

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: NE-500 - Nebraska Balance of State CoC

1A-2 Collaborative Applicant Name: State of Nebraska

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Advisor, Community Advocate
 Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	No

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Balance of State Subcommittee	This is a formal subcommittee of the State of Nebraska Continuum of Care Committee which is part of the Nebraska Commission on Housing and Homelessness. The NE BoS CoC serves all of Nebraska outside of the Lincoln and Omaha metro areas. Because of the vastness of the geographic area, the CoC has 5 regional CoCs each of which elects 2 members to serve on the BoS Committee. It serves as the governing board of the BoS CoC supervising HMIS, establishing policy for the CoC and approving the CoC application to HUD.	Monthly	Kendra Dean, Cheryl Holcomb, Ardi Hoins, Amy Munderloh, Mindy Nepper, Melilssa DeLaet, Tammy Jeffs, Tom Schik, Michael Wehling; John Tuner, Joel Cates
1C-1.2	HMIS Committee	This group has representatives from each of the 5 regional CoCs as well as the key HMIS participants from the University of Nebraska-Lincoln which operates the HMIS for the CoC. The group has responsibility for coordinating and conducting the annual PIT, reviews HMIS participation and data quality and works with UNL to improve it, and is responsible for generating semi-annual performance cards for all CoC, ESG and Nebraska Homeless Assistance Program projects. It works with UNL to increase HMIS participation particularly among non-HUD funded and faith based providers.	Monthly	Jeff Chambers, Mary Boswell, Tamara Cartwright, Angel Shafer, Phil Rosno, Lori Gerih, Nicky Hogel, Emily Bazon, Julia Roy, Janet Kosinkski

1C-1.3	Renewal Project Review and New Project Application Committee	This group is responsible for monitoring the performance of all projects funded by the CoC and ESG/NHAP in the CoC, issuing semi-annual performance report cards to all grantees, identifying TA needs of recipients and developing a plan for addressing those needs, identifying unmet needs in the CoC, developing funding recommendations for new projects, and soliciting and reviewing new and renewal applications for funding.	Quarterly	Hilary Wasserburger, Cheryl Holcomb, Erin Merryman, Ardi Hoins, Michael Wehling, Tom Schik
1C-1.4	Regional CoC committees	There are 5 geographic regions in the CoC. They meet monthly. They elect the membership of the BoS Steering Committee, identify unmet needs for homeless assistance in their regions and report to the CoC, conduct the annual PIT count, provide support to local organizations in using HMIS, convey policy decisions from the Steering Committee to the local CoC regional committees, and seek to ensure that entities engaged in ending/preventing homelessness in the region are represented.	Monthly	Local homeless service providers, law enforcement, DV providers, behavioral health providers, local education authorities, regional philanthropic organizations, local business leaders
1C-1.5				

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)

The CoC serves a vast area of rural Nebraska covering thousands of miles. It is infeasible for there to be regular in person meetings of the entire CoC. To ensure that the full range of opinions and input are heard, the CoC has organized itself into 5 geographic regions. Each of these regions meets on a monthly basis. The regions are responsible for assuring that all persons engaged in preventing/ending homelessness are invited and participate in the meetings. Each region then elects two representatives to the BoS board and they are responsible for ensuring that the views and opinions of the regions are conveyed to the statewide BoS.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

The BOS CoC ranks and selects projects based on CoC priorities to end homelessness among vulnerable chronic homeless individuals and families. Projects using Housing First, participating in coordinated access, and making extensive use of mainstream resources are prioritized. Renewal projects are ranked based on performance, expenditure of grant funds, compliance with CoC established policies, consumer satisfaction, and HUD grant management. The CoC is increasing use of proven practices including rapid rehousing. Specific scores are associated with performance and outcomes and grants, scoring is done by an objective panel, and ranking is based on score.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

The Renewal Evaluation committee annually collects data based on APR reports as submitted to HUD and conducts a consumer satisfaction survey. Metrics used to evaluate performance include: utilization; retention in permanent housing; access to mainstream income supports and benefit programs; adult participants with earned income, accuracy of reporting to HUD and HMIS, involvement of homeless or formerly homeless persons, compliance with established CoC policies, Metrics to be introduced in the next evaluation include cost per permanent housing placement; this will be adjusted based on complexity of participant need and whether rapid rehousing or permanent supportive housing is provided.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)**

The BoS CoC is comprised of five regional CoCs and multiple local city CoCs. The BoS uses a bulk email to all of its participating regional CoCs which distribute the funding information to their membership. This allows notification of funding opportunities to reach throughout rural Nebraska. The CoC uses a competitive process to select new grants so it has limited ability to provide technical support in the application process. It directs all applicants to the available resources on OneCPD.info and provides an extensive de-briefing after the applications have been evaluated to allow new applicants to gain a greater understanding and increase competitiveness in future applications.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/17/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)**

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The CoC has in place an HMIS Governance Charter with the UNL - CCFL, the HMIS Lead, which defines the HMIS Lead's responsibilities and duties. These include entering into an HMIS Participation Agreement with each CHO, monitoring and enforcing HUD requirements, and utilizing an HMIS vendor software that meets HUD standards. The BOS HMIS sub-committee of the CoC monitors compliance with the HMIS governance charter and requirements on an ongoing basis and monitors conformance with HMIS data standards and related HUD HMIS notices. The BOS HMIS sub-committee reports to the BOS Continuum of Care on a regular basis.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes
If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The BOS HMIS privacy, security, and data quality plans were developed by the HMIS Lead and submitted to the BOS HMIS subcommittee for review. The plans were then submitted to the BOS CoC for review. The privacy, security, and data quality plans are reviewed at least annually by the BOS HMIS sub-committee and submitted to the full BOS CoC.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

**2A-5 What is the name of the HMIS vendor?
Applicant will enter the name of the vendor
(e.g., ESG Systems).** Bowman Systems LLC

**2A-6 Does the CoC plan to change the HMIS
software within the next 18 months?** No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Regional (multiple CoCs)

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) NE-502 - Lincoln CoC, NE-500 - Nebraska Balance of State CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$187,987
ESG	\$67,407
CDBG	\$15,000
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$270,394

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$9,261
Private - Total Amount	\$9,261

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-3.6 Total Budget for Operating Year	\$279,655
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2B-4 How was the HMIS Lead selected by the CoC? Other

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead. (limit 750 characters)

Agency was requested by the State of Nebraska, the BOS CoC, and the Lincoln and Lancaster County CoC to provide HMIS services and to apply for CoC HMIS funding to provide HMIS services.

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	0-50%
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	76-85%
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Quarterly

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Emergency shelter HMIS bed coverage is currently at 47%. This rate is due to several large rescue mission shelters that do participate in HMIS. The HMIS lead has made efforts to engage the mission shelters during the past year to encourage HMIS participation. The CoC will be exploring options with local governments and funding entities to try and encourage HMIS participation in the coming year and the HMIS lead will attempt to convene a Rescue Mission Shelter conference on the topic of HMIS with shelters in the State of Nebraska.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	18
Transitional Housing	7
Safe Haven	0
Permanent Supportive Housing	5
Rapid Re-housing	3

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	1%
Date of birth	1%
Ethnicity	1%
Race	2%
Gender	1%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	0%
Housing status	1%
Head of household	3%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HMIS data is used to generate APR reports at program, regional, and CoC levels; HMIS data is used extensively for the BOS Point in Time counts which were conducted twice in 2013; HMIS data is used to generate AHAR submissions; HMIS data is used to generate CoC Performance Measure Assessments through BOS Report Cards at CoC and Program levels;

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

The HMIS Lead reviews with CoC programs on a monthly basis their self-generated data quality reports. For programs which fall below CoC identified data quality standards the HMIS lead contacts agency to determine steps to remedy data quality issues. Data quality reports are generated by HMIS as part of the CoC performance evaluation process.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Semi-Annually

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Semi-Annually
* Using data for program management	Semi-Annually
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Section 504 Data Quality - Page 43

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/23/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/29/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		53%		47%
Transitional Housing		24%		76%
Safe Havens				

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

The 2013 sheltered count for NE-500 increased 11% compared to 2012 PIT sheltered count. The primary known reasons for the increase in sheltered count in the 2013 PIT are: increased provider participation in the 2013 PIT sheltered count and improved data management collection methods among non-HMIS provider agencies with the HMIS provider.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Sheltered populations at HMIS participating agencies were counted through the HMIS system and agencies were instructed to go into the HMIS during the PIT count to ensure the accuracy of the data for each person in their shelter or housing program. Sheltered populations at non-HMIS participating agencies were recorded with individual level survey forms (except for DV programs) that were then provided to HMIS lead for inclusion in total. DV programs provided the HMIS lead with aggregate level counts on all required PIT data elements that were included in the totals from the other two sources.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

	HMIS:	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
Sample strategy:		
(if Sample of PIT interviews plus extrapolation is selected)		
	Provider expertise:	<input checked="" type="checkbox"/>
	Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:		<input type="checkbox"/>
	Other:	<input type="checkbox"/>

2I-2 If other, provide a detailed description. (limit 750 characters)

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Sub-population data was recorded in HMIS for all persons at HMIS participating agencies. For non-HMIS participating agencies, the individual level data forms and aggregate forms for DV providers included all required sub-population fields and this data was completed by the provider and submitted to HMIS lead for deduplication and tabulation of sub-population counts.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2J-2 If other, provide a detailed description. (limit 750 characters)

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

PIT training and follow-up was conducted by the HMIS lead for agency and community participants in the point in time count through multiple web-based trainings; conference calls with PIT volunteers and agency staff, presentations at regional CoC meetings; and making webinar training available on for anytime viewing.

HMIS participating agencies were trained to re-check the data for their consumers on the night of the PIT and ensure the accuracy of the data. These data were then pulled by the HMIS lead, checked for duplication with the sheltered data from individual forms from non-HMIS agencies and finally combined with aggregate data from persons sheltered in DV programs.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/23/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/29/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

There was a very large decrease in the number of persons counted as unsheltered from the 2012 to 2013 Point in Time count for Nebraska Balance of State CoC.

The 2013 PIT count was the first organized and lead by the new BOS HMIS lead (UNL - CCFL). Substantial improvements/changes in methods, protocols, and training were incorporated into the 2013 Nebraska BOS point in time count. These improvements lead to a more accurate PIT count for both sheltered and unsheltered homeless counts. The 2013 PIT count for the unsheltered should serve as a new baseline count for the CoC.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Community volunteers, service providers, law enforcement, other public service providers conducted public place counts during the night with interviews to obtain additional needed information for the PIT and reported these numbers to their regional HMIS coordinator who tabulated for submission to the HMIS lead. Homeless persons seeking non-housing services during the night of the PIT were counted through service providers utilizing HMIS.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	X
"Blitz" count:	
Unique identifier:	X
Survey question:	
Enumerator observation:	
Other:	X

2N-2 If other, provide a detailed description. (limit 750 characters)

Personal identifying (when available) information on persons counted during the unsheltered count was provided to the HMIS lead to cross reference for de-duplication purposes with HMIS and paper form data collected.

2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here. (limit 750 characters)

Training was conducted by the HMIS lead and regional CoC personnel to volunteers and service providers participating in the unsheltered count. Basic information, including identifying information and basic subpopulation data were to be collected on person identified as unsheltered. These data were then provided to the HMIS lead to ensure de-duplication within unsheltered count and across the sheltered count.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		66	66	72
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	24	16	35	40
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		4	4	6
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		57%	60%	85%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	6	12

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (limit 1000 characters)

In the most recent PIT count, there were 58 CH individuals and 20 CH families. The BoS CoC also proposes that it will use reallocation in the two upcoming competitions to create at least an additional 12 CH beds by 2015. Additionally, the CoC is working with regional PHAs in rural Nebraska and increasing coordination with the VA. By increasing access to mainstream housing assistance and targeting VA PH resources, the CoC intends to free up sufficient CoC resources to finish the job of ending CH.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)

Organizations responsible for meeting this goal include: new dedicated and prioritized CH beds will be provided by Region V Systems, Comm Action of Western Nebraska, Care Corps, and Central Nebraska Community Services. The VA will increase access to HUD-VASH. The Scott's Bluff Housing Authority and the Central Nebraska Joint Housing Authority will assist in increasing availability of regular vouchers to assist homeless families

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	75	96	106
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	70	90	100
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	93%	94%	94%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The CoC works to increase housing stability by giving providers twice annual performance reports which highlight housing stability as well as other important performance factors. The twice annual reports assist the provider in acting promptly if performance falls below benchmarks. These scores are used to rank projects for funding providing strong incentives to providers to focus on performance. The CoC is also working with regional housing authorities to make available more mainstream resources for homeless families providing more opportunities for stable housing post-CoC assistance.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

Organizations include: Region V Systems, Community Action of Western Nebraska, Care Corps, and Central Nebraska Community Services. The Renewal Evaluation Committee is responsible for monitoring and providing feedback to providers on performance improvement.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 215

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	15%	33%	35%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	12%	54%	54%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	131	60.93 %
Unemployment Insurance	3	1.40 %
SSI	13	6.05 %

SSDI	10	4.65	%
Veteran's disability	8	3.72	%
Private disability insurance	1	0.47	%
Worker's compensation	0		%
TANF or equivalent	8	3.72	%
General Assistance	0		%
Retirement (Social Security)	3	1.40	%
Veteran's pension	1	0.47	%
Pension from former job	1	0.47	%
Child support	34	15.81	%
Alimony (Spousal support)	1	0.47	%
Other Source	1	0.47	%
No sources	102	47.44	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

The CoC will employ a combination of: program monitoring to assure that all CoC funded providers are meeting performance outcomes; training to case managers in proven practices such as SOAR that increase participation rates in mainstream programs; it will continue to expand collaboration with VA funded efforts to assist Veterans in accessing VA resources; it will work in partnership with the other two Nebraska CoCs in working to eliminate barriers to homeless participation in state operated mainstream programs; and increase the utility of HMIS as a means of screening for and applying for mainstream benefits. State NHAP funds are being used to assure that all CoC regions have a SOAR trainer appropriately trained to assist all providers in the region in implementing SOAR to increase rates of SSA participation.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC will work closely with Nebraska Workforce Development and HHS Arbor Employment Services. Because basic educational skills are essential to securing employment, each provider agency will ensure that participants are able to access adult education services including GED preparation. Increased coordination between the CoC and the VA will ensure that eligible Veterans are referred to employment and training programs through the VA. The CoC will work with its providers, Cirrus Housing Transitional Employment and CAPWN Asset Building Choices, to strengthen the employment development skills of other providers. HMIS will be used as a management tool to identify providers not achieving employment goals and focus training and TA to improve this.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

Organizations that will assist in achieving this goal are Community Action of Western Nebraska, Care Corps, the State NHAP program which funds SOAR trainers, Nebraska Workforce Development and Arbor Employment Services.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 215

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	37%	56%	56%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	103	47.91 %
MEDICAID health insurance	60	27.91 %
MEDICARE health insurance	3	1.40 %
State children's health insurance	9	4.19 %
WIC	7	3.26 %

VA medical services	13	6.05 %
TANF child care services	13	6.05 %
TANF transportation services	0	%
Other TANF-funded services	1	0.47 %
Temporary rental assistance	0	%
Section 8, public housing, rental assistance	1	0.47 %
Other Source	3	1.40 %
No sources	78	36.28 %

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC will continue to focus efforts on areas where there have been positive rates of success such as SNAP and Medicaid. Providers will be closely monitored on outcomes in those programs. The VA has been a close collaborator with the CoC and there are two SSVF funded providers who will seek to increase enrollment in VA benefits. The CoC is expanding partnerships with the regional PHAs that operate in rural Nebraska and working to increase access to mainstream housing subsidies.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The Renewal Project Evaluation Committee will be responsible for monitoring performance and setting benchmarks for mainstream program enrollment and providing semi-annual reports to providers on outcomes. Blue Valley Community Action and Central Nebraska Community Services will use SSVF resources to connect Veterans. There are multiple Community Action Agencies whose goal it is to connect people to benefits: Blue Valley, Comm Action of Mid-Nebraska, Comm Action of Western Nebraska

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	5	20
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	80	85	90
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	9	11	13

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

ESG funds are distributed in a competitive application in conjunction with State Homeless Shelter Assistance Trust Fund resources. The primary competition occurs every other year with a funding cycle having just been completed. Through consultation with the CoC, increased emphasis was placed in the competition in using resources for RRH. The CoC expects to reallocate additional TH projects to RRH in the upcoming competition. It was limited by nonprofits not being allowed to administer rental assistance and the limited number of larger regional PHAs in NE. There are 3 providers that had been employing a transition in place strategy that will convert to RRH over the upcoming competitions.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Organizations that will assist in increasing numbers through RRH include: Central Nebraska Community Services which is implementing the first CoC funded RRH project; Community Action of Western Nebraska, Blue Valley Community Action, and Catholic Social Services that will explore reallocation to RRH, the State Continuum of Care Subcommittee which will increase prioritization for RRH funding through Nebraska Homeless Assistance Program.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

Standards for administering RRH assistance include: eligibility (i.e. HUD category 1 literally homeless or for existing projects category 2, at risk), target population (i.e. families with dependent children, including those reuniting with a child upon housing placement), and program model. The policy establishes a Housing First model that provides the minimum assistance necessary for the shortest period possible with 4 components: Coordinated Intake, Housing Search, Housing Stabilization/Sustainability, and Financial Assistance. The policy requires: use of standard HMIS intake & exit tools when available to determine which families receive assistance/at what level/for how long; a housing stabilization plan; availability of supportive services/financial assistance based on needs as determined via standardized assessment and not to exceed 12 months. Rent must be reasonable and cannot exceed current FMRs.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

Policies require one home visit per month and more frequent visits, as determined necessary based on standardized assessments, particularly during first 90 days in the program. RRH programs in the CoC use assertive engagement strategies, including phone/email outreach and office-based appointments in addition to home visits. At least one home visit is required in the first 30 days in housing. In the first three months, at least two contacts/month are required, one of which must be in person. If assistance is continued beyond 90 days, at least monthly contact is required, more frequent based on family need.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional episodes of homelessness within the first 12 months after assistance ends. CMs follow up with households at 3 month, 6 month, and 12 month post-discharge intervals. Follow up is conducted through home visits and/or telephone. The goal of the follow up is to determine if the household is continuing to achieve stable tenancy (e.g., rent/utilities paid on time, no lease violations) and whether the household requires referrals to community-based services. RRH providers refer households identified as at-risk for a repeat episode to community-based services according to the identified need (e.g., eviction prevention legal services/cash assistance). RRH providers follow up with the household to ensure that the necessary service was secured and provide additional referrals as needed.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-1.1a If other, please explain.
(limit 750 characters)

n/a

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

The CoC informs providers of Nebraska State's Policy for discharge from State foster care and notifies protective safety workers when these protocols appear to not being followed. The State protective service worker plan ensures that youth continue to receive supported living into adulthood and reflects any continued educational/vocational needs. Neb's Foster Care Review Board reports that of children leaving foster care: 70% returned to parents; 12% adopted; 5% guardianship; and 7% Youth Aging Out. Wards with other mental or physical disabilities are linked to specialized support services. While a case is closed when the ward/youth reaches the age of majority, the youth should maintain significant relationships and be connected to future case management when warranted.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Participating Stakeholders include CoC agencies supporting youth including CAPWA, Cirrus House, Catholic Social Services, Care Corps, Region V, who are leading the CoCs effort to prevent homelessness among youth leaving foster care. The school district's Transitional Plan to Adult Living supports those receiving special education services.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-2.1a If other, please explain.
(limit 750 characters)

n/a

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

The BoS works with the regional CoCs to help hospitals meet State policy and regulations. Each hospital must provide discharge planning to patients who request information or who are identified as likely to suffer adverse health consequences upon discharge. The discharge planning program includes: a system of timely evaluation for any discharge planning needs of patients; identification of staff responsible for the program; development of a discharge plan with patient or representative when need is identified; maintenance of a complete and accurate list of community-based services, resources and facilities to which patients can be referred; and arrangement for the initial implementation of a discharge plan. Wherever possible persons are discharged to family/significant others. When this is not possible referrals are made to local PHAs, community action agencies including CAPWN, Goldenrod Hills, Regional V Behavioral Health Services, Haven House, and Catholic Social Services

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

This large BOS CoC is working with health care providers in the two metro areas Charles Drew, Bryan Lincoln Hospital and regional centers including Good Samaritan, North Platte Hospital, Cozad Hospital, Tri-County Hospital Mary Lanning Memorial Hospital, and Fremont Area Medical Center. Each regional CoC lead is working with local medical centers to effect policies that will minimize discharge to homelessness or shelters.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-3.1a If other, please explain.
(limit 750 characters)

n/a

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

Each regional CoC works the Regional Centers of the NE Div of Behavioral Health in implementing its discharge planning policy that seeks to prevent rehospitalization and accessing designated resources. Discharge planning is included in each treatment plan update, and the discharge strategies identify aftercare resources The Nebraska Legislature has directed the Division of Behavioral Health Services, to contract with each Regional Behavioral Health Authority for the provision of housing-related assistance for adults below 30%AMI who experience a serious mental illness. The purpose of the State Housing Rental Assistance (SHRA) Program is to help eligible services participants obtain safe and decent housing at an affordable cost. SHRA provides housing to consumers that are being discharged from an inpatient mental health board commitment. SHRA assures that these consumers receive community-based wrap-around support services.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Cirrus House and Panhandle Mental Health Emergency Community Support work closely with discharge planning from mental health care and substance abuse treatment programs local behavioral health providers (Richard Young/Region II & III) Region V Systems Rental Assistance Program provides this assistance.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-4.1a If other, please explain.
(limit 750 characters)

n/a

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

The BOS CoC is actively carrying out discharge protocols from Nebraska Correctional Services, Administrative Regulation 209.01. Regional CoCs train case managers on corrections discharge policy. It calls for case managers to conduct discharge planning beginning at incarceration that must include a review of the inmate's skills and abilities, work experience, housing options, and behavioral health care needs. The intent of the discharge planning is to prepare the inmate for release and transition into the community. As much as possible, inmates are encouraged to enroll in the pre-release program; this is mandatory for Nebraska Corrections Youth Facility inmates. Persons being discharged routinely go to their own homes or stay with family/friends

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Providers work with the following entities to ensure persons in the correctional system are not discharged into homelessness and provide alternative housing options such as apartments, permanent supportive housing and transitional housing programs: ministerial associations, Salvation Army, Goldenrod Hills Community Action, Inc., Care Corps, Emergency Food Shelter Program, Well Link, Nebraska Health and Human Services, Cirrus House and Panhandle Mental Health Emergency Community Support

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The CoC Strategic Plan as referenced in the CON Plan for the State of Nebraska includes the goals of: Provide appropriate shelter and/or housing to people who are homeless and/or at imminent risk of becoming homeless and provide needed services to people who are homeless and/or at imminent risk of becoming homeless.

In 2013 the Nebraska Commission on Housing and Homelessness, of which the State Continuum of Care is a standing sub-committee was charged by the Commission with reviewing and updating Nebraska's 10-year plan to address homelessness and incorporating the goals of Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. The Omaha HUD Field Office and the VA are supporting that effort. This updated Strategic Plan will be incorporated into the State's CON Plan when completed.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The Nebraska Homeless Assistance Program combines Homeless Shelter Assistance Trust Fund Resource with Emergency Solutions Grant funding. The program is administered by the Nebraska Department of Health and Human Services which is the convening entity for the BoS CoC. The only ESG funding in the CoC area comes through the State. NHAP funds are allocated after consultation with the BoS CoC on priorities for funding. DHHS participates in all CoC meetings, solicits input from the CoC in allocating the NHAP funding including selection criteria for grantees; the BoS CoC has established a performance report card with performance metrics developed by the CoC's renewal evaluation committee. This report is issued through HMIS and distributed bi-annually to all CoC and ESG grantees.

3C-3 Describe the extent in which ESG funds are used to provide rapid rehousing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

The BoS CoC is only able to access ESG funding from the State of Nebraska statewide ESG allocation. 69.6% of the State's ESG allocation is used for RRH or prevention with 33% of total ESG funds for RRH and 39.6% for prevention. These percentages have held constant for two program years because the state operates on two year application cycles. These funding decisions were made based on consultation with the BoS CoC and based in part on the applications received from provider agencies.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

The Nebraska Homeless Assistance Program combines ESG and State Homeless Shelter Assistance Trust fund resources allocated through consultation with CoC. State funded prevention resources in the BoS totaled \$199,050, 23% of Funds to the BoS region; 47% of the ESG allocated to the BoS region was used for prevention. Prevention is coordinated with CoC funded agencies and works with the Community Action Agencies which operate across rural Nebraska and assist in accessing emergency and mainstream resources. These agencies are all CoC members. The BoS is implementing a system of coordinated assessment that will identify households that can be diverted from homelessness and referred to CAP agencies which provide prevention and rapid rehousing. Barriers to housing choice as identified by the State of Nebraska include: discrimination in the private market (refusal, steering) and failure to make reasonable accommodations; lack of statewide fair housing coordination and resources;

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

HOPWA: there are HOPWA funded agencies who participate in the regional CoCs. HOPWA provides limited short term and TBRA assistance. It is frequently used to assist in transportation in this rural area since the medical centers with HIV specialties are in the Lincoln and Omaha metro areas and this service is essential to connect to services; TANF is covered by the Access Nebraska online system; CoC providers use this to assist clients in applying for assistance; RHY: this works through the local education authorities who support at risk youth; it also helps to fund the Maryland Living Center for aging out youth; Head Start: this and Early Head Start are all services offered by each of the CAP agencies; these agencies serve the entire region of the CoC; Philanthropy: the NE Children and Family Foundation supports efforts to end youth and family homelessness; Community Foundations in Merrick and Hastings support local Homeless Connects.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The CoC serves a vast rural area. Most of the CoC provider agencies serve a considerably larger area than local housing authorities. The CoC has excellent coordination with the regional housing authorities including Housing Partners of Western Nebraska and the Central Nebraska Joint Housing Authority. The BoS is working to expand PHA partnerships and will use positive relations with the regional PHAs to outreach to new authorities. Housing Partners of Western Nebraska (previously known as: Scotts Bluff County Housing Authority) was one of the first agencies involved in the development of the CoC. The HPWN routinely work with area providers to house homeless individuals and families with Housing Choice vouchers. Through their supports, families have transitioned from homelessness to PSH and will be moving forward to even greater independence on the Housing Choice Voucher Program.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The BoS is moving to limit barriers to entry to CoC funding programs to homeless eligibility, extremely low income, and not to impose any additional barriers other than those required for health and safety. There are multiple TH projects in the CoC that have more limiting entry requirements. The BoS is working to reallocate many of these projects to rapid rehousing for families with an entry criterion of homelessness and extremely low income. The CoC had been limited in its ability to reallocate to RRH because of regulatory barriers to nonprofits administering rental assistance. Now that is resolved, the BoS will move more actively to reallocate TH projects with a priority on those imposing barriers.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

The CoC is working with all providers to adopt a Housing First model. CoC funded providers of PSH have adopted this model and the use of Housing First will be considered as part of the renewal evaluation and ranking process. Like many other issues, this is challenging in rural areas due to the scarcity of services and long travel times that can make home visitation and service support difficult. The increasing use of RRH in the CoC is requiring all providers to work to rapidly place clients into housing and is facilitating a rapid conversion to the Housing First model. The CoC will adopt formal Housing First principles in the upcoming year.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The CoC is in the process of implementing coordinated assessment. The HMIS lead received funding in the 2012 competition to develop and implement the system and the contract has just been executed. It will implement a 'no-wrong door' Nebraska-wide system, that will include initial telephone screening; walk in access through partner agencies statewide, and will be publicized through PSAs and through CAP agencies. The initial assessment will determine whether the household can be diverted from shelter; if not an assessment will be conducted using the VI and FAM SPDAT assessments to prioritize placement in PSH or RRH. Program eligibility minimums will be examined and most appropriate referral programs identified through eligibility module in HMIS. Referrals will be made to programs with available resources and appropriate services to end homelessness for the household.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

This is a large rural CoC. In order to market housing and services to those least likely to request them, Project Homeless Connects are conducted in multiple areas across the CoC. These are often combined and coordinated with VA sponsored homeless Veteran Stand Downs. At each one of these events, goods and services (clothing, duffle bags, toiletries) and referral and access to a wide range of services. Providers from across the state will travel to and participate in each Homeless Connect event. Service provider representatives from the balance of state also participate in Homeless Connects conducted in Lincoln and Omaha as many people from rural Nebraska will access services in the metro areas.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

Policy is in place for intake agencies to conduct annual reviews of policies and practices for consistency with laws related to educational need of children and youth while homeless; policy is in place for intake agencies to designate staff to work with education liaisons; policy is in place to ensure intake processes place a child or youth as close as possible to school of origin and for case workers to enroll in Early Head Start or Head Start Programs.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The State funds 9 homeless liaisons in school districts in the bOs region. These represent the larger school districts and work with local shelters and programs to ensure that homeless children are enrolled in school. These liaisons confer in a monthly conference call to discuss BoS wide concerns. The liaisons attend CoC regional meetings. The school superintendents of smaller school districts located through the rural areas serve as designated liaisons for homeless youth. As soon as a caseworker is assisting a homeless family an assessment of the children's educational needs is conducted. All programs are required to assess the educational needs of the children and ensure transportation to school. The case managers ensure that students are able to access free/reduced meals and Early Head Start and Head Start programs.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

This is a very rural CoC and there is very little shelter capacity for families. Providers most frequently employ hotel/motel vouchers as family emergency shelter. When vouchers are used, it covers the entire family and no family separation occurs. There is limited faith-based, non-government funded family shelter. These programs do not require family separation but they do require documentation of familial relations. Transitional and permanent housing funded through the CoC do not deny admission or separate families because of family composition - with the exception of individuals listed on a sexual offenders registry, who are prohibited from participation in some programs. It is a requirement of the CoC that there be no discrimination based on family status or composition and that the family be allowed to remain intact.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

Two strategies are employed to monitor returns to homelessness among persons exiting RRH. Standards require case management follow up at specified intervals to households that have exited RRH. The follow up which is more frequent immediately following exiting and tapers off over the following year requires the case managers to assess their housing stability. Those at risk of returning to homelessness are identified to assist in resolving crisis. HMIS is used to track returns to shelter among all exited participants from CoC funded programs. The system flags these returns; providers with multiple returns are offered technical support; those who fail to improve outcomes are at risk for reallocation to providers with stronger outcomes.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

**3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)**

n/a

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

**3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)**

n/a

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The goals of Opening Doors include: ending chronic homelessness, ending Veteran homelessness and ending homelessness among families. The CoC has increased the number of dedicated CH beds and prioritized beds; according to the most recent PIT there are 78 CH households and strategies will address this; there were 25 Veterans; there is new SSVF funding and increased access to HUD-VASH. Addressing Veteran needs appears on track. The CoC has expanded use of RRH for families, initiating the first projects in the current year. In next year's funding additional reallocations to RRH are expected. There are many threats to family housing in rural Nebraska and addressing this need may require more flexible funding resources.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

All providers in the CoC work closely with their local education authorities. The larger areas have designated homeless liaisons who are all active CoC participants; in smaller areas school counselors serve this function. The school districts link families to providers in the CoC. The Nebraska Children and Family Foundation has sponsored Community Response Pilot in five areas across the CoC to link families at risk of homelessness to services. Every region of the CoC is served by CAP agencies that provide a range of emergency services to families at risk and provide a key outreach and linkage to services. The CoC is expanding the use of RRH to address family needs.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

DOVES the DV services provider in the CoC is a very active part of the BoS CoC. They have a good working relationship with all CoC providers and provide training on DV issues to case managers. The DOVES Program provides emergency safe shelter to individuals and families throughout nine counties of the CoC service area using a hotel voucher model. DOVES also provides homeless prevention & rapid rehousing financial assistance. DOVES provides the following free and confidential services: 24 hour assistance, safe shelter, housing assistance, assistance with protection orders, legal services, transportation, emergency family assistance, and support groups.

**3D-4 Describe the CoC’s current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)**

Most of the housing services for youth are in scatter site housing in order to keep the youth in their home communities. Case management is provided in the home to assist the youth transition to independent living. Providers of youth focused services in the CoC include Cirrus House, CAPWN, and Catholic Social Services. The Maryland Living Center in Hastings works with youth up to 24 years who are leaving foster care, without resources and at risk of homelessness. It provides interim housing and skill building for long term independence. The NE Children and Family Foundation operates Project Everlast, state wide program, which works to address the barriers to youth in foster care becoming independent. This works to assist all youth in foster care in need of support.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)**

In this rural CoC covering 1000s of miles, ongoing outreach is a challenge to providers. Instead of direct outreach, providers in the CoC work with closely with other community agencies that encounter unsheltered homeless persons. This includes law enforcement (police and county sheriffs), the faith community, community action agencies, and Salvation Army. These organizations have solid referral networks with CoC provider agencies and will contact them for support when they encounter unsheltered persons in need of assistance.

**3D-6 Describe the CoC’s current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)**

The CoC covers a large rural area and VA services are concentrated in the metro areas of Lincoln and Omaha. A significant exception is Grand Island which has a large community based outpatient center and works in close cooperation with Central Nebraska Community Services in the implementation of its Support Services for Veteran Families project, which along with Blue Valley community Action and NE Nebraska Community Action are the 3 SSVF projects serving rural Nebraska. The VA outpatient clinic in Norfolk has a strong link with NE Nebraska Community Action and both link Veterans to VA services. SSVF grantees are actively engaged in the CoC and coordinate CoC and VA resources. SSVF is used to provide both prevention and rapid rehousing. There are no HUD-VASH vouchers allocated or GPD programs in rural Nebraska. SSVF can only serve Veterans eligible for VA services; CoC funded providers prioritize Veterans who are ineligible for VA services for CoC funded services.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

n/a

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$28,280				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
SBHA Homes Forever	NE0047B7D051000	PH	\$28,280	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: SBHA Homes Forever

Grant Number of Eliminated Project: NE0047B7D051000

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: \$28,280

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

This project is being reallocated to Community Action Program of Western Nebraska which has extensive experience with CoC funded projects and providing supportive services. This small grant was not a good fit for the Housing Authority which took it on because of issues with a prior provider. Integrating it with CAPWN's other programs will increase continuity and efficiency.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$28,280				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
12	CAPWN Homes ...	PH	\$28,280	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 12
Proposed New Project Name: CAPWN Homes Forever
Component Type: PH
Amount Requested for New Project: \$28,280

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$28,280
Amount requested for new project(s):	\$28,280
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

HMIS distributes twice annual performance monitoring. This reviews outcomes according to HUD and CoC established benchmarks. On an annual basis the review is expanded to include the submitted HUD APR. Each CoC funded project receives an annual score based in large part on its success in meeting HUD standards. Applicants who do not meet the performance standards in two consecutive performance reports are required to submit a plan of correction. CoC funded agencies that are in plan of correction status may not apply for additional funding or new projects until performance issues are resolved. Agencies may request and be provided TA from the CoC to address performance. Funded agencies that are unable to bring performance up to HUD standards risk having their funding reallocated to higher performers.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The first action taken by the CoC is to provide all funded agencies with regular reports on their performance outcomes. This information is provided in a Report Card to all funded programs. In some instances, the initial action is to improve data reporting – receiving information on performance outcomes leads agencies to re-examine data entry and uncover mistakes. The CoC also seeks to improve outcomes by encouraging the use of proven strategies such as PSH and RRH in lieu of interventions such as TH that are achieving lower outcomes. Underperforming agencies are required to develop a plan of correction. The Renewal Evaluation committee reviews these plans, provides feedback on how to strengthen outcomes, and when warranted provides technical assistance by peers from agencies that have successfully met performance targets.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The CoC's monitoring of funded grants includes not only performance outcomes but also timely and complete expenditures of grant funds, and the management of HUD grants in compliance with all requirements and prompt resolution of all monitoring findings and concerns. Lack of expenditures or the presence of unresolved monitoring issues will lead the CoC to consider the reallocation of funding. Each funded agency receives a written report on performance and management capacity. The receipt of this information generally has a positive impact on agency performance. The CoC provides technical assistance to grantees in budgeting and expending grant funds. Agencies that continue to underperform risk loss of funds through reallocation.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (limit 1000 characters)

ALOS for families was days in FY 11 and in FY 12; TH LOS decreased by; ES increased by; for singles in FY and in FY 12; shelter stays were constant in the years; TH stays increased by days. The data is extracted from HMIS over 2 separate funding years. It includes both HUD and non-HUD funded projects including ES projects funded by ESG and other sources and CoC projects. The planning process includes encouraging TH to adapt programs to focus on target populations or convert to RRH; as part of the 2014 PIT it is focusing on homeless youth; The CoC has been providing training to agencies & working on Coordinated Access to try & expedite housing access for people in ES, TH & on streets. HMIS is providing CoC Report Cards that will have summary data for LOS by level of care. Programs have been made aware of the reports & TA is available for programs that need assistance.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

The BoS CoC is working with providers to introduce evidence based practices for housing providers and supportive services staff in the areas of Housing First, Critical Time Intervention, and other recognized practices in order to strengthen provider interventions and reduce returns to homelessness. As Coordinated Assessment/Access is implemented, pending or executed negative exits from permanent housing will be tracked and addressed. RRH providers are required to follow up post exit to make sure that housing stability is maintained or to assist the household to reconnect with services. The BoS CoC has also adopted thresholds for returns to homelessness and these are included in the performance monitoring. Failure to meet thresholds or to make progress toward meeting threshold could result in re-allocation of funding to projects that are in alignment with system-wide goals.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1000 characters)

The rural BoS CoC uses several outreach efforts to engage individuals and families. Project Homeless Connects are conducted in all of the larger communities served by the CoC (Grand Island, Hastings, Kearney). The HPRP program created strong referral networks within the rural areas. CoC providers work in close collaboration with faith community organizations who are often the first to have contact with families experiencing homelessness. Additionally, every region in the CoC has an active community action agency which provides a wide range of services to households in crisis. These agencies are well known to the local helping community and churches, schools, and law enforcement refer all homeless persons in need of assistance to them. The Salvation Army has a significant presence in rural Nebraska and persons in need of emergency assistance will turn there and get referrals to CoC services as appropriate.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

n/a

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	65%
* Homeless assistance providers use a single application form for four or more mainstream programs.	85%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	85%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 03/15/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

Community Action of Nebraska (state association for all Community Action Agencies in the State of NE) has the ACA grant with a structure/model for disseminating enrollment information out to clients. Each Community Action Agency has trained Navigators (through specific DHHS training) in each agency through the state. Informational meetings as well as one on one meeting with clients can be arranged. Community Action agencies and their partners are represented in all regions of the BoS. Through their contract with CAN, they are able to assist households learn about health care options and enroll in services. NE does not have extended Medicaid benefits so many homeless individuals and families are still not covered. All CoC funded programs work with families to assist them in accessing mainstream resources through their Family Action Plan; accessing health care resources is a part of applying for mainstream support.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs? (limit 1000 characters)

Other sources for supportive services that are being developed and explored by the CoC include the NHAP program which includes Nebraska Homeless Shelter Trust Fund resources - nonfederal funds to be used for services; greater collaborations with the United Way to develop funds for services and increased private fund raising. Three CoC participant agencies, Blue Valley Comm Action, Central Nebraska Comm Services, and NE Nebraska Community Action are SSVF grantees and help to connect Veterans to VA Services. Access Nebraska is an online system providing on line coordinated access to SNAP, Medicaid, WIC, TANF and other mainstream resources. All provider agencies in the CoC use this to connect participants to mainstream resources. Community Colleges in the CoC participate in Project HELP which provides free or low cost access to Community Colleges (tuition, transportation, books) and assists in job placement after educational services.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	HUD 2991 NE Balan...	01/24/2014
CoC Governance Agreement	No		
CoC-HMIS Governance Agreement	No	BoS CoC HMIS Gove...	01/26/2014
CoC Rating and Review Document	No	NE 500 Ranking Pr...	01/24/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	GIW NE-500	01/24/2014
FY2013 Rank (from Project Listing)	No	NE 500 Ranking	01/26/2014
Other	No		
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	NE 500 public sol...	01/24/2014

Attachment Details

Document Description: HUD 2991 NE Balance of State

Attachment Details

Document Description: CoC HMIS Governance Charter

Attachment Details

Document Description: BoS CoC HMIS Governance Charter

Attachment Details

Document Description: NE 500 Ranking Process Document

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: GIW NE-500

Attachment Details

Document Description: NE 500 Ranking

Attachment Details

Document Description:

Attachment Details

Document Description: NE 500 public solicitation

Submission Summary

Page	Last Updated	
1A. Identification	No Input Required	
1B. CoC Operations	01/22/2014	
1C. Committees	01/24/2014	
1D. Project Review	01/25/2014	
1E. Housing Inventory	01/22/2014	
2A. HMIS Implementation	01/22/2014	
2B. HMIS Funding Sources	01/22/2014	
2C. HMIS Beds	01/22/2014	
2D. HMIS Data Quality	01/28/2014	
2E. HMIS Data Usage	01/22/2014	
2F. HMIS Policies and Procedures	01/22/2014	
2G. Sheltered PIT	01/22/2014	
2H. Sheltered Data - Methods	01/22/2014	
2I. Sheltered Data - Collection	01/22/2014	
2J. Sheltered Data - Quality	01/22/2014	
2K. Unsheltered PIT	01/22/2014	
2L. Unsheltered Data - Methods	01/22/2014	
2M. Unsheltered Data - Coverage	01/22/2014	
2N. Unsheltered Data - Quality	01/22/2014	
Objective 1	01/29/2014	
Objective 2	01/28/2014	
Objective 3	01/27/2014	
Objective 4	01/29/2014	
Objective 5	01/29/2014	
3B. CoC Discharge Planning: Foster Care	01/25/2014	
3B. CoC Discharge Planning: Health Care	01/25/2014	
FY2013 CoC Application	Page 67	01/29/2014

3B. CoC Discharge Planning: Mental Health	01/25/2014
3B. CoC Discharge Planning: Corrections	01/25/2014
3C. CoC Coordination	01/29/2014
3D. Strategic Plan Goals	01/29/2014
3E. Reallocation	01/28/2014
3F. Grant(s) Eliminated	01/28/2014
3G. Grant(s) Reduced	No Input Required
3H. New Project(s)	01/28/2014
3I. Balance Summary	No Input Required
4A. Project Performance	01/29/2014
4B. Employment Policy	01/25/2014
4C. Resources	01/29/2014
Attachments	01/26/2014
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Nebraska Department of Health and Human Services

Project Name: Nebraska Balance of State Continuum of Care Homeless Assistance

Location of the Project: State of Nebraska

See Attached Detailed List of Projects and Locations

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: State of Nebraska Department of Economic Development

Certifying Official of the Jurisdiction Name: Lara Huskey

Title: Deputy Director

Signature: 

Date: 1-17-2014

**Attachment to HUD Form 2991
Nebraska Balance of State Continuum of Care Application
Project Listing**

Grantee	Project Name	Location
Community Action Partnership of Mid-Nebraska	Residential Assistance to Families in Transition	Buffalo County, Kearney, Nebraska
Catholic Social Services	Catholic Social Services Supportive Housing	Adams County, Nebraska
Central Nebraska Community Services	THRIVES	Blaine, Boone, Boyd, Brown, Cherry, Colfax, Custer, Garfield, Greeley, Hamilton, Holt, Howard, Keya Paha, Loup, Merrick, Nance, Platte, Rock, Sherman, Valley and Wheeler Counties, Nebraska
Central Nebraska Community Services	Veteran's PSH	Blaine, Boone, Boyd, Brown, Cherry, Colfax, Custer, Garfield, Greeley, Hamilton, Holt, Howard, Keya Paha, Loup, Merrick, Nance, Platte, Rock, Sherman, Valley and Wheeler Counties, Nebraska
Central Nebraska Community Services	Hall County Rapid Rehousing Phase 1 and Phase 2	Hall County, Nebraska
Care Corps	Permanent Supportive Housing	Dodge County
Care Corps	Transitional Housing	Dodge County
Region V Systems	Rural Permanent Housing	Lincoln, Lancaster County
Cirrus House	Transitional Age Program	Scotts Bluff County
Community Action Partnership of Western Nebraska	CAPWN Supportive Housing Program	Gering City and Scotts Bluff County
Community Action Partnership of Western Nebraska	CAPWN Panhandle Permanent Supportive Housing	Gering City and Scotts Bluff County
Community Action Partnership of Western Nebraska	CAPWN Permanent Supportive Housing Program	Gering City and Scotts Bluff County
Community Action Partnership of Western Nebraska	Homes Forever (SBHA)	Gering City and Scotts Bluff County
University of Nebraska – Lincoln	Balance of State Homeless Management Information System	All of Nebraska except for the Lincoln and Omaha metropolitan areas
State of Nebraska Health and Human Services	Balance of State Continuum of Care Planning	All of Nebraska except for the Lincoln and Omaha metropolitan areas
Blue Valley Community Action	Project FIRST	Butler, Cass, Fillmore, Gage, Jefferson, Johnson, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, York Counties

***Nebraska Balance of State Homeless Management Information System
Memorandum of Understanding between
The Nebraska Balance of State Continuum of Care and the
University of Nebraska – Lincoln – Center on Children, Families, and the Law***

A. Purpose and Scope

The purpose of this Memorandum of Understanding is to confirm agreements between the Nebraska Balance of State Continuum of Care and the University of Nebraska - Lincoln - Center on Children, Families, and the Law in connection with the Homeless Management Information System. As such, the Memorandum of Understanding sets forth the general understandings, and specific responsibilities of each party relating to key aspects of the governance and operation of the Homelessness Management Information System. This agreement is effective on October 12th, 2012.

B. Background

The Homeless Management Information System (HMIS) is a collaborative project of the Nebraska Balance of State Continuum of Care, University of Nebraska - Lincoln - Center on Children, Families, and the Law (CCFL), and participating Partner Agencies. HMIS is a computerized data collection application designed to capture information about homeless people and homeless programs over time. HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care (CoC) homeless assistance funds and Emergency Solutions Grant (ESG) funds. HMIS is essential to efforts to streamline client services and inform public policy. Through HMIS, homeless people benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in the Balance of State area, which may include measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs. Such an unduplicated accounting of homelessness is necessary to service and systems planning, effective resource allocation, and advocacy. The parties to this Memorandum of Understanding (MOU) share a common interest in collaborating to successfully implement and operate a HMIS in the Balance of State.

Nebraska Balance of State Continuum of Care is a communitywide collaborative that works to provide a range of homeless housing and services. The continuum of care system components includes prevention, emergency shelter, transitional housing, permanent affordable / permanent supportive housing, and supportive services at each stage, specialized programs and outreach for each homeless subpopulations, and integration with “mainstream” programs. HMIS enables homeless service providers to collect uniform client information over time. Analysis of information gathered through HMIS is critical to accurately calculate the size, characteristics, and needs of the homeless population; these data are necessary to service and systems planning, and advocacy.

The University of Nebraska – Lincoln – Center on Children, Families, and the Law, CCFL, was established in 1987 as a home for interdisciplinary research, teaching, and public service on issues related to child and family policy and services. Since 2003 CCFL has administered the Community Services Management Information System (CS-MIS) as part of their public service and research efforts in the City of Lincoln and the State of Nebraska.

CCFL is a charter member in the Nebraska Management Information System, NMIS, a 501c3 in the State of Nebraska. NMIS provides infrastructure and overarching system support including standard policies and procedures for the implementation of the community services management information system, including HMIS. The NMIS is managed and provided direction through the NMIS Board of Directors which is made up of community service agencies and management information system lead agencies that are appointed from each of the three Continua of Care in the State of Nebraska, Lincoln, Balance of State, and Omaha (Metro Area Continuum of Care for the Homeless).

C. General Understandings

1. Homeless Action Partnership Governance

Nebraska Balance of State Continuum of Care is the lead-planning group for efforts to end homelessness and for implementing and operating a homeless CoC system in the Balance of State area. As such and under HUD policy, the Nebraska Balance of State Continuum of Care is responsible for HMIS implementation and oversight, including planning, software selection, and setting up and managing the HMIS in compliance with HUD's national HMIS Standards. Nebraska Balance of State Continuum of Care's oversight and governance responsibilities are carried by the Nebraska Balance of State Continuum of Care Committee and appointed sub-committees, including the HMIS subcommittee. The Balance of State partners with the Nebraska Homeless Management Information System (NMIS), which discusses and approves all statewide HMIS policies and procedures.

2. Lead Agency Designation

The Nebraska Balance of State Continuum of Care designated CCFL as the HMIS Lead Agency to manage HMIS operations on its behalf and to provide HMIS administrative functions for the Nebraska Balance of State Continuum of Care.

3. Funding

3a. HUD Grant

Nebraska Balance of State CoC HMIS activities are covered by a HUD CoC grant and HUD-required matching funds. CCFL has been awarded this grant by HUD. The terms and uses of HUD funds are governed by the HUD CoC grant agreement and applicable rules.

4b. Local Jurisdiction and HMIS Cash Match

The HUD CoC grant comes with a 25% cash match requirement. Continuing match funding is subject to and contingent upon available annual financing from local partner organizations and agencies. CCFL has provided the matching funds for this HUD CoC grant for the FY 2011 and FY2012 awards. In the event there is a shortfall in the cash match, Nebraska Balance of State Continuum of Care, will explore funding options with CCFL.

5. Software and Hosting

Nebraska Balance of State Continuum of Care has selected a single software product—Service Point—to serve as the sole HMIS software application for the CoC. All Partner Agencies agree to use Service Point as configured for the Balance of State and the Nebraska Management Information System, NMIS.

6. Compliance with Homeless Management Information System Standards

The HMIS is operated in compliance with HUD HMIS Data and Technical Standards and other applicable laws. The parties anticipate that HUD will approve revised HMIS Standards in 2013. The parties agree to make changes to this MOU, other HMIS operational documents, and HMIS practices and procedures to comply with the expected revisions, within the HUD-specified timeframe for such changes, expected to be one year after approval of the revised HMIS Standards in spring of 2013.

7. Local Operational Policies and Agreements

The HMIS continues to operate within the framework of agreements, policies, and procedures that have been developed and approved over time by the NMIS and the Balance of State Continuum of Care. These agreements, policies and procedures include but are not limited to the Policies and Procedures Manual, Privacy Policies and Notices, Client Release of Information (ROI) Forms and Procedures, Standardized Information Collection Forms (Intake and Exit), Partner Agency Agreements, and User Agreements. Changes to the policies and procedures may be made from time to time by Nebraska Balance of State Continuum of Care through the NMIS, to comply with the HMIS Standards or otherwise improve HMIS operations.

D. Specific Responsibilities of the Parties

1. Nebraska Balance of State Continuum of Care Responsibilities

Nebraska Balance of State Continuum of Care serves as the lead HMIS governance body, providing oversight, project direction, policy setting, and guidance for the HMIS project. Nebraska Balance of State Continuum of Care exercises all its responsibilities for HMIS governance through Balance of State Continuum of Care Committee and NMIS. These responsibilities include:

- a. Responsibility for ensuring and monitoring compliance with the HUD HMIS Standards.

- b. Designating the HMIS Lead Agency and the software to be used for HMIS, and approving any changes to the HMIS Lead Agency or software.
- c. Conducting outreach to and encouraging participation by all homeless assistance programs and other mainstream programs serving homeless people.
- d. Developing and approving all HMIS operational agreements, policies, and procedures.
- e. Working to inform elected officials, government agencies, the nonprofit community, and the public about the role and importance of HMIS and HMIS data.
- f. Guiding data quality and reporting.
- g. Promoting the effective use of HMIS data, including measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs.
- h. Provide all local information as necessary for compilation of the Continuum of Care Bed Inventory, Point in Time Street Count, and support CCFL in preparing the Annual Homeless Assessment Report (AHAR).

2. CCFL Responsibilities

CCFL serves as the lead agency for the HMIS project, managing and administering all HMIS operations and activities. CCFL exercises these responsibilities at the direction of Nebraska Balance of State Continuum of Care Committee and NMIS. These responsibilities are contingent on receipt of the appropriate HUD grant funding and match dollars and include:

General Responsibilities:

- a. Serving as the liaison with HUD regarding the HUD HMIS grant.
- b. Serving as the liaison with the software vendor.
- c. Attending the Nebraska Balance of State Continuum of Care Committee meetings and regional Continuum of Care meetings.
- d. Providing overall staffing for the HMIS project.
- e. Participating in the success of HMIS.
- f. Complying with HUD HMIS Standards (including anticipated changes to the HMIS Standards) and all other applicable laws.
- g. Maintaining the HUD McKinney-Vento CoC Supportive Housing project grant, applying for renewal funds each year, and administering the HUD HMIS grant.
- i. CCFL shall be responsible for billing Partner Agencies and jurisdictions for cash match in the event of non-receipt of cash match funds.

j. Annually prepare the HUD McKinney-Vento CoC Supportive Housing NOFA application for HMIS funding.

Project Management and System Administration:

I. General

- a. Selecting and procuring server hardware or Server hosting arrangements.
- b. Arranging hosting and executing the hosting facility agreement, if necessary.
- c. Procuring server software and licenses.
- d. Providing and managing end user licenses (per terms of grant agreement with HUD).
- e. Creating project forms and documentation.
- f. Preparing/updating project policies and procedures and work with Nebraska Balance of State Continuum of Care Committee, regional CoCs, to monitor and ensure compliance.
- h. Obtaining and maintaining signed Partner Agency MOU's.
- i. CCFL will invoice partner agencies and jurisdictions. CCFL will collect local match and will provide accounting of match contributions to Nebraska Balance of State Continuum of Care if requested. CCFL will follow-up with Partner Agencies, as needed, to collect funding from Partner Agencies

II. Administering HMIS end users, including:

- a. Add and remove partner agency technical administrators
- b. Manage user licenses

Training:

Provide all training and user guidance needed to ensure appropriate system use, data entry, data reporting, and data security and confidentiality, including:

- a. Training documentation
- b. Confidentiality and Intake/Exit Forms training
- c. Application training for agency administrators and end users
- d. Outreach to users/end user support
- e. Training timetable
- f. Helpdesk

Data Quality:

- a. Ensuring all client and homeless program data are collected in adherence to the HUD HMIS Data Standards and local additional requirements thereto.
- b. Customizing the HMIS application to meet local data requirements.
- c. Monitoring data quality, generating agency exceptions reports,
- d. Ensuring data quality.
- e. Preparing and implementing a data quality plan if required by the revised HUD HMIS Standards.
- f. Carrying out data extraction and reporting including the HMIS data needed for an unduplicated accounting of homelessness, including annual Homeless Point in Time Counts, Annual Homeless Assessment Reporting, and Housing Inventory.
- g. Assist partner agencies with agency-specific data collection and reporting needs, such as the Annual Progress Report and program reports (within reason and within constraints of budget and other duties).

IV. Satisfactory Assurances Regarding Confidentiality and Security:

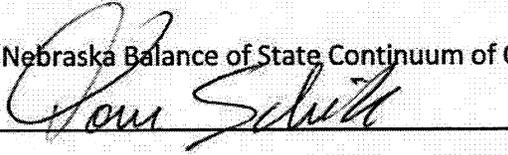
It is understood that CCFL will receive from client information that may be subject to the privacy and security protections and requirements of HUD HMIS Standards, HIPAA Privacy Rule, other law, and local HMIS privacy and security policies and procedures. CCFL hereby agrees that it will use protected client information only for purposes permitted by partnership agreements and as permitted by the applicable law and Standards. Further, CCFL agrees it will make use of all safeguards required by HUD Privacy Standards, HIPAA Privacy Rule, where appropriate, other law, and local HMIS privacy and security policies and procedures in order to prevent any unauthorized disclosure of protected client information.

E. Period of Agreement and Modification/Termination

1. Period of Operation and Termination: This MOU will become effective upon signature of the parties and shall remain in effect until terminated by the parties. Each party shall have the right to terminate this agreement as to itself only upon 90 days prior written notice to the other party.
2. Amendments: Amendments, including additions, deletions, or modifications to this MOU must be agreed to by all parties to this Agreement. The signatures of the parties indicate their agreement with the terms and conditions set forth in this document.

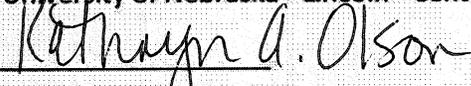
HMIS MOU Signature Page

For Nebraska Balance of State Continuum of Care

By 

Tom Schik, Chair, Nebraska Balance of State Continuum of Care

For University of Nebraska - Lincoln - Center on Children, Families, and the Law

By 

Kathryn A. Olson, J.D., Associate Director

2013 CoC Project Application Criteria and Scoring NE Balance of State

Criteria	Standard	Points	Scoring/ Scaling	Data Source
Performance Outcomes				
<p>PSH, RRH, and TH Programs: Occupancy/utilization rate <i>(Note: this data element is under evaluation. Indicate whether project serves families or single individuals)</i> [number of nights bed/unit is occupied/total number of bed/unit nights/year]</p>	90%	10	<p>*90% or > 10 points 80-89% 7 points 70-79%: 5 points < 70: no points</p>	APR [Q8]
<p>PSH Programs: Length of stay more than 6 months [exits for leavers 181 days or greater/all leavers]</p>	80%	10	<p>80% or greater: 10 points 75-80% 5 points</p>	APR [Q27]
<p>TH Programs: Exits to Permanent Housing [leavers exiting to 'permanent destination'/all leavers']</p>	65%	10	<p>70% and greater: 10 points 65-70%: 5 points Below 65% no points</p>	APR [Q27a1 and Q27a2]
<p>RRH Programs – Exits to Permanent Housing [leavers exiting to 'permanent destination'/all leavers']</p>	80%	10	<p>80% and above, 10 points; 70-80% 5 points; below 70 0 points</p>	APR [Q27a1 and Q27a2]
<p>All Programs: Exit with noncash benefit sources [adult and children leavers with '1+ source of noncash benefits'/total leaving adult and children]</p>	45%	10	<p>45: 10 points 30-45%: 5 25-30% 4 20-25% 3 Below 20%: no points</p>	APR [Q26a2]
<p>TH and RRH Programs: Employment at Program Exit [leavers exiting with 'earned income'/all leavers]</p>	20%	10	<p>20% and above: 10 15-19% 4 10-14% 3 Below 10%: no points</p>	APR [Q25a1]
<p>PSH Programs: Employment at Program Exit</p>	5%	10	<p>5% and above: 10</p>	APR [Q25a1]

Criteria	Standard	Points	Scoring/ Scaling	Data Source
[leavers exiting with 'earned income'/all leavers]			3-4% 5 1-2% 3	
TH and RRH Programs: Current participants with earned income ['earned income' or 'self-employment wages' of persons without exit ('stayers')/all persons without exit]	17%	10	17% and above, 10 points; 15-20%, 5 points, below 15% 0	APR [Q25b1]
PSH Programs: Current Participants with Earned Income ['earned income' or 'self-employment wages' of persons without exit/all persons without exit]	3%	10	3% and up: 10 1 or 2%: 5	APR [Q25b1]
All Programs: Leavers who exit to shelter, streets or unknown [leavers exiting to 'emergency shelter', 'place not meant for human habitation', 'don't know/refused', or 'information missing'/all leavers]	10%	10	below 10%, 10 points Above 10% =0	APR [Q29a1 & Q29a2]
Subtotal Performance		60		
Consumer Satisfaction				
Consumer Satisfaction Response Rate	35% respond	5	35%=5, 20%=2, Below 20%=0	Cons. Surveys
Consumer Satisfaction Results	50 possible points	10	Proportional/ %age	Cons. Surveys
Subtotal Consumer Satisfaction		15		
HMIS - % of Universal Data Elements (UDEs) with No or Null Values in HMIS (left blank) (Name, DOB, Gender, SSN, Race, Ethnicity, Veterans Status, Disabling Condition, Residence prior to program entry, Zip code of last permanent residence, income at entry and exit, benefits at entry/exit; and disabilities at entry/exit, destination)	< or = 10% blank on any data element	10	Minus 1 point for each data element with more than 10% blank	APR
Subtotal HMIS		10		
HUD Compliance				
Spending – drawing down funds regularly	Drawdown quarterly	5	W/in 90 days = 5 More than 90 days = 0	Exh 1 Info

Criteria	Standard	Points	Scoring/ Scaling	Data Source
Spending all grant funds awarded for last full year of operation	Spending 100% of grant award	5	90% or > spent =5 80-89% spent = 3 less than 80%=0	Exh 1 Info
Monitoring – HUD Findings	No findings or findings addressed in Corrective Action Plan (CAP) submitted to HUD	5	No findings=5 Findings with CAP submitted to HUD=5 No CA plan submitted to HUD=0	Exh 1 Info
Subtotal, HUD Compliance		15		
Total		100		
Penalties: Consumer surveys not submitted:		-5		
Required information not submitted on time		-5		

NOTES:

- 1) All criteria are scored based on materials submitted by the submission deadline (e.g., accuracy of charts/budgets will be scored based on first submission not based on corrections made after review).
- 2) A Penalty will be applied if any required information is incomplete or missing at deadline

Greetings,

The Nebraska Balance of State Continuum of Care (CoC) is requesting Project Applications for the 2013 CoC funding competition for homeless assistance services.

This invitation includes new and renewal projects. In the FY 2013 competition, the only new projects that will be funded are those which will be funded with resources reallocated from currently funded projects. There are no new resources in this competition. If interested, please carefully review the information below.

All Project Applications are due Friday, January 3, 2014, 4 pm Central Standard Time. Any application received after the deadline will not be reviewed or considered for funding. As indicated below, applications must be submitted electronically through HUD's grants management program, e-snaps.

The Continuum of Care (CoC) program: This is a program of the U.S. Department of Housing and Urban Development (HUD). Information can be found here: <https://www.onecpd.info/coc/>

The Nebraska Balance of State CoC: This includes all the State of Nebraska outside of the Lincoln and Omaha metropolitan areas.

Eligible Applicants. The NE Balance of State welcomes applications from any eligible organization. Eligible organizations include local governmental agencies, public housing agencies or nonprofit organizations. No other entities are eligible to apply; applications from ineligible organizations will not be reviewed or considered. The Balance of State strongly encourages organizations that serve homeless people that have not previously received HUD Continuum of Care support to apply. Organizations without prior HUD Continuum of Care assistance can receive technical assistance in the application process.

Eligible Projects:

There are only two types of new projects that are eligible for new funding:

- **Permanent supportive housing to serve chronically homeless individuals and families.**
 - All persons served must meet HUD's definition of chronically homeless unless there are no chronically homeless persons in the jurisdiction served by the project in which case any household eligible for permanent supportive housing (homeless and disabled) can be served.
 - The projects must always prioritize chronically homeless over other eligible homeless persons for any vacant unit.
- **Rapid rehousing for families.**
 - Homeless households with children who are living in shelters or on the streets can be provided short or medium term rental assistance as well as supportive services.
- **Existing grants.** Current CoC grantees with a grant expiring in Calendar Year 2014 are eligible to submit renewal applications. The renewal application must serve the same population and provide similar services to assist homeless individuals and families end their homelessness with permanent housing.

Eligible Activities for new Funding: (note all existing grants can continue to receive funding for existing activities)

- Permanent Supportive housing
 - Operating Costs
 - Leasing
 - Rental Assistance (cannot be combined with operating costs)
 - Supportive Services
 - Administration (NTE 7%)
- Rapid rehousing for families
 - Short/medium term rental assistance (3-24 months)
 - Supportive services
 - Administration (NTE 7%)

Allowable uses of funds under the above activities is specified by regulation under 24 CFR Part 578 [link here](#).

Application submission:

Applications must be submitted electronically via HUD’s E-snaps grants management program. HUD provides extensive TA and training resources on how to access the electronic application system and how to register for funding and complete the application. HUD’s www.OneCPD.info is the portal into HUD’s e-snaps system as well as all the accompanying training information. The specific location for resources for this application is: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Applicants will be notified as to the status of their applications (whether it has been accepted or rejected) and the rank accorded to it no later than January 14, 2014. Accepted applications may require revision. If so, applicants will be notified and provided a deadline for submitting any revisions in order to remain in the competition.

Available funding

- The available funding is subject to change. Approximately \$95,000 in new project funding is available through this solicitation.

Selection factors

- Threshold review
 - Applicant, project and recipient eligibility for services
 - Satisfactory prior HUD experience, if prior HUD grantee
- Project quality
 - Experience of applicant
 - Proposed plan for target population
 - Cost-effectiveness

Additional guidance:

- Review the CoC Interim Regulations and the CoC NOFA at this [link](#) to understand the program, the changes from past years, and how your project may fit. Pay special attention to HUD’s

priority to serve the chronically homeless and to provide rapid rehousing for families. New Project Applications are limited to only the following: permanent supportive housing projects that propose to exclusively serve the chronically homeless, or rapid rehousing projects that propose to serve families.

- Review HUD's training resources for this competition [here](#).
- Make sure you have appropriate staff persons identified who have access to and will complete your Project Application in HUD's online [E-snaps](#) system. HUD only accepts electronic applications filed through the E-snaps system.
- Identify your sources of leveraging, and plan to obtain commitment letters. Per HUD requirement, *letters must be dated prior to the competition deadline of Feb. 3*.
- Make sure your organization has a valid DUNS number.
- Make sure your organization's registration is current in the federal [System for Award Management \(SAM\)](#).

The State of Nebraska is currently seeking a statewide coordinator for the homeless assistance programs. While that position is being filled, questions can be directed to the CoC's and State's planning consultant: Housing Innovations. Please email Howard Burchman at HBurchman@HousingInnovations.us