

## 1A. Continuum of Care (CoC) Identification

### Instructions:

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

**1A-1 CoC Name and Number:** NE-502 - Lincoln CoC

**1A-2 Collaborative Applicant Name:** City of Lincoln

**1A-3 CoC Designation:** CA

## 1B. Continuum of Care (CoC) Operations

**Instructions:**

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

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

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

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

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

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

|   |     |
|---|-----|
| 1B-5.1 Written agendas of CoC meetings?                                   | Yes |
| 1B-5.2 Centralized or Coordinated Assessment System?                      | Yes |
| 1B-5.3 Process for Monitoring Outcomes of ESG Recipients?                 | Yes |
| 1B-5.4 CoC policies and procedures?                                       | Yes |
| 1B-5.5 Written process for board selection?                               | Yes |
| 1B-5.6 Code of conduct for board members that includes a recusal process? | Yes |
| 1B-5.7 Written standards for administering assistance?                    | Yes |

## 1C. Continuum of Care (CoC) Committees

**Instructions:**

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

|        | Name of Group  | Role of Group<br>(limit 750 characters)   | Meeting Frequency | Names of Individuals and/or Organizations Represented  |
|--------|--|---|-------------------|--|
| 1C-1.1 | Planning & Data Committee                              | The Planning & Data Committee completes the CoC application, conducts bi-annual performance reviews of CoC grantees, conducts project review and renewal rankings, administers the PIT count, leads efforts to obtain info for HUD HDX, leads implementation of the 10 Year Plan, analyzes CoC data in order to identify and fill gaps in services, explore options for increased efficiency across the CoC, i.e., housing first efforts, RRH, and exploring shift in focus from TH to PSH, and pushes for collaboration with mainstream resource providers at the local, county, state, and federal level. | Monthly           | City of Lincoln, Downtown Lincoln Association, Cedars Youth Services, Fresh Start, Housing Authority, Catholic Social Services, Veterans Administration, Community Action, UNL Center on Children, Families & the Law, City of Lincoln, CenterPointe |
| 1C-1.2 | SOAR (SSI/SSDI Outreach Access and Recovery) Committee | The SOAR (SSI/SSDI Outreach Access and Recovery) committee was established to provide agencies assisting individuals who are applying for SSI or SSDI benefits with a forum to discuss best practices and coordination of services within the Lincoln community. The SOAR committee coordinates outreach programs across local agencies providing that service, training for agency staff, and services for SOAR project.   | Monthly           | Matt Talbot's Kitchen and Outreach, Social Security Administration, Disability Determinations, Veterans Administration, General Assistance, Lancaster County Health Department   |

|        |                               |  |           |   |
|--------|-------------------------------|--|-----------|---|
| 1C-1.3 | Discharge Planning Committee  | The Discharge Planning committee works to improve housing and services for individuals exiting public institutions with an overall goal of ensuring successful reintegration back into the general community for those individuals. The committee focuses on coordinating efforts across organizations and developing strategies for increasing support and reducing risk. The Discharge Planning committee works closely with the Reentry Alliance of Nebraska, a statewide collaborative effort to affect how ex-offenders are released back into the community and reduce the associated public safety and tax burdens. | Monthly   | Released & Restored, Nebraska Dept of Correctional Services, Lancaster County Corrections, Community Action, Christian Heritage, New Visions UMC, Nebraska State Probation, Community Justice Center, Mental Health Association of Nebraska |
| 1C-1.4 | Consumer Engagement Committee | The purpose of the Consumer Engagement committee is to actively engage people who are experiencing homelessness and other stakeholders in developing solutions to achieve self-sufficiency. Committee strategies are focused on support and resources for obtaining and maintaining employment and education. The committee works collaboratively with other coalitions to engage populations with unique challenges such as individuals who were formerly incarcerated or have behavioral health issues.  | Monthly   | Veteran's Administration, Matt Talbot Kitchen and Outreach, Community Action Partnership of Lancaster & Saunders Counties, Released and Restored, Center Pointe, Legal Aid of Nebraska  |
| 1C-1.5 | Youth Committee               | The Youth committee was created in response to a community-wide assessment process which highlighted the need for specialized planning for youth services. The committee has focused on developing strategies for enhancing outreach and coordination of services by agencies serving youth. Enhancing public awareness of issues and programs affecting that population, such as trafficking and the Safe Place initiative, has also been a focus of the committee.   | Quarterly | Cedars Youth Services, The Bay, Lincoln Public Schools, Nebraska Children and Families Foundation, People's City Mission  |

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

The CoC maintains an open membership for all CoC committees, and strives to maintain an inclusive structure that ensures all committees and CoC sponsored meetings include the right blend of participants to reflect a wide range of knowledge and experience of homelessness issues in Lincoln. Committee invitations are given on an annual basis, however the CoC regularly invites participation from all conceivable stakeholders via a large email distribution list. CoC committees include representation from both CoC and non-CoC organizations. Member agencies engage current and former consumers in CoC activities, and gather information on consumer perspectives for committee work. CoC committees are developed based on formal needs assessment as well as from feedback on homelessness issues and trends facing the community.

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

### Instructions:

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

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

Lincoln's CoC ranks and selects projects based on project performance as measured by evaluation criteria developed and approved by Lincoln's CoC. The Evaluation Criteria is posted, along with final rankings, at [lincolnhomelesscoalition.org](http://lincolnhomelesscoalition.org). Scoring criteria is based primarily on APR data, HUD grant management, HMIS reports, and other objective data. Each project was assessed using the evaluation criteria and scored accordingly. The final ranking was reviewed by an objective panel, and ranked according to score.

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

The Planning & Data Committee conducts bi-annual reviews to monitor and analyze project performance. Annual reviews include scoring outcomes (utilization rates, length of stay, exits to PH, exits with non-cash benefits, employment, etc.), in addition to consumer satisfaction, HMIS data quality measures, and HUD compliance. (In essence, periodic reviews are based primarily on the evaluation criteria mentioned in section 1D-1). These measures give our CoC a good indication of which programs are effective in moving participants to PH. Projects serving CH, Vets, and TH programs who administer substance abuse programs where a half-way house is often a next step between TH and PH, are given special consideration or weighted scoring.

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

The CoC decided to make a strategic reallocation of resources in order to fund a new PSH project. A Request for Proposals for PSH projects was distributed electronically using the CoC mailing list, and a broader Social Service list maintained by the City of Lincoln Urban Development Department. Since the Data & Planning Committee anticipated reallocation prior to the CoC RFP, the community had been asked to consider new programming informally, in CoC meetings and committee meetings throughout the summer and fall of 2013. The CoC proactively anticipates possible bonus funding or reallocation opportunities from HUD, and publicly solicits contact with agencies who may fit efforts to provide RRH and PSH. Lincoln's CoC directs all interested parties to the OneCPD.info site, and provides technical assistance as needed.

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

**1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?** 01/17/2014

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

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

No changes were made to the GIW. HUD Field Office and CoC GIW matched.

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

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

No complaints were received.

## 1E. Continuum of Care (CoC) Housing Inventory

### Instructions:

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

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

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

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

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

The Lincoln CoC has in place an HMIS Governance Charter with the UNL - CCFL, the HMIS Lead, which defines the HMIS Lead's responsibilities and duties. These include entering into an HMIS Participation Agreement with each CHO, monitoring and enforcing HUD requirements, and utilizing an HMIS vendor software that meets HUD standards. The Data and Planning Committee of the CoC monitors compliance with the HMIS governance charter and requirements on an ongoing basis and monitors conformance with HMIS data standards and related HUD HMIS notices. The Data and Planning committee reports to the Continuum of Care on a monthly. In addition the combined applicant agency, the City of Lincoln Department of Urban Development, reviews with the HMIS lead HUD notices and HMIS requirements and all data reporting for the Lincoln CoC.

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

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

The Lincoln HMIS privacy, security, and data quality plans were developed by the HMIS Lead and submitted to Lincoln CoC for review. The privacy, security, and data quality plans are reviewed at least annually by the Lincoln Data and Planning Subcommittee and recommendations made to the Lincoln CoC. Subcommittee and submitted to the full BOS CoC.

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

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

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

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

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

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

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

### 2B-3.1 Funding Type: Federal - HUD

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

### 2B-3.2 Funding Type: Other Federal

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

### 2B-3.3 Funding Type: State and Local

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

**2B-3.4 Funding Type: Private**

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

**2B-3.5 Funding Type: Other**

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

|  |           |
|--|-----------|
| 2B-3.6 Total Budget for Operating Year | \$279,655 |
|--|-----------|

**2B-4 How was the HMIS Lead selected by the CoC? Other**

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

UNL-CCFL was requested by the Lincoln CoC to provide HMIS services and to apply for CoC HMIS funding to provide HMIS services.

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

**Instructions:**

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

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

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

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

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

Not applicable, all coverage rates are above 64%.

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

Not applicable, all coverage rates for housing type were above 64% in the FY 2012 CoC Application.

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

**Instructions:**

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

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

| Type of Housing              | Average Length of Time in Housing |
|------------------------------|-----------------------------------|
| Emergency Shelter            | 23                                |
| Transitional Housing         | 8                                 |
| Safe Haven                   | 0                                 |
| Permanent Supportive Housing | 19                                |
| Rapid Re-housing             | 1                                 |

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

| Universal Data Element             | Percentage |
|------------------------------------|------------|
| Name                               | 0%         |
| Social security number             | 1%         |
| Date of birth                      | 1%         |
| Ethnicity                          | 2%         |
| Race                               | 5%         |
| Gender                             | 1%         |
| Veteran status                     | 0%         |
| Disabling condition                | 2%         |
| Residence prior to program entry   | 1%         |
| Zip Code of last permanent address | 1%         |
| Housing status                     | 1%         |
| Head of household                  | 3%         |

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

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

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

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

The Lincoln CoC HMIS Lead monitors CoC funded programs data and programs submit a monthly data quality report monthly to HMIS lead for review. Programs identified by HMIS lead agency system administrators that are identified with data quality issues are contacted by the HMIS lead agency. HMIS Lead with Agency then conduct data remediation to fix issues, perform work-flow analysis and additional training are provided to agency and program staff to prevent continuing issues. The HMIS Lead reviews with CoC programs on a monthly basis their self-generated data quality reports. For programs which fall below CoC identified data quality standards the HMIS lead contacts agency to determine steps to remedy data quality issues. Data quality reports are generated by HMIS as part of the CoC performance evaluation process.

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

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

### Instructions:

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

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

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

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

### **Instructions:**

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

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

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

Nebraska Management Information System Standard Operating Procedures  
Section 504 Data Quality - Page 43

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

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

**Instructions:**

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

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

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

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

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

| Housing Type         | Observation | Provider Shelter | Client Interview | HMIS |
|----------------------|-------------|------------------|------------------|------|
| Emergency Shelters   | 0%          | 14%              | 0%               | 86%  |
| Transitional Housing | 0%          | 6%               | 0%               | 94%  |
| Safe Havens          | 0%          | 0%               | 0%               | 0%   |

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

There was no significant change in the number of sheltered persons counted in the 2013 PIT count compared to the 2012. There were 3 fewer persons sheltered in the 2013 PIT count compared to 2012 count.

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

### Instructions:

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

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

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

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

Not Applicable.

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

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

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

### Instructions:

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

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

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

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

Not applicable.

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

Sub-population data was recorded in HMIS for all persons at HMIS participating agencies. For non-HMIS participating agencies, the individual level data forms and aggregate forms for DV providers included all required sub-population fields and this data was completed by the provider. These data were then deduplicated as part of the person count sub-population counts tabulated by the HMIS lead.

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

### Instructions:

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

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

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

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

Not applicable.

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

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

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

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

### Instructions:

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

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

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

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

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

The 2013 Lincoln CoC unsheltered PIT count decreased 17% from the 2012 PIT unsheltered count (from 125 to 103 persons).

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

**Instructions:**

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

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

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

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

Not applicable.

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

Community volunteers, service providers, law enforcement, Department of Veterans Affairs, and other public service providers conducted public place counts during the night with interviews to obtain additional needed information for the PIT and reported these numbers to the HMIS lead. Homeless persons seeking non-housing services during the night of the PIT were counted through service providers utilizing HMIS. HMIS Lead examined unsheltered counts with HMIS service and shelter data in order to unduplicate.

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

### **Instructions:**

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

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

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

Not applicable.

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

### Instructions:

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

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Training:               | <input checked="" type="checkbox"/> |
| "Blitz" count:          | <input type="checkbox"/>            |
| Unique identifier:      | <input checked="" type="checkbox"/> |
| Survey question:        | <input type="checkbox"/>            |
| Enumerator observation: | <input type="checkbox"/>            |
| Other:                  | <input checked="" type="checkbox"/> |

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

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

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

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

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

#### Objective 1: Increase Progress Towards Ending Chronic Homelessness

**Instructions:**

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

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

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

|   | Proposed in 2012 CoC Application | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|----------------------------------|--|-----------------------------------|-----------------------------------|
| 3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.  |                                  | 38   | 43                                | 43                                |
| 3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.  | 11                               | 22   | 26                                | 33                                |
| 3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.   |                                  | 54   | 54                                | 54                                |
| 3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year. |                                  | 100%   | 100%                              | 100%                              |
| 3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?   |                                  | 8  | 0                                 | 8                                 |

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

City of Lincoln Urban Dev Dept will use planning funds to oversee the plan to end CH. Steps include an examination of the allocation/coordination of resources to achieve outcomes to end homelessness. Urban Dev will be the lead agency representing Lincoln in the NE Committee to End Homelessness. The State's plan to end homelessness is endorsed by the Governor's Commission on Homelessness and provides the framework for local CoC's. In 2014, 14 new beds will be added to the inventory by converting set aside Section 8 historically used for TH to RRH. The goal is to move persons from homelessness in a short period of time by bypassing the Sect 8 waiting list. By 2015, through reallocation, the CoC will create an 8 bed PSH program and will utilize Housing Trust Funds for 5 rental assistance vouchers dedicated to CH. Rental assistance programs will partner with PATH Street Outreach to engage and house individuals using Housing First. Additionally, PATH will assist CH persons move towards housing utilizing mainstream resources and CoC funded programs. The CoC committed to prioritizing CH persons in RRH, PSH as identified in the project applications.

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

City of Lincoln Urban Development Department: 1.Submit reallocation funds application to establish PSH for chronic homeless 2.Coordinate planning efforts through CoC funds 3.CoC lead in the Nebraska Planning Committee to End Homelessness

Region V Systems: 1.Create chronic homeless rental assistance utilizing State Housing Trust Funds 2.Member of the Nebraska Planning Committee to End Homelessness

Lincoln Housing Authority: 1.Reserve RRH Section 8 vouchers for Lincoln Homeless Coalition

Homeless Voucher Committee: 1.Allocate RRH Section 8 Vouchers set aside by the Lincoln Housing Authority

CenterPointe: 1.Expand PATH street outreach 2.Subrecipient and provider of supportive services for Urban Development's PSH reallocation grant for chronic homeless.3.Support Service provider for Region V Systems rental assistance program for chronic homeless.4.Member of the Nebraska Planning Committee to End Homelessness

University of Nebraska Center for Children Families and the Law: 1.HMIS system administrator 2.Member of the Nebraska Planning Committee to End Homelessness

3.Planning and Data subcommittee lead to establish goals to end chronic homelessness and to monitor outcomes

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

### Objective 2: Increase Housing Stability

**Instructions:**

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

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

**3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?** No

### 3A-2.2 Objective 2: Increase Housing Stability

|  | 2013 Actual<br>Numeric Achievement<br>and Baseline | 2014 Proposed Numeric<br>Achievement | 2015 Proposed Numeric<br>Achievement |
|--|--|--------------------------------------|--------------------------------------|
| 3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:  | 142  | 154                                  | 166                                  |
| 3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. | 121  | 137                                  | 151                                  |
| 3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.  | 85%  | 89%                                  | 91%                                  |

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

PSH projects in the CoC feature strong housing stability. Housing Stability will be increased from 85% to 91% over the next two years using these specific strategies and actions: 1) Match clients with appropriate programs, health supports, and mainstream services. 2) Prioritize vacancies for CH individuals and families, 3) Use bi-annual review data to assist providers who may be falling behind benchmarks, and provide technical assistance so they may act quickly to improve outcomes. 4) Continue to improve mainstream benefits navigation to clients.

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

Organizations and Committee's responsible for increasing the rate of housing stability include the 5 PSH providers in the CoC, and via bi-annual monitoring and evaluation of progress towards benchmarks from the Planning & Data Committee.

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

#### Objective 3: Increase project participants income

**Instructions:**

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

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

**3A-3.1 Number of adults who were in CoC- funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:** 317

#### 3A-3.2 Objective 3: Increase project participants income

|   | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|--|-----------------------------------|-----------------------------------|
| 3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?                    | 8%   | 20%                               | 25%                               |
| 3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit? | 20%  | 35%                               | 55%                               |

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

| Cash Income Sources    | Number of Participating Adults | Percentage of Total in 3A-3.1 |
|------------------------|--------------------------------|-------------------------------|
| Earned Income          | 59                             | 18.61 %                       |
| Unemployment Insurance | 10                             | 3.15 %                        |
| SSI                    | 67                             | 21.14 %                       |

|                              |     |       |   |
|------------------------------|-----|-------|---|
| SSDI                         | 47  | 14.83 | % |
| Veteran's disability         | 4   | 1.26  | % |
| Private disability insurance | 0   |       | % |
| Worker's compensation        | 1   | 0.32  | % |
| TANF or equivalent           | 26  | 8.20  | % |
| General Assistance           | 25  | 7.89  | % |
| Retirement (Social Security) | 1   | 0.32  | % |
| Veteran's pension            | 1   | 0.32  | % |
| Pension from former job      | 1   | 0.32  | % |
| Child support                | 11  | 3.47  | % |
| Alimony (Spousal support)    | 1   | 0.32  | % |
| Other Source                 | 10  | 3.15  | % |
| No sources                   | 101 | 31.86 | % |

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

The specific strategies the CoC will use to increase incomes from non-employment sources include: eliminate barriers to mainstream resources, increase use of HMIS as a screening and application tool for mainstream resources, continue to implement SOAR training across the CoC, continue annual Project Homeless Connect events, increase collaboration with the VA and strengthen VA outreach, and regularly monitor performance outcomes to identify areas that require additional resources or technical assistance. These steps will be achieved by the CoC committees responsible for each activity.

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

The CoC Consumer Engagement committee provides support and resources for project participants in all CoC-funded projects as well as other member agencies. The committee will work within the CoC membership to coordinate and leverage resources to address barriers to participant success within the workforce such as transportation, criminal history, etc. The committee will provide on-site technical assistance for project staff to enhance employment and educational supports and increase awareness of resources. On a quarterly basis, the committee will present community-wide employment workshops and will offer individual mentoring of participants on an as-needed basis. A specialized employment and education service area will be included in Project Homeless Connect events. Input from other coalitions addressing related issues such as discharge planning and behavioral health will be incorporated into committee planning as will feedback from individual consumers.

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

The CoC Consumer Engagement Committee will have primary responsibility for improving income outcomes. In addition, the Data & Planning Committee will provide data on a bi-annual basis to keep agencies apprised of outcomes, and to guide overall efforts. Strategies include: increase employment workshops, increase resource and referral to employment services, use bi-annual review to determine barriers to increased income and develop strategies to act proactively to improve results.

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

**Objective 4: Increase the number of participants obtaining mainstream benefits**

**Instructions:**

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

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

**3A-4.1 Number of adults who were in CoC- 317 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.**

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

|   | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|--|-----------------------------------|-----------------------------------|
| 3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit. | 41%  | 50%                               | 60%                               |

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

| Non-Cash Income Sources                     | Number of Participating Adults | Percentage of Total in 3A-4.1 |
|---|--------------------------------|-------------------------------|
| Supplemental nutritional assistance program | 217                            | 68.45 %                       |
| MEDICAID health insurance                   | 138                            | 43.53 %                       |
| MEDICARE health insurance                   | 28                             | 8.83 %                        |
| State children's health insurance           | 5                              | 1.58 %                        |
| WIC   | 21                             | 6.62 %                        |

|  |    |         |
|--|----|---------|
| VA medical services                          | 8  | 2.52 %  |
| TANF child care services                     | 16 | 5.05 %  |
| TANF transportation services                 | 2  | 0.63 %  |
| Other TANF-funded services                   | 3  | 0.95 %  |
| Temporary rental assistance                  | 1  | 0.32 %  |
| Section 8, public housing, rental assistance | 70 | 22.08 % |
| Other Source                                 | 8  | 2.52 %  |
| No sources                                   | 60 | 18.93 % |

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

The CoC will strive to maintain the success shown in increasing the percentage of participants who gain SNAP, Medicaid, and Section 8 vouchers. Additional strategies will include building bridges between the CoC and appropriate state agencies reps to increase access to state benefits, focus on increasing enrollment in VA services, as well as working with the local PHA to target housing subsidies for PSH. These strategies will be accomplished by relevant committees, with progress monitored by the Data & Planning Committee.

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

The Data & Planning Committee will be responsible for monitoring performance and progress towards benchmarks and goals on a bi-annual basis. Connecting clients to mainstream services is a central tenant of all CoC agencies. Agencies will be provided with bi-annual feedback on progress towards enrollment in mainstream resources. This will allow agencies to act proactively to develop strategies to improve efforts that are below CoC benchmarks.

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

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

**Instructions:**

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

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

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

|  | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|--|--|-----------------------------------|-----------------------------------|
| 3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.               | 0  | 0                                 | 0                                 |
| 3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.               | 3  | 5                                 | 10                                |
| 3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding. | 0  | 18                                | 22                                |

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

No RRH projects are funded by the CoC competition. All RRH activities are funded by ESG. ESG funds are distributed via a competitive application in conjunction with State Homeless Shelter Assistance Trust funds. Grantees are currently in the second year of a two year funding cycle. A specific strategy for the next ESG competition includes an emphasis on RRH, and providing assistance to programs interested in moving from TH to RRH. Progress towards meeting the goal of increased HH with children assisted via RRH projects will be measured in bi-annual performance reviews by the Data & Planning committee.

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

The Emergency Services Committee, administered by Community Action Partnership, is responsible for administering RRH programs in the CoC. The Committee is comprised of the seven agencies in the CoC who provide rent and utility supports to individuals and families in the community. Collaboration among these agencies, and their ability to act as a committee to provide RRH services to the community, as opposed to operating individually, is a great legacy of the initiation of the HPRP program.

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

The Emergency Services committee meets weekly to review applications. The committee reviews each application and scores according to six priority conditions. The point system is as follows (An applicant must meet all criteria listed below in order to be considered eligible to apply): 1. Income below 30% AMI, 2. Applicant meets HUD definition of homeless or at risk of homelessness, 3. Unit falls below Fair Market Rent, 4. Unit falls below Rent Reasonableness. An applicant will receive one point for every category for a maximum of 6 points. The highest point applications are considered first. Categories: Children in home FT, Case management/ Support System in place, Typically sustainable: Need is due to unforeseen crisis, Payment History, Exhausted other resources, Barriers/Other (Displaced due to fire or natural disaster). Once all of the applications have been scored, the committee assigns funding amounts. Applications are considered for funding depending on how many points they received. For example, an application scoring 6 would be considered before an application scoring 3.

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

All applicants who are funded through Emergency Services will be expected to participate in ongoing case management for a minimum of three months. This case management will include goal setting, budgeting, and assistance in obtaining appropriate support services as well as connecting to other federal, state, local, and private benefits and services for which they may be eligible. All those participating in case management services will be referred to other programs to which they may be eligible. For any participant not completing case management the file will contain documentation of attempts by the staff member to engage that participant in case management services (letters, phone calls, etc).

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

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

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

### Instructions:

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

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

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

Not Applicable, Nebraska has a State Mandated Policy in place for Foster Care Discharge.

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

In 2013, The Nebraska Children & Families Foundation convened Project Everlast in Lincoln. Project Everlast is a youth-led initiative committed to providing resources, connections and support to young adults as they age out of foster care. The Project Everlast Plan for Lincoln focuses on strategies in 5 broad categories: Housing, Transportation, and Basic Needs; Permanence, Education, Employment, and Policy. Project Everlast complements State Policy at the local level. Neb's Foster Care Review Board reports that of children leaving foster care: 70% returned to parents; 12% adopted; 5% guardianship; and 7% Youth Aging Out. Wards with other mental or physical disabilities are linked to specialized support services.

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

Stakeholders responsible for ensuring that persons being discharged from a system of care not routinely discharged into homelessness include CoC agencies supporting youth: Cedars Youth Services, CenterPointe, Lincoln Public Schools, The Nebraska Children & Families foundation, the State Department of Health & Human Services, the Lighthouse, The Bay, and The HUB.

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

**Instructions:**

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

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

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

Not applicable.

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

The COC works with local hospitals to meet State policy and regulations. Each hospital must provide discharge planning to patients who request information or who are identified as likely to suffer adverse health consequences upon discharge. The discharge planning program includes: a system of timely evaluation for any discharge planning needs of patients; identification of staff responsible for the program; development of a discharge plan with patient or representative when need is identified; maintenance of a complete and accurate list of community-based services, resources and facilities to which patients can be referred; and arrangement for the initial implementation of a discharge plan. Wherever possible persons are discharged to family/significant others. When this is not possible referrals are made to numerous CoC homeless providers, depending upon population or specific needs.

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

The CoC works with local health care providers, including Bryan Health Hospitals and St. Elizabeth's Hospital. In addition, the CoC works with health care providers to effect policies that reduce the incidence of discharge into homelessness. Virtually all homeless service providers are involved with discharge from Health Care, a major stakeholder is Lincoln ED Connections, a free program in Lincoln to help patients find a doctor, assist in obtaining needed medications and make connections to other community resources. The goal of the program is to connect individuals and families to a total health care program.

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

### Instructions:

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

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

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

Not Applicable.

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

When an individual is committed to a State Regional Center, the discharge planning process begins with community providers. All discharges include appropriate housing and community services. The Nebraska Housing Related Assistance Program, authorized under Neb. Rev. Stat. 71-812 (3) has directed the Division of Behavioral Health Services, to contract with each Regional Behavioral Health Authority for the provision of housing-related assistance for adults below 30%AMI who experience a serious mental illness. The Housing Rental Assistance Program helps eligible participants' exiting the State hospital obtain safe and affordable housing through rental assistance funds and assures that these consumers receive community support services.

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

Region V Systems Emergency Services Coordinator provides the centralized oversight and placement of persons exiting emergency services level of care in Lincoln to include the Lincoln Region Center, Crisis Center, Bryan Health Care Systems and other hospital providers.

Lutheran Family Services, St Monica's, CenterPointe, TASC, and Region V Systems provides housing and supportive services for those exiting to prevent discharges to homelessness.

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

### Instructions:

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

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

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

Not Applicable.

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

During 2013, the CoC revamped it's Discharge Planning Committee, with a particular focus on discharge from corrections. A key member of the committee CoC is a Social Work Supervisor from the Nebraska Department of Correctional Services. Lincoln is home to the State Penitentiary, in addition to three smaller city and county correctional facilities, so discharge from corrections is a key issue in the CoC. In general, CoC Case Managers are responsible for conducting discharge planning for assigned caseloads in the state prison facilities. The intent of discharge planning is to prepare the inmate for release and transition to the community. As much as possible, inmates are encouraged to enroll in the pre-release program. The state corrections system has four CSW workers with caseloads in Lincoln facilities, with a particular focus on discharge planning for persons with substance abuse and/or mental health issues.

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

Stakeholders and/or collaborating agencies responsible for appropriate discharge from corrections include: The Re-Entry Alliance Network (comprised of the State Department of Corrections, Lancaster County Community Corrections, and non-profit agencies including Release & Restore, Roots, and others), and Lancaster County Mental Health Corrections Diversion Case Managers.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

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

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

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

The following six goals are listed in the City of Lincoln, 5 Year Strategic Plan:

- Goal Name: Chronic Homeless  
Goal Description: Create new permanent housing beds for chronically homeless persons
- Goal Name: Permanent Housing  
Goal Description: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80% and higher.
- Goal Name: Transitional Housing  
Goal Description: Increase the percentage of the participants in CoC funded transitional housing that move into permanent housing to 70% plus.
- Goal Name: Employment Homeless  
Goal Description: Increase the percentage of participants in all CoC funded projects that are employed at program exit to 20% plus.
- Goal Name: Mainstream Benefits  
Goal Description: Increase the percentage of participants in all CoC funded projects that obtain mainstream benefits at program exit to 20% plus
- Goal Name: Homeless  
Goal Description: Decrease the number of homeless individuals and families in annual PIT counts.

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

The Nebraska Homeless Assistance Program (NHAP) combines Homeless Shelter Assistance Trust Fund Resource with Emergency Solutions Grant funding. The program was previously administered by the Nebraska Department of Health and Human Services, but is transitioning to administration by the City of Lincoln. Lincoln was awarded ESG fund for FY 2013. NHAP funds are allocated after consultation with the CoC on priorities for funding. These discussion occurred in the spring of 2013. The City of Lincoln participates in all CoC meetings, solicits input from the CoC in allocating the NHAP funding including selection criteria for grantees; the CoC has established a performance report card with performance metrics developed by the CoC committee. This report is issued through HMIS and distributed bi-annually to all CoC and ESG grantees.

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

48 percent of Lincoln's NHAP allocation is used for RRH or prevention, with 20% of total ESG funds for RRH, and 20% for prevention. These percentages have held constant for two program years because the state was operating on two year application cycles. These funding decisions were made based on consultation with the CoC and based in part on the applications received from provider agencies.

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

NHAP combines ESG and State Homeless Shelter Assistance Trust fund resources allocated through consultation with CoC. State funded prevention resources in Lincoln totaled \$630,802, including \$105,563 in ESG. \$252,556 of these funds are used to fund RRH Prevention activities by Lincoln's Emergency Services Committee, which is administered by Community Action Partnership, and involves a network of Rent & Utility providers who are all CoC members. The CoC is implementing a system of coordinated assessment that will identify households that can be diverted from homelessness and referred to CAP which will then coordinate prevention and rapid rehousing services across the Rent and Utility Network. Barriers to housing choice as identified by the State of Nebraska include: discrimination in the private market (refusal, steering) and failure to make reasonable accommodations; lack of statewide fair housing coordination and resources.

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

The primary applicant for Lincoln's CoC is the city Urban Development Department. The city works hand in hand with the CoC on all issues related to planning and operation of homelessness and emergency needs programming. CoC activities overlap with many areas of Lincoln's Five Year Strategic Plan. Because of the close relationship between the CoC and the city, the CoC is well poised to stay abreast of relevant HUD-VASH, HOPWA, Neighborhood Stabilization Programs, CDBG block grants, and ESG programs, in addition to regional, state, and local funding opportunities, including funders like the United Way, and several local foundations. Staff at the Urban Dev Department participate on the CoC Exec committee, and promote and connect opportunities to other Fed programs, including job training via the local One Stop, NSP initiatives, VA programs, and weatherization grants. Several agencies in the CoC receive funding from additional Federal Departments or programs, which further synchronizes the CoC with a variety of funding sources, including Head Start, TANF, and Runaway and Homeless Youth.

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

Lincoln's CoC benefits from a strong partnership with the Lincoln Housing Authority (LHA). LHA representatives are active members in the CoC, and staff several committees, including the Executive Committee. LHA routinely works with CoC case managers to help house homeless individuals and families, and collaborate with agencies to oversee the Homeless Voucher program, which provides 65 vouchers in the community. In addition, LHA provides a homeless preference, which helps the CoC reduce the duration of homelessness for hundreds of families.

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

The CoC Planning & Data committee will assess barriers to entry among CoC funded programs (and ESG programs) by identifying additional screening requirements above and beyond HUD requirements. Once identified, the CoC will work with agencies to limit or lift barriers.

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

The 5 CoC funded providers of PSH have already adopted the Housing First approach. Housing First practices will be considered as part of the renewal evaluation and ranking process. The increasing use of RRH in the CoC is requiring all providers to work to rapidly place clients into housing and is facilitating a rapid conversion to the Housing First model. The CoC will adopt formal Housing First principles in the upcoming year.

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

The CoC is in the process of implementing State-wide coordinated assessment. The HMIS lead received funding in the 2013 competition to develop and implement the system and the contract has just been executed. It will implement a 'no-wrong door' city-wide system, that will include initial telephone screening; walk in access through partner agencies, and will be publicized through PSAs and through CoC agencies. The initial assessment will determine whether the household can be diverted from shelter; if not an assessment may be conducted using the VI and FAM SPDAT assessments to prioritize placement in PSH or RRH. Program eligibility minimums will be examined and most appropriate referral programs identified through eligibility module in HMIS. Referrals will be made to programs with available resources and appropriate services to end homelessness for the household.

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

CoC policy is to provide information for housing and services without regard to race, color, national origin, sex, religion, sexual orientation, familial status, receipt of public assistance, or disability. Agencies incorporate the EHO logo or statement in their letterhead, press releases, and advertisements for rental units. Housing providers display fair housing posters in areas that are accessible to the public. Property owners or property management agents maintain a file containing a record of all marketing efforts. CoC members, primarily at two agencies, Community Action Partnership; and The Center for People in Need; provide a variety of resource and referral information on federal, state, and local supportive services and mainstream resources. The materials are disseminated widely throughout the CoC.

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

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

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

Each project in the CoC that works with homeless youth has dedicated staff to ensure children are enrolled in school and receiving educational services. In addition, the Lincoln Public Schools(LPS) Homeless Coordinator chairs the CoC Youth Committee, and includes LPS liaisons in all planning activities. LPS and the CoC provide services and conduct planning collaboratively. Parents are provided resource and renewal information through written notification from the school system. Consultation services include phone and personal contacts with agency staff relative to student and family needs, which include the overarching goal of continuity of education with minimum disruption. Agencies meet with LPS quarterly to identify progress towards goals and meeting the needs of homeless children. Services provided include transportation arrangements, school supplies, and assurance that the support services available in the schools are wrapped around the student as needed. Services are individualized as much as possible and coordinated between shelters, the school, and the family.

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

Lincoln's largest Emergency Shelter, The People's City Mission (PCM) Family Shelter has a formal policy and practice to keep families intact while in shelter. Families have their own room that can accommodate children. Lincoln's largest DV provider, The Friendship Home, has a similar policy in place. In addition, the CoC includes TH and PH programs that specifically target families, and also have formal policies preventing denial of admission or separation of families with children.

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

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

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

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

Not Applicable.

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

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

Not applicable.

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

**Instructions:**

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

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

The goals of Opening Doors include: ending chronic homelessness, ending Veteran homelessness and ending homelessness among families. The CoC has increased the number of dedicated CH beds and prioritized beds; according to the most recent PIT there are 114 CH individuals, and 5 CH households. Strategies will address this. The PIT indicates 67 Veterans; there is new SSVF funding and increased access to HUD-VASH. Addressing Veteran needs appears on track. The CoC has continued use of RRH for families, initiating transition of HPRP to Community Action Partnership during 2013. In next year's funding additional reallocation to RRH will be explored. In general, Lincoln's CoC used "Opening Doors" as a blueprint to modify, update, and inform the Homeless elements of Lincoln's 5 Year Strategic plan.

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

3 years ago, Lincoln was selected to participate in a pilot planning project with NAEH to develop a strategy to combat homelessness among HH with Children. The plan is based on 5 strategies: Implementation of a community-wide standardized assessment to identify the most appropriate housing option within 24 hours of intake (aimed at sheltered population); establish Safe Place Program (completed), bi-annually review and analyze gaps in resources serving youth. Lastly, the Youth Committee will continue to facilitate general case management and resources to homeless children and their families (primarily for sheltered populations)

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

CoC efforts to address the needs of DV victims and their families are provided by several agencies and coalitions in Lincoln. DV service providers are an active part of the CoC. Providers have a good working relationship with all CoC agencies and provide training on DV issues to case managers. Friendship Home and Catholic Social Services provide emergency safe shelter to individuals and families. Voices of Hope and The Nebraska Sexual Assault Domestic Violence Coalition provide 24 hour assistance, safe shelter, housing assistance, assistance with protection orders, legal services, transportation, emergency family assistance, and support groups.

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

The CoC Youth Committee oversees the planning and coordination of housing dedicated to unaccompanied youth. Both project based housing and scattered-site housing are utilized to ensure the housing needs of 16-17 and 18-24 (transition age) year old youth are met. Project based housing is provided for 16-17 year olds with on-site, 24/7 staff coverage. Transition age youth programs focus on rental assistance in scattered-site housing arrangements with on-site case management services to provide life skill training in the participant's apartment. Providers of youth housing include: CenterPointe and Cedars. Currently the CoC has 18 beds dedicated to youth.

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

Outreach is coordinated through the Outreach Committee of the CoC. The committee includes: Lincoln Public Schools, Downtown Business Assoc, HMIS admin, Lincoln Police Department and 5 outreach providers. Outreach focuses on moving the most excluded people in the community to safe housing. The programs assist people living in shelter or on the streets through face to face contacts to build trust over time. Outreach is a collaborative effort with all providers to ensure needed services are received and to protect the safety of staff. LPD is an active member of the committee and provides outreach by building relationships with homeless persons and by collaborating with providers, including training outreach staff through law enforcement and providing "ride alongs"

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

The CoC benefits from active participation and collaboration from the local VA office, with a variety of services, including those to Vets who DO NOT qualify for Dept of Veterans Affairs programs. The VA collaborates with CoC agencies to provide 2 Grant Per Diem programs that provide a total 55 beds for Vets. In addition, the HUD-Vash program provides 80 beds of ES at the People's City Mission. The VA has one Outreach Worker, and a Vocational Employment Specialist who actively collaborate with CoC agencies to make sure that homeless Vets, especially those who are ineligible for typical VA programs, are referred and connected to agencies who can provide them with the services they need to stay housed.

## 3E. Reallocation

### Instructions:

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

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

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

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

The CoC is NOT using reallocation to fund a new RRH project.

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

### 3F. Reallocation - Grant(s) Eliminated

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

| Amount Available for New Project:<br>(Sum of All Eliminated Projects) |                         |                |                       |                      |
|---|-------------------------|----------------|-----------------------|----------------------|
| Eliminated Project Name   | Grant Number Eliminated | Component Type | Annual Renewal Amount | Type of Reallocation |
| This list contains no items   |                         |                |                       |                      |

### 3G. Reallocation - Grant(s) Reduced

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

| Amount Available for New Project<br>(Sum of All Reduced Projects) |                      |                       |                 |                                  |                   |
|---|----------------------|-----------------------|-----------------|----------------------------------|-------------------|
| \$73,930  |                      |                       |                 |                                  |                   |
| Reduced Project Name  | Reduced Grant Number | Annual Renewal Amount | Amount Retained | Amount available for new project | Reallocation Type |
| Transitions Proje...  | NE0019L7D021205      | \$97,482              | \$95,588        | \$1,894                          | Regular           |
| Transitions Two   | NE0057L7D021201      | \$97,758              | \$95,958        | \$1,800                          | Regular           |
| Glide PATH  | NE0015L7D021205      | \$229,106             | \$223,863       | \$5,243                          | Regular           |
| Veteran's Permane...  | NE0045L7DO21201      | \$55,730              | \$52,790        | \$2,940                          | Regular           |
| Permanent Housing...  | NE0017L7D021205      | \$223,951             | \$212,678       | \$11,273                         | Regular           |
| Supportive Housin...  | NE0018L7DO21205      | \$469,651             | \$460,526       | \$9,125                          | Regular           |
| Women in Transition   | NE0020L7D021205      | \$128,388             | \$89,607        | \$38,781                         | Regular           |
| Lincoln NE HMIS F...  | NE0068L7D021200      | \$14,743              | \$14,457        | \$286                            | Regular           |
| New Futures Suppo...  | NE0016L7D021205      | \$133,197             | \$130,609       | \$2,588                          | Regular           |

### 3G. Reallocation - Grant(s) Reduced Details

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

**Reduced Project Name:** Transitions Project-Lincoln  
**Grant Number of Reduced Project:** NE0019L7D021205  
**Reduced Project Current Annual Renewal Amount:** \$97,482  
**Amount Retained for Project:** \$95,588  
**Amount available for New Project(s):** \$1,894  
(This amount will auto-calculate by selecting "Save" button)

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

The CoC performs a bi-annual performance review on each project. Based on these results, combined with agency history of unspent funds, the CoC was able to meet the goal of funding a new PH project by strategic reallocation. All grantees participated in the evaluation process to determine reallocation amounts, and voluntarily agreed to the reductions in this application in order to address gaps in CoC services.

### 3G. Reallocation - Grant(s) Reduced Details

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

**Reduced Project Name:** Transitions Two  
**Grant Number of Reduced Project:** NE0057L7D021201  
**Reduced Project Current Annual Renewal Amount:** \$97,758  
**Amount Retained for Project:** \$95,958

**Amount available for New Project(s): \$1,800**  
**(This amount will auto-calculate by selecting "Save" button)**

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

The CoC performs a bi-annual performance review on each project. Based on these results, combined with agency history of unspent funds, the CoC was able to meet the goal of funding a new PH project by strategic reallocation. All grantees participated in the evaluation process to determine reallocation amounts, and voluntarily agreed to the reductions in this application in order to address gaps in CoC services.

### **3G. Reallocation - Grant(s) Reduced Details**

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

**Reduced Project Name:** Glide PATH

**Grant Number of Reduced Project:** NE0015L7D021205

**Reduced Project Current Annual Renewal Amount:** \$229,106

**Amount Retained for Project:** \$223,863

**Amount available for New Project(s): \$5,243**  
**(This amount will auto-calculate by selecting "Save" button)**

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

The CoC performs a bi-annual performance review on each project. Based on these results, combined with agency history of unspent funds, the CoC was able to meet the goal of funding a new PH project by strategic reallocation. All grantees participated in the evaluation process to determine reallocation amounts, and voluntarily agreed to the reductions in this application in order to address gaps in CoC services.

### **3G. Reallocation - Grant(s) Reduced Details**

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

**Reduced Project Name:** Veteran's Permanent Housing Project  
**Grant Number of Reduced Project:** NE0045L7DO21201  
**Reduced Project Current Annual Renewal Amount:** \$55,730  
**Amount Retained for Project:** \$52,790  
**Amount available for New Project(s):** \$2,940  
(This amount will auto-calculate by selecting "Save" button)

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

The CoC performs a bi-annual performance review on each project. Based on these results, combined with agency history of unspent funds, the CoC was able to meet the goal of funding a new PH project by strategic reallocation. All grantees participated in the evaluation process to determine reallocation amounts, and voluntarily agreed to the reductions in this application in order to address gaps in CoC services.

### **3G. Reallocation - Grant(s) Reduced Details**

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

**Reduced Project Name:** Permanent Housing Project  
**Grant Number of Reduced Project:** NE0017L7D021205  
**Reduced Project Current Annual Renewal Amount:** \$223,951  
**Amount Retained for Project:** \$212,678  
**Amount available for New Project(s):** \$11,273  
(This amount will auto-calculate by selecting "Save" button)

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

The CoC performs a bi-annual performance review on each project. Based on these results, combined with agency history of unspent funds, the CoC was able to meet the goal of funding a new PH project by strategic reallocation. All grantees participated in the evaluation process to determine reallocation amounts, and voluntarily agreed to the reductions in this application in order to address gaps in CoC services.

### **3G. Reallocation - Grant(s) Reduced Details**

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

**Reduced Project Name:** Supportive Housing Program  
**Grant Number of Reduced Project:** NE0018L7DO21205  
**Reduced Project Current Annual Renewal Amount:** \$469,651  
**Amount Retained for Project:** \$460,526  
**Amount available for New Project(s):** \$9,125  
**(This amount will auto-calculate by selecting "Save" button)**

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

The CoC performs a bi-annual performance review on each project. Based on these results, combined with agency history of unspent funds, the CoC was able to meet the goal of funding a new PH project by strategic reallocation. All grantees participated in the evaluation process to determine reallocation amounts, and voluntarily agreed to the reductions in this application in order to address gaps in CoC services.

### **3G. Reallocation - Grant(s) Reduced Details**

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

**Reduced Project Name:** Women in Transition  
**Grant Number of Reduced Project:** NE0020L7D021205  
**Reduced Project Current Annual Renewal Amount:** \$128,388  
**Amount Retained for Project:** \$89,607  
**Amount available for New Project(s):** \$38,781  
(This amount will auto-calculate by selecting "Save" button)

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

The CoC performs a bi-annual performance review on each project. Based on these results, combined with agency history of unspent funds, the CoC was able to meet the goal of funding a new PH project by strategic reallocation. All grantees participated in the evaluation process to determine reallocation amounts, and voluntarily agreed to the reductions in this application in order to address gaps in CoC services.

### **3G. Reallocation - Grant(s) Reduced Details**

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

**Reduced Project Name:** Lincoln NE HMIS FY2012  
**Grant Number of Reduced Project:** NE0068L7D021200  
**Reduced Project Current Annual Renewal Amount:** \$14,743  
**Amount Retained for Project:** \$14,457  
**Amount available for New Project(s):** \$286  
(This amount will auto-calculate by selecting "Save" button)

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

The CoC performs a bi-annual performance review on each project. Based on these results, combined with agency history of unspent funds, the CoC was able to meet the goal of funding a new PH project by strategic reallocation. All grantees participated in the evaluation process to determine reallocation amounts, and voluntarily agreed to the reductions in this application in order to address gaps in CoC services.

### **3G. Reallocation - Grant(s) Reduced Details**

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

**Reduced Project Name:** New Futures Supportive Housing Program  
**Grant Number of Reduced Project:** NE0016L7D021205  
**Reduced Project Current Annual Renewal Amount:** \$133,197  
**Amount Retained for Project:** \$130,609  
**Amount available for New Project(s):** \$2,588  
**(This amount will auto-calculate by selecting "Save" button)**

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

The CoC performs a bi-annual performance review on each project. Based on these results, combined with agency history of unspent funds, the CoC was able to meet the goal of funding a new PH project by strategic reallocation. All grantees participated in the evaluation process to determine reallocation amounts, and voluntarily agreed to the reductions in this application in order to address gaps in CoC services.

### 3H. Reallocation - New Project(s)

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

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

| \$73,930           |                  |                |                    |                   |
|--------------------|------------------|----------------|--------------------|-------------------|
| Current Priority # | New Project Name | Component Type | Transferred Amount | Reallocation Type |
| 12                 | Outreach Hou...  | PH             | \$73,930           | Regular           |

## **3H. Reallocation - New Project(s) Details**

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

**FY2013 Rank (from Project Listing):** 12  
**Proposed New Project Name:** Outreach Housing Project  
**Component Type:** PH  
**Amount Requested for New Project:** \$73,930

### 3I. Reallocation: Balance Summary

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

#### Reallocation Chart: Reallocation Balance Summary

|   |          |
|---|----------|
| Reallocated funds available for new project(s): | \$73,930 |
| Amount requested for new project(s):            | \$73,930 |
| Remaining Reallocation Balance:                 | \$0      |

## 4A. Continuum of Care (CoC) Project Performance

### Instructions

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

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

The CoC Data & Planning Committee reviews outcomes based on HUD standards and CoC established benchmarks twice a year. Each CoC project receives a score based on performance measures, which includes APR data. Projects who score below benchmarks on two consecutive performance reports are provided with technical assistance, and asked to submit a formal plan to the Planning & Data Committee outlining corrective strategies. Funded agencies that are unable to meet HUD standards and CoC benchmarks are at-risk for having funding reallocated to higher performing projects.

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

The CoC assists projects by by conducting a performance evaluation twice a year. Regular monitoring of performance is the primary tool to ensure that the CoC is on-track towards meeting performance goals. A "report card" is provided to each CoC funded agency. Any assistance provided is determined by the nature of the problem. In some cases the issue is solved with improved data entry, in others, agencies are encouraged to pursue RRH or PSH options instead of TH, if feasible. As previously mentioned, under-performing projects are required to submit a formal plan for corrective action. The CoC Committee reviews corrective plans, provide feedback, and coordinate peer-to-peer technical assistance as necessary.

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

Monitoring of CoC grants includes an examination of grant expenditures and timeliness. In addition, reviews seek evidence of overall management of HUD grants, and compliance with all requirements and prompt resolution of monitoring findings and concerns. Lack of expenditures or the presence of unresolved monitoring issues puts projects at-risk of funding reallocation. In addition to scoring on several evaluation benchmarks, results of the bi-annual performance review include a narrative addressing performance and management capacity. The receipt of this information generally has a positive impact on agency performance. The CoC provides technical assistance to grantees in budgeting and expending grant funds. Agencies that continue to underperform risk loss of funds through reallocation.

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

Currently, the CoC features the following Average LOS, by housing category: ES: 42 days, TH: 246 days, PSH: 651 days, RRH: 38 days, Prevention: 23 days. The CoC has begun to examine, or already undertaken, several steps to reduce the length of time individuals and families remain homeless, including: shift emphasis from TH to PSH and RRH, stronger protocols for exit interviewing/follow-up, expand outreach efforts, implementation of a coordinated access intake system, formal policy directives to improve discharge planning to include family supports, and an increased emphasis on connecting clients with mainstream resources.

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

The CoC works to implement evidence based practices for housing providers and supportive services staff in the areas of Housing First, Critical Time Intervention, and other recognized practices in order to strengthen case management and reduce returns to homelessness. As Coordinated Assessment/Access is implemented, pending or executed negative exits from PH and RRH will be tracked and addressed. The CoC has also adopted thresholds for returns to homelessness and these are included in the performance monitoring. Failure to meet thresholds or to make progress toward meeting threshold could result in re-allocation of funding to projects that are in alignment with system-wide goals.

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

The Outreach Subcommittee of the CoC was recently established to coordinate street outreach and inreach resources between CoC agencies and the Lincoln Police Department. The outreach procedures agreed upon by the committee include:

1. Leverage resources between agencies to build relationships with homeless individual and families through active outreach.
2. Street outreach workers from different agencies will work together in high risk environments.
3. Outreach staff will work jointly with the Lincoln Police Department to identify and engage homeless persons living on the streets to protect their health and safety and to move them to appropriate housing.
4. Prioritize chronic homeless persons and families when doing outreach
5. Utilize Housing First programs to move homeless persons on the streets to housing.
6. Utilize RRH strategies developed through HPRP, such as rental assistance and case management, to move homeless families from shelter to permanent housing.

## 4B. Section 3 Employment Policy

### Instructions

\*\*\* TBD \*\*\*\*

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

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

This application DOES NOT include proposed project applications requesting more than \$200,000. Not applicable.

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

**4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:** None of the above

## 4C. Accessing Mainstream Resources

**Instructions:**

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

**4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff?** No

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

|  |      |
|--|------|
| * Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs. | 100% |
| * Homeless assistance providers use a single application form for four or more mainstream programs.  | 100% |
| * Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.                                      | 100% |

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

**4C-3.1 If yes, indicate the most recent training date:** 03/01/2013

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

Community Action of Nebraska (state association for all Community Action Agencies in the State of NE) has the ACA grant with a structure/model for disseminating enrollment information out to clients. The Community Action Agency that serves Lincoln's CoC, Community Action Partnership (CAP), has trained Navigators (through specific DHHS training) who provide services to our CoC. Through CAP's contract with CAN, navigators help households learn about health care options and enroll in services. Nebraska does not have extended Medicaid benefits so many homeless individuals and families are still not covered. All CoC funded programs work with families to assist them in accessing mainstream resources through their Family Action Plan; accessing health care resources is a part of applying for mainstream support.

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

Other sources for supportive services that are being developed and explored by the CoC include the NHAP program which includes Nebraska Homeless Shelter Trust Fund resources - nonfederal funds to be used for services; greater collaborations with the United Way to develop funds for services and increased private fund raising. Access Nebraska is an online system providing on line coordinated access to SNAP, Medicaid, WIC, TANF and other mainstream resources. All provider agencies in the CoC use this to connect participants to mainstream resources.

Community Colleges in the CoC participate in Project HELP which provides free or low cost access to Community Colleges (tuition, transportation, books) and assists in job placement after educational services.