In HOME-assisted homebuyer projects, the affordability restrictions imposed by deed restrictions, covenants running with the land, or other similar mechanisms may terminate upon foreclosure, transfer in lieu of foreclosure or assignment of an FHA insured mortgage to HUD. In such cases, the termination of the affordability restrictions does not satisfy the requirement that the property remains qualified as affordable housing under §92.254 for the period of affordability.

Consequently, for HOME-assisted homebuyer housing under a Resale Provision, if the affordability is not preserved by a subsequent purchase at a reasonable price by a low-income homebuyer who will use the property as its principal residence, and who agrees to assume the remainder of the original affordability period, MDHA shall repay the full amount of the HOME investment.

## **V. RECAPTURE PROVISIONS**

Unlike the resale approach, MDHA's Recapture Provisions permit the original homebuyer to sell the property to any willing buyer during the period of affordability while MDHA is able to recapture all, or a portion of the HOME-assistance provided to the original homebuyer.

### **a. Applicability**

Recapture Provisions are not deemed appropriate for securing HOME Program investments in the current escalating housing market of Metro Nashville-Davidson County, thus, Resale Provisions are generally applicable to all MDHA homebuyer activities, unless circumstances otherwise require Recapture to be used. Specifically, Recapture Provisions are always used in cases involving a Direct Subsidy to a homebuyer. Recapture provisions cannot be used when a project receives only a Development Subsidy and is sold at fair market value, because there is no direct HOME subsidy to recapture from the homebuyer. Instead, Resale Provisions must be used in this case.

### **b. Effect**

If a homeowner chooses to sell or use the property for non-eligible HOME Program activities during the Period of Affordability, the full amount of the HOME Program Direct Subsidy (specifically excluding the amount of any Development Subsidy) shall be recaptured and repaid to MDHA provided that net proceeds are sufficient. MDHA may



choose to forgive a portion of the HOME Program Direct Subsidy subject to recapture on a pro-rata basis over the affordability period. If net proceeds are insufficient to repay the total HOME investment due, only the actual net proceeds will be recaptured. In the event that net proceeds are zero (as is usually the case with foreclosure), the recapture provision still applies, but there are no funds to recapture. Recaptured funds shall be returned to the MDHA HOME Trust Fund to be reinvested in other affordable housing for low to moderate income persons.

### **c. Imposing Recapture Provisions**

A clear, detailed written agreement, executed before or at the time of sale, ensures that all parties are aware of the specific HOME requirements applicable to the unit (i.e., period or affordability, principal residency requirement, terms and conditions of either the resale or recapture requirement). The HOME written agreement must be a separate legal document from any loan instrument and must, at a minimum, comply with the requirements at §92.504(c)(5) of the HOME rule. If MDHA PJ provides HOME funds to a subrecipient or CHDO to develop and sell affordable housing, MDHA must prepare and execute the agreement with the buyer or be a party to the agreement along with the entity it funded.

The written agreement between the homebuyer and MDHA, as well as mortgage and lien documents are all used to impose the Recapture Provisions in HOME-assisted homebuyer projects under the recapture option. The purpose of these enforcement mechanisms is to ensure that MDHA recaptures the Direct Subsidy to the HOME-assisted homebuyer if the HOME-assisted property is transferred. Unlike the resale option, deed restrictions, covenants running with the land, or other similar mechanisms are not required by the HOME rule to be used in homebuyer projects under the recapture option.

### **d. Foreclosure**

In HOME-assisted homebuyer projects, the affordability restrictions imposed by deed restrictions, covenants running with the land, or other similar mechanisms may terminate upon foreclosure, transfer in lieu of foreclosure or assignment of an FHA insured mortgage to HUD. In such cases, the termination of the affordability restrictions does not satisfy the requirement that the property remains qualified as affordable housing under §92.254 for the period of affordability.

Consequently, homebuyer housing with a Recapture Provision is not subject to the affordability requirements after MDHA has recaptured the HOME funds in accordance with its written agreement. If the ownership of the housing is conveyed pursuant to a foreclosure or other involuntary sale, MDHA shall attempt to recoup any net proceeds that may be available through the foreclosure sale. MDHA is subject to the limitation that when there are no net proceeds or net proceeds are insufficient to repay the HOME investment due, MDHA may only recapture the actual net proceeds, if any.

## **VI. REFINANCING POLICY**

MDHA shall carefully review all requests for subordination on a case-by-case basis in order to protect its interests and the interests of the homebuyers/borrowers. The conditions under which the MDHA will agree to subordinate to new debt are as follows:

It is MDHA's policy to approve subordination requests when the following conditions are met:

1. The refinancing must be necessary to reduce the owner's overall housing costs, OR
2. The refinancing must otherwise make the housing more affordable, AND
3. CLTV with new debt is 80% or less.
4. Debt Service Coverage Ratio (DSCR) ratio with new loan is 1.15 or above.
5. MDHA will not subordinate to refinancing for the purpose of taking out equity unless the funds are being used for property repairs and improvements as outlined in 6.
6. Cash out will be used for property repairs or improvements and pay closing costs associated with new loan contingent on the following:

All work will be done by licensed, insured contractors.

Construction funds held in escrow by lender or Title Company and disbursed only after inspection of property documents work has been completed.

If property is occupied, existing tenants will remain in occupancy with no change in lease terms. Property owner will bear all expense associated with temporary relocation of tenants if it is necessary due to the extent of repairs.

7. The subordination is necessary for the project to convert construction financing to permanent financing with no increase in debt. Requests of this nature do not require review or recommendation from the MDHA Loan Review Committee.

Upon receipt of a subordination request from a lender or homebuyer, MDHA will review the terms of the refinancing to determine whether the above criteria are met. MDHA may require additional documentation from the homeowner or lender in order to make its determination. Once complete information is received, a subordination decision is made within 15 business days.

When requests of this type are received, Community Development (CD) staff will obtain the subordination document from the Lender and prepare correspondence stating the request meets MDHA guidelines and forward these to MDHA Legal Counsel for review and approval. The CD Director shall be copied on all correspondence. MDHA Legal Counsel will forward the subordination document to the MDHA ED for signature once they approve it.

## **MONITORING RESALE & RECAPTURE PROVISIONS**

For HOME-assisted homebuyer projects, MDHA shall perform ongoing monitoring of the principal residency requirement during the period of affordability. Confirmation that the buyer is using the property as his or her principal residence may be accomplished by verifying that the buyer's name appears on utility company records or insurance company records for the home. In addition, postcard or letters mailed with "do not forward" instructions may demonstrate whether the buyer is receiving mail at the home.

Failure to comply with the resale or recapture requirements means that:

1. the original HOME-assisted homebuyer no longer occupies the unit as his or her principal residence (i.e., unit is rented or vacant), or
2. the home was sold during the period of affordability and the applicable resale or recapture provisions were not enforced.

In cases of noncompliance under either resale or recapture provisions, MDHA must repay to its HOME Investment Trust Fund in accordance with §92.503(b), any remaining HOME funds invested in the housing. The amount subject to repayment is the total amount of HOME funds invested in the housing (i.e., any HOME development subsidy to the developer plus any HOME down-payment or other assistance (e.g., closing costs) provided to the homebuyer) minus any HOME funds already repaid (i.e., payment of principal on a HOME loan). Any interest paid on the loan is considered program income and cannot be counted against the outstanding HOME investment amount.

## **VII. APPROVAL OF CHDO & SUBRECIPIENT PROVISIONS**

CHDOs and Subrecipients carrying out development and/or homebuyer activities on behalf of M D H A shall be contractually bound to apply and implement these same Resale and Recapture Provisions, verbatim. As such, review and approval of these Provisions

## APPENDIX B

### DATA TO ESTABLISH 95% OF THE MEDIAN AREA PURCHASE PRICE FOR SINGLE FAMILY HOUSING IN METROPOLITAN NASHVILLE-DAVIDSON COUNTY

**Compilation of Single Family New Construction Real Estate Sales (defined as closed sales on units constructed in 2023 and 2024) for a 3-month period January 2024 – March 2024**

Month	Unit Type	Sales Volume	Median Price Based on 95%
January 2024	Single Family - New Construction	107	\$494,000.00
February 2024	Single Family- New Construction	163	\$553,375.00
March 2024	Single Family – New Construction	181	\$555,750.00
	Average Volume & Median Sales Price for Months reviewed	451	<b>\$534,375.00</b>

Sales Volume for Single Family New Construction Units is less than 250 sales per month so 3 months' worth of sales data is required per HUD guidelines to establish a median sales price based on local data of **\$534,375.00**.

HUD New Home Construction Single Family Limit effective July 1, 2023 - \$380,000 – median prices listed above for each of 3 months reviewed exceed this limit.

**Compilation of Single-Family Existing Real Estate Sales for 3-Month Period January 2024-March 2024**

Month	Unit Type	Sales Volume	Median Price Based on 95%
January 2024	Single Family - Existing	49	\$445,550.00
February 2024	Single Family- Existing	54	\$484,500.00
March 2024	Single Family – Existing	69	\$593,750.00
	Average Volume & Median	173	<b>\$507,933.00</b>

Sales Volume for Single Family Existing Units is less than 250 sales per month so 3 months' worth of sales data is required per HUD guidelines to establish a median sales price based on local data of **\$507,933.00**.

HUD Existing Home Single Family Limit effective July 1, 2023 - \$380,000 – median prices listed for each of 3 months reviewed exceed this limit.

***Average Median Sales price for New Construction and Existing Construction is \$521,154.***

*\*Source data provided via - Realtracs, the local Multiple Listing Service for Nashville-Davidson County - Due to the volume of data, please contact the Community Development Department by phone at 615-252-8505 or by email at [consolidatedplan@nashville-mdha.org](mailto:consolidatedplan@nashville-mdha.org) to request to view the source data.*

## APPENDIX C

### SUMMARY OF CONSULTATIONS, COMMENTS AND RESPONSES

#### Introduction

The MDHA Consolidation Plan Meetings were held virtually via Zoom. A total of 38 stakeholders registered across the four meetings, representing a total of 20 organizations (excluding MDHA) and 3 individuals. Summaries of the transcripts of these consultations are included in this appendix, along with a list of attendees. The full transcripts will be made available upon request.

- Consultation - Affordable & Fair Housing – Tuesday, February 20, 2024 – 1:30 to 2:30 p.m.
- Consultation - HOPWA - Thursday, February 22, 2024 – 1:30 – 2:30 p.m.
- Consultation – Homelessness – Tuesday, February 27, 2024 – 1:30 – 2:30 p.m.
- Consultation - Non-housing Community Development - Wednesday, February 28, 2024 – 1:30 – 2:30 p.m.

MDHA staff also developed an online survey using questions from the Consolidated Plan. The results were tallied via the Survey Monkey tool and results are included for each topic. During the virtual sessions, stakeholders were able to ask questions of the MDHA staff and gain clarity on survey questions.

#### AFFORDABLE HOUSING AND FAIR HOUSING CONSULTATION TRANSCRIPT SUMMARY Tuesday, February 20, 2024 – 1:30 to 2:30 p.m.

**Question 1: What do you believe are the top barriers to affordable housing in Davidson County, and why?**

**Response:** Collateral consequences for people returning from prison or returning from the criminal justice system in some form.

**MDHA:** So, you're speaking to those coming out of the criminal justice system.

**Response:** Yes, justice impacted individuals. Even if your crime took place 30 years ago, you're a felon, and it is still hunting you and will keep you from getting into housing in a lot of places.

**MDHA:** So, the barrier would be the felony conviction itself.

**Response:** Yes, or collateral consequences from that.

**Response:** One barrier to affordable housing is trying to find it. If you lived somewhere where the rent was not affordable, and you were evicted, or if you have some sort of negative marking, or your

background, or your credit from when you were living in housing that was not so affordable, even trying to get new affordable housing. I think landlords think people can afford rent when they can't.

**MDHA:** So, past evictions, because it basically disqualifies them from other housing opportunities.

**Response:** One example is if you are evicted from MDHA, the biggest low-income housing provider in Davidson County, a landlord, and most property managers will feel if you can't pay MDHA's 30% rent, you definitely can't pay market rent. So, it also depends on where you lived before.

**MDHA:** Does MDHA look at evictions when qualifying tenants for their housing units?

**Response:** Yes, but not necessarily the way it's viewed in the private market. Say you're evicted, and your rent is \$2,400, and you qualify for an MDHA unit, and your rent is going to be 30% of your current income, a substantial decrease from your previous rent, and you have a payment arrangement for your arrearage with your previous landlord, we might be able to consider something of this nature. But, generally speaking, MDHA does look at evictions.

**Response:** Loss of existing affordable housing inventory is an issue.

**Response:** Lack of access to dollars to make repairs to preserve affordable housing inventory for current homeowners and their families is also a barrier.

**Response:** The cost for a builder or developer to build affordable housing, i.e., land, permits, metro fees, materials, labor, etc., and the length of time it takes to get through Metro codes and permitting is a barrier and makes it extremely difficult for someone to build affordable housing in Nashville.

**MDHA:** Any other thoughts?

**Response:** I'm a realtor, a member of the Tennessee Affordable Housing Coalition, and on a couple of advisory groups for the Metro Housing division. Metro is working on some ways to make it easier to build/develop affordable housing. They have started a fast-track program that, in theory, will allow affordable housing developers to get through the permitting process quicker, which will be helpful. It's still kind of a work in progress. They are also working to get the State Legislature to loosen up a bit on what Metro is allowed to do, which will make a big difference. There's currently a bill at the State level that, if passed, would allow Metro to provide some voluntary incentives for developers to build the affordable housing inventory because, to me, the number one issue is the lack of inventory.

**MDHA:** A couple of years ago, they did try to get everything fast-tracked if you had Barnes funds in your projects, but from what I've heard, that hasn't really gone well, but it is an option if you are using Barnes Affordable Housing Trust Fund dollars.



**Response:** One of the biggest barriers to affordable housing is the housing prices in Nashville-Davidson County. The prices of homes that come on the market far outpace the average person's income. I feel, as the organizer for affordable housing with Noah, another barrier to affordable housing is the conversation around affordable housing; essentially, what most people are calling affordable housing is turning all of the working-class people in Nashville into long-term renters and, in some cases, on a 99-year lease. Until we start talking about affordable/attainable housing for home ownership, we are going to continue to have conversations that seem to go nowhere because it's impossible for a builder to turn a profit in Nashville without creating luxury housing. Historically, in Nashville, we haven't been able to address a Housing Crisis without public housing in some form or another.

**Question 2: When addressing affordable housing in Davidson County, what should be the priorities in terms of activities and subpopulations?** Do you think the activity should be new construction or rehab? What subpopulations does it need to serve, i.e., 30, 50, or 80% AMI, elderly, homeless, or special needs? Right now, with our HOME funds, we only do new construction. Rehab activities are usually done with our CDBG funds. For new construction rental, the subpopulation is up to 60% AMI, and for home ownership, the subpopulation is up to 80% AMI.

**Response:** It's a really good question; it makes me think about people who've lived here a long time because we've done a study of the people that we work with, and the average length they've lived in their home is 28 years. If we could somehow have a factor of priority for elderly or older adults, but be sure there are resources for people who have lived in their house, who want to keep living in their house, to be able to do that. And then, in particular, families that might want to pass their house along, so you're keeping the community intact.

**Response:** I would agree with that in terms of, helping folks who actually live here and have lived here for a long time is pretty crucial in the overall picture to find the right ways to help those people stay in place, not have to sell their home, and not have to be displaced.

I find that people have no idea about the MDHA programs, such as home repair or weatherization. We try to spread the word. I think getting the word out about those things, and maybe like a door-knocking kind of situation. Actually, go straight to them to let them know about these resources and that they don't have to sell their home, that they can stay in place.

Obviously, finding ways to build more inventory is important. From my experience, the housing voucher process needs to be updated or revised, as it's pretty tough to decipher. I know landlords who basically gave up on it because the process was clunky; for instance, you couldn't fill out the forms online. You have all these vouchers, but landlords aren't willing to participate. I think there is a landlord incentive group that encourages participation in the program, which might be a great start. But if there is a way to streamline better the actual sign-up process and some work around, that just comes to mind as well.

**MDHA:** Well, Section 8 is a different department; we will pass this comment on to Section 8.

**Response:** In defense of Section 8. They now have an online landlord, Portal. But with the cost of housing continuing to go up, it is hard to make it affordable even with a voucher. They raised the amount of the voucher in July of last year, and people still pay \$400, \$500 & \$600 out of pocket for from their income toward housing.

**MDHA:** So, in terms of subpopulations, I know we talked about the elderly. Are there any other subpopulations we should be focusing on? I think I heard about elderly and existing tenants. Would you say where we have funds plugged in as far as new construction rental - with a subpopulation of just 60% AMI or below is appropriate?

**Response:** I think so. Habitat is building basically the same home that we built in 2018. In 2018 that home was worth \$180,000, and now they're appraising for \$280,000 to \$300,000. Our homeowners have to purchase the home based on the appraisal value. In the past, most Habitat homeowners had incomes of 60% AMI or less. Now, because the homes are appraising so high, in this last round of applications, people can only qualify if they have an income of 80% of AMI. We are sort of being forced into more workforce housing and less into the 60% range. So, that's an issue. If I remember correctly, the Mayor's recent task force report projected the number of affordable housing units needed, and the majority of the need for rental housing was for households with incomes of 30% AMI or less. This is a huge gap no one can really address because of the cost of everything land and building.

**MDHA:** We know that Habitat is the only agency that is able to provide homeownership opportunities right because of the creative financing. For Habitat to continue to serve families at 60% AMI, would more down payment assistance programs help?

**Response:** Yes, I do. That's one way, and Habitat does utilize that by providing silent second mortgages. Habitat is as creative as we can be to help as many people get into homes as possible.

**Response:** So, with the down payment assistance, are we talking about down payment assistance of \$70,000 or \$80,000 per household? Yes, it will have to be substantial down payment assistance to make an impact sufficient to bring a loan value down to the \$200,000 range.

**MDHA:** Traditionally, most of our down payment assistance has been in the range of \$25,000 per household.

**Response:** Yes, the gap is still getting larger.

**MDHA:** Yes, and that's with the construction of the unit already being subsidized. With that being said, I would think the focus should be on 30% AMI or below for rental.

**Response:** Yes, for rental. Obviously, not for home ownership unless we have someone who's willing to subsidize half of the home cost, but for rental, for sure. If Habitat is having trouble housing people at 60% of AMI with a subsidy on a new home, can you imagine the number of people we have in the community who are suffering at 30% AMI and below?

**Response:** Placement should be a priority when it comes to placing people in areas where they can thrive and not in high poverty-stricken areas.

**Response:** Justice-impacted individuals are a sub-population that needs to be acknowledged also.

**Question 3: In which areas do you think funds should be targeted? For example, near transit, high-density residential areas, low-density residential areas.**

**Response:** We need more product/inventory, we need more subsidy financing, and we need more transit. I think it was Austin, Texas, put in light rail, and they did some kind of package statewide, where they were able to buy up land near transit portals and utilize it for affordable home ownership and rentals. You can't talk about housing without talking about transit. I feel like transit and higher density is something that the city is going to have to probably reluctantly like. I think a council person has some proposed legislation that would allow every single-family home lot to allow duplexes, which is causing some concern among other council members because nobody wants more density. However, when you've got half the housing product that you had, know, how do you deal with the need without more product/inventory?

**Response:** One of the biggest concerns Habitat has, especially in our high-density residential areas, is the transit and residents not being able to access grocery stores without transportation. This is especially critical in developments that contain the elderly and disabled. It would be nice if there were organizations that could transport residents where they can access essential services.

**Response:** I think transit is the big key here. In terms of transit-oriented development, you need a plan to increase ridership. I think the city should consider affordable housing needs as part of the transit plan moving forward; they need to go hand-in-hand.

Additionally, we need to find a way to get more affordable/workforce housing into areas of opportunity, not the property-stricken areas. Start with low-density residential and find ways to do it subtly to avoid the "not in my backyard" (NIMBY) problem. Maybe it's community meetings. Maybe it's as simple as calling it workforce housing instead of affordable housing and putting faces to it in terms of beneficiaries, i.e., teachers, police, firemen, and metro employees, almost like a public awareness campaign.

**Response:** That's something I've worked on, as a Realtor. My point is that we're great at marketing things. We have relationships with people across the community, so there could be ways we could work together to increase public awareness.

**Question 4: What suggestions do you have for increasing awareness about fair housing and removing barriers to housing opportunities in Davidson County?** Now, we're kind of moving into fair housing issues and barriers that people have when they're dealing with fair housing issues.

**Response:** Targeting the younger population (whether it be middle school or high school) with financial literacy education so they can get started on the right foot. Helping them learn about credit scores and how to manage them. All these different things that a lot of people are never

taught or learn about until they get older, and a lot of times after, they have made a lot of mistakes, that it takes time and effort to overcome. If we can target them with financial education and even homebuyer education, since that is something to strive for at an earlier age, I think that could help remove some barriers to housing opportunities in the community.

**MDHA:** That's a great point about home ownership because what I see is a lot of people don't even know where to start. Does anybody else have any ways to increase awareness about fair housing?

**Response:** Boots on the ground and communities informing the people in the communities.

**Response:** Some people don't know they're discriminated against until they tell their story to somebody else, and then they realize they were being discriminated against for one of the classes for fair housing. Increasing awareness with radio announcements. Maybe Metro could do a monthly housing fair to talk about the different resources where different agencies explain the different resources and services they provide. I think it's got to be in person, boots on the ground.

**Response:** A barrier to Fair Housing can be the fear of speaking out against persons/entities in control of housing and other resources because they don't want to lose access to housing, or the opportunity to get housing or funding.

**Response:** Social media campaigns and public service announcements, possibly using celebrities.

**Question 5: How can MDHA increase the effectiveness of and access to its housing programs other than an increase in funding?**

**Response:** A Resource guide and directory for housing (MDHA and others) that lists everybody and provides basic information on how programs function.

**Response:** If agencies (government and nonprofit) that provide similar services could coordinate through group meetings or other ways to share information to help people in a holistic way, as people who need work tend to apply to everyone, it would be helpful if we coordinate resources.

**MDHA:** MDHA Rehab staff indicated that MDHA might look at having homeowners sign a form upfront granting permission for MDHA to share their information with other agencies to allow better coordination of services/resources.

**Response:** Yes, like the Alliance for Affordable Nashville that came together to coordinate assistance to the public after the 2020 Tornadoes, a group of developers and nonprofits that met to partner and share information on what projects they had going, with what funding and on what their respective organizations were doing to assist the community.

**Response:** I put the link in the chat to the group I am referencing that started last year.

<https://www.nashvillehousingalliance.com/#Members>

Boots on the ground from MDHA personnel who actually go around town and meet with community organizations to make them aware of MDHA programs is an effective way to increase access to housing programs.

**Response:** Empowering the community and putting the community in a position to take the lead.

**Response:** Going back to a couple of previous suggestions, like a resource guide, and then piggybacking off using celebrities or influencers in the community to provide information either at resource fairs or through Social Media. You need someone people will pay attention to, to tell them they need to look at this important, helpful program and access it, etc.

**Response:** The celebrity thing is a good idea, because people listen to people they see on TV, because they feel they are knowledgeable. If Metro had a once-a-month community meeting to talk about programs and how to access them or an advertisement with a celebrity saying, “Hey, come on out, I’m there until ... whatever that looks like to get people to come out, especially if it’s a Metro/MDHA community event which not only talks about MDHA’s programs but resources in the community that work in conjunction with MDHA programs.

**Response:** Use MDHA’s success stories about people who were helped through the programs to speak to people and make them comfortable with going through the process.

**Response:** We should use existing infrastructure where possible, such as council members' meetings in their districts, monthly/or quarterly newsletters, and anything they do to inform residents. Council members could be the celebrity, per se, to get the word out in their districts about available resources.

**Response:** Have regular monthly zooms with key MDHA staff, both during the day and after hours, to educate the community about various programs and invite folks and other agencies that have benefited who can give a firsthand perspective.

**MDHA:** Are these monthly meetings with the staff per se or the community

**Response:** That would be with the community. But having the staff that know the programs best, be the presenters.

**MDHA:** If you have no other questions or comments. Thank you for your time and comments.

**Attendee List - Affordable Housing Consultation/Stakeholder Meeting  
February 20, 2024 at 1:30 PM**

Name	Organization	Email Address
Lynn Lassiter	MDHA	<a href="mailto:llassiter@nashville-mdha.org">llassiter@nashville-mdha.org</a>
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## HOPWA CONSULTATION TRANSCRIPTION SUMMARY

Thursday, February 22, 2024 at 1:30 pm

**Question 1:** Prioritize the below activities, to address homelessness with one being the highest in priority and 4 being the lowest. This session was specific for HOPWA attendees and sponsors because we wanted your specific input on homelessness and your HOPWA needs. However, we will also have another session for the overall homeless needs on February 27<sup>th</sup> and we'll be asking these same questions again from the perspective of the general homelessness community. Please prioritize the following activities, with 1 being the highest and 4 being the lowest: Emergency shelter and transitional housing, street outreach, prevention activities, and rapid rehousing.

**Response:** Outreach, emergency shelter, rapid rehousing, and prevention fourth.

**MDHA:** Any thoughts on why you chose that order?

**Response:** I used to do outreach, so we observe them first, which would be outreach, find them shelter, get them in a safe place, at least temporarily, and while they are there, look for permanent housing. 3 and 4 go together for me personally about prevention at the same time.

**Question 2:** Again, we're prioritizing these sub-populations to be served by homeless assistance programs, with one being the highest in priority and 6 being the lowest: families, people experiencing chronic homelessness, people discharged from correctional programs, and institutions, people discharged from healthcare and mental facilities, Veterans and youth aging out of foster care or state custody.

No responses.

**Question 3:** Prioritize housing assistance activities to address homelessness for people who have HIV/AIDS, with one being the highest in priority and 4 being the lowest: vouchers connected to permanent rental housing (PBRA); short-term rent, mortgage, and utility assistance (STRMU), tenant-based rental assistance (TBRA), where the client has a voucher that they can take from location to location, and transitional short term housing facilities, such as hotel/motels, day or rehab facilities.

**Response:** Would these persons already be living within MDHA?

**MDHA:** No, they could be living anywhere. They could be living within MDHA, with deposit-only assistance because double subsidy is prohibited. They could be residing with a sponsor such as Urban Housing Solutions (UHS) which provides permanent housing facilities. They could also be residing in a unit where they are receiving short-term mortgage, rent, and utility assistance (STRMU).

**Response:** 1 would be STRMU, 2 permanent housing, 3 TBRA, and 4 transitional housing.



**Question 4: What do you feel are the top 3 barriers to affordable housing for people or families who are experiencing homelessness or at risk of experiencing homelessness?**

**Response:** 1 is income, 2 credit scores. I'm not certain what the number 3 would be, but in some cases, I feel it might be the desire to remain in an environment that is detrimental. So, I really don't have number 3, but 1 and 2 is solid.

**Response:** I would add another is access to resources or limited knowledge on what resources are available.

**Question 5: What do you think could be additional barriers for people who have HIV/AIDS and their families?**

**Response:** Stigma associated with having HIV/AIDS.

**MDHA:** To give a little background. When they say stigma, it's not necessarily because they disclose the condition. Sometimes, potential landlords find out. Also, they aren't able to hold a job – being in and out of the hospital because of health issues, and landlords could see that as a problem because they wouldn't have the income to pay rent.

**Question 6: Please rate as strong or weak the level of coordination on helping address homeless issues for people with HIV/AIDS in Nashville-Davidson County of the following entities: Continuum of Care; health and mental health agencies; housing providers; and local and state government agencies. on for helping address homelessness and or homelessness for people with HIV and Aids.**

**Response:** Each is weak, and there are always areas that need improvement.

**Question 7: Do you have any recommendations on how the level of coordination could be improved for any of these entities?**

**Response:** For housing providers, advertising success stories of clients who were previously homeless and suffered from any disease that was discriminated against because of medical conditions whose lives have been turned around because of housing. For local or state government agencies, make sure potential recipients are aware of funding opportunities. For the Continuum of Care, of course, making sure that entities providing services know and have access to available resources, being visible and getting the word out in the community.

**Question 8: Is the level of coordination strong or weak for these groups as it relates to discharge procedures for the following: people discharged from correctional programs and institutions, people discharged from healthcare and mental health facilities, youth aging out of foster care, and state custody? Then, to follow up, do you have any suggestions for improving that coordination for those groups?**

**Response:** It is weak for people discharged from correctional programs/institutions. Weak for people being discharged from health or mental health facilities. There should be no reason for people to be discharged from health or mental health facilities without an enhanced plan for where they will be discharged to, what it looks like, and whether it will provide the appropriate level of service, as these items can mean life or death. It is important that available resources actually get into the hands of people who are actually working on the discharge plans. Again, weak for youth aging out from Foster care and state custody. Turning 18 does not mean you're an adult or that you're equipped to go into the real world or adulthood. Some have been through a traumatic experience by being in foster care and do not have the education or the tools to access proper resources. So it is important to make that these kids have some sort of support system or have a place they can go and have a conversation or access to mental health or counseling.

**Response:** Having worked in a correctional facility, I have to stick up for them a bit because when it comes to mental illness, especially severe mental illness, and an inmate is finishing their sentence, it is very hard to find a placement, so the ball is dropped sometimes because of the lack of resources. If they are on probation or parole, there is more effort put into providing them with resources because no one wants them to come back into the system, and the Governor asks who approved the release without resources. For youth, good mentorships such as Big Brother, Big Sisters, or Girls Club are important. It is my understanding that they can partner with somebody who can supervise them, and they can still get services until they are 22 or maybe older. If there can be something in place that can still receive guidance as they continue to grow, it would help.

**Question 9: If you have sat in on prior consultations or read our action plan action plans in the past, do you have any comments or recommendations about our HOPWA program, which was the focus for today, and ESG Grant, which focuses more on helping the general homelessness non HIV/AIDS population?**

**Response:** Not right now.

**MDHA:** Okay, we thank you for your time. We have a survey on the MDHA website under the community development page that has the same questions that were in this session. So, if you didn't get a chance to sit in on the discussion, you can complete the survey.

**Attendee List - HOPWA Consultation/Stakeholder Meeting**  
**Thursday, February 22, 2024 at 1:30 PM**

Name	Organization	Email Address
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## **HOMELESS CONSULTATION CONDENSED SUMMARY**

**Tuesday, February 27, 2024 at 1:30 PM**

**Question 1: Prioritize the below activities to address homelessness, with one being the highest priority and four being the lowest. So, we have Emergency shelter and transitional Housing, Street Outreach, Prevention, and Rapid Rehousing. So, take a moment and think about those, and rank, those from 1 being the highest priority to 4 being the lowest.**

8 responses addressed all 4 activities, which were ranked as follows:

# 1 – Prevention and Rapid Rehousing - tied – 4 responses each

#2 – Emergency Shelter – 3 responses

#3 – Outreach – 2 responses

#4 – Essential Services & Transitional Housing tied – 1 response each

A 9<sup>th</sup> comment was received stating it was good to note that there were currently more outreach resources available than there had been for a while.

A 10<sup>th</sup> comment was received pertaining to emergency shelter: Although agencies were glad to get ESG dollars for shelter, I feel they would have remained open and continued as a going concern without assistance.

**MDHA:** Does anyone want to comment or have any thoughts on how we prioritize these things?

**Response:** Nashville Cares, has a different set of funding than most organizations. So, for us, prevention isn't really a priority, because we can address that through other funds. I will say that for each of these funding areas, the priorities are so different, in terms of how it's applied to a client. Nashville

Cares obviously works with people who are medically fragile, and if we have a client who is so unwell they cannot be on the street without dying, and we put them in a hotel, they aren't going to get referred/selected for rapid rehousing because they are a low priority because they have a roof over their head. The catch, of course, is that there's a timeframe for that. So, for Nashville Cares, it doesn't make sense to send those clients through this process, because we know they're not going to get selected. Sometimes I feel like our opinion on this is a little skewed because we have such a different set of resources as well as a different perspective on what matters for our clients.

**Question 2: Prioritize sub-populations to be served by homeless assistance programs with 1 being the highest priority and 6 being the lowest – families, people experiencing chronic homelessness, people discharged from correctional programs and institutions, people discharged from health care and mental facilities, veterans and youth aging out of foster care or state custody.**

**MDHA NOTE:** We have expended all of the ESG Cares funds. So, moving forward, we will only receive our regular ESG annual allocation of approximately \$400,000 for homeless programs so that will be considered in funding opportunities, resources, and priorities moving forward. We receive HOPWA funds as well, but those serve persons with HIV.

#1 – People discharged from Health Care and Mental Facilities

Youth Aging out of Foster Care

Chronic Homeless – tied – 9 responses each

#2 – Families

People discharged from Correctional programs and institutions – tied - 8 responses each

#3 – Veterans – 7 responses

2 responses included comments stating their choices were influenced because they felt there were more support services available for veterans, families, and persons coming from correctional institutions.

**Question 3: Specifically for homeless people with HIV and Aids. Let's prioritize the activities with 1 being the highest priority and 4 being the lowest. This would include housing activities like facility based rental assistance (FBRA), short term, rent, mortgage and utility assistance, which we call STRMU, tenant-based rental assistant (the voucher that goes with the client) and short-term transitional housing facilities or emergency hotel motel stays. What are your priorities for that? This would not include Permanent housing placement – even though it is housing, HUD links it to supportive services, so it is not part of this discussion.**

#1 – Facility-based rental assistance (FBRA)

Tenant-Based Rental Assistance (TBRA) – tied – 9 responses each

#2 - Short-term, rent, mortgage, and utility assistance (STRMU)

Short-term transitional housing or emergency hotel stays – tied – 8 responses each

One response provided the following comment: Data from the office of homeless services, that nationally, 81% of homeless folks are adults, adult-only households that those households often meet the chronic definition, and that a far lower percentage of them move into permanent housing than households with children, 22% singles versus 74% families.

**MDHA:** There is another category, as stated earlier – permanent housing placement that, for some reason, HUD calls supportive services rather than “housing.” Will Nashville CARES expand on that activity for those who do not work with the HOPWA program?

**Response:** The permanent housing funds are used to pay rent, deposit, utility deposit, and first-month rent to move people into affordable housing. If someone is unhoused, we assist them with moving into housing from street or shelter homelessness. It could also be someone whose housing will become ridiculously expensive with their next lease renewal, and they need to move somewhere more affordable. Maybe they've gotten approved for income-restricted housing. So, it's helping prevent homelessness by getting people into housing they can afford.

**Question 4: What do you feel are the top 3 barriers to affordable housing for people or families who are experiencing homelessness or at risk of homelessness.**

**Response:** Is this barrier related to getting into housing or to maintaining that housing?

**MDHA:** Getting into housing.

Response 1: Number one would be income, 2 would be background, and 3 would be supportive services.

Response 2: Lack of housing, housing waiting lists being first come, first served (a lottery system would be fairer), and the third one would be background checks.

Response 3: The cost of the rent and lease needs to be capped. Also, there needs to be legislation to keep corporations from buying residential housing, not including apartments.

Response 4: Lack of low-income housing, not just the blanket term of affordable, number 2 being income, and 3 being background.

Response 5: Income, mental health, substance abuse.

Response 6: Not enough vouchers dedicated to people experiencing homelessness, little incentive for dollar assistance to developers to build units for 0 to 30% AMI

Response 7: Lack of subsidies for those with low income, lack of affordable houses for those with moderate incomes, lack of both of the above, in areas accessible to public transit.

Response 8: Wages, housing, affordability, credit score, and background are the next 3.

Response 9: There is a limited number of vouchers and subsidized units, not enough properties accept vouchers, and number 3, lack of income and ability to work with a disability.

Response 10: Lack of affordable units, lack of supportive services to assist with obtaining and maintaining permanent housing, low income due to disability, lack of childcare, etc.

Response 11: Folks might be unaware when MDHA opens the waiting list and might need assistance with the online app process.

**MDHA:** Any overall comments about this about this question and about barriers in general that happen for our homeless persons?

**Response:** My concern is the waiting lists are first come, first serve. A lottery system would be better because homeless folks may not be aware of when the MDHA waiting lists open and may need assistance with online applications. I divided our list with my entire team, and we just plugged as many applications in as possible. There are former clients of ours who need housing, but they miss the opportunity because they don't know, and when they do find out hours after the waiting list opens, there are hundreds in front of them.

**Response:** It appears that a top barrier is there's not enough housing that is affordable, subsidized, or semi-affordable in all the categories, and I don't see it getting any easier or any better anytime soon.

**Response:** There is a need to have a homeless preference. We've talked about that in our landlord engagement conversations. That would really help the homeless folks that we serve.

**Question 5: Specifically for HOPWA clients and their families, list the top 3 barriers to affordable housing for people who have HIV Aids and their families. And again, this is more from the perspective of getting into housing.**

**Response:** We really need more subsidies. Fewer vouchers and more project-based housing. It works well with UHS, as we can get someone into a HOPWA unit with some level of support. There's also an understanding from property managers that if a client loses their job because they were out in the hospital for 3 weeks, and they weren't able to get their stuff reported in time, they can work around it so a client can maintain their housing. Whereas sometimes, when dealing with section 8, you might be dealing with a landlord who is not really terribly interested in working with us. HOPWA clients have medical issues that tend to result in severe illness and hospitalization for things that the rest of us wouldn't. Therefore, it's important that landlords and employers understand the barriers they face because of their medical conditions.

**Response:** lack of units, wait lists, not receiving priority on wait lists, background checks, transportation to access better paying jobs.

**Response:** Lack of affordable housing, wages, sickness, and background checks. Lack of housing subsidies for moderate-income and inadequate public transit.

**Response:** Lack of a homeless preference for unhoused populations. 3 barriers for HIV are documents to acquire subsequent subsidized housing. Lack of deeply subsidized housing options, vouchers, ongoing case management, and housing retention efforts.

**Question 6: Select what you feel is the level of coordination, strong or weak, for addressing homelessness among the following: Continuum of Care, Mental health and mental health service agencies, housing providers, and local and State government agencies. How would you rank these as far as being strong or weak?**

**Response question:** What do you mean by housing providers?

**MDHA:** Maybe landlords, permanent housing facilities, possibly developers, etc.

**Response:** I think everybody's doing the best that they can. I don't have any experience anywhere else to know if that's strong or weak. Does that make sense?

**Response:** Continuum of care is fine. Health and mental health can certainly improve. Housing providers are fine. Local and state government agencies can improve.

**Response Question:** When you say Continuum of Care, do mean the member agencies of the Continuum of Care?

**MDHA:** Yes.

**Responses from chat:** All could improve. Strong ones are the mental health and service agencies and the continuum of care. Weak ones are government agencies and housing providers. Someone else says all are weak.

**Response:** I tend to think CoC and local and state governments coordinate on a big-picture scale. But to truly serve each person as well as possible, there needs to be better coordination across the board, with groups directly interacting with each client.

**Question 7: Provide one recommendation for increasing the coordination for each of those groups. Again, you may have more knowledge of one group or another, but just brainstorming, how could we get better coordination, amongst these groups? If you feel they coordinate but need improvement, what are some ideas to help them improve?**

**Response:** Earlier in my career, I worked with a group of people as part of a coordinated effort, to take people from being unhoused to housed in 3 months or less and to maintain their housing permanently. It was a literal continuum to assist clients that had been identified through various entry points that the group worked to connect them with temporary housing until a permanent placement could be identified. The group met weekly with every organization represented and discussed ways to assist and connect clients on a rotation basis, depending on the need, with resources that supported them in successfully maintaining housing. If we could coordinate care in a more intentional and coordinated manner, I think clients who move into housing would stand a better chance of maintaining it long term instead of each organization trying to manage it on their own, because we all have different strengths, and we all have different things that we can provide and bring to the table. That's the kind of thing I think if we had the capacity to coordinate here, that would truly make a difference in people's lives because we would all be talking together and trying to bring our services to the table to help that client.

**Response:** There are regularly occurring care coordination meetings with most homeless service providers. I don't know whether Nashville Cares sends anybody, but they would certainly be welcome. There was a focused effort during COVID to spend the \$10 million, and the HUD Technical Assistance Providers led these meetings that seemed successful.

**Response:** There are multiple care coordination calls that the Office of Homeless Services hosts, but they are more high-level conversations, not so much a deep dive on deploying all the resources to that individual. What was shared is what I envision and would like to see happen.

**Response:** To describe further what it looked like: we met weekly at the same time, with the location rotated between participating agencies. This approach not only allowed the staffing component to coordinate to help meet client needs but also provided an opportunity to tour where different services were being provided, i.e., if it was at a housing provider you could see what the



units look like so you could determine if it would work for your client. It just really helped increase that collaboration and care around a client to be able to work as a community to wrap the services around people to make them successful.

**Response:** For the CoC, an improvement would be trusting the partners and sharing data, information, and resources. We can't continue to have agency-level processes in place if we hope to have coordinated care across the continuum.

**Response:** Strategic alignment, shared goals, coordinated efforts, urgency, cross-system, coordination, and multiple funding streams.

**Response:** Agencies need to work together in more depth, with a focus on the client and how to best benefit them rather than our own individual agencies.

**Response:** What keeps people from coming together, having these conversations, and creating the space for collaboration?

**Response:** Time and someone to coordinate/spearhead the effort. I don't know who that would be. Sorry.

**Response:** Some agencies are afraid of losing funding and/or clients to another agency.

**Response:** A stronger coordinate entry would be increased coordination across all of these. I'm a bit removed, but unless something has changed, there was a lot of duplication of effort, and it was not trauma-informed. There was an unwillingness to adapt shared tools across the partners. Agency policy created barriers to implementation. Maybe something has changed. Someone made a comment: It's just like with churches working together for the same reason they don't. And someone said, we have to be stronger than our fears in this work.

**Question 8: Talking about discharge coordination procedures, same concept, do we feel like these coordination procedures are stronger or weak in our community, and then the follow up to that will be, what can we do, if there's some weakness in some of these areas to make them stronger?**

**The first one is people discharged from correctional programs and institutions. Next, one is people discharged from health care facilities, people discharged from mental health facilities, and then youth aging from foster care and state custody. Do you feel like coordination is strong or weak in general in our community for these? If you feel they're weak, do you have any suggestions for improvement?**

**Response:** All of them are weak.

**Response:** Someone asked the question, is the coordination weak? Are there not enough options?

**Response:** Hospital stays and the like are not a part of the conversations related to coordinated care.

**Response:** All are weak.

**Response:** Correctional programs, mental health, and state custody are all weak. Another one said again, all are weak.

**Response:** Several have commented that all are weak.

**Response:** I guess, answering the question about coordination versus options. It's both an issue of coordination and options.

**Response:** Our Coc hasn't connected with these to create to create processes.

**Response:** I think that weak options can lead to weak coordination, which is what we generally see.

**MDHA:** So, does anyone want to kind of expand on some of those thoughts verbally?

**Response:** With the exception of foster care, state, custody, exit, and sometimes corrections, but not always - these things are rapid discharge.

Like I get a call from a hospital saying, hey, one of your clients is here, and they've got to go today. What are you going to do with them? Planner calls us to do their discharge planning, which is a separate issue and very annoying. The issue is there's not enough lead time. Also, I think, a lot of times, these different facilities or programs don't even know what's out there for people who are unhoused.

Especially healthcare facilities, as a very tiny percentage of the people who flow through there actually need that level of discharge planning because the majority of people who go to the hospital have housing. Even with the people who are unhoused, and we don't know when they're going to get discharged, insurance doesn't cover it anymore, and there's not enough time to coordinate in those circumstances.

When it comes to Corrections there is a whole program, but it's not a housing program. They access our housing resources but are trying to find somebody housing who's coming out of incarceration setting is tough.

**MDHA:** We have dealt with HUD regulations for years, and it's frustrating that people coming immediately out of jail do not meet HUD's definition of homeless as they have to be on the street, like, 3 to 6 months before they can be considered homeless. We used to have an agency that provided a kind of transitional housing for those folks, and we found out that we could not fund them anymore because the clients did not meet HUD's definition of homeless because they weren't on the street long enough after coming out of the correctional facility.

**Response:** Health care might be the weakest, as the others may have longer lead times before discharge, but it sounds their all kind of short. Regardless, there are so many people who become callous about the issue and lack actionable concern.

**Question 9: Does anyone have any general comments or recommendations regarding our past action plan discussions of ESG or HOPWA programs? How we've handled these discussions. Just kind of comments in general about how we approach these programs with our action plan process.**

**Response:** I don't know if it's a comment on past action plan discussion so much as it is on allocation of funding. But I think one of the things I see is an emphasis on direct assistance funding right to pay for this housing unit pay for this food, but not a strong emphasis on paying for the supportive services around that. I don't know how some of these organizations do it and manage because the level of funding for the actual services is so minimal, you cannot provide what people truly need.

**Response:** I am HIV positive and have experienced short-term housing and have been on the receiving end of things. I am still acclimated to being on this end of things.

**Question 10: What other kind of possible topics or discussions would you want to have regarding our homelessness situation in Metro Nashville? I will restrict it a little bit to thinking about what MDHA can do with the resources we have. Again, going back to our pre-COVID ESG allocation, which is around \$400,000 annually. HOPWA is more significant in dollar amount. We help the homeless by using some of our CDBG funds to pay rent and utility deposits to get people into housing. So, just thinking in general, is there anything else that you want to bring up or ask in terms of what MDHA can do with our funding and opportunities with these action plan programs?**

**Response:** Can we corral discharge staff in these systems to educate them on the resources or lack thereof and educate service providers on the discharge worker perspective?

**Response:** It would be magnificent if you found some housing provider similar to Urban Housing Solutions where they have a whole bunch of properties, and we can put all our people where they can receive support too. That'd be great if you could make that happen.

**Response:** I represent the Contributor and noticed a few gaps we could actually help with as we have a monthly training hour called Coalition, where we discuss various resources. I am the chair of that. So, if anyone is not receiving the Monthly newsletters and would like to send me your email. I'll put my email in the chat. Also, the Contributor is designated for CTI, which stands for critical time intervention, a housing stabilization program. We are looking for referrals for this program. In order to send a referral. You fill out the form on the Weebly website and send it to Lee at OHS, and she'll send it to me.

## Homelessness Consultation / Stakeholder Meeting

Tuesday, February 27, 2024 at 1:30 PM

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Martina Condrón	Room in the Inn	<a href="mailto:martina.condron@roomintheinn.org">martina.condron@roomintheinn.org</a>
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Treva Gilligan	MDHA	<a href="mailto:tgilligan@nashville-mdha.org">tgilligan@nashville-mdha.org</a>
Tayler Lopez	Agape, Morning Star Sanctuary	<a href="mailto:tlopez@agapenashville.org">tlopez@agapenashville.org</a>
Jim McLean		-
Chris Smith		
Vladimir Berthaud	meharry	
Terry Terrell	Meharry	
Jamique Neely		
Cynthia Lane	Street Works	<a href="mailto:mlane@street-works.org">mlane@street-works.org</a>

## **CDBG NON-HOUSING CONSULTATION SUMMARY**

**Wednesday, February 28, 2024 at 1:30 PM**

**Question 1: What do you see as our barriers to reducing overall poverty in Nashville-Davidson County (not related to housing)?**

**Response:** Transportation is a barrier just in terms of access to certain jobs.

**Response:** Access to affordable, quality childcare.

**Question 2: Rank the 3 top barriers that need to be addressed to reduce poverty, with the first being the highest and the third being the lowest priority. So, based on the responses to the first question. We had transportation, childcare, access to jobs, etc. Are there any others that we could rank with those?**

**Response:** Health barriers.

**Response:** Childcare, again, the cost is a barrier, and if you can't help find someone to keep your children at an affordable rate, it restricts you from earning.

**MDHA:** So, childcare would be the 1<sup>st</sup> priority, then transportation, and then health.

**Response:** Are we still leaving housing off?

**MDHA:** We had another session for housing; this is for our non-housing pieces. Housing is obviously a big issue, but we're not discussing housing as a barrier in this discussion.

**Response:** I think also, in general, the rising costs of gas, groceries, and all the supplies families need along with access to health care as well as medical issues like illness, substance use disorders, mental health disorders, and physical health.

**MDHA:** Do you have priorities for which of those things might need to be addressed first?

**Response:** They're sort of co-occurring and connected to each other, so it's hard to separate them out because, for many families, they are happening at the same time.

**Question 3: What things need to be prioritized when brainstorming non-housing community development needs in each of the categories below? If we focus on economic development, what are some needs there? Do we have a need for new public facilities, and if so, what kind? What takes priority if we need public improvements and infrastructure, like drainage, sidewalks, etc.? What about public service programs? Normally, we do summer youth programs. For each of these categories, do you have any ideas for kind of what we might need to kind of help with barriers through these types of programs and kind of what those would look like?**

**Response:** Starting with Economic Development, job training.

**Response:** Training for computer and technical type jobs and access to internships.

**MDHA:** In the past, we've done micro-enterprise programs where training is provided to potential or existing businesses that have 5 or fewer employees, where the owner is considered low to moderate income. Is that something we should continue, or should it be broader job training activities?

**Response:** I don't really experience with that, do I won't comment. However, the broader training may be better because it is a scale issue.

**MHDA:** A public facility could be a building or rehabbing a neighborhood community center. Could providing these types of things in a community that could help reduce overall poverty in the community. Any thoughts on something like that?

**Response:** Were those public? Were those facilities used to provide services like childcare or computer training?

**MDHA:** Yes, depending on the facility. Some were just general community centers that were used to provide a broad range of services. In the past, CDBG funds have been used to assist in rehabbing some of our emergency shelters for the homeless and to provide public improvements and infrastructure. An example would be sidewalk or drainage improvements along corridors where the majority of the population is low to moderate income to ensure the funds benefit people and areas with the greatest need.

**Response:** Infrastructure, is that like sidewalks?

**MDHA:** Yes. Do you have any thoughts on what you'd like to see if we were to pursue those types of activities? What would you like to see in a potential rehab to a community center? Where would you like to see more sidewalks, or other types of improvements like bike lanes, etc.?

**Response:** Public transportation?

**MDHA:** We could sometimes work with Metro on things related to transportation, we can certainly relay comments pertaining to transportation needs to Metro. However, providing public transportation is beyond the scope of what we are able to do with these funds.

**Response:** More green spaces, planting of trees. I'm concerned about the trees constantly being destroyed by all the new development. Additional green spaces or park-based areas in communities. Increased access to groceries and clean food.

**MDHA:** What about public services? What are some of the services you think our community needs? For example, summer youth programs, fair housing education, and rental counseling services?

**Response:** Several of those you mentioned are very positive and could provide access to resources people might not even know are available to them.

**Question 4: What are the top 3 nondevelopment housing community development activities we should prioritize with this action plan? If we said we have this amount of funding, what are the activities that should be included in the action plan.**

**Response:** Job skills training for jobs in demand and computer skills for seniors and other populations to increase employability. I personally think these are a high priority, it's all priority.

**MDHA:** And I think this response is really in regard to the top 3 barriers.

**Response:** Yes.

**MDHA:** So, job training and other public service activities, is that kind of the general feeling?

**Response:** I still think of childcare or childhood education programs.

**Response:** After school programming?

**Question 5: Thinking about the activities we might do. Are there certain areas in the community where we should focus on providing these activities? Should they be provided in areas with extremely high concentrations of poverty, areas with relatively high concentrations of poverty, or any low to moderate-income area? Are there other geographic locations we need to consider when thinking about how to allocate the funding?**

**Response:** Do you have data on success measures on where the funds have been allocated and spent in the past that would help in answering this question?

**MDHA:** HUD requires us to complete a Consolidated Annual Performance Evaluation Report (CAPER) every year, which provides historical data on the location and types of projects we completed during the program years. You can access the most recent CAPER reports via the following link: <https://www.nashville-mdha.org/plans-and-reports/>

In the previous 5-year plan, we targeted funds to areas identified as Tier I and Tier II. Additionally, the North Nashville area was a previous target area.

**Response:** I think it should be areas with relatively high or extremely high concentrations of poverty. If you are delivering the services through neighborhood centers it would be best to be more targeted as there would be an efficiency component.

**MDHA:** Any thoughts on the South Nashville Antioch Road area? They have come to us saying we would like some programs in that area. However, when you compare that area to others, they definitely have lower-income clients, but they don't have the concentration of poverty we see in other areas. Any thoughts on whether there are needs in some exterior areas that maybe we haven't been addressing that you might be aware of? Or have you experienced any of that?

**Response:** Our Habitat office is located off of Harding Place, and this whole corridor is evolving and has experienced challenges with homeless camps, even in the back of our property.



**Question 6: Any additional thoughts on any non-housing-type activities that we can do to serve the community? Do you have any questions about what we've been doing with those funds? Any other thoughts in general?**

**Response:** What are you allowed to use the CDBG money for? Can it pay for services? Can it pay for trainers? Can it pay for childcare?

**MDHA:** The dollar amount we can use to pay for these types of services is capped at 15% of our annual grant (\$700,000 range). For the boarder scope of what we do with CDBG funds, it can be used for the public facility, economic development, and public infrastructure activities we previously discussed. Other uses of CDBG funds as they relate to housing activities were covered in the previous housing discussion. We cannot use CDBG funds to build new housing. That's the Federal law. We spend a large amount of our CDBG funds on homeowner rehab activities to preserve the affordable housing stock and make it safe for occupancy. Technical assistance/job training can actually be provided under the Economic Development category, which is not subject to the 15% cap, so that helps.

**Response:** Thank you.

**MDHA:** In addition to this session, we have surveys that can be accessed via the MDHA website under the Community Development page that are the exact same questions we had today. There are 3 of them: one for affordable housing, one for the homeless and HOPWA, and one for this non-housing community development. So, if you have further thoughts or want to revisit something, you can feel free to take those surveys or pass the word along to others who wish to provide input. Any other final thoughts?

**Response:** No, but it's actually been very educational for me as I actually work in the housing space, but I wanted to learn more about the ancillary services. So, thanks for allowing me to participate.

**Community Development Consultation / Stakeholder Meeting**  
**Wednesday, February 28, 2024 at 1:30 PM**

Name	Organization	Email Address
Lynn Lassiter	MDHA	<a href="mailto:llassiter@nashville-mdha.org">llassiter@nashville-mdha.org</a>
Shelley Fugitt	MDHA	<a href="mailto:sfugitt@nashville-mdha.org">sfugitt@nashville-mdha.org</a>
Keith Branson	Westminster Home Connection	<a href="mailto:Keith@westminsterhomeconnection.org">Keith@westminsterhomeconnection.org</a>
Emily Nourse	Family and Children's Service	<a href="mailto:enourse@fcsnashville.org">enourse@fcsnashville.org</a>
Treva Gilligan	MDHA	<a href="mailto:tgilligan@nashville-mdha.org">tgilligan@nashville-mdha.org</a>
Pam Dotson	MDHA	<a href="mailto:pdotson@nashville-mdha.org">pdotson@nashville-mdha.org</a>
Angela Harrell	MDHA	<a href="mailto:aharrell@nashville-mdha.org">aharrell@nashville-mdha.org</a>
Lucille Housworth	Habitat for Humanity	<a href="mailto:familyservices@habitatnashville.org">familyservices@habitatnashville.org</a>

**[On-line survey results from general responses from non-registered firms/individuals – 57 Responses across three surveys](#)**

## APPENDIX D

**REQUEST FOR PUBLIC COMMENT AND NOTICE OF PUBLIC HEARING**  
**2024-2025 ANNUAL UPDATE FOR PROGRAM YEAR 2 (2024 ACTION PLAN)**  
**TO**  
**THE 2023-2028 CONSOLIDATED PLAN**  
**FOR**  
**HOUSING AND COMMUNITY DEVELOPMENT**

The Metropolitan Development and Housing Agency (MDHA) will hold an in-person public hearing on this proposed amendment at 6:30 p.m. CDT May 16, 2024, at the Smith Springs Community Center at 2801 Smith Springs Road, Nashville, TN 37217. The hearing can also be attended virtually via the Zoom link below:

[bit.ly/PublicHearingMay16](https://bit.ly/PublicHearingMay16)

**Public Comment Period:** The draft 2024 Action Plan was made available for public examination and comment on May 1, 2024.

Members of the public may obtain copies in the following ways:

- Downloading copies from MDHA's website at [bit.ly/ConPlan2023](https://bit.ly/ConPlan2023)
- Requesting copies by calling the MDHA Community Development Department at 615-252-8505 or Telephone Device for the Deaf (TDD) at 615-252-8599
- Picking up copies in the lobby of MDHA's Community Development Department at 712 S. Sixth St., Nashville, TN 37206, between the hours of 7:30 a.m. and 4 p.m. Monday through Friday

MDHA will receive written comments through 4 p.m. CDT Friday, May 31, 2024. Comments may be:

- Submitted electronically by emailing [consolidatedplan@nashville-mdha.org](mailto:consolidatedplan@nashville-mdha.org)
- Faxed to 615-252-8533 (Attention: Consolidated Plan)
- Mailed to the MDHA Community Development Department, Attention: Consolidated Plan, P.O. Box 846, Nashville, TN 37202
- Hand-delivered to the MDHA Community Development Department, Attention: Consolidated Plan, 712 S. Sixth St., Nashville TN 37206

**Purpose and Summary:** MDHA has prepared for submittal to the U.S. Department of Housing and Urban Development (HUD) a draft 2024-2025 Annual Update for Program Year (PY) 2 (2024 Action Plan).

The 2024 Action Plan describes community needs and funding priorities for the 2024-2025 program year (June 1, 2024, through May 31, 2025) and serves as the Metropolitan Government of Nashville and Davidson County's application for receiving funds for the following programs: Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), Emergency Solutions Grants (ESG) and Housing Opportunities for Persons with Aids (HOPWA). Proposed funding allocations are intended to address the priority needs identified in the 2023-2028 Consolidated Plan, as amended, and to benefit low- and moderate-income (LMI) households and areas. Details regarding specific activities to be funded are provided in the 2024 Action Plan.

- Funding Priorities:**
- Increase the number of decent, safe affordable units and help low-and-moderate income (LMI) households access affordable housing;

- Preserve existing affordable housing stock for LMI homeowners and tenants;
- Support facilities and services for people experiencing homelessness and people who have HIV/AIDS;
- Provide essential services to LMI and vulnerable populations;
- Revitalize distressed neighborhoods and underserved areas through public facility and infrastructure improvements;
- Undertake grant management, planning and other eligible administrative tasks authorized under CDBG, HOME, ESG and HOPWA.

**Anticipated Resources: Estimated based on 2023 Allocations, to be adjusted proportionately upward or downward when 2024 Allocation Amounts are received from HUD, which is anticipated to be on or around May 13, 2024.**

	<b>CDBG</b>	<b>HOME</b>	<b>ESG</b>	<b>HOPWA</b>
2023 Allocation	\$4,922,781.00	\$ 2,767,733.00	\$445,903.00	\$2,389,060.00
Estimated Program Income	\$ 260,090.00	\$ 246,178.00	\$ -	\$ -
<b>TOTAL</b>	<b>\$5,182,871.00</b>	<b>\$ 3,013,911.00</b>	<b>\$445,903.00</b>	<b>\$2,389,060.00</b>

**2024-2025 Proposed Allocations:**

<b>CDBG</b>	
<b>Project Type</b>	<b>Proposed Budget</b>
Administration & Planning	\$ 1,036,593.00
Public Services	\$ 777,467.00
Housing	\$ 2,315,959.00
Public Facilities & Infrastructure	\$ 1,052,852.00
<b>TOTAL</b>	<b>\$ 5,182,871.00</b>

<b>HOME</b>	
<b>Project Type</b>	<b>Proposed Budget</b>
Administration	\$ 301,391.00
New Construction Ownership Programs	\$ 500,000.00
New Construction Rental Programs	\$2,212,520.00
<b>TOTAL</b>	<b>\$3,013,911.00</b>

<b>ESG</b>	
<b>Project Type</b>	<b>Proposed Budget</b>
Administration	\$ 33,442.00
Emergency Shelter & Transitional Housing; Rapid Re-Housing; Street Outreach; Prevention; HMIS	\$ 412,461.00
<b>TOTAL</b>	<b>\$ 445,903.00</b>

<b>HOPWA</b>	
<b>Project Type</b>	<b>Proposed Budget</b>
Administration	\$ 233,888.00
Facility-Based Housing Assistance; Short-term Rent, Mortgage & Utilities; TBRA; Supportive Services; Emergency/Transitional Short-term Housing	\$2,155,172.00
<b>TOTAL</b>	<b>\$2,389,060.00</b>

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**Request for Accommodations:** MDHA makes every effort to provide reasonable accommodations to assist persons with disabilities. Any person needing assistance in accessing this information or who has other needs that require special accommodations may contact 615-252-8562 or TDD at 615-252-8599.

Para asistencia en Español llame al 615-252-8505.

如果需要本通知的中文翻译，请打电话 615-252-8505

Để nhận một bản dịch Tiếng Việt của thông báo này, vui lòng gọi: 615-252-8505

لوصول إلى لغة متجربة تغيير اذهنا نايبلا، يرجى الاتصال بـ: 615-252-8505

Haddii aad rabto qoraalkan oo af-Soomaali lagu tarjumay haddii aad doonayso fadlan naga soo wac: 615-252-8505

**Statement of Non-Discrimination:** MDHA does not discriminate on the basis of age, race, sex, sexual orientation, gender identity, genetic information, color, national origin, religion, disability or any other legally protected status in admission to, access to, or operations of its programs, services, or activities.



## APPENDIX E SUMMARY OF PUBLIC COMMENTS AND MDHA RESPONSES

### Comments/Questions received at the in-person and virtual Public Hearing May 16, 2024 and during the Public Comment Period

#### **Public Hearing Questions and Comments**

##### **Question #1 –**

Can you explain the decrease in HOME funds – which allows for new housing construction versus the CDBG allocated towards housing preservation? There seems to be a disproportionate lack in new housing funding.

##### **MDHA Response –**

Federal regulations do not allow CDBG funds to be used for new housing construction. Therefore, the bulk of housing related funds for CDBG are spent on housing preservation. Also, the Federal government cut HOME funds for PY 2024, and thus the allocation to Nashville-Davidson County is also lowered. This limits the total new housing construction funds available.

##### **Question #2 –**

If there are “extra or unused” funds in one program allocation (such as HOPWA, CDBG), can those funds be transferred to another program (for example, HOME) in order to allow for more new housing construction funding?

##### **MDHA Response –**

Federal regulations do not allow reallocation of funds between federal grant programs. HOME funds must stay with HOME, HOPWA with HOPWA, etc.

##### **Comment #1 –**

It seems like we're going backward since the buzzword around the country is "affordable," and even in our own backyard, we need 52,000+ units by 2030.

Another thought that just came to mind. When I first started as a CHDO my understanding was that we were an extension of HUD and MDHA to produce affordable housing with a mission. It seems like now we are just corporations, maybe worse. Because the pot of funds is so small

we're cannibalizing each other in the bidding process, leverage our projects with debt to subsidize/sustain our organizations. Besides the Barnes Fund, HOME is the largest tool in our tool bag. Everything else is debt related; CITC, LIHTC, Bonds, etc.

I'll put it like this in the corporate world if it takes a dollar to solve the problem, you get \$1.20. In the non-profit world you need a dollar you get fifty cents. I guess what I'm saying is my job is to solve the problem and not look at "profit" as the end goal. So, if I need a \$1 to solve the problem, I "should" get a \$1 and not spend 90% of my time trying to get the other fifty cents.

We and when I say "We" I mean this country has the money to solve affordable housing in a snap of a finger. The issue is, is it a priority.

Personally, my goal was to put a different face on what an affordable unit looks like. It's getting harder, but we will continue our mission just thinking more outside the box.

### **MDHA Response –**

Yes, the shortage of affordable housing continues to become a greater barrier each year. On the federal level, trends show a decrease in funding allocations for new housing construction projects. Additionally, HOME allocations are affected when new cities become entitlement communities and participating jurisdictions, allowing them to access the funds for the first time, which means all cities receive a smaller share of the funds unless the Senate and Congress allocate additional funding.

### **Comments Received via email during the Public Comment Period**

#### **Comment #1-**

My public comment is attached to this body below in the blue titled : [MDHA 5 Year Consolidated Plan - RAB , COC CAB Chair as MDHA vendor , current MDHA Emergency Voucher Holder , COC Homeless Planning Commissioner](#)

I am writing to turn in my RAB consultation public comment ; however it must be known widely as we have been speaking about , what we as tenants have been trying to convey about treatment of HUD residents .

We've been told in so many ways how we cannot access things like homeownership programs that exist , bigger bedroom voucher sizes , one person I have attached is living in a park with a section 8 voucher and she fears being paralyzed because she is chronically ill .

The PHA workers in all departments from executive down to inspectors treat us a word below poorly ( whatever you can imagine that word to be )

We know the problem , needs , and we are the solution as section 3 contractors as stated in this attached comment .

This is my business [Innovative JOBS Solutions LLC](#) , that is invisible pay operational, meaning we are going to help the community regardless of how the various TN Housing authority's block finding from reaching funds send down from HUD , WE are the very reason HUD exist !

We had to create this National group myself and a tenant of a complex with 88 units of inhabitable units , hers was the only one fixed in a historical 60 year remodel . [National COALITION Against Dilapidated Homes & Occurrences in section 8 & 9 Among Affordable Housing](#)

The remodel for the one unit was to try to get the tenant to be quiet about the other 87 units .

PS that complex along with many others are receiving HUD restoration funds and they will beautify outside landscaping , hence why SkyView Apartments are mixed use some have section 8 , some PBV ( noone ever received their detached vouchers )

[National Coalition Group](#) if you look at this group on its entirety you will see exactly what I mean and all the complexes are not here .

Attached are Men , Women Children suffering literally because our housing authority refuses to listen to humans .

They'd rather be super smart with us vs providing real customer service to the real humans your supposed to be serving .

A beautiful picture is able to be painted by words tenants don't know to use .

There are huge ADA accomodations violations happening ( a section 8 momma that's ready for homeownership with her voucher , with disabled child in extreme heat for the second year in a row ) this is a repeat but most recent at 22 hours ago .

We reported this last year and nothing !!!!!

They have Metro Nashville Government ignoring us , legal aid society is denying right to counsel , evictions are wild wild West unchecked , MDHA , and TDHA , not only ignores us ( I've reported all of this greater than a year now from local to regional , to federal ) now I'm being lead back to regional from them back down to The local PHA .

Which it's very obvious it's only transactional with us this many people are not speaking out across the country for no reason .

Systemically this i literally killing humans waiting for the basic human right of HUD standardized safe decent sanitary true affordable housing .

These AUTHORITIES are doing just that being Authorities .

I did not even mention as the cab chair and our policy advocacy chair both have done through months of not being paid properly , mine they're counting my vendor stipend as income to raise



my rent . These are the very same humans that waste the very same agencies year after year ( they are all non compliant , it doesn't get written back to you all like that because they self monitor ) but when we applied twice they tampered with the process .

This is all written to you all across the years still silence ( I saw 26 million from HUD to rectify recently ) PLEASE make sure we can access THAT and compass without barriers and all services available for tenants .

Their should never be a locality that can keep humans from building out from poverty and out of public assistance .

I almost lost my housing for the 5th time because of the games they're allowed to play with so many fragile families already deeply traumatized .

I pray one of the humans tagged here hears us and HELPS us in Nashville TN as a blueprint , then across the nation toward real healthy housing .

We know you hear us because each time we write to you all things change but unfortunately the money still never makes it up us directly and our neighborhoods .

The Authority is simply well versed in mJing all thing look like they're all good .

## **MDHA Response**

Thank you for your public comments and responses to the affordable housing consultation questions for the 2024 Action Plan. We appreciate your feedback. MDHA will include your public comments in the final draft of the Action Plan. In addition, comments related to the Housing Choice Voucher program have been shared with MDHA's Rental Assistance department for consideration.

## **Comment #2 –**

Please accept the following in response to the MDHA Consolidation Plan (Con Plan) Meetings survey questions. My Public Comment to the Draft Con Plan is included after the responses.

### **AFFORDABLE HOUSING AND FAIR HOUSING CONSULTATION.**

Tuesday, February 20, 2024 – 1:30 to 2:30 p.m.

#### **Response to Question #4:**

Utilizing the CoC Consumer Advisory Board (CAB) and MDHA Rental Assistance (RA) Resident Advisory Board (RAB) members who have lived experience of fair housing issues and navigating through the barriers to housing opportunities. To show true community coordination efforts, these members and boards should be encouraged to collaborate on projects with the Legal Aid Right to Counsel and/or the Nashville Conflict Resolution Center. The opportunity should also be given to small non-profit organizations and businesses operated by formerly homeless community stakeholders who are also survivors of fair housing act violations and housing discrimination such as Community Bridges Inc.-Tennessee (CBI-TN).

#### **Response to Question #5:**

Creating opportunities that allow extremely low- low income residents non-traditional homeownership options by reactivation of the Section 8 homeownership program and accepting

new applicants. HOME funds could be used towards new construction including manufactured homes, modular homes and cooperatives. These non-traditional homeownership options would help create a sense of community and enhance the quality of life for the hundreds of people housed after the closure of encampments across the city of Nashville. This would also make homeownership possible for more disabled households utilizing their current Section 8 vouchers. Minority owned businesses and organizations such as V and D Enterprise LLC, Innovative Jobs Solutions LLC and My Brother's Keeper (MBK) Nashville would be a great fit for this opportunity.

## **HOMELESS CONSULTATION.**

Tuesday, February 27, 2024 at 1:30 PM

### **Response to Question #4:**

1. Lack of access to jobs paying a livable wage.
2. Lack of access to emergency assistance and supportive services.
3. Lack of an Heirs property protection and Eviction Expungement Program as part of the Legal Aid Eviction Right to Counsel Program. I would love to share more with you on how we can braid funding and resources to make this program a reality.

### **Response to Question #6:**

Continuum of Care- Weak and at best very performative.

The CoC lacks true Diversity, Equity and Inclusion of People with Lived-Experience (PLE) of homelessness that have successfully navigated through Nashville's broken homeless response system and continue to show up and attempt to serve their community by applying for open positions with CoC member agencies such as the Oasis Center and The Salvation Army. Mental Health Service Agencies- Weak and extremely hard to access in a non discriminatory manner.

Mental health services are extremely punitive and lack opportunities for People with Lived-Experience (PLE) of living with mental illness to be properly trained in peer support positions to assist clients with adjusting and effectively participating in mental health programs. Peer Support certifications would also support economic growth for people who have successfully navigated through Nashville's broken mental health response system and continue to show up and attempt to serve their community by seeking employment with CoC member agencies such as Park Center and Mental Health Cooperative.

Housing Providers- Weak and has a blanket disparate impact on disabled households with Section 8 vouchers.

"Low-Barrier" landlord's and property management companies that receive thousands of dollars in financial incentives are still allowed to deny housing based on income sources and previous evictions or criminal records.

Agencies such as The Salvation Army that had high numbers of housing placement for chronically homeless in 2023-2024 using Rapid-Rehousing funds and Section 8 tenant based rental assistance, funded most units located in high crime and poverty stricken areas. Many people were housed and not offered furniture or other essential items needed for housing stability. Many of the units paid for with Rapid Rehousing were not fit for human habitability and were not required to pass the HUD HQS inspections. This often caused Section 8 to deny

making payments for the unit when vouchers are finally obtained or recently housed households being required to pay full rent or to be forced back into homelessness.

**Response to Question #7:**

There is not enough braiding of resources from Medicare and Medicaid to enhance or create housing opportunities and supportive services for eligible residents. More HMIS access for small organizations and CAB leadership chairs.

**Response to Question #8:**

Weak. Better braiding of resources and collaboration of Department of MHSAS, Department of Education and Department of HUD programs.

**Response to Question #10:**

We need discussions surrounding creating Section 8 homeowners instead of Section 8 renters. This will create generational wealth for residents and economic stability for the collective. This would not cost anything in addition to the funding used for the Section 8 voucher. We also need to discuss making employment opportunities specifically for residents or participants of the CoC member agencies programs and Family Self-Sufficiency program participants. This will increase program income for the housing providers and the household income of the residents. Also as stated in Response to Question #4:

1. Lack of access to jobs paying a livable wage.
2. Lack of access to emergency assistance and supportive services.
3. Lack of an Heirs property protection and Eviction Expungement Program as part of the Legal Aid Eviction Right to Counsel Program. I would love to share more with you on how we can braid funding and resources to make this program a reality.

**CDBG NON-HOUSING CONSULTATION**

Wednesday, February 28, 2024 at 1:30 PM

**Response to Question #1:**

Lack of true equity, diversity and inclusion with employment opportunities for people with lived-experience of generational poverty. Many peer support or similar community outreach worker positions paying a livable wage require college degrees or they have other barriers that have a discriminatory effect on marginalized communities and community advocates.

**Response to Question #3:**

As part of health care and transportation, creating a program that provides income based shuttles or ride share trips for self care services and outings including grocery store runs, local or state

park visits for low-income residents who do not have personal transportation. Especially those who are elderly or disabled living in single family or scattered site housing and do not have access to on-site or community residents services. I would love to share more with you on how we can braid funding sources to make this program a reality.

**Response to Question #4:**

See the response for Question #3.

**Response to Question #5:**

See the response for Question #3. Implementing this response would cover all of Davidson County, TN as the pilot geographic location.

**PUBLIC COMMENT SECTION**

**AP-60 Public Housing – 91.220(h)**

In light of MDHA’s various opportunities for residents to become more involved in management and participation in homeownership programs, I suggest the following:

- The MDHA Rental Assistance Resident Advisory Board (RAB), that includes Section 8 Housing Choice Voucher holders, should be equitably included in the Napier-Sudekum’s VOICE Center space operated by the newly formed MDHA Resident Services department. Doing so will help introduce homeownership opportunities to the growing number of former chronically homeless populations with Section 8 HCV vouchers living in scattered units in the community that are also participants of the MDHA Family Self-Sufficiency program.
- The housing navigation and peer support positions should be made equitably available to recently housed FSS program participants in honor of their lived experience of homelessness and their willingness to give back to the community. This would make it possible for more Section 8 voucher holders to earn a honest and decent income while also supporting the city’s collective goals end homelessness and to create housing stability and economic self-sufficiency for everyone.
- The option for utilizing Section 8 HCV Homeownership programs to allow housing cooperatives, manufactured homes or more affordable options like the non-traditional container homes. This could be done by transparently considering this option in support of the right to choose their homeownership housing type. Getting creative by braiding funds from Section 32 HOME, Barnes Fund, the Community Land Trust, and other sources could make this option a reality that allows more low-income especially disabled to become homeowners, and build generational wealth while retaining their Section 8 assistance.

**AP-65 Homeless and Other Special Needs Activities**

As part of the Homeless Planning Council Strategic Plan’s primary goals of employing evidence based, data-driven decisions to serve and empower individuals experiencing homelessness and align resources that close the resource gap and have clear lines of accountability; I suggest the following:

- Instead of the HPC using the term “lived-experience” and including us in what often feels like tokenism roles on the CoC’s committee’s; members agencies of the CoC, such as Oasis Center and the Salvation Army should have employment positions created specifically for us recently housed Consumer Advisory Board (CAB) members with respect to our “lived-experience” and without the work of our own organizations being considered a conflict of interest or competition for funding.
- Create opportunities for small non-profit organizations led by recently housed people with lived expertise of housing instability to provide the supportive services that CDBG funds

can be used for including fair housing activities, rapid rehousing and housing navigation services.

- In addition to the summer youth initiatives, similar year round programs should be transparently made available for homeless or previously homeless youth ages 16-24 including eligible college students. A self-care transportation service for low-income elderly and disabled residents without transportation.
- These can all be achieved by contracting with small non-profit organizations and businesses within the CoC that are led by recently housed people with lived expertise of housing instability, self care, self advocacy and youth homelessness such as Innovative Job Solutions LLC, V and D Enterprise LLC, My Brother's Keeper (MBK) Nashville and Community Bridges Inc.-TN (CBI-TN).
- Implementing the above mentioned equitable and inclusive employment opportunities combined with stable housing, will help us traditionally underserved CoC members finally achieve the American Dream of self-sufficiency and homeownership right here in Nashville, Tennessee.

As stated previously, I would love to discuss ways that we can “braid funding” and resources to make these programs a reality for us all.

#### **MDHA Response -**

Thank you for your public comments and responses to the affordable housing consultation questions for the 2024 Action Plan. We appreciate your feedback. MDHA will include your public comments in the final draft of the Action Plan. In addition, comments related to the Housing Choice Voucher program have been shared with MDHA's Rental Assistance department for consideration.

METROPOLITAN NASHVILLE-DAVIDSON COUNTY, TENNESSEE  
**EXHIBITS**

**2024-2025 ANNUAL UPDATE  
TO THE  
2023-2028 CONSOLIDATED PLAN  
FOR  
HOUSING AND COMMUNITY DEVELOPMENT  
PROGRAM YEAR TWO**

**For the period June 1, 2024 – May 31, 2025**

**Prepared by:**

Metropolitan Development and Housing Agency  
701 South Sixth Street  
Nashville, Tennessee 37206



**2024-2025 Annual Update to the 2023-2028 Consolidated Plan**

**(2024 Action Plan) Program Year Two**

**EXHIBITS**

**Exhibit 1 - Notice of 2024 Allocations**

**Exhibit 2 - HUD Approval of 2024 Action Plan Extended Submission Date**



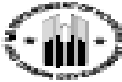
**EXHIBIT 1**  
**HUD NOTIFICATION of 2024 ALLOCATIONS**

**FY 2024 Community Planning and Development Formula Program Allocations**

<b>NAME</b>	<b>CDBG</b>	<b>RHP</b>	<b>HOME</b>	<b>ESG</b>	<b>HOPWA</b>	<b>HTF</b>
<b>Nashville-DavidsonTN</b>	<b>\$5,074,394</b>	<b>\$0</b>	<b>\$2,295,090</b>	<b>\$432,661</b>	<b>\$2,422,025</b>	<b>\$0</b>

**EXHIBIT 2**

**HUD APPROVAL OF 2024 ACTION PLAN EXTENDED SUBMISSION DATE**



U. S. Department of Housing and Urban Development

Knoxville Field Office, Region IV  
John J. Dumas Federal Building  
710 Locust Street, Suite 300  
Knoxville, Tennessee 37902-2526

April 29, 2024

Troy D. White, Executive Director  
Metropolitan Development and Housing Agency  
P.O. Box 846  
Nashville, Tennessee 37202

Dear Mr. White:

**SUBJECT: Action Plan - Request to Extend Submittal Deadline of the 2023-2027 Five-Year Consolidated Plan and 2024 Annual Action Plan to August 16, 2024.**

This letter is in response to the April 12, 2024 letter regarding the above subject matter. In the letter, the Metropolitan Development and Housing Agency (MDHA), as the lead agency of Nashville - Davidson County's Consolidated Planning programs, is in the process of completing the Metropolitan Government's Annual Action Plan. In accordance with Notice CPD-24-01, the Consolidated Plan and Annual Action Plan is due within 60 days of the Department of Housing and Urban Development's (HUD) Notice of Allocations for 2024. The purpose of the extension request is to allow enough time for MDHA Board approval, Metro Council approval, and for the Mayor to sign the SF 424 and Certifications.

You stated that you anticipate obtaining Metro Council approval at one of its July 2024 meetings. After Metro Council approval, the Mayor will sign the SF 424 and Certifications, which will then be submitted to HUD for approval no later than August 16, 2024.

This Office has reviewed the justification provided to support the request and the request has been approved. Please keep in mind that the final deadline for receipt of any 2024 Annual Action Plan, is August 16, 2024. As you know, this deadline cannot be waived.

If you have any questions, please contact Michelle Lewis, Senior Community Planning and Development Representative, at (865) 474-8229.

Very sincerely yours,

Erik Hoglund, Director  
Office of Community Planning  
and Development

cc:

Honorable Freddie O'Connell, Mayor  
Metropolitan Government of Nashville – Davidson County  
Emel Alexander, Director of Community Development