

Completing the Journey: Nebraska's Action Plan for People Experiencing Chronic Homelessness

Background

In October of 2003, a cross-section of stakeholders from Nebraska attended a Federal Policy Academy in Denver, CO. The Policy Academy was one of several in which all States eventually participated. The purpose of the Academy was to assist States in developing "10-Year Plans to End Chronic Homelessness." Nebraska's resulting 10-Year Plan was titled "**Nebraska's 10-Year Plan for Increasing Access to Mainstream Services for Persons Experiencing Chronic Homelessness.**"

Nebraska's 10-Year Plan was unveiled in 2004 and was formally adopted by the governor-appointed Nebraska Commission on Housing and Homelessness. To ensure sustained and continued implementation of the 10-Year Plan, the Commission created a standing ad hoc committee titled the "*Ad Hoc Committee on Ending Chronic Homelessness.*" The Ad Hoc Committee's membership includes State interagency personnel, nonprofit housing and homelessness prevention service providers, and representatives of various consumer demographics. The Ad Hoc Committee serves as a State level version of the United States Interagency Council on Homelessness.

Via Committee planning which occurred during calendar year 2010, the Nebraska Plan was revised to include five overall objectives. The Plan's revised title is now "**Completing the Journey: Nebraska's Action Plan for People Experiencing Chronic Homelessness.**" The Plan includes implementation objectives for the period beginning **January 1, 2011 and ending June 30, 2012.**

Chronic Homelessness

Via the HEARTH (*Homeless Emergency and Rapid Transition to Housing*) Act of 2009, *the Federal definition of chronic homelessness – and therefore the target demographic of the Nebraska Plan* -- is as follows: individuals or families provided the household is headed by an individual with any of the following: diagnosable substance use disorder; serious mental illness; developmental disability; post traumatic stress disorder; chronic physical illness or disability; and/or co-occurrence of two or more disabilities. This Federal definition of chronic homelessness includes individuals or families who will lose housing within 14 days and who have no subsequent housing resources identified and who lack resources or support networks to obtain permanent housing. It also includes unaccompanied youth and families with children defined as homeless under other Federal statutes who: have experienced a long period without living independently in permanent housing; have experienced persistent instability as measured by frequent moves; and can be expected to continue in such status for an extended period.

The Vision of the Nebraska Ad Hoc Committee on Ending Chronic Homelessness is as follows:

The path to ending chronic homelessness starts where people are at risk of being homeless and involves meeting people where they are with a place for supports and connections to occur.

The journey to ending chronic homelessness begins when people are seen in relation to their values, when their choices are respected, when their strengths are recognized, and their trust, self-efficacy, and lasting connections develop through an array of housing, service, and treatment options best suited to address and sustain their core needs.

*The **journey is complete** when proven strategies end chronic homelessness.*

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GOAL ONE: Maintain a statewide infrastructure to lead in statewide planning.						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.1 Improve connection of the state level Action Plan to end chronic homelessness -- done through the Ad Hoc Committee of the NCHH with regional and local efforts of the CoC's.	Action 1.1.1 Provide support and TA for 7 regional CoC's in development of strategic plans to end chronic homelessness that align with the state plan and with "Open Doors," the Federal Strategic Plan to Prevent and End Homelessness	HUD (federal) and DHHS NHAP	DHHS NHAP	Every regional CoC develops a revised Action Plan Coordination of effort at the state, regional, and local levels.	Strategic plans updated annually by all regions. Each continuum has aligned strategies in their strategic plans with the state level plan and the Federal Plan	5/31/2011
	Action 1.1.2 Continue to support NMIS as a monitoring & evaluation method that strengthens and maximizes input from the CoCs and direct service providers back to the state level decision-making process.	DHHS NHAP	DHHS NHAP	~Increased participation and reporting in NMIS. ~Improved coordination of services to consumers. ~Data-driven decision-making.	Number of providers participating and reporting in NMIS continues to increase.	Present and ongoing
	Action 1.1.3 Ensure biannual State Housing and Homelessness conference is held and promotes best practices statewide	DHHS NHAP	DHHS NHAP and DED (Department of Economic Development)	State funds and provides biannual conference as a featured event of the governor-appointed NE Commission on Housing and Homelessness (NCHH)	Conference includes TA and Federal speakers via HUD or USICH (US Interagency Council on Homelessness) ~Conference also promotes funding opportunities and service provision best practices	~Conference offered biannually
Strategy 1.2 Ensure continued advisement of DHHS NHAP via State Continuum of Care Committee	Action 1.2.1 Provide quarterly videoconference meetings statewide and ensure participation from all seven Continuum of Care regions	DHHS NHAP	DHHS NHAP	Policymakers and decision-makers have adequate and appropriate data to make key decisions.	DHHS NHAP is advised as appropriate and Committee updates are offered to NCHH	Quarterly and ongoing

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Strategy 1.2 contd... Form a successful CoC Balance of State application that meets HUD's scoring threshold and maximizes all available funding	Action 1.2.2 Formulate Nebraska Balance of State application and access all available NOFA bonus funds for permanent supportive housing projects	DHHS NHAP	DHHS NHAP	Balance of State application meets threshold for competitive scoring	New projects are incorporated that meet community needs in underserved areas and performance objectives of the 2009 HEARTH Act are met	February 2011
Strategy 1.3 Ensure that the goals, strategies, and activities in the Ad Hoc committee plan focus on chronic homelessness.	Action 1.3.1 Establish a culturally competent understanding of chronic homelessness that accurately reflects realities within the field.	DHHS NHAP and Goal 5 members	Goal 5 member(s) to be identified.	Effective strategies are targeted at the local level addressing the population variations across NE.	An array of ongoing educational and targeted awareness is implemented in local CoC regions	Initial incorporation into regional continuums by Nov.2011 with on-going process.
	Action 1.3.2 All Continuums of Care do a Point in Time Survey to get additional detail about characteristics and circumstances of people who are homeless.	NMIS System Administrators	COC Point in Time Committee Chairs	More clear understanding of population who are homeless and their path to homelessness	All continuums implementing a similar PIT process that includes a survey – including the Balance of State service area	January 2011 and ongoing

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GOAL TWO: Create Additional Appropriate and Supportive Housing Choices						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.1 Assess the need for income-based and appropriate housing for identified homeless sub populations (chronic, homeless, near homeless)	Action 2.1.1 Using data collected by DHHS/NHAP {NHAP survey & Exhibit 1s}, determine housing needs by Continuum of Care (CoC) region.	DHHS NHAP	Continuum of Care Housing Committee or other appropriate committee	Housing data distributed to CoCs and used to establish regional housing needs; 2) needed housing developed.	Data distributed to CoC regions; 2) CoCs identify housing needs	Annually
	Action 2.1.1 Increase participation of housing stakeholders and diversity housing stock (HUD, USDA, private sector) via landlord and realtor groups	DED/Voc Rehab and ATP/CoC/and PHA's	Regional CoC Housing Committee or similar body	Statewide use of housing.ne.gov increased by 25% from 2010 use levels	Distribution and analysis of relevant data by regional CoC's	Annually

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Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.2	Action 2.2.1	DHHS Behavioral Health	DHHS Behavioral Health	All Available vouchers are issued annually and all statewide CoC regions are informed appropriately.	Report on the current legislative session.	June 2011 & annually thereafter
Ensure continued funding of the Nebraska Housing Related Assistance as authorized under Neb. Rev. Stat. 71-812(3) developed for persons with SMI who experienced extreme housing burdens.	Summarize annual legislation to include assessment of current information and changes.					
	Action 2.2.2	DHHS Behavioral Health	Regional Housing Coordinators and HMIS System Administrators	SMI individuals are in stable and appropriate housing.	Persons served	November 30, 2011 and January 2012 for formal presentation statewide
Strategy 2.3	Action 2.3.1	DHHS NHAP	Continuums of Care	Continued implementation of the Permanent Supportive Housing Model	Presentations on the Permanent Supportive Housing process to the seven regional Continuums of Care. Specific PSH programs promoted statewide.	Dec-11
Review and identify Permanent Supportive models	Identify resources required to implement Permanent Supportive Housing					
	Action 2.3.2	DHHS NHAP	Continuums of Care	One additional Permanent Supportive Housing process is implemented.	Identification of resources to implement PSH	Jun-11
Explore types Permanent Supportive projects in other states/communities						
Strategy 2.3 continued	Action 2.3.3	DED	Continuums of Care	Increased regional CoC participation in identifying impediments to furthering fair housing	Assessment of barriers and review of data; presentation of AFFH to all CoC regions	Dec-11
Ensure that PSH projects properly implement AFFH (Affirmatively Furthering Fair Housing) marketing plans						
Strategy 2.3 continued	Action 2.3.4	DHHS NHAP	Continuums of Care/Goal Group I	CoC Balance of State application meets HUD's competitive scoring threshold	New PSH projects funded and implemented	Dec-11
Per the Balance of State application, capture dollars for new permanent supportive housing projects						

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GOAL THREE: Increase Access to Mainstream Services & Resources						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1	Action 3.1.1	Goal 3 Subcommittee	To be determined	A roster of SOAR trained staff developed	SOAR trained staff in every CoC regions	October 2011
Increase the number of SOAR trained advocates who will work on behalf of chronically homeless consumers	Increase the number of SOAR trained case management staff statewide					
	Action 3.1.2	DHHS NHAP	To be determined	SOAR TTT's held in every CoC region	SOAR workshop held at 2011 Housing and Homelessness Conference	August 2011
	Increase the number of SOAR Train the Trainer (TTT) events within all CoC regions					
	Action 3.1.3	DHHS NHAP	Lincoln SOAR and Omaha SOAR	SSI/SSDI allowance rates increase for SOAR projects statewide by 10%	SOAR Lincoln and SOAR Omaha develop successful collaboration with Disability Determination Services (DDS) for purpose of flagging SOAR-submitted applicaitons	September 2011
	Increase the number of SOAR applications awarded SSI/SSDI benefits upon initial submission					
Strategy 3.2	Action 3.2.1	Goal 3 Subcommittee	Regional CoC governing bodies	Service providers in all CoC regions are informed regarding computer access for the chronically homeless to access benefits. Every CoC region utilizes 2-1-1 as a single point of entry.	All CoC regions receive ACCESS Nebraska trainings. All counties statewide are covered by 2-1-1.	Oct-11
ACCESS Nebraska and United Way's 2-1-1 benefit chronically homeless consumers	ACCESS Nebraska and United Way 2-1-1 staff attend regional CoC meetings to provide trainings					
Strategy 3.3	Action 3.3.1	DHHS NHAP	CoC regions	Homeless Connect held in or near all CoC regions	Chronically homeless consumers access services at regional Connect events	June 2012
Homeless Connect model will be replicated statewide	Lincoln and Omaha Homeless Connect staff will train statewide CoC personnel on the Homeless Connect model via mentoring and technical assistance					

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Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.4 Increase training opportunities and increase access to mainstream services for chronically homeless consumers. Every chronically homeless consumer is assessed for benefits eligibility upon intake.	Action 3.4.1 Mainstream benefit report pulled to establish data baseline	Vocational Rehabilitation	Local WIA Area	Youth Councils determine the scope of services and resources available in each local WIA area.	Services/Resource list	Nov-11
	Action 3.4.2 Screening tools are identified as examples that other communities have used to help CoC's design their process	Goal 3 Subcommittee	CoC	Youth Councils acquaint outreach and CoC members with local area efforts to address youth employment issues.		30-Jun-11
	Action 3.4.3 Make recommendations to CoC leadership about reporting CoC benefit screening process in NOFA Exhibit I	Goal 3 Subcommittee	CoC	Chronically homeless individuals have greater access to benefits	HMIS documents statewide increase of benefits access	Dec-2011
	Action 3.4.4 Pull HMIS report at 12 month mark go assess progress					

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GOAL FOUR: Increase Strategies Addressing Prevention and Discharge Planning						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.1 Enhance the working relationship between NE Dept. of Correctional Services and DHHS to focus on adults discharging from NDCS with behavioral and medical needs in order to continue and improve upon discharge plans	Action 4.1.1 Collect data from NDCS to identify the issues for re-entry related to housing and recidivism, substance abuse, serious mental illness traumatic brain injury, race and ethnicity.	DHHS NHAP and NDCS	NE TBI Advisory Council	Establish baseline and ongoing comparisons against the baseline identifying issues/needs. DHHS NHAP and NSCD release data annually.	~ Data questions are developed. ~ A system of collecting data is in place. ~ Corrections case management personnel are trained via SOAR for ex-offender benefits acquisition	Jan-12
	Action 4.1.2 Get data from shelters related to where customers have been discharged from collected through NMIS and phase out current method of collection. Identify top three reasons for homelessness.	NMIS	DHHS NHAP & NMIS admins	Establish baseline and ongoing comparison against the baseline track location of consumer upon discharge.	Use real data from NMIS to identify problems and establish solutions.	Jun-11
	Action 4.1.3 Access all public reports produced by DHHS and NDCS partnership.	DHHS Behavioral Health	DHHS and Corrections Representatives	Persons discharging from corrections plan for their discharge based on: ~personal choice ~access to necessary resources upon re-entry to the community	A signed document and a final Corrections discharge policy stating that no one is discharged into homelessness	Jan-11
Strategy 4.2 Research the problem of adults with behavioral and medical issues cycling through county jails without supports for persons discharging.	Action 4.2.1 Approach crime commission with help on this strategy	DHHS Behavioral Health	DHHS and Corrections Representatives	Issues are identified and recorded into a report.	Collaboration with Crime Commission on county level data, if possible.	Apr-11
	Action 4.2.2 Determine if county jails collect data on discharging inmates, do county jails do any planning for discharge	NMIS	DHHS Behavioral Health and County Corrections	Issues are identified and recorded into a report.	Collaboration with county jails for county level data, if possible. Mental Health Jail screening assessment is implemented.	Apr-11

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Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.3 In partnership with youth service providers, identify the specific housing barriers among youth	Action 4.3.1 Collect data on the demographics of youth experiencing homelessness	NMIS	NMIS and youth service providers	Use real data to inform of any problems for youth transitioning from YRTC's and/or foster care.	Report data of youth aging out of foster care or being released from YRTC's. All youth aging out will have a detailed Preparation for Independent Living Plan – this shall include the youth's goals for employment, education, financial support, housing, a support system, and transportation.	Jul-11
	Action 4.3.2 Get data from shelters related to where customers have been discharged from.	DHHS Foster Care Database and N-FOCUS	NMIS and DHHS and NCFE	Identify housing trends of youth who have aged out of the foster care system (risks, needs, etc)	Annual measures disseminated to CoCs and stakeholders	Jul-11
	Action 4.3.3 Collect data relevant to former foster care youth who had an Independent Living Plan after they age out of the system (both 19 and 21 years of age) to assess repeat homelessness					

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GOAL FIVE: Data Collection and Evaluation						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 5.1 Successfully implement and conduct "point-in-time" counts via the NMIS data management system in the State's seven CoCs and regularly scheduled pulling of NMIS data regarding chronic homelessness	Action 5.1.1 Maintain funding/resources to permit Continuum- wide implementation	Regional CoC coordinating committees	Individual/team identified by CoC coordinating Committee	Funding for training to permit each CoC to implement its PIT count via HMIS/ServicePoint	Number/percent of agencies/programs equipped and readied through training to participate in a given region's CoC plan for conducting regular "point-in-time" chronic homeless counts via NMIS	Ongoing
	Action 5.1.2 Implement HEART Act data regulations	NMIS administrator covering each CoC	NMIS administrators/task force in each CoC	Reliable and regular collection necessary for PIT	Data collection and data entry practices implemented. Best practices determined for capturing chronic homeless data.	Ongoing
	Action 5.1.3 Generate statewide PIT chronic homeless report	NMIS board	NMIS administrator covering each CoC	Capacity to generate needed PIT statewide report	Aggregate state-level reports	Ongoing
Strategy 5.2 Utilize data collected to assist NCHH, other departments, CoCs and others with planning, policy formation and the pursuit of funding.	Action 5.2.1 Provide AHAR reports to NHAP	Goal 5 Subcommittee Members	NMIS board and NHAP	AHAR reports posted on NHAP website	NMIS develops statewide AHAR report that accurately captures chronic homeless data	Ongoing
	Action 5.2.2 Utilize NMIS data to inform decisions on resource allocations	Goal 5 Subcommittee Members	Regional CoC data committees and NHAP	Increased ability to target resources toward identified needs. Reports reflect need by Regions.	Ad Hoc Committee, local CoC regions, and NHAP use reports to assess and adjust strategies and actions	Ongoing
	Action 5.2.3 Develop proposals for reallocation and assist with recommendations for additional funding that will more effectively address chronic homelessness	Ad Hoc Committee	Ad Hoc Committee	Effective use of resources based on information available	Develop proposals and make recommendations when appropriate	Ongoing