

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness

GOAL ONE: Maintain a statewide infrastructure to lead in statewide planning to increase access to mainstream resources for persons experiencing chronic homelessness.						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.1 Improve connection of state level action plan to end chronic homelessness, done through the Ad Hoc Committee of the NCHH with regional and local efforts of the CoC's.	Action 1.1.1 Provide support and TA for 7 regional CoC's in development of strategic plans to end chronic homelessness that align with the state plan.	HUD (federal) and HHSS (NHAP)- Betty Medinger & Jean Chicoine	HUD T.A. Consultant, NHAP Program Specialist & all CoC Chairs, Policy Academy TA	Strategic planning process put in place. Coordination of effort at the state, regional, and local levels.	Strategic plans updated annually by all regions. Each continuum has aligned strategies in their strategic plans with the state level plan.	2/28/06 and annually thereafter
	Action 1.1.2 Continue to support NMIS as a monitoring & evaluation method that strengthens and continues to maximize input from the CoCs and direct service providers back to state level decision-making process.	HHSS Administrator - Betty Medinger	NHAP Specialist - Jean Chicoine	~Increased participation and reporting in NMIS. ~Improved coordination of services to consumers. ~Data-driven decision-making.	Number of providers participating and reporting in NMIS continues to increase.	Present and ongoing
	Action 1.1.3 Invite CoC groups to a briefing on opportunities to better utilize the available resources from HUD (14 programs including SHP &/or Shelter Plus Care funds).	NHAP Specialist - Jean Chicoine	TA Providers, Conference Planners.	State fully utilizes funding opportunities.	~TA is provided at Continuum Level ~Conference in August includes TA ~Submitting of SHP, Permanent Housing, &/or Shelter Plus Care applications.	~Jan-Feb annually by HUD or as arranged ~Conference annually in August ~Due date as designated by HUD for the Super NOFA
Strategy 1.2 Assess impact of behavioral health reform and other relevant legislation and provider input to policymakers on potential strategies to achieve successful outcomes	Action 1.2.1 Use available data (e.g. Dennis Culhane's research & NE statistics and reports) to provide high impact information to policy and decision-makers during legislative and reorganizational phases of behavioral health reform.	Ad-Hoc Committee Chair & NCHH Executive Committee with support of all Commission Members and Betty-Medinger- and Jim Harvey with HHS.	Program staff & Ad-Hoc Committee	Policymakers and decision-makers have adequate and appropriate data to make key decisions.	Data is provided to appropriate legislators & NCHH submits annual report & recommendations to the Governor's Office.	Ongoing

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Strategy 1.2 contd...	Action 1.2.2	Jim Harvey	NMIS, Jean Chicoine	A comprehensive package of relevant information is available for distribution in the long term and ongoing.	Draft materials are available for the Ad Hoc Committee to review.	June 2007 and ongoing
Assess impact of behavioral health reform and other relevant legislation and provider input to policymakers on potential strategies to achieve successful outcomes	Build data linkages between the Division of Behavioral Health Services and Nebraska Homeless Assistance Program, complete data analysis, and report findings.					
Strategy 1.6.1	Action 1.6.1	Ad Hoc Committee Chair/Facilitator	Goal 5 member(s) to be identified.	Effective strategies are targeted at the local level addressing the population variations across NE.	An array of ongoing educational and targeted awareness is implemented in local continuums of care across NE.	Initial incorporation into regional continuums by Nov. 2007 with on-going process.
Ensure that the goals, strategies, and activities in the Ad Hoc committee plan focus on chronic homelessness.	Establish a culturally competent understanding of chronic homelessness that accurately reflects realities beyond what the HUD definition.					
	Action 1.6.2	NMIS System Administrators	COC Point in Time Committee Chairs	More clear understanding of population who are homeless and their path to homelessness	All continuums implementing a similar PIT process that includes a survey	Initial incorporation into regional continuums by Jan. 30, 2008 with on-going process.
	All Continuums of Care do a Point in Time Survey to get additional detail about characteristics and circumstances of people who are homeless.					
	Action 1.6.3	Ad Hoc Committee Chair/Facilitator	Goal 5 member(s) to be identified.	Awareness an continued growth in development of cultural competency in NE.	Array of education and awareness material developed and used at the state and local levels.	Initial incorporation into regional continuums by Nov. 2007 with on-going process.
	Develop and implement an educational approach that defines cultural competency and fosters awareness among ourselves and others regarding chronic homelessness realities within cultural contexts.					

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GOAL TWO: Create Additional Appropriate and Supportive Housing Choices						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.1 Assess the need for income-based and appropriate housing for identified homeless sub populations (chronic, homeless, near homeless) that responds to cultural needs, as noted at the end of the Goal #2 section, relating to housing	Action 2.1.1 Using data collected by HHS/NHAP (NHAP survey & Exhibit 1s), determine housing needs by continuum of care (CoC) region.	Jean L. Chicoine, NE Homeless Assistance Program (NHAP)	Continuum of Care Housing Committee or other appropriate committee	1) housing data distributed to CoCs and used to establish regional housing needs; 2) needed housing developed.	1) data distributed to CoC regions; 2) CoCs identify housing needs	1) Jan. 2007 and annually thereafter; 2) February 2007 and annually thereafter; the housing survey would be conducted every other year.
Strategy 2.2 Work with Economic Development Districts across the state to build information sharing relationships with community entities to ensure that data from other housing studies is available to regional CoCs to assist in decisions made on housing needs.	Action 2.2.1 Determine what information is gathered on current housing studies	Pat Compton, Dept. of Economic Development, Special Needs Housing	Pat Compton (through development district forums).	Data on other housing studies is incorporated into the regional decision making process on establishing housing needs to make the information useful to COCs and state level.	Housing studies	Oct-07

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GOAL TWO: Create Additional Appropriate and Supportive Housing Choices						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.3	Action 2.3.1	Jim Harvey	Jim Harvey	All Available vouchers are issued annually.	Report on the current legislative session.	June 2007 & annually thereafter
Ensure continued funding of the newly implemented Nebraska Housing Related Assistance as authorized under Neb. Rev. Stat. 71-812(3) developed for persons with SMI who experienced extreme housing burdens.	Review annual legislation for changes.					
	Action 2.3.2	Jim Harvey	Regional Housing Coordinators.	SMI individuals are in stable and appropriate housing.	Persons served	December 30, 2006 and annually at Homeless Conference in August 2007 and other opportunities.
Strategy 2.4	Action 2.4.1	Jean Chicoine	Continuums of Care	Implementation of the Housing First Model	Presentations on the Housing First process to the seven regional continuums of care.	Dec-07
Review and identify current Housing First models	Identify resources required to implement Housing First.					
	Action 2.4.2	Jean Chicoine	Continuums of Care	One additional Housing First process is implemented.	Identification of resources to implement Housing First	Jun-08
Explore development of housing options as part of the Behavioral Health Reform Plan	Action 2.5.1	Jim Harvey	Housing funders and developers; behavioral health groups; assistance from Hanna-Keelan.	Additional housing for special needs populations.	New housing units will be established.	Ongoing
	HHS will work cooperatively with the DED and NIFA to establish appropriate housing project(s) in each Behavioral Health/CoC Region(s).					

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GOAL TWO: Create Additional Appropriate and Supportive Housing Choices						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.6 Maintain the capacity to track inventory of local resources for affordable rental housing.	Action 2.6.1 Support ATP lead for on-line housing inventory listing(s) with links to service data bases. www.housing.ne.gov	Assistive Technology Partnership (ATP) – Mark Schulz	ATP – Lauren Shafenberg	Access to information on housing availability.	Establishment of on-line housing inventories for each region.	Annual update at the housing and homeless conference in Aug.
Strategy 2.7 Educate and raise awareness of housing and homelessness Best Practices.	Action 2.7.1 Use the housing & homeless conference to relay best practices and match housing, consumer, and services at the regional and local delivery levels.	NCHH Education & Awareness Committee	DED, HHS/NHAP, NHDA	* Public awareness of issues and best practices relating to chronic homeless, and near homeless. * Identify new housing opportunities for chronic homeless, homeless, and near homeless.	*Housing and homeless conference is held and Best Practice information is disseminated to housing and service providers.	Annually 3rd week (Tuesday & Wednesday in August)
Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)				
	Cultural competency may include, but is not limited to: ~ Hispanic/migrant (NAF) ~ African Americans ~ Somali ~ Vietnamese ~ Other immigrant groups ~ Middle Eastern ~ Literacy competence ~ Religious competence ~ Youth ~ Domestic Violence ~ Veteran ~ Native Americans (all 4 tribes) ~ Other identified groups (i.e., those in 3 regional centers-Mental Health) ~ Serious mental issues ~ Substance abuse & co-occurring ~ HIV/AIDS ~ Felons ~ MR/DD ~ Youth (19-22) ~Adults (22-64) ~ Aging (65+)					

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GOAL THREE: Increase Access to Mainstream Services & Resources						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1	Action 3.1.1	Suggested team members: Arbor, WIA, Voc Rehab, CoC representation	To be determined	Establishment of a work group	Commitment of stakeholders to participate	Dec-07
Establish mainstream services Task Force	Establishment of a Task Force with consumer inclusion.					
	Action 3.1.2	To be determined	To be determined	Diverse interests represented on task force.	Active participation by key stakeholders	Dec. 2007
	Identify & enlist key stakeholders (i.e, DOL, HHS, VA, Social Security).					
Strategy 3.2	Action 3.2.1	Karen Rathke	211 System	93 counties have access to 211 system	statewide implementation of 211 system	Oct-07
Assure that 211 provides access to mainstream services (as defined below).	Contact 211 project manager for update on 211 system to provide information on the level of implementation Of 211					
Strategy 3.3	Action 3.3.1	NMIS and NHAP	CoC regions	Report on gaps of services and barriers in accessing services available to planning groups.	List of gaps in barriers to services by region.	Feb. 2008
Identify barriers & gaps of services for identified sub populations ensuring cultural competency in the process and accessing mainstream services.	Compile list of barriers & gaps of services as identified in Exhibit 1s,PITs or street counts or any other consumer survey.					
	Action 3.3.2	CoC regions	agencies	Seven CoC regions will identify gaps & barriers (for use in Exhibit 1s)	Agency reporting to regional CoC on barriers and gaps.	Apr-08
	Identify those populations not accessing or not eligible for mainstream services					
	Action 3.3.3	Regional CoCs	agencies	Quantification of gaps.	Compilation and distribution of data on gaps.	May-08
	Explore methods to address gaps in services (addressing cultural dynamics).					

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GOAL THREE: Increase Access to Mainstream Services & Resources						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.4 Develop a supportive employment plan/program for at-risk populations.	Action 3.4.1 Define supportive employment in order to expand employment opportunities.	Betty Medinger	Jim Harvey	Increased placement or other options.	Training is increased at various contact points because of increased outreach.	31-May-07
	Action 3.4.2 Conduct SSI/SSDI training to assist individuals in accessing that mainstream service.	Jean Chicoine (SSI/SSDI T.A.-trainer)	case management people	Those assisting individuals accessing SSI/SSDI are able to decrease the amount of time that lapses between application and approval.	Two additional 2-day training sessions are conducted to train workers how to facilitate and expedite access to SSI/SSDI.	30-Mar-07
	Action 3.4.3 Explore Train the Trainer (SOAR) to offer the workshop periodically.	Medinger, Harvey, Chicoine, Yvonne Perret (SSI/SSDI T.A.-trainer)	trainers	Front line workers help qualified clients access SSI/SSDI with the first application.	Case managers, street outreach, MH practitioners are trained on SSI/SSDI eligibility. Training is offered 2-4 times per year as needed.	Jun-08
Strategy 3.5 Increase training and employment opportunities for youth and improve access to any appropriate mainstream services. Ensure cultural competency in all capacities.	Action 3.5.1 Increase awareness at local WIA Area Youth Councils on barriers to employment encountered by youth who are homeless or at risk of becoming homeless.	Kathie Lueke	Local WIA Area Youth Councils	Youth Councils determine the scope of services and resources available in each local WIA area.	Services/Resource list	Nov-08
				Youth Councils acquaint outreach and CoC members with local area efforts to address youth employment issues.		30-Jun-08

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Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)			
<p>NOTES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; padding: 5px;"> <u>Primary Services as defined by HUD:</u> SSI TANF Employment Medicaid Food Stamps (No Financial Resources) SCHIP Workforce Investment Act Veterans Health Care </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <u>Secondary Services as defined by Task Force</u> CDBG HOME Housing Choice Vouchers Public Housing Mental Health block Grant Substance Abuse Block Grant Social Services Block Grant Welfare-to-work State-Funded Programs (i.e., NHAP) </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> City/County Funded Programs (GA?) Private donors Foundations (to be identified by name & region) </td> </tr> </table>			<u>Primary Services as defined by HUD:</u> SSI TANF Employment Medicaid Food Stamps (No Financial Resources) SCHIP Workforce Investment Act Veterans Health Care	<u>Secondary Services as defined by Task Force</u> CDBG HOME Housing Choice Vouchers Public Housing Mental Health block Grant Substance Abuse Block Grant Social Services Block Grant Welfare-to-work State-Funded Programs (i.e., NHAP)	City/County Funded Programs (GA?) Private donors Foundations (to be identified by name & region)
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1. The Manager is the individual responsible for coordinating each action.
2. The Implementer is the individual (or entity) responsible for carrying-out each action.

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GOAL FOUR: Increase Strategies Addressing Prevention and Discharge Planning						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.1	Action 4.1.1	Betty Medinger	HHS and DOC Agency Representatives	Baseline data (including those who've served their full sentence) shall be collected.	~ Data questions are developed. ~ A system of collecting data is in place.	Jan-08
Develop a working relationship between corrections and HHS to focus on adults discharging from corrections with behavioral health issues, or persons with HIV/AIDS, in order to continue to improve and support discharge plans and to identify barriers and gaps of services for identified sub-populations assuring cultural	Action 4.1.1	Collect data to identify the issues for re-entry related to housing and recidivism, substance abuse, serious mental illness, race and ethnicity.				
	Action 4.1.2	Jeff Chambers/Tamara Cartwright	Jean Chicoine & NMIS admins	Baseline data is collected through NMIS phasing out current method.	Use real data from NMIS to identify problems and establish solutions.	Jun-07
	Action 4.1.3	Jim Harvey and Larry Wayne	HHS and DOC Agency Representatives	Persons discharging from corrections plan for their discharge based on: ~personal choice ~access to necessary resources upon re-entry to the community	A signed document	Jan-08
	Action 4.1.4	Jim Harvey, Judy Hughes-Anderson	DHHS and UMMC	Expansion of data based elements.	Additional data elements available	Jul-08
Strategy 4.2	Action 4.2.1	Jean Chicoine/Jim Harvey	HHS and DOC Agency Representatives	Issues are identified and recorded into a report.	Collaboration with Crime Commission on county level data, if possible.	Apr-07
Begin to research the problem of adults cycling through county jails without supports for persons discharging.	Action 4.2.1	Approach crime commission with help on this strategy				
	Action 4.2.2	Jeff Chambers	HHS and DOC Agency Representatives	Issues are identified and recorded into a report.	Collaboration with county jails for county level data, if possible.	Apr-07
	Action 4.2.2	Determine if county jails collect data on discharging inmates, do county jails do any planning for discharge? Do they determine whether inmate will be homeless upon discharge? If they collect data, do they have demographic data?				
	Action 4.2.3	Jeff Chambers/Tamara Cartwright	Jean Chicoine & NMIS admins	Baseline data is collected through NMIS phasing out current method.	Use real data from NMIS to identify problems and establish solutions.	Jun-07
	Action 4.2.3	Get data from shelters related to where customers have been discharged from.				



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Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.3	Action 4.3.1	Peg Barner/Jeff Chambers	Peg Barner/Jeff Chambers/BJA Grant may assist	Use real data to inform of any problems for youth transitioning from YRTC's and/or foster care.	Report data of youth aging out of foster care or being released from YRTC's	Jul-08
Identify the problems of youth discharging from state custody, i.e. YRTC's, foster care.	Collect data on youth aging out or being released from where to whom; find out who they are and the demographics.					
	Action 4.3.2	Jeff Chambers/Tamara Cartwright	Jean Chicoine & NMIS admins	Baseline data is collected through NMIS phasing out current method.	Use real data from NMIS to identify problems and establish solutions.	Jul-08
	Get data from shelters related to where customers have been discharged from.					
Strategy 4.4	Action 4.4.1	Judy Hughes-Anderson	Judy Hughes-Anderson	~ Learn what data is being collected ~ Use collected data to determine the scope of the problem	Report summarizing findings	Aug-08
Identify the scope of problems of persons discharging from hospitals	Determine what the limits and legal responsibilities are of hospitals in discharging from emergency rooms; find out who discharges are and their demographics.					
	Action 4.4.2	Jim Harvey/Judy Hughes-Anderson, Betty Medinger	Jim Harvey/Judy Hughes-Anderson, (Legal consult regarding hospital data)	Scope of problem is identified, documenting trends and patterns on discharges.	A report of the findings is drafted.	Aug-08
	Determine what the limits and legal responsibilities are of psychiatric facilities (including 3 regional centers and community hospitals) discharging; determine who discharges are, their demographics, their housing plan, and documenting trends and patterns.					
	Action 4.4.3	Jeff Chambers/Tamara Cartwright	Jean Chicoine & NMIS admins	Baseline data is collected through NMIS phasing out current method.	Use real data to identify problems and establish solutions	Aug-08
	Get data from shelters related to where customers have been discharged from.					

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GOAL FIVE: Ensure Culturally Competent Services.						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 5.1 Identify and secure resources to support efforts as identified through this work.	Action 5.1.1 Identify statewide cultural community-specific strengths, assets, and resources through implementation of an outreach template informed by the history and implications of cultural competency.	Rodney Moore & Eliga Ali	Ad Hoc Cultural Competency Resource Committee	Access to a broader information base for understanding culturally relevant factors related to CH in various cultural and geographic communities.	Flowchart/template/model/approach created for seeking information & identifying community strengths & resources for understanding impact of chronic homelessness within array of cultural communities.	Mar-07
					Continuums oriented to the approach/model at Homeless Conference	Aug-07
					Test counties identified to implement model	Oct-07
					Growth of template implementation measured and monitored	Jun-08
					Implementation results reported to continuums of care, Ad Hoc Committee, and Commission.	Jun-08
					Continuums achieve tailored approach unique to their areas and sensitive to their population.	Jan-09
	Action 5.1.2 Implement regular learning opportunities regarding cultural competency in the context of understanding chronic homelessness.	Rodney Moore	Ad Hoc Cultural Competency Resource Committee works with Wanda Groover-Ali at SourceNet & Eliga Ali on presentations.	Broader information base regarding interface of cultural competency and chronic homelessness.	Develop Curriculum.	To be determined
					Identify target audience.	
					Deliver Education	

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GOAL FIVE: Ensure Culturally Competent Services.						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 5.1.3 Research Funding sources for cultural competency and related community building efforts.	Rodney Moore & Larry Voegele	Ad Hoc Cultural Competency Resource Committee	Support for development and implementation of cultural competency strategies	Seek short term support through Rodney's office for immediate efforts.	Sept. 30, 2007 (short term) HL Asst prog. Super NOFA July 01, 2007
					Collect/pool information about contacts and funding resources.	April 30, 2007
					Determine protocol for seeking & securing funding according to state office.	Before July 2008
					Implement funding strategies	July 1, 2007
Strategy 5.2 Ensure that the goals, strategies and activities in the Ad Hoc committee plan focus on chronic homelessness.	Action 5.2.1 Establish Cultural Competency Resource Committee w/in NCHH Ad Hoc Committee to End Chronic Homelessness to carry out strategies	Eliga Ali	Ad Hoc Cultural Competency Resource Committee	Ad Hoc Cultural Competency is visible, operationalized, and integrated at all levels.	Committee established at Ad Hoc meeting	Apr-07
	Action 5.2.2 Develop a Power Point snapshot of statewide cultural implications of chronic homelessness (w/actual stories reflecting realities beyond HUD definition & what Point-In-Time surveys convey) depicting "This is what we know; this is what we don't know, and this is what we need to know.	Marion Hitchcock with NMIS	Ad Hoc Cultural Competency Resource Committee	CH is redefined statewide to capture multi-cultural characteristics. Accurate & integrated understanding of CH is established. Commission identifies chronic homelessness in culturally competent way particularly as it applies to NE & its rules. Funding review clearly indicates service to CH (not just homeless).	Data from Nebraska statewide collected from existing continuums of care input ("this is what we know")	Aug-07
					Power Point presentation approved by Ad Hoc Committee	Fall 2007
					Gaps, barriers, and unknowns based on anecdotal accounts and stories analyzed ("this is what we don't know")	10/01/2007 (Not Realistic?)
					Where we need to go to create a culturally competent snapshot of chronic homelessness in Nebraska is identified ("this is what we need to know").	Aug-08

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Strategy 5.3 By strengthening and developing relationships from informal to formal, establish and maintain culturally sensitive data.	Action 5.3.1 Develop working relationships and open communication with all 4 NMIS administrators.	Eliga Ali, NMIS Board	Eliga and statewide NMIS administrators, NMIS board	Comprehensive, complete, & accurate data reporting - Because there is a strong understanding of why cultural competency is important, accurate data results in the design of effective strategies that authentically identify, reach, and serve (through prevention, intervention, & holistic recovery) the full spectrum of those who are chronically homeless.	Determination w/NMIS admins, & thru applicable policies and procedures, of avenues that create access to data (minimum Research III status)	Before August 2007, completed and ongoing
					Determine how to influence the collection and reporting of culturally competent data.	Before August 2007
					Contact with all continuums	Aug-07
					What cultural competency means relative to CH data is clarified; e.g. incidence by race/ethnicity? Defining "housed"? How factors related to each cultural community correlate? What is collected and from whom? How is data collected? How are questions asked? Identify triggers specific to different populations that affect treatment routes, etc.	Information gathered by October 2007
	Action 5.3.2 Create a hard data picture that specifies what is currently included & what is missing, specify gaps, barriers, & identifying missing players.	Marion Hitchcock with NIMES	Ad Hoc Cultural Competency Resource Committee	Progress can be measured on the basis of a baseline of current practice. Through complete data reporting, legitimacy of anecdotal information (as translated into hard data) is established, where high level decision-makers recognize information as credible. More agencies overcome barriers to report data and collect anecdotal info.	Recognition of status necessary to obtain information	Jul-08
					Relationships developed within continuums and committees to support reporting of culturally sensitive data.	
					Relationships w/non-reporting agencies cultivated to establish informal reporting	
					Determination of where Memorandum of Understanding would leverage info exchange w/agencies (e.g. public housing authorities, city governments, service providers)	
					Interface of "soft" and hard data.	
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Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 5.3.3 Assist NMIS to highlight and pull management reports periodically showing discharge data	Eliga Ali	Ad Hoc Cultural Competency Resource Committee	Ad Hoc committee assured of getting discharge data showing race and ethnicity	Reports to highlighted identified. Data reported to Ad Hoc	By July 2008 (first year of discharge baseline data showing race & ethnicity)
	Action 5.3.4 Monitor inclusion of race and ethnicity data in discharge reporting.	Eliga Ali	Ad Hoc Cultural Competency Resource Committee	Reduction of structural, hierarchical, institutional, or systemic boundaries that restrict flow of information or service delivery	Monitoring process established	After July 2008

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GOAL SIX: Data Collection and Evaluation						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 6.1	Action 6.1.1	Data Collection & Evaluation coordinators in collaboration with other goal	Data & Evaluation Committee	Identification of measures for evaluating progress on each of the goals in Ad Hoc Committee Plan to End Chronic Homelessness	Data and Evaluation Committee is formed	Aug-08
Identify "measures" needed to assess Ad Hoc Committee Plan to End Chronic Homelessness (i.e. the "Five Goals")	Action 6.1.1	Identify a data/evaluation committee comprised of a member/or chair from each goal area group and a NMIS Administrator				
	Action 6.1.2	Each goal committee defines measures or use benchmarks to define measures, compiling data	Data Collection & Evaluation coordinators in collaboration with other goal committee members	Data & Evaluation Committee	Identification of measures for evaluating progress on each of the goals in Ad Hoc Committee Plan to End Chronic Homelessness	"Benchmarks" from each goal are established
Strategy 6.2	Action 6.2.1	Data Collection & Evaluation coordinators in collaboration with other goal committee members	Data & Evaluation Committee	Creation of specific report(s) that permits NCHH to assess impact (by CoC) of Ad Hoc Plan; specific report(s) that permits CoCs to see/assess their part in and contribution to Statewide Homeless initiative	Ad Hoc Committee sign off on adequacy of proposed reports and proposed report frequencies	January 2008 and ongoing
Report on the measures identified in action 6.1.2	Action 6.2.1	Design reports and reporting cycles that permit evaluation, feedback, course-correction for CoCs and Ad Hoc Committee Plan to End Chronic Homelessness				
	Action 6.2.2	Support development of NMISP for statewide data collection that includes demographic data.	NMISP	NMIS Partners and Agencies	Unduplicated data that provides a demographic breakdown of people who are homeless by race and ethnicity (as well as other characteristics).	Number of non-profit agencies joining a NMISP partner and implementing data collection via the NMISP

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Strategy 6.3	Action 6.3.1	Regional CoC coordinating committees	Individual/team identified by CoC coordinating Committee	Funding for and acquisition of hardware, software and training to permit each CoC to implement its "point-in-time" count via the NMIS data management system	Number/percent of agencies/programs quipped and readied through training to participate in a given region's CoC plan for conducting regular "point-in-time" homeless counts via NMIS	01/01/2007 and ongoing
Successfully implement and conduct "point-in-time" counts via the NMIS data management systems in the State's seven CoCs and regularly scheduled pulling of NMIS management data to include demographic data	Action 6.3.2	NMIS administrator covering each CoC	NMIS administrators/task force in each CoC	Reliable and regular collection and entry of data needed for CoC and NCHH reports	Data collection and data entry practices implemented	ongoing
	Action 6.3.3	NMIS board	NMIS administrator covering each CoC	Capacity to generate needed CoC and NCHH reports	SHP, NHAP reports, aggregate HMIS reports, ESG reports, NCHH report as needed	01/2006 - ongoing
	Action 6.4.1	Data Collection & Evaluation Task Force	NMIS board	Increase in reliable data for policy-makers/decision makers/elected officials throughout state	Reports are available to public	12/01/2006 and ongoing
Utilize data collected to assist NCHH, other departments, CoCs and others with planning, policy formation and the pursuit of funding.	Action 6.4.2	Data and Evaluation committee	Data and Evaluation committee	Increased ability to target resources toward identified needs. Reports reflect need by Regions.	Ad Hoc Committee uses reports to assess and adjust strategies and actions	11/2006 and ongoing and every 6 months
	Action 6.4.3	Ad Hoc Committee	Ad Hoc Committee	Effective use of resources based on information available	Develop proposals and make recommendations when appropriate	Jan-08
	Action 6.4.3	Ad Hoc Committee	Ad Hoc Committee	Effective use of resources based on information available	Develop proposals and make recommendations when appropriate	Jan-08