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I proudly support the Metro Area Continuum of Care for the Homeless (MACCH) and the Omaha/Council Bluffs 10-Year Plan to End Homelessness. The plan takes a comprehensive approach to address the many causes and conditions that lead people to experience homelessness. I am confident its implementation will help us address this important community issue.

Homelessness is an unfortunate reality for far too many people in Omaha and Council Bluffs and it is incumbent upon community leaders, government and our social service providers to propose and implement solutions to reduce homelessness. While we have made great strides to help the homeless, there is much more work to be done. MACCH is well-positioned and prepared with a plan to collaborate and maximize resources in order to address homelessness.

The MACCH 10-Year Plan to End Homelessness outlines short term and long term goals in the following areas:

- Prevention
- Access to services
- Housing
- Public Support and Political Will
- Cultural Competence
- Chronic homelessness
- Data collection

I am proud that MACCH has again stepped forward to play a key role in fighting homelessness in the Omaha and Council Bluffs metro area. This plan was created thanks to the combined efforts of many community stakeholders. Now, it will take all of us working together to implement this important community wide effort. I fully support the 10-Year Plan and I look forward to working with MACCH to implement its goals.

Sincerely,

Mike Fahey, Mayor
City of Omaha
Letters to the Metro Community

October 8, 2008

To Whom It May Concern:

This letter is in support of the Omaha/Council Bluffs 10-Year Plan to End Homelessness as prepared by the Metro Area Continuum of Care for the Homeless (MACCH) and their participating affiliates. The causes of homelessness are quite varied and unique, for example systemic causes like poverty and lack of affordable housing can create homeless situations. We agree that homelessness is costly and a roadblock to achieving a healthy community.

The goals outlined in the 10-Year Plan provide for linking appropriate housing to services that ensure success, decreasing the burden of homelessness, and maximizing our community’s resources to ultimately make our community a better place to live. It is our responsibility to assist the homeless. We can not support stereotypes of the homeless and prejudices of the poor.

We look forward to working collaboratively with MACCH and its participating affiliates on the Omaha/Council Bluffs 10-Year Plan to End Homelessness. Additionally, I would like to thank MACCH and all of the regional representatives of the tri-county area for designing this plan. If you should have any questions or need any additional information, please feel free to contact Don Gross at (712) 328-4629.

Sincerely,

Thomas P. Hanafan, Mayor
October 9, 2008

To Whom It May Concern:

Douglas County will continue to be an active participant in the coalition of service providers who will be tackling the goals outlined in the 10-Year Plan to End Homelessness in Omaha/Council Bluffs as prepared by the Metro Area Continuum of Care for the Homeless (MACCH).

Many participated in the development of this ambitious plan and thanks to the leadership provided by MACCH, I believe that a systematic approach to altering the many factors that contribute to homelessness in this community will ultimately reduce the number of homeless and provide for a better quality of life to hundreds of individuals and families.

Sincerely,

Mary Ann Borgeson
Commissioner Mary Ann Borgeson
Douglas County Board of Commissioners
Pathways out of Homelessness

Home — the Beginning of Hope, Healing, Safety and Success
Roni’s Story

“. . . being treated as if I was a life that mattered. What helped me exit homelessness was having all areas of my life addressed . . . The whole of me. My counselor steered me in the direction of services that I needed. I got what I needed when I needed it.”

A Place Where No One Is Turned Away
James’ Story

“As my alcoholism progressed, each level I dropped, I became accustomed to it. I wasn’t functioning as a human being. I remember thinking: what’s the use? I wanted to die.

It was May 2003 and I remember him saying to me, ‘What do you want? Do you want help?’ Help was there when I needed it.

Their philosophy is to help whoever is in need with whatever they have to help them with.

I now have the chance to give back.”


**Housing Gives People the Ability to Build Better Lives**

*Rod’s Story*

“...the ability to help others while I was helping myself — that was huge for me.”

**Hardworking People Should Be Able to Afford Housing**

*Tom’s Story*

“I’m a good example of what happens when all elements are in place. I’ve gone from a homeless shelter, and now I’m back in the workforce, establishing life again.”

“Next step is home ownership!”

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**Effective Strategies**

### 10-Year Plan Goal Areas

- **Prevention of Homelessness**
  - Omaha-Council Bluffs will have a comprehensive prevention response to homelessness.

- **Easier Access to Services**
  - People in need have easy, immediate and appropriate access to all services.

- **Increased Availability of Housing**
  - There will be enough housing to meet the needs and choices of the community.

- **Strengthened Public & Political Support**
  - Public support constructs and sustains actions that end homelessness.

- **Elimination of Cultural Bias and Prejudice**
  - Agencies will provide culturally competent services to the homeless community without prejudice or bias.

- **Specific Options for Persons Experiencing Chronic Homelessness**
  - People experiencing homelessness receive housing and service specific to their needs.

- **Availability of Comprehensive Data**
  - Data supports and documents progress.
The Cost of Homelessness

The face of homelessness has changed from the man down on his luck, hitching a ride from town to town to also include:

- mothers, families, and teens who are homeless;
- families experiencing homelessness for a second generation;
- veterans who valiantly served their country, but now find themselves lost
- people with disabilities faced with a crisis causing the delicate balance of living expenses and a fixed income to collapse.

Homelessness is costly. It's a roadblock to achieving a healthy community, and it's expensive to maintain.

In March 2008, MACCH’s Prevention Task Force engaged in a cost study to assess the cost of supporting individuals and families in homelessness vs. the cost of housing in a Fair Market Rent apartment. Costs generated from that research include:

- Average cost of a night in an emergency homeless shelter: $12.54
- Average cost of a visit to a hospital emergency room: $2,156.45
- Average cost of a day spent in a correctional facility: $82.00
- Average cost of an arrest: $179.00

It is important to note that, while having a home does not automatically result in an individual or family having fewer trips to emergency rooms or arrests, housing stability does help families to more effectively deal with other crises that arise. Research tells us that families who are appropriately housed have increased access to supportive services, mainstream resources, and have fewer arrests and nights in jail than those who are homeless (Culhane, Metraux, Hadley, 2002).

— Erin Porterfield, MACCH Executive Director
The Cost of Homelessness

The data below reflects two examples from the data that the Prevention Task Force collected from five agencies as a part of the cost study: Catholic Charities in Omaha and Council Bluffs, Heartland Family Service, MICAH House, Siena-Francis House, and the Salvation Army (Omaha). This data included information on the size of the household, number of days in shelter, frequency of emergency room visits, and number of arrests. This information was blended with the cost information gathered from emergency services.

A family of four, with another child on the way, had the following approximate costs:

<table>
<thead>
<tr>
<th>Expenses for Emergency Services</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 days in Shelter for Four People</td>
<td>$3,099.60</td>
</tr>
<tr>
<td>12 Visits to the Emergency Room</td>
<td>$25,877.40</td>
</tr>
<tr>
<td>3 Days in Jail</td>
<td>$425.00</td>
</tr>
<tr>
<td>TOTAL Emergency Expense</td>
<td>$29,312.00</td>
</tr>
</tbody>
</table>

VS.

<table>
<thead>
<tr>
<th>Expenses for Permanent Housing</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair Market Rent for a Three-Bedroom Apartment for 60 days</td>
<td>$2,022.00*</td>
</tr>
<tr>
<td>TOTAL Housing Expense</td>
<td>$2,022.00</td>
</tr>
</tbody>
</table>

An individual had the following approximate costs:

<table>
<thead>
<tr>
<th>Expenses for Emergency Services</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>119 days in Shelter for One Person</td>
<td>$1,492.26</td>
</tr>
<tr>
<td>5 Visits to the Emergency Room</td>
<td>$10,782.25</td>
</tr>
<tr>
<td>TOTAL Emergency Expense</td>
<td>$12,274.51</td>
</tr>
</tbody>
</table>

VS.

<table>
<thead>
<tr>
<th>Expenses for Permanent Housing</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair Market Rent for an Efficiency Apartment for 90 days</td>
<td>$1,602.00*</td>
</tr>
<tr>
<td>TOTAL Housing Expense</td>
<td>$1,602.00*</td>
</tr>
</tbody>
</table>

* Cost of Permanent Housing does not include supportive services, which vary depending upon the household composition & needs.
Background

After years of working against a rising epidemic of homelessness in the metro area, MACCH recorded a record drop in the number of persons experiencing homelessness – both in shelters and on our streets – during the annual point-in-time count conducted January 31, 2008. After leaps of 29% in 2006, and another 17% in 2007, MACCH counted 1,197 people in shelters or on the streets, alleys & homeless camps, on that frigid January night. This 36% reduction can be partially attributed to the resourcefulness of people driven to survive in extreme cold, such as doubling or tripling up with friends, family or strangers, or even migrating to warmer climates. HUD’s counting guidelines omit homeless people entering hospitals and children who are state wards. MACCH also credits our area homeless service providers for the greater collaborative emphasis placed on preventing homelessness and helping to provide exits to homelessness by quicker access to housing and support services.

The box (at right) shows the subpopulations recorded during this year’s point-in-time count. Ultimately, MACCH’s constituents are these homeless men, women, children and families who are striving to achieve self-sufficiency in the metro-area. About 50% of these homeless people are women and children. Of the 1,197 homeless persons counted, 1,125 were housed in Omaha, Council Bluffs and Sarpy County shelters (72 were not using the shelters).

We know that there are more unsheltered people who aren’t being counted. To test this theory, MACCH conducted another count on August 7, 2008, finding 1,263 men, women, and children staying in metro area shelters and sleeping in places not meant for human habitation.

The summer count revealed an alarming trend among families: the number of people in families with children staying in shelters spiked from 269 in January to 310. One theory supporting this increase is an influx of families fleeing domestic violence while children are not in school. Metro area shelters are not able to accommodate all of these families, not because there are not enough beds, but because of age and gender restrictions. People are being told that they cannot stay because their male child is too old.
To reach the metro area’s homeless population, MACCH relies on the direct services providers who work with these people each day. Our stakeholders are too numerous to list, but examples of collaborators include: the Cities of Omaha and Council Bluffs, Stephen Center, Open Door Mission, Siena/Francis House, MICAH House, Charles Drew and One World Health Centers, Hope Medical Outreach Coalition, Community Alliance, Heartland Family Service, Visiting Nurses Association, Legal Aid of Nebraska, Camp Fire USA and faith-based organizations from across the metro area.

More than 100 organizations participate in network activities. MACCH’s task forces link housing options with specific strategies for connecting mainstream resources, employment, health care, and other supportive services to people in need. MACCH administers several sector-wide evaluations and manages an information network that extends throughout Douglas, Sarpy and Pottawattamie Counties.

### Background

#### Homeless Subpopulations

**MACCH Point in Time Count**

<table>
<thead>
<tr>
<th>Subpopulation</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronically Homeless</td>
<td>550</td>
</tr>
<tr>
<td>Chronic Substance Abuse</td>
<td>533</td>
</tr>
<tr>
<td>Seriously Mentally Ill</td>
<td>166</td>
</tr>
<tr>
<td>Victims of Domestic Violence</td>
<td>161</td>
</tr>
<tr>
<td>Veterans</td>
<td>59</td>
</tr>
<tr>
<td>Youth</td>
<td>6</td>
</tr>
<tr>
<td>Persons with HIV/AIDS</td>
<td>5</td>
</tr>
</tbody>
</table>

### About the In-Depth Survey

This year’s Point-in-Time Count included an in-depth survey administered at Stephen Center, Open Door Mission, Heartland Family Service Transitions, MICAH House, The Salvation Army, Community Alliance, and Siena Francis House. Trained interviewers spoke with 223 individuals currently experiencing homelessness to gain a greater understanding of peoples’ causes for homelessness, as well as what they needed to exit from their homeless situations. The data gathered from this survey highlighted some startling revelations, which illuminate the complexities of accessing services.

- 62% said that they had been hit in the head so hard that they saw stars or were knocked unconscious;
- Of those, 48% had problems with headaches, concentration or memory, understanding, excessive worry or sleeping;
- These statistics point to evidence of **traumatic brain injury**.
### Planning Process

Planning began in March 2006, when MACCH (then Omaha Area Continuum of Care for the Homeless) conducted a 2 1/2 day Decision Accelerator, sponsored by Omaha Community Foundation, William & Ruth Scott Family Foundation, and Alegent Community Benefit Trust, bringing together 56 CoC and homeless service stakeholders to share their ideas on how the new 501(c)3 should function. From this event, a vision of MACCH emerged, charged with a mission to lead a collaborative network that coordinates and maximizes resources to prevent and eliminate homelessness.

A consortium of area philanthropists commissioned the *Assessment of Homelessness in Omaha* (aka the *Wilder Report*) in 2007, to collect needs data and inventory system capacity. The researchers found substantial evidence of good quality planning work via the Decision Accelerator and Omaha’s Community Development Plan. While these plans identify most of the critical ingredients necessary for an effective community response to homelessness, they were found to have been incompletely executed. The study also found MACCH to be widely endorsed as the right organization to lead area planning and implementation efforts. The report recommended that MACCH complete a fully coordinate 10-year plan for ending homelessness and a blueprint for addressing chronic homelessness that HUD has encouraged and supported in communities across America.

In November 2007, MACCH utilized HUD’s CoC experts to build on the current starting points and lead the tri-county area’s business and community leaders, service providers, funders, and advocates, as well as people who have experienced homelessness, to develop a series of action steps and accountabilities that would become MACCH’s **10-Year Plan to Address Homelessness**. Over the next few months, one hundred thirty-three participants, representing seventy-five agencies brainstormed in small groups to identify strengths in our continuum that could grow into a broad framework. Using a method called “Appreciative Inquiry”, small groups honed stretch statements to reflect strengths that our community can build upon to end homelessness. The subsequent “Building on Our Strengths” meeting on January 24, 2008, folded in the Iowa and Nebraska 10-Year Plans, formalized the goal statements created at the November session, and drafted an implementation plan. The resultant plan and implementation steps were reviewed by participants on May 31, 2008. August 2008 marked the formation of MACCH’s Messaging Task Force, charged with identifying the best modes for disseminating the need for support of homeless-oriented services throughout our community. The **10-Year Plan to End Homelessness** was presented to the public at a kick-off breakfast, attended by leaders and concerned citizens throughout the tri-county region.
“There is significant interest among providers to simply ‘...get on with it and get something done’...

*The Wilder Report (2007)*

In brainstorming sessions, homeless service providers shared their fears that their clients have become faceless among the metro area. The controversy over the placement of Omaha’s day shelter near a local daycare facility is an example of the general public’s attitude toward homelessness: suspicion, fear, and isolation fuel public responses to the issues of homelessness.

*January 2008 10-Year Planning Session*

May 2008 Compassion Institute awards MACCH 10-Year Planning grant

May 2008 formalization of implementation plans and action steps

August 2008 Messaging Focus Group

*Oct. 2008 10-Year Plan to End Homelessness Kick-Off*

Oct. 2008 and Forward:
   Implementation team oversees strategies & reports to team members
Prevention

10-Year Goal:
Omaha-Council Bluffs will have a comprehensive response to homelessness

10-Year Outcome:
75% fewer households becoming homeless

2-Year Objectives:
No one is discharged into homelessness.
A prevention network is in operation.
Prevention entities are more successful at the point of intervention.
Publically-funded transportation services are more available.
At least 30% of homeless persons have income or employment at exit.

From the In-Depth Survey: Income & Employment Facts

- 24% of people interviewed were employed
- 34% were working full time
- 17% relied on day labor
- 26% of adults in transitional housing were working — more than those in any other type of shelter
- 13% had steady employment as their primary source of income
- Of those employed, 87% made $9.99 per hour or less
- 42% reported lack of transportation barred them from employment — the most frequently mentioned barrier to employment
- 25% cited lack of physical health & housing
- Other reasons reported were mental health or criminal history
Implementation Plan:

- In Year 1, MACCH task forces will
  - explore the Benefits Enrollment Network or another method to speed benefit applications;
  - identify discharge trends;
  - work with service providers to promote utilization of 211;
  - identify alliances and plan to expand availability of publically-funded transportation services through discussions with Metro Areas Transit or other resources.

- Beginning Year 1, the Prevention Task Force will
  - give agency presentations at monthly MACCH meetings;
  - conduct networking meetings to include statistics about prevention services provided;
  - identify via the networking meetings and work with special populations;
  - develop & expand relationships with utilities, NHHS, OHA, DCHA, Iowa DHS, and Municipal Housing Authority;
  - work with Together Inc., Mission for All Nations, and the Pantry Association to utilize pantries, low-income medical care, general assistance, NHHS, and shelters; to identify persons at risk and link them with prevention services.

- Beginning Year 1,
  - MACCH will work with prevention agencies and mainstream service agencies to identify funding to ensure programs like rent, mortgage, and utilities assistance are well-funded.

- Beginning Year 2,
  - MACCH will work through its task forces to institute transition planning with each discharging system
  - the Prevention Task Force will work with special population agencies to move beyond one-time eviction payments to provide time-limited housing subsidies with case management.;
  - Prevention agencies and shelter agencies will work together to increase the number of people using prevention resources to stabilize housing quickly, instead of using shelters and transitional housing;
  - MACCH will work with its task forces along with Metro Area Transit and other resources to initiate increased transportation services;
  - Providers will work with Workforce Development and the Eastern Nebraska Community Action Program to increase employment options, including job training programs;
  - Case management agencies will work to increase SSI application approval rate and timeliness.
**Access to Services**

**10-Year Goal:**
People in need have easy, immediate, and appropriate access to all services.

**10-Year Outcomes:**
By 2018, every person in need will receive an assessment and be connected or served with appropriate service on the same day.
100% of effective programs become self-sustaining by relying on diverse funding streams.

**2-Year Objectives:**
A centralized intake and referral process is implemented, with work toward a standard of case management for the Continuum.
An Agency Virtual Network is built using ServicePoint / HMIS.
Access is assured to comprehensive mental, physical health care, and substance use recovery.
Availability of publically-funded transportation expands.
A criteria is established for effective service and housing programs.
Alternate funding streams are identified for the Continuum.
The community is informed & engaged regarding effectiveness of programs and the need for funding.
MACCH provides agencies with technical assistance for fund development, grant writing, etc.

**From the In-Depth Survey: Public Services**

- 42% reported from the that they received care in an emergency room in the last 6 months. Of those, 46% had been to the emergency room 2 or more times.
- 1 out of every 9 respondents lost or was unable to use their Section 8 voucher at one point.
- Nearly 30% are currently receiving or on a waiting list for public housing, Section 8 housing, or some other type of housing.
- 12.8% lived in public housing at one point, but were evicted.
Access to Services

Implementation Plan:

- In Year 1, MACCH will
  - provide referrals for grant writing, education for best practices, and regional data for planning efforts.
  - work with NHHS & United Way 211 to form an Centralized Intake Task Force for identifying service providers;
  - Forms a Quality Task Force.
- In Year 1, the new Quality Task Force will
  - find out what practices MACCH, private entities, and government consider to be effective;
  - interview successful clients to learn what they think was effective.
  - identify effective services currently provided.
- In Year 1, the HMIS Task Force will
  - increase sharing agreements among agencies that utilize Service Point;
  - create & implement a referral component to interface with Service Point.
- In Year 1, the Centralized Intake Task Force will
  - establish a service system, working to increase services and fill gaps within current services;
  - in cooperation with agencies and focus groups, research national models for an intake system;
  - use HMIS to develop a method of documenting & reporting the needs of all homeless or near homeless individuals.
- In Year 2, the Quality Task Force will
  - identify limitations & gaps in effective programming;
  - compile & present effectiveness criteria to MACCH members for adoption.
- By Year 2, the Centralized Intake Task Force will
  - map each of the current intake processes used by service & housing providers;
  - identify common links and/or gaps in the current intake & referral process (including different subpopulations);
  - develop a universal intake form, with individual or subforms to follow;
  - garner buy-in from agencies and MACCH to launch the standardized referral process with approval of agencies;
  - secure administrative agreements and instituted a training program for all participants, with on-going education in place by 2010.

Of those that responded to the In-Depth Survey, 96% were assisted by at least one service. The bar chart indicates the services most commonly used.
Housing

10-Year Goal:
There will be enough housing to meet the needs of the community.

10-Year Outcome:
75% of people leaving shelters will receive current or new permanent supportive housing.

2-Year Objectives:
150 units of permanent supportive housing are developed by February 2010.
New low-demand housing units with support services are created.

Implementation Plan:

- In Year 1, MACCH task forces will
  - create a housing pipeline;
  - work with the housing pipeline to identify and educate developers regarding partnering in the 10-Year Plan to End Homelessness;
  - work with the housing providers pipeline to identify type and quantity of housing and resources for different subpopulations.

- Beginning Year 1 & ongoing, MACCH task forces will
  - identify agencies and service providers to apply for HUD dollars through the Super NOFA process;
  - work with the Lead Safe Omaha Coalition, federal representatives and faith communities to identify funding options for both housing and services;
  - work with City Planning, Chamber of Commerce representatives, neighborhood divisions, and housing providers to locate new property, land, units for rehabilitation, etc.

- On an on-going basis, MACCH task forces will work with service providers to determine the criteria needed for clients to access housing, specific to each new housing project.
Housing

**From the In-Depth Survey: Affordability Facts**

When budgeting for housing, it is generally accepted through many different industries that one should budget 30% for one’s housing. After taking the median wages earned by respondents to the In-Depth Survey, and comparing them to HUD established Fair Market Rent rates, even full-time work is not enough to afford a permanent home.

- In the Omaha-Council Bluffs area during the month of January 2008, median income for respondents to the In-Depth Survey was $100. Of those employed, the median income was $600
- 95% of the median income rate earned by the individuals in this survey who were working would be utilized for a one-bedroom apartment at the Fair Market Rent
- The rent for a two-bedroom apartment is greater than the median income earned by the adults who completed this survey
- 52.5% of the people experiencing homelessness that weren’t employed reported being unable to afford any housing costs
- 8.7% of those employed part-time could not afford to pay anything; 15.8% reported that they would be able to pay at least $500 a month
- 5.3% of those employed full-time could not afford to pay anything for housing; nearly 40% were able to pay at least $500 a month

**From the In-Depth Survey: Barriers to Stable Housing**

In addition to factors relating to being able to pay for housing, respondents reported difficulty in finding and keeping stable housing most often due to credit problems, substance abuse problems, and a criminal record.
Public Support & Political Will

10-Year Goal:
Actions to end homelessness are constructed and sustained through the public will.

10-Year Outcomes:
100% of key community members are educated about the different aspects of homelessness.
There is zero incidence of “Not in My Backyard” for Permanent Supportive Housing and Shelter Operations.
MACCH organizations see a 20% increase in the number of people wanting to volunteer.
Organizations in the Continuum do not lose funding for programs that end homelessness.
Public support and political will ensure that policies of government funding are flexible and inclusive of preventative and supportive services.
100% of effective programs become self-sustaining by relying on diverse funding streams.

2-Year Objectives:
A Communications / Marketing Plan is established for MACCH.
MACCH and its task forces routinely conduct awareness-building activities.
Public and private funders are engaged in activities to end homelessness.
Local and state policies and procedures are evaluated to identify those that inadvertently contribute to causes of homelessness.
Policies are identified that can be changed to prevent homelessness.
Implementation Plan:

- In Year 1, MACCH task forces will
  - establish standardized outcome measures to help agencies show success;
  - work with service providers to identify and share personal testimonials from clients on how they achieved success;
  - identify a successful model from outside the metro area and bring resources / representatives to share with the Continuum;
  - create and regularly update packets for media, congregations, corporations, funders, etc.
  - define need and determine target audiences for a public education program;
  - task forces to create a public education program to help answer the question “why is homelessness my problem?”;
  - develop a community awareness plan addressing homelessness and the 10-Year Plan to End Homelessness;
  - establish a culturally competent understanding of chronic homelessness that accurately reflects realities beyond HUD’s definition;
  - identify political leaders and policy advocates.
  - form a Policy & Procedure Task Force from its membership;

- In Year 1, the 10-Year Plan Oversight Committee will develop a criteria to link homeless service activities to 10-Year Plan implementation.

- In Year 1, the new Policy & Procedure Task Force will
  - identify policies that affect access to homeless services, housing, etc.;
  - work with policy advocates to identify best practices of public funding of homelessness in all states including tax tools;
  - work with policy advocates to identify policies to change and articulate the changed needed, along with the benefit of the change using best practices models;
  - develop task groups in different fields working with the homeless to develop recommendations on policy issues.

- In Year 2, the Policy & Procedure Task Force will
  - develop an annual progress report on ending homelessness;
  - work together with policy advocates to meet with local and state policymakers to address 10-Year Plan implementation concerns and identify solutions.
  - develop a white paper supporting the 10-Year Plan objectives.
  - develop advocacy efforts.
  - write new policy language and take language changes to the appropriate governing bodies for adoption.
  - work with policy advocates to identify legislative (or related officials) champions.

- Beginning Year 2, MACCH task forces will work with providers to utilize the public education program to engage donors.
Cultural Competence

10-Year Goal:
Services are provided to the homeless community without bias or prejudice.

10-Year Outcomes:
100% of MACCH agencies provide culturally competent services to the Omaha / Council Bluffs community.

100% of the people served by the Metro Area Continuum of Care have services that meet their individualized needs.

2-Year Objectives:
Culturally sensitive data is established and maintained by strengthening and developing relationships from informal to formal.

Learning and measurement opportunities regarding cultural competency are routinely implemented, paying special attention to chronic homelessness issues.

Language and culturally relevant services are available to meet the needs of the homeless population.

Diverse levels of policymakers and work reflect the population served.

From the In-Depth Survey: Race
In 2007, the Wilder Report found that 56% of the homeless adults served by the area’s shelter and other service providers were comprised of racial and ethnic minorities. This is in stark contrast to the Omaha-Council Bluffs’ community population in which minorities comprise 14%. As if to echo the Wilder Report’s findings, 52.7% of the respondents to the In-Depth Survey represented racial and ethnic minority populations.
Cultural Competence

Implementation Plan:

- Beginning Year 1 and on an on-going basis, the Cultural Competency Task Force will work with providers to research funding sources for cultural competency and related community-building efforts.

- In Year 1, the Cultural Competency Task Force will work with providers to
  - encourage volunteers / interns from diverse backgrounds to work within agencies;
  - develop a hard data picture that specifies what is currently included in the 10-Year Plan to End Homelessness, identify gaps, barriers, and missing players;
  - identify statewide cultural, community-specific strengths, assets and resources through implementation of an outreach template informed by the history and implications of cultural competency;
  - conduct agency-level and Continuum-wide self-assessments of cultural competency;
  - create cultural competency training based upon implications of the self-assessments;
  - assess current services for language and other cultural needs;
  - conduct Point-in-Time Survey to attain additional detail about characteristics and circumstances of people who are homeless.

- In Year 2, the Cultural Competency Task Force will work with
  - providers to promote culturally competent employment practices to board members representing Continuum provider agencies;
  - Eastern Nebraska Office on Aging and Americore Vista to utilize federally-funded agencies to help fill gaps in language services.
  - providers, faith-based groups, ESL agents, and area employers to promote education for English or other languages.
Chronic Homelessness

10-Year Goal:
People experiencing chronic homelessness receive housing and services specific to their needs.

10-Year Outcomes:
A comprehensive case management team will successfully connect 85% of the chronic homeless population to stable housing.

2-Year Objectives:
Outreach to institutions (e.g., jails, hospitals, foster care) ensures that people are not “released” into homelessness.

A case management team is formed to connect persons experiencing chronic homelessness to housing and services.

Community buy-in supports development of a stabilization model (modeled after the sub-acute mental health centers) for the chronic homeless population.

The percentage of homeless persons staying in permanent housing for over six months increases to at least 71%.
Implementation Plan

- Starting in Year 1 and on an on-going basis,
  - homeless service providers will work in tandem with MACCH and its Task Forces on Medical and Chronic Homelessness to develop and enforce policies and procedures to ensure better discharge planning strategies that prevent homelessness and availability of stable / permanent housing with services;
  - the Chronic Homeless Task Force will conduct outreach to decrease the length of stay for persons in shelters and on the streets, by assessing housing needs, mainstream resources, and other needs;
  - the Chronic Homeless Task Force will appoint a liaison to interface with task forces and respond to ideas for implementation of best practices models.
- In Year 1, Chronic Homelessness Task Force will review the *Assessment of Homelessness* and implement its recommendations.
- In Year 1, the Chronic Homeless Task Force will work with providers to
  - define a model for case management;
  - identify a case management team;
  - institute case planning for all jails / prisons, and foster care agencies to prepare for future needs, housing, Medicaid, job placement and training.
- In Year 1, the Chronic Homeless Task Force will work with providers and the Case Management Team to create a “no wrong door” model.
- In Year 2, the Chronic Homeless Task Force will work with providers to define the number of beds and admission criteria to be available at one time for people experiencing homelessness.

Chronic Homelessness

According to the HUD definition of long-term homelessness, people who have been homeless in our community for at least one year, or have experienced four or more episodes of homelessness in the last 3 years are considered to be chronically homeless. The Omaha-Council Bluffs’ Point-in-Time Count in January of 2008 revealed that 46% of homeless counted fit this definition. In comparison, 42% of In-Depth Survey respondents indicated that they’ve been homeless for a year or more, which is in contrast to the national calculation of chronic homelessness per community of 20%.

Within the survey, those individuals that experience long-term homelessness were more likely to be male. They were also less likely to have children with them and less likely to have finished high school.
Data

10-Year Goal:
Comprehensive data supports and documents goals to end homelessness, as well as federal government indicators.

10-Year Outcomes:
Data demonstrates progress on all goals in 10-Year Plan to End Homelessness and indicators utilized by HUD.

2-Year Objective:
90% of agencies use quality data for those serving the homeless population, using HMIS when possible.
**Implementation Plan:**

- In Year 1, measurements will be defined for the *10-Year Plan to End Homelessness* goals.
- In Year 1 and on an ongoing basis, the HMIS will serve as a vehicle for regular reports to support Task Force efforts.
- In Year 2, the HMIS Task Force will
  - establish Continuum-wide measurement standards based on length of homelessness, what their needs are, causes of homelessness, and how people interact with mainstream systems of care.
  - increase information sharing throughout Douglas, Sarpy and Pottawattamie counties.
  - institute quarterly reviews of continuum-wide data to measure progress toward preventing and ultimately ending homelessness.

**About HMIS**

MACCH has implemented a HUD-funded Homeless Management Information System (HMIS). This powerful tool applies computer technology to client intake procedures, by tracking and reporting a client’s use of shelter and social services over time. Such information will help assure that future funding is directed to need, balancing new programs for reducing homelessness with successful prevention programs that support at-risk families and individuals. As more and more service providers report their data in a streamlined manner through the HMIS, the data collected paints a more complete picture of the state of homelessness in the metro area, allowing stakeholders to make informed decisions and develop appropriate action steps.
**Glossary**

**Affordable Housing:** Housing for which the occupant is paying no more than 30 percent of gross income for total housing costs, including rent, mortgage payments, condominium fees, utilities, taxes, and insurance, as applicable for rental or owned housing units.

**Chronically Homeless:** A person who is chronically homeless is defined as an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.

**Continuum of Care (CoC):** A local consortium of agencies that HUD requires be formed by community organizations and stakeholders to apply for and receive HUD funding through the annual competitive process. Most Continua include a majority of a community’s or region’s non-profit and faith-based homeless service providers, and may also include law enforcement, hospitals, local colleges and universities, local government, churches, etc.

**Co-occurring Disorder:** A diagnosis that describes both a mental disability and a substance abuse disorder.

**Doubled-Up:** A situation in which persons are living with relatives or friends, on a temporary basis, for economic reasons, and they have a host/guest relationship. These persons are not on a lease or mortgage and could be asked to leave at any time. This does not include legal arrangements such as foster care.

**Emergency Shelter:** Housing, with varying levels of services, for people who are homeless. Emergency Shelter is usually thought of as lasting for six months or less.

**Homeless:** The HUD definition is:

- An individual or family which lacks a fixed, regular, and adequate nighttime residence; or
- An individual or family which has a primary nighttime residence that is:
  - A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness);
  - An institution that provides a temporary residence for individuals intended to be institutionalized;
  - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

In addition, the HUD definition includes persons who will be discharged from an institution, such as a jail or mental health hospital, within 7 days, yet that person does not have an identified place to live upon discharge.

**HUD:** United States Department of Housing and Urban Development

**Mainstream Resources:** include, but are not limited to, Social Security; Medicaid/CHIP; food stamps; state welfare

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¹The federal Departments of Education and Health and Human Services include being doubled-up in their definition of homelessness. HUD only includes double-ups in the case of families fleeing domestic violence.
agencies; Workforce Commission; MHMR; veterans programs; and state-funded substance abuse programs.

**Median Income**: That income level at which an equal number of families/households have incomes above the level as below. The median income is based on a distribution of the incomes of all families/households including those with no income.

**Permanent Supportive Housing**: Permanent housing with services. The type of services depends on the needs of the residents. Services may be short-term, sporadic, or ongoing indefinitely. The housing is usually “affordable”, or intended to serve persons who have very low incomes.

**Rapid Re-Housing**: as directed by Congress in the Consolidated Appropriations Act for 2008, HUD’s Rapid Re-Housing for Families Demonstration Program is designed for households with dependent children residing on the streets or in emergency shelters

**Recovery Program**: In-patient alcohol and drug abuse recovery centers treating homeless persons.

**Safe Haven**: A facility that provides shelter and services to hard-to-engage persons who are homeless and have serious mental illness who are on the streets and have been unable or unwilling to participate in supportive services. Safe Havens usually follow a “harm reduction” model of services.

**Shelter Plus Care**: HUD’s Shelter Plus Care (S+C) Program provides rental assistance in connection with supportive services. The program provides a variety of permanent housing choices, accompanied by a range of supportive services funded through other sources.

**Short-term Housing**: Safe, decent, temporary housing for individuals or families who are homeless with associated supportive services, designed to assist them to obtain and retain permanent housing in the shortest possible time.

**SSI**: Supplemental Security Income. A federal income supplement program providing monthly financial payments to persons with disabilities. For most persons on SSI, this is their only source of income, and thus severely limits housing options.

**Supportive Services**: Services such as case management, medical or psychological counseling and supervision, child care, transportation, and job training provided for the purpose of facilitating people’s stability and independence.

**Transitional Housing**: Usually thought of as temporary supported housing – housing with services – where individuals or families live for between six months and two years. During that time they receive intensive case management services that prepare the household for independent living.

**Trauma**: An event or series of events which threatens one’s life or physical integrity and is unusual and psychologically distressing. Examples include domestic violence, sexual assault, and child abuse. Trauma results in feelings and behaviors that may lead to homelessness, such as paralyzing depression, hyper-vigilance, flashbacks, or avoiding independent behavior that might have precipitated past violence.

These definitions are taken in part from the glossary of the North Carolina Interagency Council for Coordinating Homeless Programs, with minor adaptations.
Acknowledgements

Alegent Health: Stephen Spelic
Alegent Health Hospice: Mary Lee Fitzsimmons
Bellevue University: Ed Shada
Campfire USA: Katie Risch Bakhit
Carettech, Inc.: Frank Velinsky
Catholic Charities: Diane McKee
Catholic Charities: Frances Hauptman
Catholic Charities: Joe Rysavy
Catholic Charities: Mike Phillips
Catholic Charities: Tiffany Powell
Central States Development: John Foley
Charles Drew Homeless Clinic: Pat Christopher
City of Council Bluffs: Brenda Carrico
City of Council Bluffs: Tina Hochwender
City of Omaha, Mayor’s Office: Gail Braun
City of Omaha, Mayor’s Office: Silas Clarke
City of Omaha, Mayor’s Office: Vicki Quaites-Ferris
Community Advocate: Evert Peacock
Community Advocate: Heather Rizzino
Community Advocate: Linda Williams
Community Alliance: Aileen Brady
Community Alliance: JoAnn Strong
Co-Occurring Task Force: Martin Manion
Co-Occurring Task Force: Tara Muir
Council Bluffs Health Center: Cecelia Creighton
Creighton University: Steve Virgil
Destination Midtown: Jamie Grayson-Berglund
Douglas County: Kathy Kelley
Douglas County Commissioner: Mary Ann Borgeson
Douglas County General Assistance: Jan Pelletier
Douglas County General Assistance: Mary Malone
Douglas County Health Dept.: Jennifer Dreibelbis
Eastern Neb. Community Action Ptrshp: Alex Gray
Family Housing Advisory Services: Deborah Conley
Financial Stability Partnership: Ed Leahy
Financial Stability Partnership: Julie Kalkowski
Heart Ministry Center: Sara Hohnstein
Heartland Family Service: Joanie Spitznagle
Heartland Family Service: Paula Creps
Heartland Family Service: Rachel Stricklett
Holy Family: Judy McDonald
HUD: Greg Cecil
HUD: Tim Severin
Iowa Institute for Community Alliances: Joyce O’Neil
Iowa Institute for Community Alliances: Vernon Tryon
J. Development: Julie Stavneak
Lead Safe Omaha: Dennis Anderson
Legal Aid of Nebraska: Patrick Ford
Legal Aid of Nebraska: Timothy Riviera
Lozier Foundation: Bob Braun
MICAH House: Bobbie Nielsen
MICAH House: Rosey Higgs
Midwest Housing Equity Group: Cindy Koster
Mission for All Nations: Chelsea Hardymon
Mosaic Community Development: Brittany Hanson
Mosaic Community Development: Christian Gray
Mosaic Community Development: Jodi Cooper
Mosaic Community Development: Josh Harrison
Mosaic Community Development: Katie Ursini
Mutual of Omaha: Kim Armstrong
Nebraska Dept. of Health & Human Services: Blaine Shaffer
Nebraska Dept. of Health & Human Services: Joel Rogers
Nebraska Dept. of Health & Human Services: Mari Becker
Nebraska Dept. of Health & Human Services: Marianne Triplett
Nebraska Dept. of Health & Human Services: Jean Chicoine
Nebraska Aids Project: Sangeetha Youngman
Nebraska Appleseed: Erin Ching
Nebraska State Senator: John Synowiecki
Acknowledgements

Nebraska Urban Indian Health Coalition: Vince Maytubby
NET Radio: Robyn Wisch
Omaha City Planning: David Thomas
Omaha City Planning: James Thele
Omaha Community Foundation: Patrick McNamara
Omaha Downtown Improvement District: Shelley Kiel
Omaha Housing Authority: Barry Long
Omaha Housing Authority: Stan Timm
Omaha Police: Lt. Scott Gray
Omaha Public Library: April Earl
Omaha Public Library: Rivkah Sass
Omaha Public Schools: Eric Stec
Omaha Public Schools: Terry Kocsis
One World Community Health Center: Andrea Skolkin
One World Community Health Center: Pat O’Hanlon
Open Door Mission: Candace Gregory
Open Door Mission: Charity Watts
Open Door Mission: Dan Applegate
Open Door Mission: Dick Arant
Open Door Mission: Joy Stevens
Open Door Mission: Judy Collins
Open Door Mission: Karen Applegate
Open Door Mission: Rhonda Nelson
Open Door Mission: Stan Latta
Open Door Mission: Tim Suelter
Oxford House: Kirstin Hallberg
Peter Kiewit Foundation: Tracy Bohrofen
Prevention Task Force Member: Pat Gromak
Project Hope: Leigh Trumble
Region 6 Behavioral Healthcare: Alice Drake
RSRC (Telecare): Paula Bruland
The Russell Center, LLC: Valerie Russell
Salvation Army: Jeannette Winkler
Salvation Army: Martie Conkling
Salvation Army: Theresa Christensen
Senator Ben Nelson's Office: Louise Latimer
Siena Francis House: Mike Saklar
Siena Francis House: Rod Bauer
SourceNet: Eliga Ali
Stephen Center: Del Bomberger
Stephen Center: Molly Nosbisch
Together Inc.: Cindy Grady
United Methodist Ministries: Stephanie Ahlschwede
United State Probation Office: Harriette Washington
United Way: Barb Velinsky
United Way: Virgil Keller
University of Nebraska at Omaha: Karen Rolf
University of Nebraska at Omaha: Sara Woods
VA Hospital: Bob Messick
Veterans Administration: Kurt Hoagland
Veterans Administration: Michael Johnson
Veterans Administration: Pam Dorau
Veterans Auxiliary: Sharon Kay
Visiting Nurses Association: Bernadette Mruz
Visiting Nurses Association: Betty Cernech
Visiting Nurses Association: Marilyn Wegehaupt
Wells Fargo: Kraig Williams
William and Ruth Scott Family Foundation: John Scott
Williams Prepared Place: Pastor Pat Williams
Youth Emergency Services: Bob Storey
Youth Emergency Services: Cindy Goodin
Youth Emergency Services: Peggy Wickerham
YWCA: Chris Carlson
YWCA: Ellen Freeman-Wakefield
Zaiss and Company: Lynn Beha