Opening Doors:

10 Year Plan to Prevent and End Homelessness in Douglas, Sarpy, and Pottawattamie Counties

2008-2018 (Revised 2014)

Introductory Letter

July 2014

The mission of the Metro Area Continuum of Care for the Homeless (MACCH) is as follows: Lead our community to prevent and end homelessness for each person and family. Our 10 Year Plan to Prevent and End Homelessness is the most vital aspect of our mission's implementation--and the ultimate measure of our mission's success. The 10 Year Plan guides every aspect of our Continuum of Care strategies, objectives, and operations.

The concept of a 10 Year Plan to Prevent and End Homelessness does not go to MACCH; rather, credit for the idea of a 10-year Plan to End Chronic Homelessness 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 State Level 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.

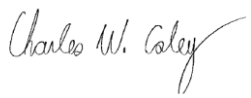
Such Plans were almost exclusively focused upon chronic homelessness (Nebraska's State 10 Year Plan, unveiled in 2004, was no exception); the Plans fostered collaboration in a manner never before witnessed within the homeless service sector. Commensurate with State 10 Year Plan development was the creation of urban and local jurisdictional 10 Year Plans. To wit, our own local Continuum of Care 10 Year Plan was unveiled 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 served as a roadmap for federal agencies to collaborate with state and local governments in the shared quest to prevent and end homelessness. "Opening Doors" included four overarching objectives; these same objectives now comprise our own revised Continuum of Care 10 Year Plan.

These four objectives represent the most successful, most broad, and most data-driven approaches to preventing and ending homelessness at all levels; moreover, it is in our Continuum's strategic interest (from both funding and programmatic perspectives) to align our regional 10 Year Plan with "Opening Doors." That noted, the local feedback received during initial Plan revision this calendar year largely determined sub-goals for each overall 10 Year Plan objective. In other words, **"Opening Doors" provided our overarching objective framework—but our local community and Continuum input provided the means to achieve those objectives.**

MACCH serves at the pleasure of our Continuum of Care member agencies, stakeholders, funders, elected officials, governmental partners, and private citizens. It is this broad cohort who makes MACCH possible; it is therefore this cohort that will ensure the continued success of our 10 Year Plan to Prevent and End Homelessness.

Best regards,



Charles W. Coley
Executive Director, MACCH

MACCH
Metro Area Continuum of Care for the Homeless

Acknowledgements

MACCH wishes to cordially thank its members. They are as follows:

Alegent Creighton Health
Bethlehem House
Catholic Charities of the Archdiocese of Omaha
Catholic Charities Phoenix House
City of Council Bluffs, Iowa
Community Alliance
Completely Kids
Domestic Violence Council of Greater Omaha
Douglas County, Nebraska
Eastern Nebraska Community Action Partnership
Family Housing Advisory Services
Heartland Family Service
Hope of Glory Ministries, Inc.
inCOMMON Community Development
Institute for Community Alliances
Legal Aid of Nebraska
Mercy Housing
MICAH House
Mutual of Omaha Foundation
Nebraska AIDS Project
Nebraska Families Collaborative
New Visions Homeless Service Omaha Campus
New Visions Homeless Services/MOHM's Place
Omaha City Planning Department
Omaha Home for Boys, Jacob's Place, Branching Out
Omaha Public Library
Open Door Mission
Region 6 Behavioral Healthcare
Salvation Army

Siena/Francis House
Square One
Stephen Center
The Russell Center, LLC
Together
United Way of the Midlands
Visiting Nurse Association
Youth Emergency Services

MACCH wishes to cordially thank its 2014 Board of Directors. They are as follows:

President Jamie Berglund, Greater Omaha Chamber of Commerce
Vice President Deanna Wagner, Douglas County Housing Authority
Secretary Aileen Brady, Community Alliance
Treasurer Matt Walsh, Mayor of Council Bluffs, Iowa
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Frankie Holeton, Catholic Charities
Patti Jurjevich, Region 6 Behavioral Healthcare
Chris Rodgers, Douglas County Commission
Mike Saklar, Siena Francis House
Nancy Schulze, Heartland Family Service
Linda Twomey, VA Nebraska-Western Iowa Health Care System
Jo Williams, Tenaska

Background

In March 2006, MACCH convened a two and half day "Decision Accelerator" to discuss the role, purpose, and mission of the nascent nonprofit organization. The event was sponsored by the Omaha Community Foundation, William and Ruth Scott Family Foundation, and the Alegent Community Benefit Trust. The Decision Accelerator brought together 56 Continuum of Care (CoC) stakeholders, all of whom shared the singular hope of enhancing homeless service delivery within our tri-county CoC region (Douglas, Sarpy, and Pottawattamie Counties, respectively). By the event's conclusion, a specific vision of MACCH emerged: **To lead a collaborative network that coordinates and maximizes resources to prevent and end homelessness through collective impact.**

In 2007, a consortium of local philanthropists commissioned the Assessment of Homelessness in Omaha (later titled "The Wilder Report") to determine homeless service gaps and barriers and to assess current system capacity. The report recommended that MACCH fully develop a 10 Year Plan for Ending Homelessness as well as a Blueprint for Addressing Chronic Homelessness. The Wilder Report concluded that "There is significant interest among providers to simply…get on with it and get something done." In November of that year, MACCH utilized thought leaders and Continuum of Care stakeholders to develop objectives and deliverables that would comprise the final 10 Year Plan.

That planning process included 133 participants who represented 75 agencies. Small groups were formed to identify strengths of our Continuum--strengths that would be used to develop the broad framework of the 10 Year Plan itself. From this work, the overall objectives of the 10 Year Plan were devised. The final Plan, titled "**Homes for All**," was publicly unveiled in October 2008. It included the following overarching objectives: **Prevention of Homelessness**; **Easier Access to Services**; **Increased Availability of Housing**; **Strengthened Public and Political Support**; **Elimination of Cultural Bias and Prejudice**; **Specific Options for Persons Experiencing Chronic Homelessness**; and finally, **Availability of Comprehensive Data**.

Transition and 10 Year Plan Updating

In the five years since the initial unveiling of "**Homes for All**," much occurred (both nationally and locally). 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 of 2009 passed the American Recovery and Reinvestment Act (ARRA).

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). Nearly $5.1 million was granted to Nebraska; of that amount, nearly $1 million was subgranted to the Omaha metro area. This infusion of funding was the first real test of our 10 Year Plan's efficacy and ability to measure success. Moreover, the 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;

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).

Locally and commensurate with this federal paradigm shift, MACCH commenced immediate 10 Year Plan implementation. Task forces were formed to monitor and measure 10 Year Plan successes. Some of these task forces included: the **Cultural Competence Task Force** (in fulfillment of the "Elimination of Cultural Bias and Prejudice" objective); the **Prevention Task Force** (in fulfillment of the "Prevention of Homelessness" objective); the **Chronic Homelessness Task Force** (in fulfillment of the "Specific Options for Persons Experiencing Chronic Homelessness**"** objective); and finally, the **Performance Measurement Task Force** (in fulfillment of the "Availability of Comprehensive Data" objective). Much was learned, such as the fact that Cultural Competence was far too important to simply be a singular 10 Year Plan objective (and subsequent Task Force); rather, Cultural Competence must be a featured and routine aspect of homeless service provision. In this spirit, **all homeless and housing service providers must comply with federal Fair Housing Standards.**

Other early successes of the 10 Year Plan included:

- **The support and involvement of elected leaders in MACCH's annual sheltered and unsheltered point-in-time count** (in fulfillment of the "Strengthened Public and Political Support" objective)
- **The completion of a Housing Pipeline Study by the Corporation for Supportive Housing to identify the exact Continuum need for permanent supportive housing** (in fulfillment of the "Increased Availability of Housing" objective)
- **The annual set-aside by the Nebraska Department of Health and Human Services (DHHS) of State Homeless Shelter Assistance Trust Fund (HSATF) monies for purpose of sustained SSI/SSDI Outreach, Access, and Recovery, or SOAR, implementation** (in fulfillment of the "Easier Access to Services" objective)

Now five years in, our 10 Year Plan is at its literal midway point. To update the Plan and to ensure the broadest possible stakeholder involvement, MACCH convened 10 Community Engagement sessions in April 2014. Participants were asked to detail general strengths of the current 10 Year Plan as well as potential objectives for an updated Plan. All sessions were facilitated at local homeless service provider sites; nearly 75 attendees participated in the sessions. An online survey option (regarding the 10 Year Plan) was also made available. With the added goal of homeless consumer outreach and involvement, 63 consumers completed a brief survey regarding local homeless service provision (including consumers interviewed at Omaha Public Library branches). At the conclusion of the Community Engagement process, overarching themes were identified (based upon community input and feedback). Those themes greatly informed the revised 10 Year Plan (presented herein).

10 Year Plan Successes

In addition to the successes listed above, the following comprised hallmarks of the first five years of our 10 Year Plan to Prevent and End Homelessness:

- **Progress on establishing a common strategy and methodology for assessing and prioritizing the need for homeless assistance services.** The HEARTH Act and *Opening Doors* seek to transform service delivery toward a client-centric system in which the response to homelessness

is based on an assessment of each individual's and household's need. Instead of determining whether assistance was appropriate for the services offered by a given provider, the alternative is to assess what services and support are needed to end a household's homelessness as quickly as possible. **Having multiple providers agree to employ a common assessment is a major step toward systematically addressing homeless assistance needs across the CoC.** The assessment can then be used to identify and refer to appropriate interventions for assistance and to prioritize the need of the household. **In response to the U.S. Department of Housing and Urban Development's (HUD) Coordinated Assessment mandate in 2012, our Continuum developed a common assessment for purpose of this initiative's pilot phase.**

Progress was therefore achieved by developing and testing a common assessment tool. This included provider cooperation in identifying assessment needs and prioritizing placement in housing. While the CoC is likely to adopt a more refined and specific assessment in the near future, having multiple providers use a common assessment (during the pilot phase of Coordinated Assessment) was a major step toward offering an integrated system of services to prevent and end homelessness.

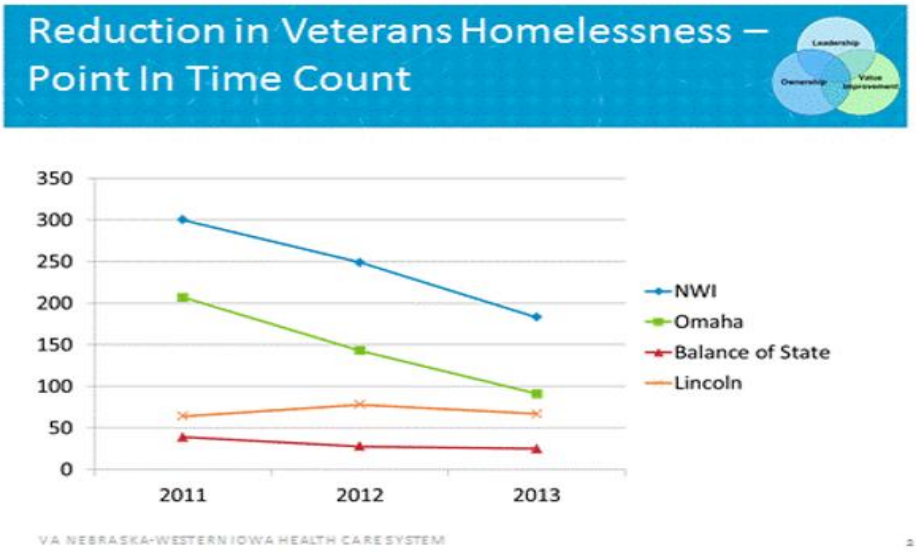
- **MACCH was one of 238 Continua across the country that joined the 100,000 Homes Campaign.** This highly successful initiative targeted the most vulnerable and long-term homeless (generally those living without shelter) and sought to identify them by name and face, assess their needs, and rapidly place them in housing. The Omaha/Council Bluffs Homeless Registry Week identified 471 homeless persons in shelters (and living without shelter). Of those, 176 were identified as highly vulnerable and in urgent need of housing. **As a result of participation in the Campaign, 486 homeless individuals living in the communities served by MACCH were placed in housing.** MACCH achieved a permanent housing placement rate of 2.6% of the highly vulnerable population of homeless individuals per month. This effort demonstrated that hard-to-house people can be placed and maintained in housing.

  Among the many significant accomplishments of participating in this effort were: a coordinated approach to outreach that was systematic and data driven; agreement to prioritize the (most vulnerable) chronically homeless and place them in housing,; and finally, an understanding that permanent supportive housing (PSH) must be targeted toward those unable to end their homelessness (in the absence of ongoing support as well as the absence of affordable housing units). Outreach efforts are now tracked, outreach workers use the Vulnerability Index (VI) to prioritize assistance based on need, and outreach is coordinated with the Homeless Review Team (see below) to assist in connecting unsheltered individuals to housing and other support services.

- **As part of the 100,000 Homes Campaign, a Homeless Review Team (HRT) was established to coordinate services and housing for the most vulnerable and for the chronically homeless**. It was soon realized that the needs and demands for housing differ between Council Bluffs and Omaha, respectively; therefore, separate HRT's were established (for each area). The Homeless Review Teams are comprised of twenty agencies (between both Omaha and Council Bluffs); the agencies meet regularly to apply a collaborative approach to not only housing, but to support services for those identified as most vulnerable. The HRT is a collaborative effort (on the part of agencies serving the long term homeless) to develop a client-centered plan and resolve the homelessness of all persons referred to it. If permanent supportive housing is identified as the appropriate intervention, the household is then referred to the next PSH unit that becomes

vacant. **Providers and advocates working together to focus on the needs of long term, hard-to-house homeless individuals reflect a new level of collaboration and coordination of efforts to end homelessness.** This is a major step toward creating a common or universal waitlist for permanent supportive housing (yet to be accomplished). Once accomplished, individual providers will no longer maintain their own wait lists for available units; they will instead select new tenants from CoC-wide prioritized households identified through the HRTs. **This will allow the CoC to meet the HUD goal of prioritizing 85% of permanent supportive housing units at unit turnover to the chronically homeless.**

- **Major success has been achieved in ending veteran homelessness.** The chart below from the U.S. Department of Veterans Affairs (VA) demonstrates the steep decline in numbers of homeless veterans. In both of the areas served by the CoC (Omaha metro area and Northwest Iowa, respectively) the population of homeless veterans was cut in half: **from over 200 to under 100 in Omaha and from over 300 to just over 150 in Northwest Iowa.** This tremendous success is a result both of effective use of VA resources (such as targeting HUD-VASH vouchers to the chronically homeless) and coordination between the VA and homeless assistance providers in targeting the needs of veterans. **It clearly demonstrates that a resourced, coordinated effort will have a major impact upon ending homelessness.**



- **Increasingly, evidence based practices are employed by provider agencies to improve service delivery and strengthen outcomes.** For example, the Heartland Housing Stability Team uses a case management model based on **Critical Time Intervention** (CTI), an evidence based practice to support the transition from homelessness to community-based housing. The **SOAR** program, an effort to streamline the processing of Social Security and disability applications (SSI and SSDI, respectively), is annually funded within our Continuum (SSI/SSDI benefits provide a mainstream resources income for consumers, thereby increasing housing stability). To the point, Community Alliance serves as the Lead Agency for purpose of SOAR implementation within our Continuum.

Homelessness in the Omaha/Council Bluffs Continuum of Care Area

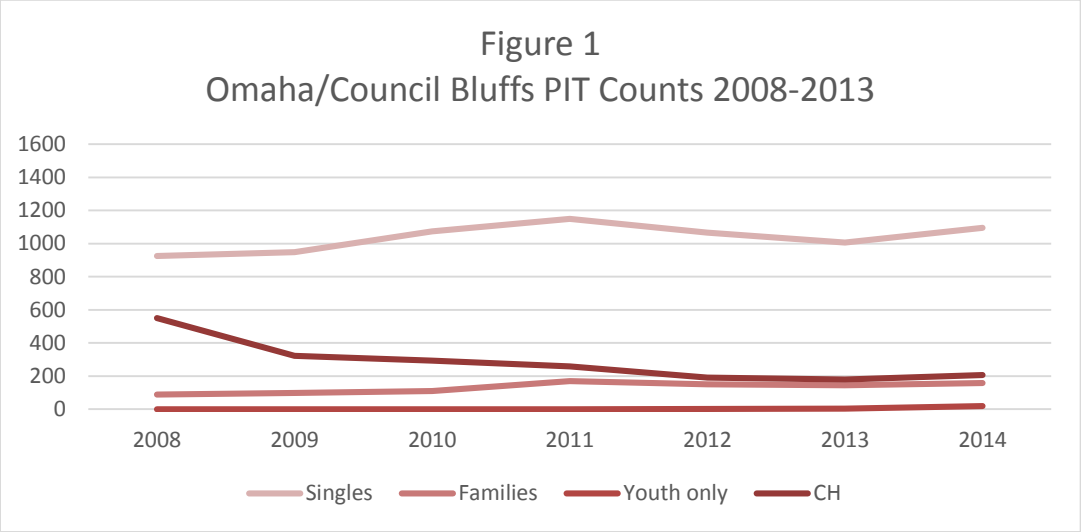
Preventing and ending homelessness in the Omaha/Council Bluffs area requires an initial analysis of the current state of homelessness (and the risks to housing stability). MACCH gathers data on homeless individuals and families in our community (including those who are receiving homeless assistance services and those living without shelter). Two different methodologies are used to measure and track the number of persons and households who experience homelessness:

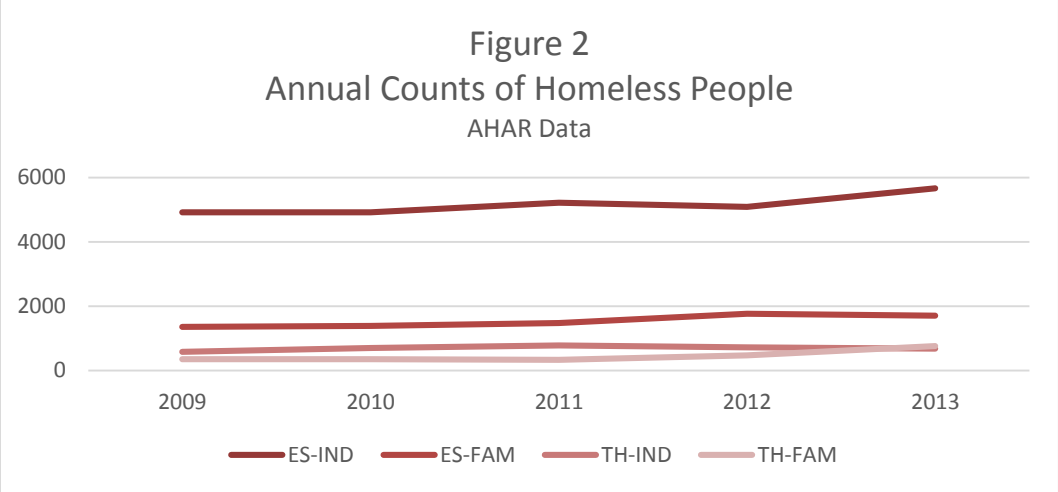
- **Annual point in time count (PIT).** The PIT count is conducted in the last week of January each year. This count includes two elements: tracking using an automated data system (the Homeless Management Information System , or HMIS) that records all people in emergency shelters and transitional housing 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 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.

- **Annual Homeless Assessment Report (AHAR).** The AHAR is compiled based on data entered into HMIS throughout the course of a year. Unlike the PIT, which provides information regarding 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 throughout the year because most people accessing emergency services such as shelter do so for a very limited period of time. For example, in 2013 in Omaha, single individuals accessing shelter overwhelmingly remained for a short period of time. **Of those individuals in emergency shelter, 44% stayed in the shelter for a week or less and another 23% remained for less than one month; therefore, over two-thirds of all single adult shelter users remained in the shelter for less than a month.** As expected, the number of persons shown in the AHAR is considerably larger than that shown on the PIT.

Figure 1 below shows the annual PIT count for the Omaha/Council Bluffs CoC for the years 2008-2014. **What the data show is a fairly consistent number of individuals and families accessing homeless assistance from 2008 until January 2014.** The number of homeless individuals has been over 1,000 but below 1,100 for the four years from 2011 to 2014. Homeless families hovered around the 150 number during the same period. **Chronic homelessness has seen greater progress: the significant drop from 2008 to 2009 is probably a result of definitional clarity, but since 2009-2010, the number of chronically homeless has dropped by about one-third.** This result has no doubt been bolstered by CoC actions (including--most notably--participating in the 100,000 Homes Campaign).

The one-time data from the PIT count aligns well with the data available from the AHAR. The AHAR provides information on the total number of unique households who enter shelter or transitional housing during the year. Under HUD's definition, people residing in either shelters or transitional housing are counted as homeless. A bed in a shelter will serve many more homeless people over the course of a year than a transitional housing bed. For the Omaha CoC in 2013, on average shelter beds served 10.4 people and transitional housing beds served 2.01. Figure 2 shows the annual emergency shelter and transitional housing census from 2009 to 2013.





- AHAR data for families in emergency shelter was not available for 2013 for the Omaha area; for purpose of comparison, data from 2012 was used.

The overall goals of ***Opening Doors: The Federal Strategic Plan to End Homelessness*** are to rapidly end chronic and veteran homelessness and to end homelessness for families shortly thereafter. Achieving these goals requires a reduction in the numbers of homeless people over time. **Measured by these goals, efforts to prevent and end homelessness do not appear to have resulted in reductions in the numbers of individuals and families accessing homeless assistance services or being counted in the annual census.** It should be noted that the time period covered by the above figures (2009-2013) correspond with the peak years of the Great Recession. **The fact that homelessness appears to have held steady during this period (rather than increasing) could be an indication that efforts are at least partially successful in preventing a surge in homelessness as a result of the economic downturn.**

The Consolidated Plan for the Omaha/Council Bluffs area cites a similar problem, stating: "**More are coming into homelessness than are going out of homelessness into permanent housing."** The Consolidated Plan goes on to state: **"More resources are needed. More permanent housing is needed; quicker access to permanent and permanent supportive housing is needed; shelter beds need to be prioritized for emergencies with people moved as quickly as possible to permanent and permanent supportive housing…Existing resources are insufficient given the size and nature of the problem and our current system of response**."

The need for more resources includes both dedicated homeless assistance resources and increased access to and increases in mainstream housing assistance. Not only are homeless assistance resources challenged to address the demand, but mainstream housing assistance is overwhelmed as well. The Consolidated Plan provides information on the waiting lists for assistance from the Omaha Housing Authority:

- **1,537 families are on the waiting list for public housing. There are only 2,707 public housing units in Omaha. Assuming a relatively modest turnover of these units at 5%/year, it would take nearly 11.5 years for those on the waiting list to be served, leaving no room for new families to join the waitlist.**

- **412 families are on the waiting list for housing choice vouchers (Section 8). There are a total of 4,200 vouchers. If the waitlist for vouchers were to remain constant with no new additions, it would take over 2 years to clear the waitlist (assuming a 5% annual turnover of vouchers).**

The Consolidated Plan cites multiple housing problems in the metropolitan area that will continue to place families at risk of homelessness. Data from the Comprehensive Housing Affordability Strategy (CHAS) for the period 2007-2011 show 17,310 owners and renters in Douglas County, Nebraska with household incomes at or below 30 percent of the area median income (AMI) and who were paying more than 50% of their income on housing costs. There were a total of 26,650 such households (those paying more than half of their income on housing costs); it is unquestionable that those at the lowest end of the income range face the greatest risk of possible homelessness. Positive news is that the unemployment rate is dropping in Douglas County, going from 4.8% in September 2011 to 4.1% in January 2014. Decreasing rates of unemployment should translate into increased potential for earned income for people who are homeless or at risk.

Poverty remains a significant factor: according to the American Community Survey (developed by the Census Bureau), 15.9% of the residents in Council Bluffs lived with incomes below the poverty level as did 16.4% of the residents of Omaha[1]. Therefore, even the most effective efforts to end homelessness will still confront the fact that large numbers of households have a precarious grip on their housing--and resources will still be needed to prevent these people from becoming homeless (and to rapidly return those who do become homeless into housing).

[1] 2008-2012 American Community Survey, Five Year Estimates.

People Seeking Homeless Assistance within the Continuum of Care

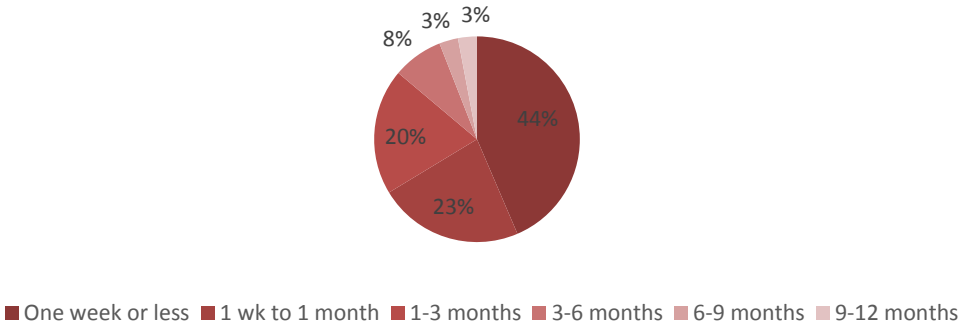
Single Individuals

Leading researchers in the field of homeless assistance, Dr. Dennis Culhane and Dr. Stephen Metraux of the University of Pennsylvania, respectively, proposed a framework for analyzing the use of homeless assistance. Based upon a detailed analysis of shelter data in Philadelphia and New York City, they concluded: "Most homeless households need temporary, low-cost assistance with resolving a recent housing loss or other displacement, or with transitioning out of an institutional living environment."[2] **They identified a typology of shelter users**. It includes the following: the '**transitional**,' who make up about 80% of the individuals seeking shelter and who will use shelter for a relatively brief period of time (and who will resolve their homelessness without additional assistance); the '**episodic**' users, who will enter and leave shelter but who will return to housing crises on multiple occasions; and finally, the '**chronic**' users, who will enter and remain sheltered for protracted periods. **Culhane and Metraux argue that the most significant homeless assistance resources should be targeted toward these two latter groups (who comprise about 20% of the users of shelter).**

The data from the 2013 AHAR supports this analysis for the Omaha/Council Bluffs area. As shown in Figure 4 below, 44% of all single individuals entering shelter in 2013 remained in the shelter for a week or less prior to resolving their homelessness. An additional 23% exited shelter in one month or less; therefore, **two-thirds of those accessing emergency shelter were able to leave shelter in a month or less.** A further 20% resolved their homelessness within 3 months, leaving a relatively small pool of 13% who remained in shelter for three months or longer. **This latter population represents the long term shelter stayers; it is not likely they will resolve their homelessness without further support (specifically: rapid rehousing, permanent supportive housing, or transitional housing).**

Additionally, as Culhane and Metraux posit, there are the episodic shelter users who repeatedly go in and out of

Figure 3
Single Individuals
Length of Stay in Emergency Shelter, Omaha Area
Source: 2013 AHAR



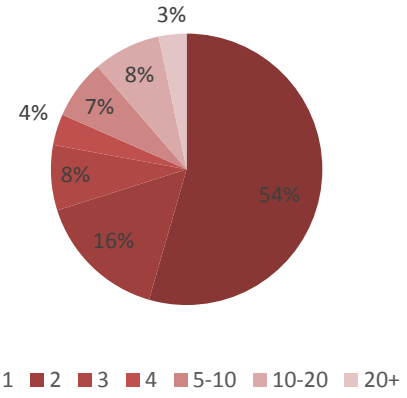
[2] Culhane, Dennis P and Stephen Metraux, "Rearranging the Deck Chairs or Reallocating the Lifeboats," *Journal of the American Planning Association,* Vol. 74, No. 1, Winter 2008, pp 112-120

shelter over the course of the year. An analysis of shelter data within HMIS for calendar year 2013 provides valuable information regarding this population. **Of the total 5,791 individuals seeking shelter in the CoC in 2013, over 56% had only a single shelter stay and an additional 16% had only two shelter stays; therefore, close to three quarters of those accessing shelter were able to resolve their homelessness with limited shelter stays.** This group needs access to decent and safe shelter but beyond that, for the most part, they will not require additional resources or support.

There is, however, a significant group of individuals who are repeatedly cycling in and out of shelters. **In 2013, about 8.55% of those using emergency shelter had 20 or more distinct shelter stays. Among those are people who had 50+ shelter stays (14 persons in 2013).** While each stay might be relatively brief, this is clearly also a population in need of additional support to resolve their homelessness.

This allows some rough projections of the need for homeless assistance beyond safe and secure emergency shelter. There were approximately 5,800 individuals accessing emergency shelter in 2013. Between 20% and 25% of that population will require additional assistance to resolve their homelessness. That is between 1,160 and 1,450 persons.

Figure 4
Episodes of Homelessness 2013 Single Individuals
Source: HMIS Data

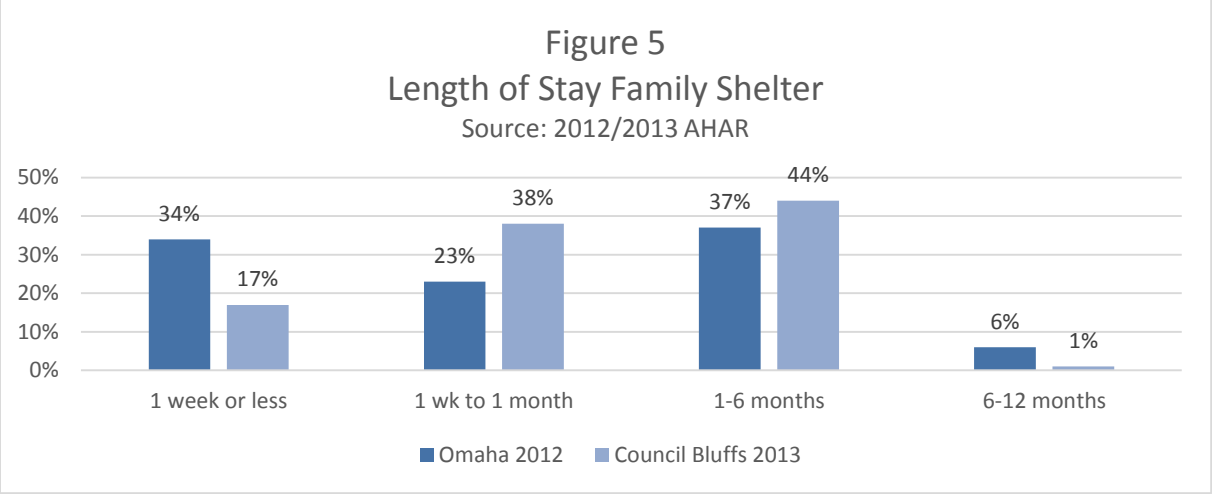


Families

With respect to families, Culhane and Metraux observed a longer length of stay (than for individuals)--but a similarly large group of families in need of only a limited time in emergency shelter to resolve their homelessness. The chart below shows the length of stay for families in Council Bluffs for 2013 and Omaha for 2012[3]. Although there is some variation between the two areas, approximately 55-60% of

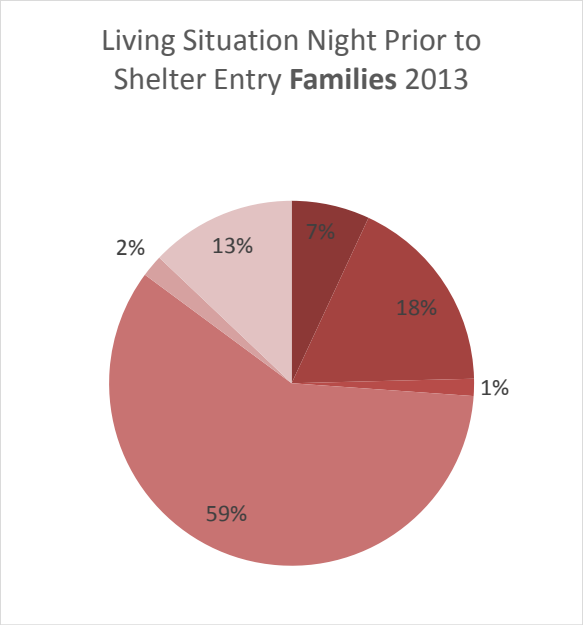
[3] AHAR data is reported separately for Omaha and Council Bluffs. Data from Omaha for the 2013 year were incomplete due to specific agency-level nonparticipation in HMIS.

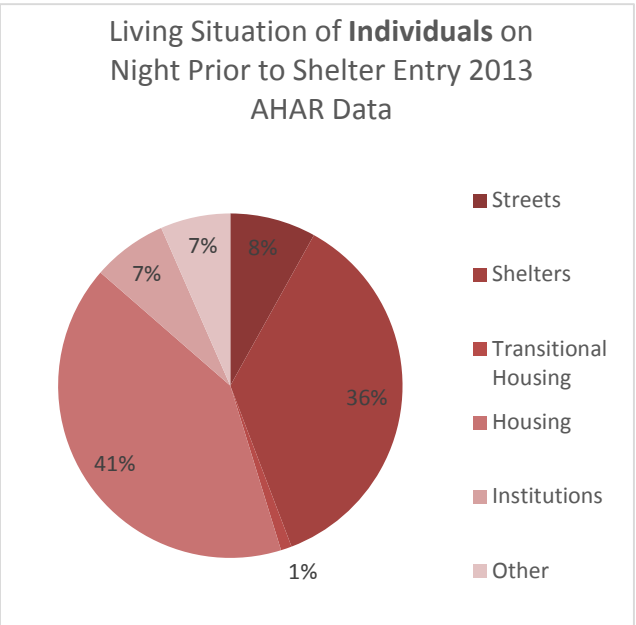
the families are able to leave shelter in a month or less. **The remaining 40-45% of families will need additional support through rapid rehousing, permanent supportive housing, or transitional housing.** In 2013, there were approximately 1,700 persons in families who were sheltered. At an average family size of 3.1, there are approximately 550 homeless families served over the year with additional support needs for a minimum of between 220 and 250 families.



Finally, a look at where individuals and families stayed the night before entering shelter provides some insight as to who might be supported by prevention efforts (to stop them from becoming homeless). Those households who are already in shelter or on the streets without shelter cannot be assisted through prevention. **Those, however, who are in their own housing prior to entering shelter should be assisted before becoming literally homeless.**

The following two figures show the living situation of individuals and families on the night prior to entering shelter. For singles, just under half (44%) were already homeless in shelters or on the streets. A very high number (41%) were in either their own or someone else's housing on the night prior to shelter entry. **This would be the target population for prevention efforts; some percentage of that housed population might--with limited prevention assistance-- avoid entering homelessness.** A considerably larger number of families were in housing on the evening before shelter entry. Most of those are likely living in someone else's home--but with prevention resources, a percentage would also be able to remain in housing (thereby avoiding shelter entry).





10 Year Plan Goals

In alignment with "Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness," our community's revised and updated 10 Year Plan goals are as follows:

1. **Finish the Job of Ending Chronic Homelessness.**
2. **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 (CH).

Objective A= Place long term and frequent shelter users in housing (place 25% in housing within 2 years).

2014 Baseline Data= Episodic and long term homeless in shelters (3% of shelter users long term; 8.5% episodic users = approximately 667 persons)

Anticipated Completion Timeframe= July 1, 2016

Method of Measuring Success= Numbers of chronically homeless families reported on annual PIT counts

Key Stakeholders Necessary for Implementation: Emergency shelter providers; Permanent supportive housing providers; Rapid rehousing providers; Supportive services providers (especially those providing mental health services); Providers of assessment and referral services to permanent housing.

Key Strategies Necessary for Implementation: Coordinated assessment and housing placement; Housing First; Harm Reduction; Evidence based case management practices (including Critical Time Intervention); Motivational Interviewing (Stages of Change); Coordinated outreach to identify and engage unsheltered long term homeless; Culturally competent service delivery.

Objective B= Increase number of CoC designated PSH beds dedicated and/or prioritized to CH.

2014 Baseline Data= PSH Dedicated Beds 177; PSH prioritized for CH at turnover=32%
Anticipated Completion Timeframe= Dec. 31, 2015
Method of Measuring Success= Increasing numbers of dedicated and prioritized beds for the CH; there are 400 HUD funded PSH beds for single adults and 66 family PSH units. At a projected annual turnover rate of 15%/year, there will be approximately 60 single adult units that will become available each year and about 10 family units. With 32% prioritized for chronic homeless, there will be about 19 units for single persons and about 3 family units. With prioritization increased to 85%, that will result in 51 units/year prioritized for single chronically homeless people and about 8 family units/year.
Key Stakeholders Necessary for Implementation: Permanent supportive housing providers that prioritize chronically homeless people on unit turnover; Supportive services providers (especially mental health providers).
Key Strategies Necessary for Implementation: Coordinated assessment and housing placement; Housing First; Harm Reduction; Evidence based case management practices (including Critical Time Intervention); Motivational Interviewing (Stages of Change); Coordinated outreach to identify and engage unsheltered long term homeless.

Objective C= Finish the job of ending Chronic Homelessness within the CoC.

2014 Baseline Data= 203 chronically homeless persons in shelter in 2014 PIT count
Anticipated Completion Timeframe= December 31, 2017
Method of Measuring Success= Numbers of chronically homeless persons counted in annual PIT
Key Stakeholders Necessary for Implementation: Emergency shelter providers; Permanent supportive housing providers; Rapid rehousing providers; Supportive services providers (especially those providing mental health services); Providers offering assessment and referral services to permanent housing (and all outreach providers)**.**
Key Strategies Necessary for Implementation: Coordinated assessment and housing placement; Housing First; Harm Reduction; Evidence based case management practices (including Critical Time Intervention); Motivational Interviewing (Stages of Change); Coordinated outreach to identify and engage unsheltered long term homeless.

Goal 2: End Homelessness among Veterans.

Objective A= End homelessness among veterans who are eligible for VA assistance.

2014 Baseline Data= Approximately 100 homeless veterans in Omaha and another approximate 150 in Northwest Iowa
Anticipated Completion Timeframe= December 31, 2016
Method of Measuring Success= VA reports based on PIT data regarding numbers of homeless veterans

Key Stakeholders Necessary for Implementation: Department of Veterans Affairs; VA contractors (including those providing Grant and Per Diem, or GPD); Supportive Services to Veteran Families (SSVF) and other VA contacted homeless services; VA and local outreach providers; CoC funded permanent supportive housing and rapid rehousing providers.

Key Strategies Necessary for Implementation: Housing First; Harm Reduction; Evidence based case management practices (including Critical Time Intervention); Motivational Interviewing (Stages of Change); Coordinated outreach to identify and engage unsheltered long term homeless.

Objective B= Prioritize those who served in the US military but who are not eligible for VA services (those with less than Honorable Discharges) for CoC assistance (to end homelessness for those who have provided military service to our nation).

2014 Baseline Data= PIT counts all who self-declare as veteran. A significant number who served in the military will not be eligible for VA services[4]. A conservative estimate is that 10% of people who report military services will not be eligible for VA funded services.

Anticipated Completion Timeframe= December 31, 2017

Method of Measuring Success= PIT reports on numbers of homeless veterans (serving at least 10% of those reported as veterans with CoC funded resources)

Key Stakeholders Necessary for Implementation: CoC funded providers of permanent supportive housing; Rapid rehousing and transitional housing; Providers of emergency shelter and outreach services.

Key Strategies Necessary for Implementation: Coordinated assessment and housing placement; Housing First; Rapid rehousing; Harm reduction, Evidence Based Case Management Strategies.

Objective C= Coordinate CoC and VA resources so that all homeless people who have served in the US military are housed (either through mainstream resources or permanent supportive housing and/or rapid rehousing) using mainstream, VA and/or CoC resources (based on eligibility and availability) so that these consumers spend less than 90 days homeless.

2014 Baseline Data= Persons who served in the US military and who enter into shelter or are encountered through outreach as counted in PIT.

Anticipated Completion Timeframe= December 31, 2017

Method of Measuring Success= Length of stay information in HMIS and exits to permanent housing

Key Stakeholders Necessary for Implementation: Mainstream housing providers (PHAs); VA and CoC funded providers of permanent supportive housing; Rapid rehousing; Transitional housing.

[4] 260,000 Vietnam era veterans have less than honorable discharges; 76,165 soldiers between 2006 and 2012 were discharged with less than honorable status. New York Times, Nov. 10, 2013; 11% of homeless veterans report a less than honorable discharge – National Coalition for the Homeless, Sept. 2009 "Homeless Veterans Fact Sheet"

Key Strategies Necessary for Implementation: Coordinated assessment and housing placement; Housing First; Rapid rehousing; Coordinated outreach services. Evidence based case management strategies.

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

Objective A= Increase use of Rapid Rehousing (RRH) to end the homelessness of families.

2014 Baseline Data= 96 families assisted/year through ESG and CoC rapid rehousing

Anticipated Completion Timeframe= Dec. 31, 2018

Method of Measuring Success= Increased numbers of families assisted through RRH (fewer returns to homelessness among those assisted, decreasing numbers of families in annual PIT count)

Key Stakeholders Necessary for Implementation: Rapid Rehousing providers; Victim services providers; Transitional housing providers willing to reallocate to rapid rehousing; McKinney-Vento Homeless Liaisons assisting homeless families within local school districts.

Key Strategies Necessary for Implementation: Coordinated assessment and housing placement; Rapid rehousing; Supportive services to assist families in benefits acquisition, increasing employment, and supporting family unity; Support children in maintaining school placements; Rentwise training to increase housing stability skills.

Objective B= Increase use of prevention resources to divert families from entering shelter.

2014 Baseline Data= Prevention only funded through ESG in Council Bluffs and through the VA's SSVF program. MACCH will work to ensure funding for diversified prevention projects. Other resources such as the VA SSVF program will continue to support prevention.

Anticipated Completion Timeframe= Dec. 31, 2018

Method of Measuring Success= Reduction in the numbers of families accessing shelter for the first time

Key Stakeholders Necessary for Implementation: Emergency shelter providers; Rapid rehousing providers; Victims services providers; McKinney-Vento Homeless Liaisons.

Key Strategies Necessary for Implementation: Diversion from shelter (requires rapid assessment and access to emergency resources to divert households from shelter); Assessment methodologies to identify families that can be diverted; Flexible and accessible financial assistance.

Objective C= End homelessness among households with only children.

2014 Baseline Data= Special count of youth in January 2013 revealed a total of 310 homeless youth, including: 54 with children; 33 single individuals and 12 families who met the definition of chronic homelessness; and 25 who were living without shelter on the streets.

Anticipated Completion Timeframe= December 31, 2016

Method of Measuring Success= Annual PIT count of households with only children

Key Stakeholders Necessary for Implementation: Youth services providers; Permanent supportive housing; Rapid rehousing and transitional housing providers; Workforce Development.

Key Strategies Necessary for Implementation: Coordinated assessment and housing placement; Housing First; Rapid rehousing; Transitional housing. Educational and employment services.

Goal 4: Set a Path to Ending All Types of Homelessness.

Objective A= Establish a unified waitlist CoC-wide for permanent supportive housing.

2014 Baseline Data= HMIS entries into permanent supportive housing and HRT documented referrals for PSH

Anticipated Completion Timeframe= December 31, 2015

Method of Measuring Success= Permanent supportive housing providers agree to intake from Homeless Review Team (HRT) referrals

Key Stakeholders Necessary for Implementation: CoC members participating in the HRTs; Permanent supportive housing providers

Key Strategies Necessary for Implementation: Effective use of assessment tool; Housing First, Harm Reduction; Evidence Based case management strategies.

Objective B= Reduce the length of time homeless so that no individual or family remains homeless for longer than 90 days.

2014 Baseline Data= Current average length of stay in shelter

Anticipated Completion Timeframe= Dec. 31, 2018

Method of Measuring Success= HMIS data on shelter length of stay for individuals and families

Key Stakeholders Necessary for Implementation: Emergency shelter providers; Rapid rehousing and permanent supportive housing providers; Transitional housing providers; Supportive services providers.

Key Strategies Necessary for Implementation: Rapid rehousing; Permanent supportive housing; Housing First; Harm reduction; Evidence based case management strategies.

Objective C= Increase access to employment and benefit income.

2014 Baseline Data= 20% of participants in CoC funded programs have employment income; 14% have cash benefit income

Anticipated Completion Timeframe= Dec. 31, 2015

Method of Measuring Success= Rate of employment as indicated in APRs increases to 30%; rate of receiving cash benefit income increases to 55%

Key Stakeholders Necessary for Implementation: Workforce Development; All CoC funded providers of housing and services; SOAR-trained specialists

Key Strategies Necessary for Implementation: SOAR and Supported Employment

Resource Identification and Allocation

MACCH understands well the goals contained herein require effective and successful (and perhaps additional) fiscal resources for purpose of implementation. For this reason, MACCH will align its annual HUD Continuum of Care Notice of Funding Availability (NOFA) project scoring instrument with the best practices and objectives of this 10 Year Plan. Moreover, MACCH will strongly encourage local philanthropists and funders to align funding decisions with our 10 Year Plan goals. Finally, MACCH will ask providers seeking a letter of support to outline how a proposed project supports the 10 Year Plan (providers will be asked to detail the specific objectives supported by a proposed project).

10 Year Plan Implementation

In honor of the Living Document principle and in recognition of the consistently changing reality of our social landscape, MACCH will do the following for purpose of 10 Year Plan implementation: develop Working Groups per each Plan goal; identify sub-objectives when and where appropriate; convene Task Forces and committees to successfully achieve Plan implementation; and finally, utilize HMIS data to measure Plan efficacy and success.

Summary

Successful 10 Year Plans include precise, measurable, and quantifiable objectives; the objectives contained herein adhere to that standard. The true litmus test of 10 Year Plan success is not in the writing of the Plan or even the updating of goals; rather, true success is witnessed in Plan implementation. Therefore, the remaining years of our 10 Year Plan will be key to our Continuum's sustained success—as well as our shared mission of preventing and ending homelessness. Therefore, **the objectives contained herein will determine MACCH's programmatic priorities within the next half-decade.** In summation, **success only occurs collaboratively … and so may our 10 Year Plan be among the nation's chief examples of innovation and collective impact.**