




Opening Doors:

10 Year Plan to Prevent
and End Homelessness in
the State of Nebraska

2015-2025

Nebraska Commission on Housing
and Homelessness

January 2015



Introductory Letter

January 2015

Originally established in 1994 by Governor Ben Nelson with Executive Order 94-6, the Nebraska Commission on Housing and Homelessness (NCHH) has a singular vision: To support a statewide Continuum of Care that coordinates services provided to all people and that promotes safe, decent, affordable, and appropriate housing resulting in healthy and viable Nebraskan communities. The creation and updating of a State 10 Year Plan to Prevent and End Homelessness is an integral aspect of the Commission's work.

The original concept of a 10 Year Plan does not go to the Nebraska Commission on Housing and Homelessness; rather, credit for the idea rests with the National Alliance to End Homelessness (NAEH). The Alliance outlined the concept as part of a more ambitious plan, introduced in July 2000, to end homelessness altogether. The goal caught the attention of then-Housing and Urban Development (HUD) Secretary Mel Martinez, who endorsed it in a keynote address at the Alliance's 2001 conference.

Within several years, the creation of 10 Year Plans was promoted federally as a method of jurisdictional resource alignment and interagency collaboration. By the conclusion of his first presidential term, President George W. Bush ensured every State in our nation boasted a 10 Year Plan to End Homelessness. Bush charged Phil Mangano, then executive director of the [United States Interagency Council on Homelessness](#) (USICH), with the creation, development, and early implementation of State 10 Year Plans.

Such Plans were almost exclusively focused upon chronic homelessness (Nebraska's original State 10 Year Plan, unveiled in 2004 and expired in 2014, was no exception); the Plans fostered collaboration in a manner never before witnessed within the homeless service sector. Commensurate with State 10 Year Plan development was the creation of urban and local jurisdictional 10 Year Plans, such as the unveiling of Omaha's local 10 Year Plan in 2008.

Following these years of State and local 10 Year Plan development, great learning and success occurred. To celebrate this learning and to codify best practices, President Barack Obama unveiled in 2010 "[Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness](#)." The Plan serves as a roadmap for Federal agencies to collaborate with State and local governments. "Opening Doors" includes four overarching goals; these same goals now comprise our revised State 10 Year Plan. Those goals are as follows: **end chronic homelessness; end veteran homelessness; end child, family, and youth homelessness; and finally, set a path to reducing overall homelessness.**

The governor-appointed Nebraska Commission on Housing and Homelessness serves at the pleasure of local agencies, stakeholders, funders, elected officials, governmental partners, and private citizens. Our State 10 Year Plan to Prevent and End Homelessness will remain a pivotal aspect of the Commission's work and success.

In closing, the Commission graciously thanks the Nebraska Department of Economic Development (DED) for providing the funding necessary for development of this 10 Year Plan. The Commission also thanks Howard Burchman of Housing Innovations, LLC, for his time and talent in writing of the Plan.

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Background

In the ten years since the drafting of Nebraska’s original 10 Year Plan, “Completing the Journey: Nebraska’s Action Plan for People Experiencing Chronic Homelessness,” much has occurred both nationally and within the State. Not only was a new presidential administration elected (the Obama administration), but our nation witnessed its worst economic crisis since the Great Depression. In response, President Obama and the Congress passed the American Recovery and Reinvestment Act (ARRA) in 2009.

This legislation, historic in its funding levels, allocated \$1.5 billion for a one-time funding stream known as the Homelessness Prevention and Rapid Re-Housing Program (HPRP). This resulted in nearly \$5.1 million in homeless assistance granted to Nebraska. This infusion of funding was the first real test of our 10 Year Plan’s efficacy and ability to measure success. Moreover, this unique fiscal support for preventing and ending homelessness underscored the importance of our 10 Year Plan as a living document (meaning: the Plan’s ability to reflect and measure real-time changes, circumstances, and challenges).

Also seminal in 2009 was Congress’ passage of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. This legislation amended and reauthorized the McKinney-Vento Homeless Assistance Act. It also did the following: consolidated HUD’s competitive grant programs; broadened the eligible activities of HUD’s Emergency Shelter Grant so that it became the Emergency Solutions Grant (ESG); revised HUD’s definitions of homelessness and chronic homelessness; and finally, increased

federal prevention resources and heightened the emphasis upon performance (at both the community and service provider level). It also established a companion program to address the unique needs of homeless people in rural areas: the Rural Housing Stability Assistance program. The HEARTH Act built upon the existing emphasis of tracking outcomes of homeless assistance efforts; it also expanded the focus of outcome monitoring beyond the efficacy of individual grants to consider the effectiveness of the Continuum of Care as a whole in preventing and ending homelessness.

These changes at the Federal level coincided with changes in how homelessness is addressed in Nebraska. One of the most significant changes was the merger of what had been five rural Continuums of Care (CoC) into a single balance of state Continuum. This merger had an almost immediate impact: the small rural CoCs (*Panhandle, North Central, Southwest, Southeast, and Northeast, respectively*) were able to compete effectively in the national competition of the U.S. Department of Housing and Urban Development (HUD) for awarding homeless assistance. The merged CoCs were able to meet HUD requirements and access funding that had previously been inaccessible. The merging of the CoCs also led to the establishment of a single data system – the statewide Homeless Management Information System (HMIS) – operated by the University of Nebraska – Lincoln (UNL), and covering all of rural Nebraska and the City of Lincoln. The single data system operating out of UNL has allowed the great majority of the state to have comparable validated data integrity and a common approach to conducting the annual Point in Time (PIT) count of homeless persons.

The entire State and its seven CoC regions (*the five rural regions now comprising the Balance of State, Lincoln, and Omaha, respectively*) operate under a single HMIS data vendor: ServicePoint of Bowman, LLC; this allows statewide use and discussion of shared data and performance metrics. An early success of the original 10 Year Plan was the incorporation of a nonprofit entity specifically devoted to HMIS implementation and quality statewide; this entity, known as the Nebraska Management Information System, or NMIS, was created with funding generously provided by the NE Homeless Assistance Program (NHAP) of the Department of Health and Human Services Homeless (specifically, a \$100,000 sole-source contract via the State Homeless Shelter Assistance Trust Fund, or HSATF).

“Completing the Journey” was the product of involvement in a Federal Policy Academy in 2003 of a cross-section of Nebraska stakeholders. The purpose of these national Policy Academies was to assist States in developing Ten Year Plans to End Chronic Homelessness. The plan was updated in 2010 to focus on five overall objectives. Those objectives were as follows: Maintain a statewide infrastructure to lead in statewide planning; Create additional and appropriate supportive housing choices; Increase access to mainstream resources and services; Increase strategies addressing prevention and discharge planning; and finally, Data collection and evaluation. Some of the key accomplishments of “Completing the Journey” are listed in the section that follows. “Completing the Journey” was formally adopted in 2004; **the end of 2014 marks the completion of that effort and the start of Opening Doors.**

“Opening Doors,” the Federal Strategic Plan to Prevent and End Homelessness upon which the revised NE State 10 Year Plan is based, broadened the focus of Ten Year Planning beyond addressing just the chronically homeless. Such Planning now includes specific foci on Veterans, families and youth while continuing the goal to end chronic homelessness within a specified period of time. The new NE State Plan follows that lead.

In contrast to “Completing the Journey”, this plan does not seek to be a detailed action plan for ending homelessness. This Plan sets forth the goals for preventing and ending homelessness in Nebraska by

following the themes established in the Federal plan and by setting forth a multifaceted strategy to achieve those goals.

Plan implementation, to occur from 2015-2025, will occur via at least quarterly scheduled meetings of the State Continuum of Care Committee of the NE Commission on Housing and Homelessness (NCHH). These meetings will include and incorporate diverse stakeholders, including but not limited to: State partners, Federal partners, CoC service providers, consumers, and advocates. Oversight of Plan implementation will be the task of the governor-appointed Commission. Chiefly, **the 10 Year Plan will be considered a Living Document and it will reflect the actual and evolving reality of funding, economics, and society.**

10 Year Plan Successes

“Completing the Journey” represented the first time that stakeholders and policy makers in Nebraska came together to plan not simply how to address the homeless crisis in Nebraska, but to actually take concrete steps to end it. It would be comforting to claim that the Plan and those who have endeavored to implement it have fully succeeded and homelessness has ended. Of course, that is not necessarily the case, but the fact that the Plan has not fully ended homelessness does not mean that significant progress was not achieved. As indicated by the successes described below, “Completing the Journey” established the foundation on which this continuing and expanded effort to prevent and end homelessness will be built.

- **Continued involvement of statewide officials, providers and advocates in the Nebraska Commission on Housing and Homelessness.** Regular meetings provide a forum in which the three Continuums of care in the State as well as policy leaders can establish common goals and provide an opportunity to align statewide policy with national and state goals. This is especially important since there are three distinct Continuum of Care planning entities in the state; the State Commission presents a unique statewide opportunity for planning and coordination. The Nebraska Commission after adopting this Plan will convene annual sessions to create and update Action Plans to implement the key strategies outlined in this Plan.
- **Establishment of the Balance of State Continuum of Care.** The five rural Continuums of care that existed in Nebraska merged together to form a single CoC and applied for HUD funding as a single entity in 2011. Merger of the CoCs also resulted in a single HMIS system and lead agency covering all of rural Nebraska and the City of Lincoln. The expanded CoC quickly demonstrated success by securing additional new homeless assistance resources from HUD (an accomplishment that had not been possible for the prior five fragmented rural Continuums).
- **Statewide Integration of Data.** The entire state will be covered by a single Point-in-Time count methodology. Identical survey questions and methodology will ensure the comparability of data collected through the Point in Time Count. The great majority of the state – all except Omaha – will conduct the count on the same night. Omaha has been selected to participate in a pilot initiative, Zero: 2016, which seeks to end chronic and Veteran homelessness in the participating jurisdictions by the end of 2016. The Lincoln and Balance of State CoCs use a common approach

for HMIS to measure performance and provide twice-annual 'performance report cards' to all funded grantees.

- **Statewide Assessment of Needs of People Seeking Homeless Assistance.** In a significant demonstration initiative, all persons seeking homeless assistance in the Balance of State and Lincoln will first be assessed through a validated assessment tool to determine the severity of their need for assistance, the appropriate intervention to end their homelessness, and their relative priority for assistance. Once this assessment tool has been further refined and tested, it will be used to identify the appropriate intervention to end the homelessness of households seeking homeless assistance and will also be used to prioritize assistance toward those with the most severe service needs in order to obtain and maintain housing. The entire state will be using the same assessment tool to determine the appropriate strategy to prevent/end homelessness for each household in need. This data will be invaluable in planning how to allocate resources to end homelessness – allowing investments to be made based on identified needs.
- **Substantial progress in preventing homelessness by improving discharge options for those leaving the criminal justice system, mental health facilities and foster care.** In addition to adopting a policy to not discharge parolees into homelessness, the State also placed social workers in the prison system to assist with discharges. These social workers have assisted those being released from prison to access Social Security benefits as part of the discharge process. These social workers have also secured placements in drug and alcohol free residential programs and secured nursing home placements for those people who are leaving prison and who are too frail and have too extensive needs to live independently in the community. In order to assure that seriously and persistently mentally ill persons are able to avoid becoming homeless, the State funded Housing Related Assistance Program (RAP) provides ongoing rental assistance to seriously mentally persons able to be discharged from state psychiatric facilities but lacking safe and affordable housing. The 'Bridge to Independence' passed by the Nebraska Legislature allows youth aging out of foster care to continue to receive assistance up to 21 years of age including access to health insurance (Medicaid), rental assistance for housing, and age appropriate case management services.
- **Substantial local assistance committed to ending homelessness.** The Nebraska Homeless Shelter Assistance Trust Fund funded by an increase in the State transfer tax on sales of real estate provides local funding to match the funding provided by HUD through the Emergency Solutions Grant (ESG) program. Administered statewide by the Department of Health and Human Services, the program funds the same activities (shelter, outreach, prevention and rapid rehousing) as the Federal ESG program. Also funded from the same source is the State Housing Related Assistance Program for Adults with Serious Mental Illness. This provides rental assistance, utility support and related costs for extremely low income mentally ill persons who are not capable of living independently in the absence of behavioral health and other supports. It is administered by the DHHS Division of Behavioral Health through the six Regional Behavioral Health Authorities.
- **Statewide commitment to facilitate access to mainstream benefits.** The Nebraska Homeless Assistance Program (including ESG and State Trust Fund resources) funds SOAR (SSI/SSDI Outreach, Access and Recovery) services; the Nebraska Department of Correctional Services

social workers use SOAR to assist prisoners who are preparing for discharge. Helping people with disabilities secure an income is the critical step toward obtaining and maintaining housing.

- **Success stories on Veteran and Youth Homelessness.** According to the National Center on Family Homelessness, the State of Nebraska has a composite rating on child/youth homelessness that places it number 2 (with number 1 being the best in the nation). In addition to being overall the number 2 state in terms of addressing child/youth homelessness, in terms of the extent of child homelessness, it ranks 4 out of 50 states; risk of child homelessness (6 out of 50); child well-being (14 out of 50); and finally, state planning and policy to address youth homelessness (9 out of 50). According to data from the Department of Veterans Affairs, there has been a dramatic reduction Veteran homelessness in Nebraska--with Omaha showing the most dramatic results.
- **Participation in national groundbreaking initiatives to end homelessness.** The Omaha Continuum of Care has provided leadership to the state by participation in such landmark initiatives as the 100,000 Homes Campaign and recent selection to participate in Zero: 2016, a national campaign to end chronic and Veteran homelessness by 2016. These initiatives introduce best practices and provide increased visibility and support.

Homelessness in Nebraska

Planning to prevent and end homelessness in Nebraska requires an initial analysis of the current state of homelessness and risks to housing stability in order to accurately portray the work that remains to be accomplished. The three Continuums of Care in Nebraska gather data on homeless people in the community--including those that are receiving homeless assistance services and those living without shelter. Developing an accurate census of people who are homeless is a challenging task. Many people living without appropriate shelter make efforts to avoid being seen or located. It is important that all people counting homeless using the same methodology and that similar levels of effort are used across the state. Higher or lower counts of homeless people could be a result of more or fewer volunteers counting or different weather conditions rather than presenting actual changes or differences in the number of homeless people.

In recent years, the three CoCs in the state have worked hard to ensure that consistent methodologies were used consistently. As a result, data produced in recent counts is considered far more reliable and comparable than data presented in prior years.

Two different methodologies are used to measure and track the number of persons and households that experience homelessness:

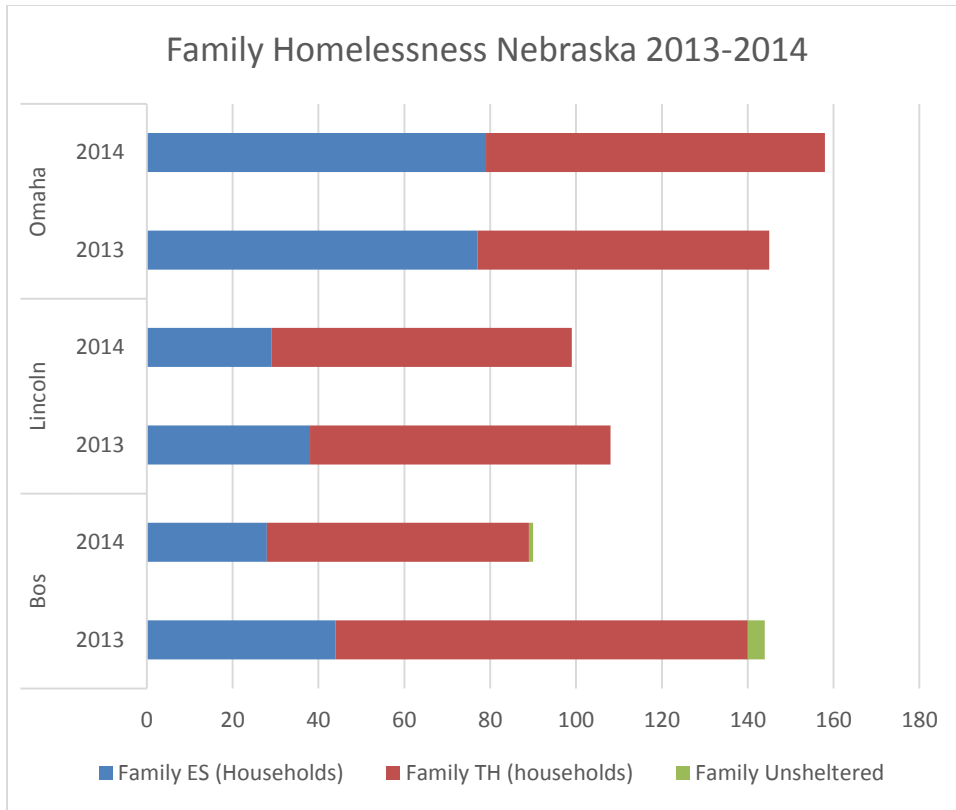
- ❖ **Annual point in time count (PIT).** The PIT count is conducted in the last week of January each year. This count includes two elements: tracking using automated data systems (the Homeless Management Information System – HMIS) that records all people in emergency shelters and transitional housing on the designated night of the count; and a ‘street count’ using volunteers to record all unsheltered people encountered during the night of the community-wide count. The PIT provides a snapshot of those accessing services or sleeping in places not meant or intended for human habitation. It provides key demographic information on those encountered and includes projections of the number of homeless veterans and chronically homeless

individuals and families. In recent years, the PIT count has included additional outreach and initiatives to seek to identify all youth that may be homeless in the state.

- ❖ Annual Homeless Assessment Report (AHAR). The AHAR report is compiled based on data entered into the HMIS system throughout the course of a year. Unlike the PIT, which provides information on utilization on a single night – albeit what should be one of the most heavily used nights of the year – the AHAR provides information on all people who receive homeless assistance services over the course of the year. It is critical to understand the usage of homeless assistance through the year because most people accessing emergency services such as shelter do so for a very limited period of time. As a result, a single shelter bed will be used by multiple persons over the course of a year. As expected, the number of persons shown in the AHAR is considerably larger than that shown on the PIT. HUD establishes data standards--including the percentage of beds in a given service component (for example: emergency shelter) that must be included in HMIS before it can be included in the AHAR report. As a result of this, prior to 2014 not all of the data on service components was included in the AHAR for the three Continuums in Nebraska.

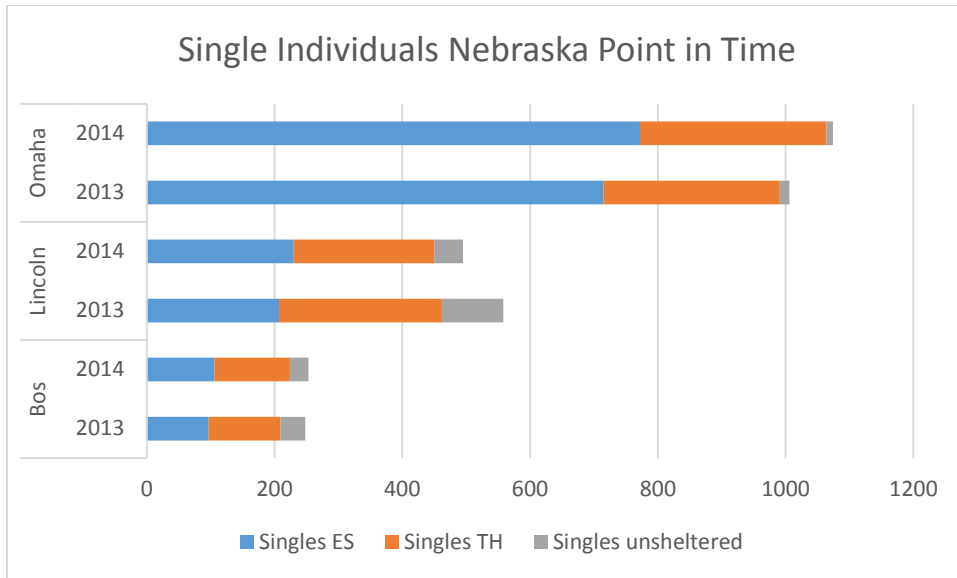
Gathering reliable data on the numbers of homeless people is a challenging task. It requires a uniform methodology, clear and consistent training of those gathering the data, and a strong quality control process to review data and address any discrepancies. As a result of these challenges, data collected prior to 2013 is not considered sufficiently reliable or consistent for inclusion in this report. Up until that point, all CoCs in the state had lingering data quality concerns. Accordingly, data on homelessness will only be presented for 2013 and 2014. Unfortunately, two data points are insufficient to identify any trends. The upcoming 2015 Point-in-Time count scheduled for the end of January will provide critical evidence to determine if homelessness in Nebraska is trending down as it now appears to be doing.

The two charts below show the Point-in-Time count information for 2013 and 2014 (the two years with consistent, reliable data) across the three Continuums of Care¹ in the state for families and single individuals:



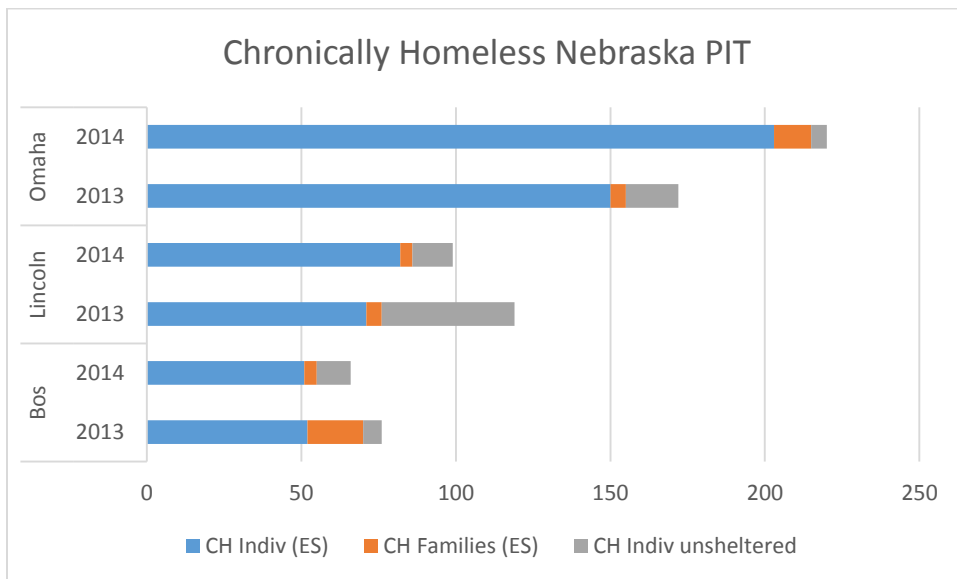
As indicated, **family homeless decreased in the balance of state and Lincoln but increased by about 15 persons in Omaha.** No unsheltered families were counted in either of the two metro areas but a very small number were counted in the balance of State for both 2013 and 2014. The presence of unsheltered families in rural Nebraska may be a function of having extremely limited shelter resources; families in the metro areas have more opportunities for shelter and the very small numbers of unsheltered families counted in rural Nebraska likely indicate that there were more that were not able to be found by the enumerators.

The graph below shows similar information for single individuals who were counted in the 2013 and 2014 PIT counts. The numbers of persons in transitional housing does not tend to change as this number is driven by the capacity of transitional programs – they generally have relatively high occupancy levels. Changes in the number of sheltered and/or unsheltered homeless individuals provide clearer information on actual rates of homelessness. Across all three Continuums of care in the state, there was a small increase in the numbers of sheltered single homeless individuals. **The numbers of unsheltered dropped in all CoCs.** The increase in sheltered homeless from 2013 to 2014 ranged from 7 and 8 percent (Omaha and the Balance of State) to 10 percent in Lincoln. The actual numbers of persons was relatively small – the highest was an increase of 57 persons in Omaha and there were 9 additional homeless persons in the Balance of State.



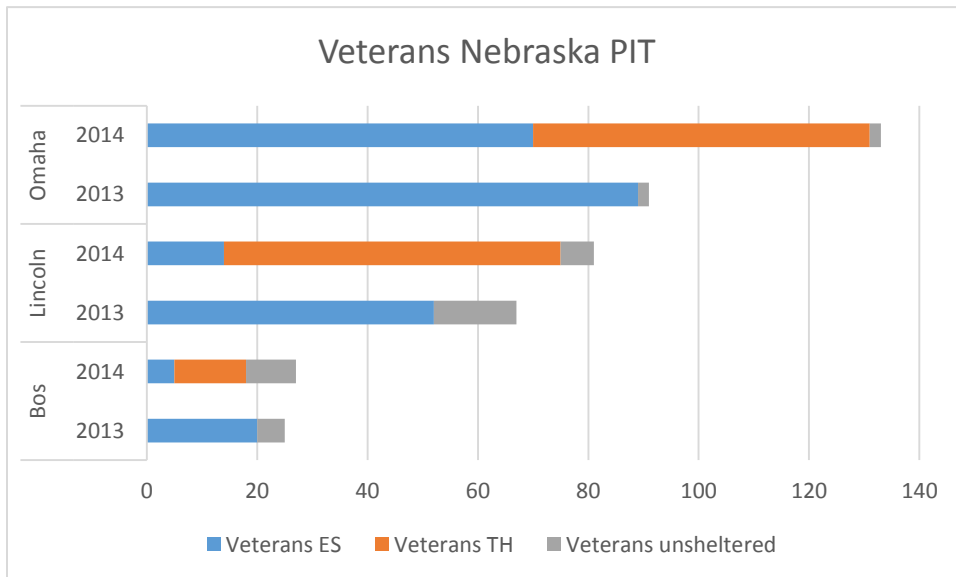
Looking at the whole homeless population over these two years does not provide a clear picture as to the possible impact of efforts to prevent and end homelessness. **It will take the data from 2015 and years into the future to reveal whether there are clear trends.**

There are two special populations – chronically homeless and Veterans – that are tracked separately. The Federal Strategic Plan and this State Plan contain specific goals to end homelessness for these groups in the near future (by the end of 2016).

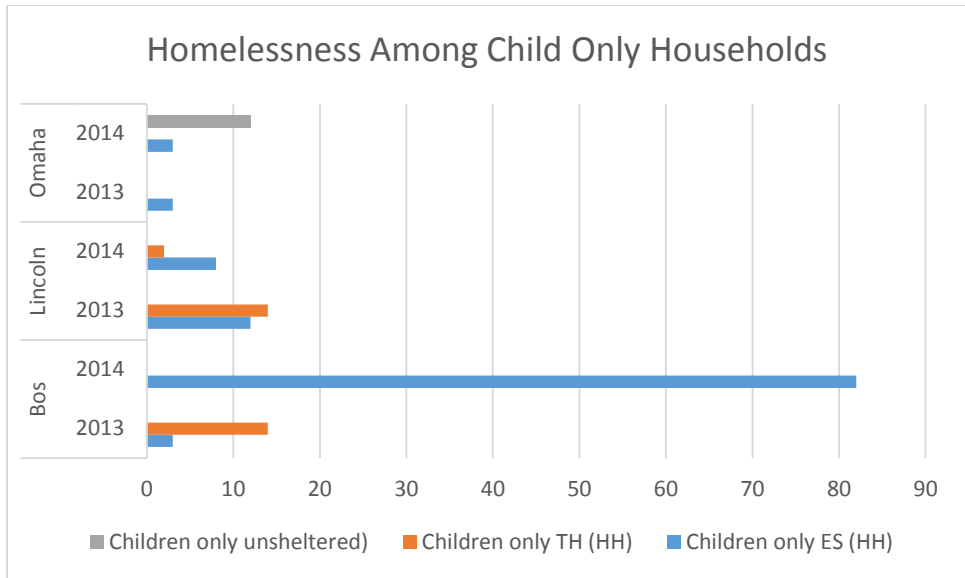


As the above chart tracking the numbers of chronically homeless across the three CoCs in Nebraska shows, ending chronic homeless remains a challenge. Both the Lincoln and Balance of State CoCs showed a decrease in numbers of chronically homeless persons from 2013 to 2014. However, the Omaha Continuum, home to by far the most chronic homeless in the state, showed a relatively large increase in chronic homelessness from 2013 to 2014. Ending chronic homelessness by 2016 will require

substantially greater results. For example, in the Balance of State (BoS), as of the 2014 count of resources for homeless people (Housing Inventory Count), there were 23 units dedicated to chronically homeless persons. At an expected turnover of between 10 and 15% per year, that will only create 2-3 available units. In the 2014 Point in Time count, there were a total of 66 chronically homeless people in the BoS CoC. Ending chronic homelessness in that CoC will require that an additional 2-3 chronically homeless persons be placed in permanent housing each month for the next two years. While that number is small on a monthly basis, it will require substantial targeting of resources to achieve the outcome. In Omaha, there were 220 chronically homeless persons in the PIT count and there are 271 dedicated beds. Again, assuming turnover of 10-15%, that will be about 30 units per year created through turnover. **Ending chronic homelessness in Omaha will require about 7 additional, new CH resources to be available every month for two years.** Fortunately, Omaha is rising to this challenge through the participation in a model national effort to end chronic and Veteran homelessness by the end of 2016.



The above chart shows progress in ending Veteran homelessness in Nebraska. This chart may be a little confusing in that it shows homeless Veterans who are in shelters and unsheltered (literally homeless) and those who are being served through transitional housing. While HUD counts people in transitional housing as being homeless, any perceived increases in Veteran homelessness in the state from 2013 to 2014 are the result of an increase in the number of reported transitional housing beds to serve Veterans; this is part of the Federal government’s efforts to end homelessness among Veterans. If that resource is removed, then there was a clear drop in Veteran homelessness in each of the three CoCs. Additionally, given the relatively low numbers of sheltered and unsheltered Veterans found within the PIT count, it seems relatively realistic to believe that concerted efforts among the three CoCs can result in ending Veteran homelessness within the time frame envisioned by this Plan.



The chart above showing homelessness among households that only include children shows both a small number of these households in Lincoln and Omaha and some decreases in numbers. This is counter-balanced by what appears to be a large increase in homeless youth in rural Nebraska. However, it should be noted that the Balance of State CoC conducted an intensive effort in 2014 working in close collaborations with Homeless Liaisons inside the schools to identify all youth in rural Nebraska who were experiencing homelessness. This more extensive effort to identify these youth will be continued in 2015 and is the reason behind the apparently significant increase from 2013 to 2014. On the whole, the number of homeless youth is relatively small and concerted efforts to address their needs are likely to have a significant impact on reducing and ending homelessness among this group.

In addition to the annual Point in Time count, the HMIS databases maintained by each of the three CoCs are able to track on an annual basis the number of unique individuals and households that have accessed homeless services over an annual period. However, in order for this data to be valid, a very high percentage of the organizations offering the services must participate in the HMIS system. In the Balance of State CoC, there is a relatively large number of faith based, non-government funded emergency shelter beds. Despite efforts to encourage participation in HMIS, their level of participation remains low. As a result, the annual homeless numbers for single individuals in the rural parts of the state were not sufficiently valid to be reported prior to 2014.

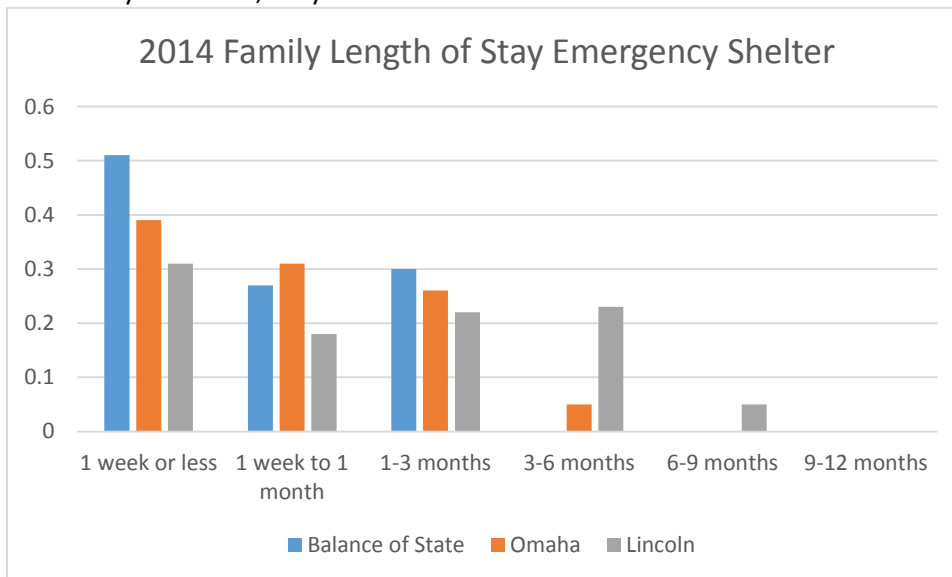
The data currently available from the AHAR do not provide a clear picture of trends in homelessness. The annual usage in Omaha shows an increase in the numbers of individuals and families seeking shelter from 2012 to 2014. Lincoln reported a decrease among homeless individuals accessing shelter from 2012 to 2014 while the numbers of families in shelters increased from 2012 to 2013 before decreasing in 2014 to be closer to the original 2012 count. In the Balance of State, numbers over time are not available for single individuals but from 2013 to 2014 the numbers of families seeking shelter decreased by about 22 percent.

The Annual Homelessness Assessment Report (AHAR) provides some other very useful data to help track progress and inform efforts to end homelessness. One of the key data elements concerns the length of

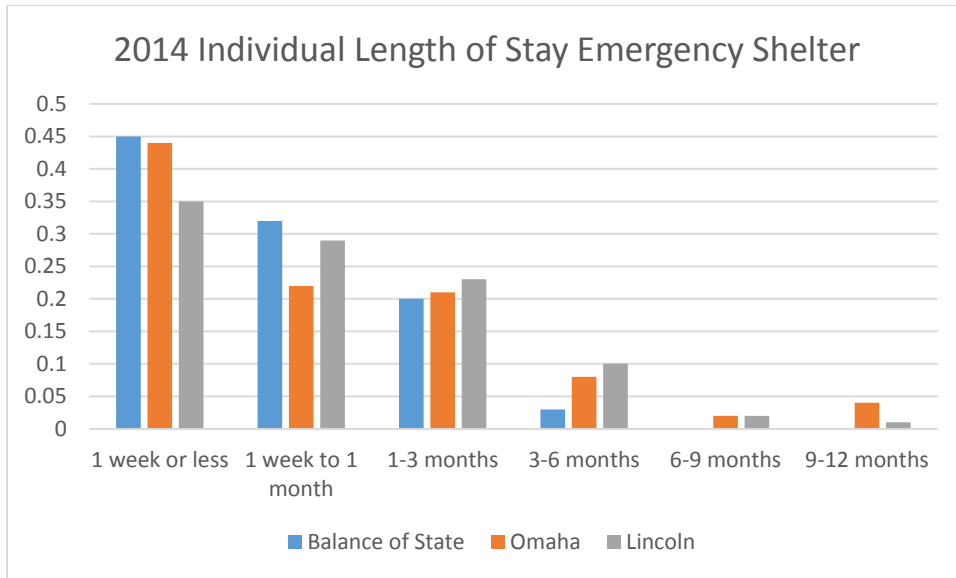
time that individuals and families remain in shelter. Research² has consistently shown that most individuals and families use shelters for relatively brief periods of time and are able to resolve their homelessness without further shelter stays or other assistance. There are smaller numbers of households who are episodically homeless (returning to shelter on repeated occasions over the year and the ‘chronic’ users who will enter and remain sheltered for protracted periods).

The AHAR data on length of stay in emergency shelter for families and individuals is presented below. **Consistent with the national research and across the Continuums of Care in Nebraska, homeless families and individuals overwhelmingly have relatively short shelter stays.** Nearly half of all individual shelter users in Lincoln and the Balance of State were sheltered for a week or less; about one-third of individuals in Omaha also stayed for a week or less. While over half of the families in the Balance of State remained in shelter for a week or less, that number was slightly below 40% in Omaha and down to approximately 30% in Lincoln.

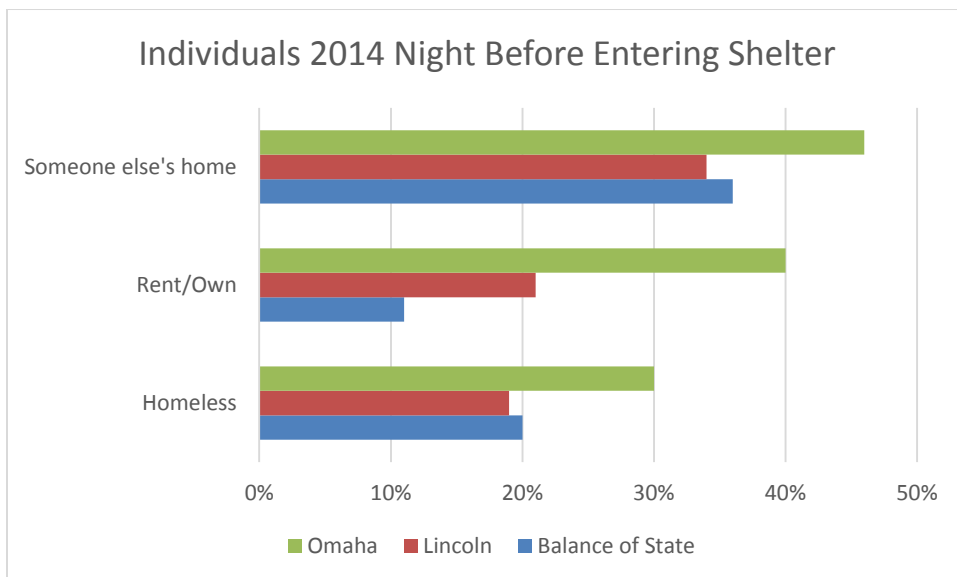
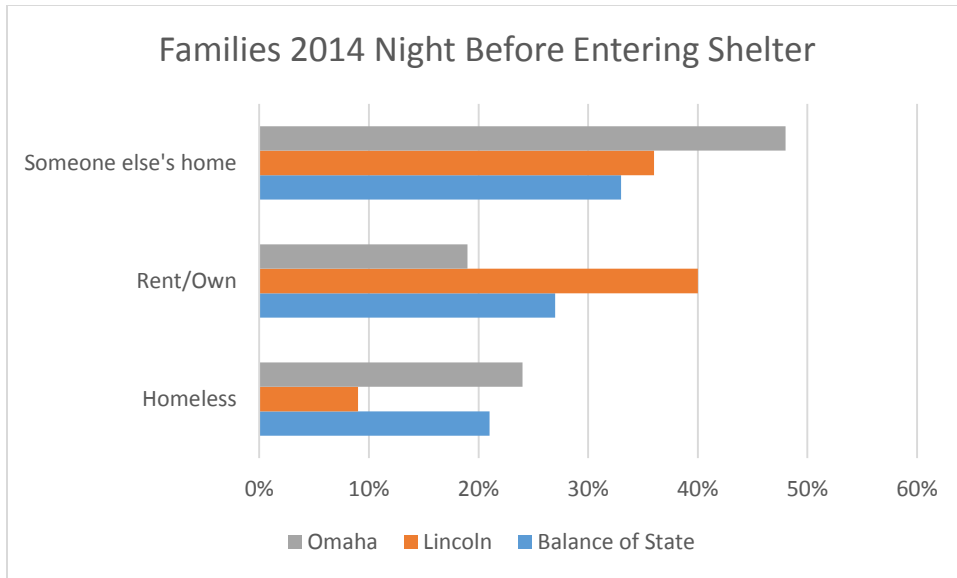
The numbers of families and individuals remaining in shelter for longer than three months is very limited. Many current efforts focus on these long term shelter stayers because if they are not chronically homeless, they are on track to become so.



² See Culhane, Dennis P and Stephen Metraux, “Rearranging the Deck Chairs or Reallocating the Lifeboats,” *Journal of the American Planning Association*, Vol. 74, No. 1, Winter 2008, pp 112-120 and Culhane,, Dennis P, Jamison D. Fargo, Ellen A Munley, Thomas H Byrne and Ann Elizabeth Montgomery, “Community Level Characteristics Associated with Variations in rates of Homelessness Among Families and Single Adults”, *American Journal of Public Health*, 2013



The other data from the AHAR that have significant implications for homeless services planning is where individuals and families stayed on the night immediately prior to presenting at shelter. Those who are directly coming from housing who own or lease before becoming homeless are the target group for homelessness prevention efforts. **These people might be able to remain in their housing and not become homeless if they are able to obtain some limited prevention assistance.** People who are already homeless – those already sheltered or those living unsheltered – are no longer able to be prevented from becoming homeless. Similarly, those who are already living in someone else’s home are not likely to be able to be assisted with prevention resources. Among the key goals of the Federal HEARTH program are to reduce the number of households that become homeless for the first time and to reduce the overall numbers of homeless people in the community. An effectively targeted prevention program focused on those at immediate risk of losing their housing is critical to achieving those goals.



10 Year Plan Goals

In alignment with “Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness,” Nebraska’s revised and updated 10 Year Plan overarching goals are as follows:

1. **Finish the Job of Ending Chronic Homelessness.**
2. **Prevent and End Homelessness among Veterans.**
3. **Prevent and End Homelessness for Families, Youth, and Children.**
4. **Set a Path to Ending All Types of Homelessness.**

Goal 1: Finish the Job of Ending Chronic Homelessness by 2016 in the urban Continuums.

With respect to this goal, shared with the Federal Strategic Plan, there is some division within the State of Nebraska. For the urban Continuums of Care, this goal is workable and appropriate.

- The metro areas of Omaha and Lincoln will target ending chronic homelessness by the end of 2016. Omaha will participate in Zero: 2016 and will follow the methodology established by that initiative to accomplish this goal.
- Lincoln will --while not formally participating in Zero: 2016--seek to incorporate as many practices as possible from that program in order to achieve the outcome.
- The Balance of State will implement strategies to target resources toward those homeless people with the most severe needs who also meet required eligibility criteria.

The rural Balance of State seeks to pursue a modified goal. HUD requires that a person or family's chronic homeless status be documented based on shelter stays or, if unsheltered, by outreach workers who have encountered the homeless individuals. In rural Nebraska, there is both a shortage of shelter resources and a high percentage of rural shelters that do not participate in HMIS because they don't receive government funding and, in many instances, are not supportive of participation in what's seen as a 'government data system.' Outreach activities to identify and engage homeless people are therefore extremely limited in rural Nebraska.

The HEARTH Act that re-authorized the McKinney-Vento Homeless Assistance funding also established a Rural Housing Stability Assistance Program (RHSP). **Although HUD has published regulations for this program, it has never been implemented, no funds have ever been awarded under the program, and no grants have ever been executed.** Although there are several aspects of the new regulations that will make it very difficult to implement and it seems as if the rural Continuum of Care could never be a direct applicant³, the program nevertheless addresses many of the aspects of homelessness that are unique to rural areas and that distinguish them from their urban counterparts.

As indicated by HUD, 'The purpose of the Rural Housing Stability Assistance program is to rehouse or improve the housing situations of individuals and families who are homeless or in the worst housing situations in the geographic area; stabilize the housing of individuals and families who are in imminent danger of losing housing; and improve the ability of the lowest-income residents of the community to afford stable housing. The Rural Housing Stability Assistance program focuses on the homeless issues that are unique to rural areas.'

The added flexibility in the RHSA program--including the ability to provide emergency housing for homeless people and to identify and address the 'worst housing situations' in the community-- would

³ HUD regulations require that the decision to participate in the Rural Housing Stability Program instead of the Continuum of Care program be made on the individual county level. Given that there are over 80 rural counties participating in the Balance of State and that many of these counties have de minimus pro rata need allocations it seems almost impossible that all of these counties would be able to collectively join a rural housing stability application.

allow RHSA to address many of the 'gaps' in the CoC program funding for rural areas. The rural CoC remains committed to the goal of ending homelessness; its efforts are somewhat stymied by the restrictions that HUD imposes on CoC funds (workable in urban areas but excessively limiting in rural areas). Being able to access the more appropriate RHSP program would be of great benefit in ending homelessness in rural Nebraska.

Goal 2: Prevent and End Homelessness among Veterans by the end of 2016

As referenced above, the Omaha CoC has joined 'Zero: 2016,' a national initiative to finish the job of ending chronic and Veteran homelessness by the end of 2016. The remainder of the state will follow the leadership of Omaha and seek to end Veteran homelessness in the same timeframe.

In order to achieve this important goal, the following actions are recommended:

- Ensure that there is coverage for the entire state for the Support Services for Veteran Family (SSVF) program. This innovative VA program funds community based organizations to provide prevention, rapid rehousing, outreach and case management support to homeless Veterans, those at risk of homelessness and those recently placed in or moving on from permanent supportive housing. **The VA has progressively increased the coverage of the SSVF program across the State of Nebraska .. but some portions of rural Nebraska remain unserved. Ending Veteran homelessness will require that all parts of the state are able to access this critical resource.**
- Expand the HUD-VASH program to cover rural Nebraska. HUD-VASH, a partnership between HUD and the VA, provides permanent housing vouchers to homeless Veterans and their families. To date there are approximately 68,000 HUD-VASH vouchers and the program is one of the key factors leading to the reduction in homelessness among Veterans. While this resource has been allocated to the Omaha and Lincoln areas, it is still not accessible in rural Nebraska and will be an essential ingredient in ending Veteran homelessness in rural areas.
- At the same time as seeking access to the VA homeless assistance resources in all parts of the state, it is also recognized that because of VA benefit eligibility restrictions, not every person who served in the US military is eligible for VA benefits and VA homeless assistance. This Plan recognizes that all persons who have served in the military should not subsequently experience homelessness. Accordingly, the plan prioritizes assistance from non-VA funded resources for those homeless people who have served in the US military but who are unable or ineligible to access assistance from the VA and VA supported assistance programs.

Goal 3: Prevent and End Homelessness for Families, Youth, and Children.

The review of the prevalence of homelessness among young people in Nebraska revealed relatively low numbers of homeless young people. The only exception was the one-time count in rural Nebraska last year that intentionally sought to be an exhaustive count. Homelessness in childhood has a devastating impact and creates grave risk of homelessness later in life. **It is for this reason that the State is establishing the goal of ending homelessness among youth by 2018.**

The number of homeless families has shown some signs of decreasing – at least outside of the Omaha metro area. This plan sets a goal of ending family homelessness by 2020. Accomplishing this will require a combination of well targeted prevention resources to divert families away from shelter and back to housing and a significantly greater utilization of rapid rehousing targeted toward families. **Research, national experience and now a review of outcomes of CoC funded programs in Nebraska all show that rapid rehousing to be highly effective and more effective than the traditional approach of transitional housing. Available rapid rehousing resources in the state are very limited and will need to be significantly increased to attain this goal.** Family homelessness can be ended--but it will require targeted resources and expanded new approaches.

Goal 4: Set a Path to Ending All Types of Homelessness in Five Years

Ending homelessness in Nebraska will require a careful targeting of resources so that the most intensive resources are directed toward those with the greatest need, an ability to assess needs in order to effectively target, and a robust arsenal of interventions to address the range of needs that cause homelessness. It will also require coordination between homeless targeted resources and mainstream resources as homeless specific resources in and of themselves are not sufficient to end homelessness. Finally, people who are homeless or at risk of becoming homeless need to be able to access health and behavioral health care.

Themes for ending homelessness in Nebraska

In addition to establishing broad goals to end homelessness, the Federal Opening Doors plan identified several ‘themes’ for communities to explore in developing strategies to end homelessness. These are identified below along with their applicability for ending homelessness in Nebraska.

1. Increase the Supply of and Access to Affordable Housing

In many respects, homelessness is a result of and response to the lack of available affordable housing resources. Ending homelessness will require a robust affordable housing resource. This is extremely challenging as Federal resources to support affordable housing are not keeping up with the need and have experienced significant cuts in recent years. Increasing the supply of and access to affordable housing will require:

- Increased coordination and cooperation with public housing agencies (PHAs), the organizations charged with developing and operating affordable housing. There are multiple examples of

effective coordination with PHAs across the state, including administering homeless assistance and prioritizing homeless people in accessing mainstream resources. These should be used as models to encourage greater levels of coordination between homeless dedicated and mainstream sources of housing assistance.

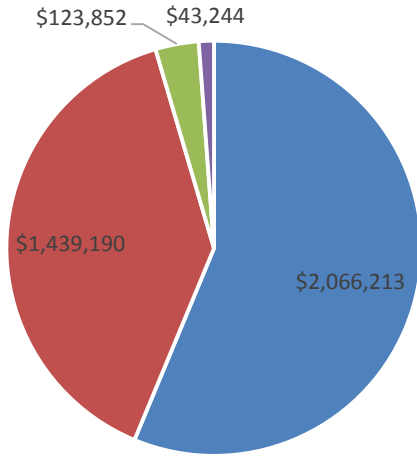
- Prioritizing housing for homeless or formerly homeless people among non-designated homeless assistance resources such as the Low Income Housing Tax Credit program. This Federal program administered on the local level by state agencies is the leading producer of affordable housing in the country. Establishing priority for homeless people or a set-aside of units in funded developments would increase the availability of affordable housing for homeless people.
- Create move-on opportunities for people who no longer require the services associated with permanent supportive housing (PSH). Permanent supportive housing works; people stabilized in housing will often see their services needs decrease and ultimately many no longer require continuing services but because of disabilities and other reasons will continue to need financial assistance for housing to be affordable. In many instances, these people remain in PSH – not because they need the support but because they need the housing subsidy. This prevents other homeless people from being able to access needed housing and services. Developing ‘move-on’ opportunities for people who could leave PSH if they could afford housing will increase the supply of PSH for those who need this service to end their homelessness.

2. Retool the Crisis Response System

The modern response to homelessness came in response to an unexpected surge in homelessness starting in the 1980's. The efforts to respond were driven by the crisis. In the intervening years, with the advantage of data collected through HMIS and analysis by leading researchers, we have discovered that many of the initial reactions to homelessness, while well-motivated, were not as effective as other actions in bringing about an end to homelessness for the individuals and families. As a result, “Opening Doors” called for a re-examination and re-tooling of the crisis response system to increase its effectiveness.

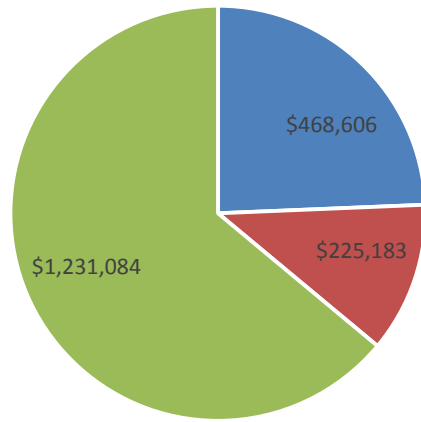
The figures below demonstrate how federal homeless assistance resources in 2013 were allocated across the Continuums of Care in Nebraska.

Omaha Distribution of Homeless Resources 2013

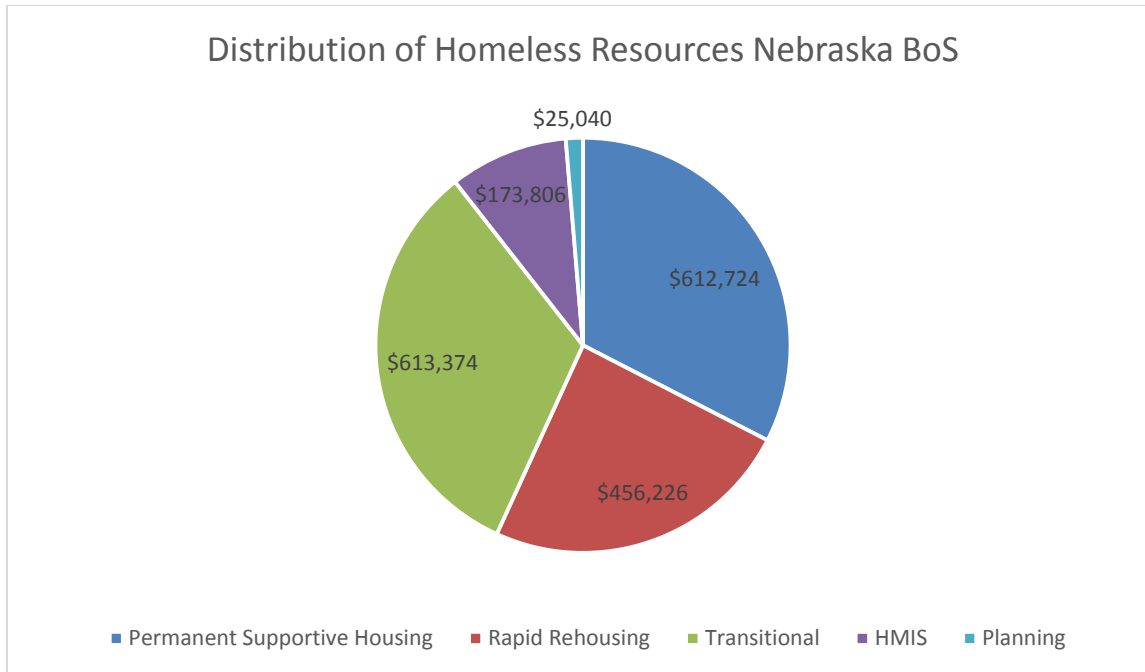


■ Permanent Supportive Housing ■ Transitional ■ HMIS ■ Planning

Distribution of Homeless Resources Lincoln CoC 2013



■ Permanent Supportive Housing ■ Rapid Rehousing ■ Transitional Housing



Reviewing these three graphics on the use of homeless assistance resources reveals the following:

- Most of the Continuums of care are not using all the tools at hand to end homelessness. All CoCs continue to invest significantly in transitional housing, an approach that tends to have less successful outcomes and that needs to be targeted toward specific populations in transition – young households, persons leaving institutional settings, and those in recovery.
- Although all of the Continuums are investing in permanent supportive housing, actually targeting those units to those with the most severe service needs and longest time homeless is only in the initial stages. Permanent supportive housing has been demonstrated to be successful in ending homelessness among chronic and long term homeless people. However, in order for this to occur, this cost and service intensive housing resource must be effectively targeted. Efforts currently underway to identify those with the greatest need and to prioritize their placement in PHS must be continued and expanded.
- Access to services and resources are limited in rural areas. There is limited access to shelter in much of rural Nebraska and much of the shelter provided in those areas comes from voluntary providers who do not participate in HMIS. While the role played by these voluntary and usually faith based organizations is laudable, because they do not actively participate in HMIS or local Continuums of Care, it is difficult to coordinate these efforts with other responses to homelessness and the lack of data-keeping makes it difficult to effectively prioritize responses to the chronically homeless (as it is difficult, if not impossible, to document this status).
- Along with a lack of shelter resources, outreach is extremely limited in rural Nebraska. Outreach is a critical service that works to engage homeless people who might otherwise be reluctant to seek or accept services. Nebraska receives the minimum allocation of Federal resources for outreach and very limited local resources are committed to the effort. Outreach is essential in

assuring that those who are reluctant or unable to engage in services are able to connect to safety and services.

- All three Continuums in the State are moving toward a common assessment protocol and a commitment to prioritizing assistance toward those with the greatest need. Initial results from assessments in the rural Balance of State reveal that a high percentage of those assessed would benefit from receiving rapid rehousing assistance. In addition to implementing a single assessment protocol, the Nebraska Continuums will have to act on the information learned and increase investments in those homeless assistance strategies that are shown to be needed by people experiencing homelessness.
- Implement Housing First. In addition to prioritizing persons with severe service needs and long homeless histories, the housing response should follow the Housing First model that seeks to place high need people rapidly in housing and wrap services around them to maintain housing stability. It is a complex and challenging model--all the more difficult in rural areas where people being housed can be many miles away from case managers and other support services. Also, Housing First is based on voluntary participation in services, which is also challenging to providers who are not able to require that participants engage with case managers.

3. Increase Economic Security

The lack of income and extreme poverty forces many individuals and families into homelessness. The just ending Great Recession had a disproportionately large impact on those at the very bottom of the economic ladder. As a consequence, the efforts to prevent and end homelessness in Nebraska need to be linked to efforts to ensure that people have access to income both from employment and from benefit income.

- Providers throughout the state have had great success in helping people access disability resources by using the SOAR (SSI/SSDI Outreach, Access and Recovery) initiative, a technical assistance resource to increase access to disability income benefit programs administered by Social Security for eligible adults who are homeless or at risk and who have a mental illness and/or a co-occurring substance use disorder. This program has been used by the Department of Corrections to assist disabled prisoners upon their release, by the Department of Health and Human Services (which through the NHAP program seeks to have SOAR-trained workers throughout the State), and by multiple homeless services providers. SOAR works-- helping people to access benefits and to do so as quickly as possible. Its use needs to be continued and expanded.
- Increase partnerships and collaborations with local workforce investment boards to increase access to employment and earned income by people who are homeless or at risk. Increased employment is in many respects the Holy Grail of homeless assistance. Employment provides not only essential income but a sense of purpose and structure for people's lives. Many people suffer from the lack of structure and purpose that employment provides to people's lives.

Without that, it can often be difficult for formerly homeless people to be able to maintain and sustain housing.

4. Improve Health and Housing Stability

Medical emergencies and long term disabilities can bring people to the brink of homelessness and can prevent those people who have become homeless from securing stable housing. Very low income people without health insurance can find themselves immersed in inescapable debt and forever damaged credit histories if they are afflicted by medical emergencies. People with histories of mental illness and co-occurring substance use disorders need to be able to access essential services if they are to maintain stable housing.

- **The single most effective action that can be taken to improve health and housing stability for homeless or at risk people in Nebraska would be to implement Medicaid expansion under the Affordable Care Act.** A recent study⁴ by the National Health Care for the Homeless and the Kaiser Family Foundation Commission on Medicaid looked at the Medicaid expansion and homelessness:
 - States with Medicaid expansion reported significant gains in health insurance among patients.
 - Increased access to Medicaid has led to new revenues for Medicaid funded providers and those increased resources are leading to strategic and operational improvements focused on quality, care coordination, and technology.
 - Increased Medicaid coverage has led to providers having access to a broader array of treatment options.
 - Meanwhile, in those states without Medicaid expansion, patients remain uninsured and are continuing to face significant gaps in care that contribute to poor health outcomes.
 - States with Medicaid expansion are engaging in demonstration efforts to link case management and supportive housing to health care in order to target those who are the 'high rollers' in Medicaid services to see if the combination of stable housing plus coordinated care can lead to improved outcomes and lower costs.

Clearly there are significant political ramifications from participating or non-participating in the Medicaid expansion (and a consideration of those is well outside of the scope of this Plan).

However, if the goal is to prevent and end homelessness in Nebraska, it is irrefutable that expanding Medicaid under the Affordable Care Act is an essential step that must be taken. And the sooner, the better.

- Incorporate evidence based practices to improve housing stability outcomes. Case managers at community based organizations across the state are the literal front line in the effort to prevent and end homelessness. Theirs is the challenge of working with extremely high need individuals and families, with little pay and few resources. Meanwhile, research has demonstrated that

⁴ DiPeitro, Barbara, Samantha Artiga, and Alexandra Gates, Henry J. Kaiser Family Foundation, Issue Brief, Nov. 13, 2014

there are evidence based case management practices that can improve outcomes and expand the effectiveness of limited resources. However, the community based organizations that hire these case managers have limited knowledge of these practices and equally limited funding to train their case managers. Training and support needs to be provided to these vital workers to assure that they are as effective as they can be.

- Continue and expand upon efforts to improve discharge options for persons leaving criminal justice to prevent them from becoming homeless. This includes:
 - Increased coordination with community based providers to coordinate processing of social security disability claims using SOAR.
 - Seek to improve access to residential health care for those requiring care and supervision by coordinating with Medicaid managed care provider(s).
 - Allow seriously mentally ill persons leaving prisons to be able to access housing assistance through the Housing Related Assistance Program (RAP).
- Focus on efforts through the recently enacted Bridge to Independence to provide supports to youth leaving foster care to prevent their becoming homeless.

5. Increase leadership, collaboration and civic engagement

Ending homelessness in Nebraska requires collaboration across multiple agencies of government and engagement and collaboration with nonprofit and community based organizations across the state. First and foremost, it requires leadership at the state level. As things now stand, responses to homelessness are spread across multiple state agencies with no agency or entity with bottom line responsibility for the issue. This diffuse structure will not be sufficient for the efforts ahead.

- **Empower the State Commission on Housing and Homelessness as the lead entity in the State of Nebraska to plan and coordinate efforts to end homelessness.**
 - Encourage all state agencies with a role in ending homelessness (DHHS, DED, DoC) to actively participate in the work of the Commission.
 - Ensure that consumers and organizations working to end homelessness are adequately represented on the Commission.
- On an annual basis, the State Commission should assemble key stakeholders to come together, review progress on ending homelessness, and agree on specific action steps to guide the agenda for the upcoming year.

Summary

Much progress has been made in the effort to prevent and end homelessness in Nebraska since the first Ten Year Plan was introduced a decade ago. Continuing the effort will require an ongoing effort to establish specific objectives based on demonstrated progress and accomplishments. The foundation for tracking these efforts has been established by the statewide data systems that are now sufficiently reliable to allow for real-time tracking of progress. There is greater collaboration and cooperation among those working to end homelessness in Nebraska than ever before. Key parts of the state are participating in research driven national pilot efforts. The stage is set for significant impacts in ending homelessness; this plan seeks to set further direction for that effort.