

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed) NE-502 - Lincoln CoC
Collaborative Applicant Name: City of Lincoln
CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Lincoln's CoC

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process? (limit 750 characters)

Monthly meeting notices and agendas are available on the CoC's website, and emailed to a broad list of more than 200 stakeholders. The CoC monthly meeting is the 4th Friday of every month, at 9:00, at the same location. The CoC Executive Committee works throughout the year to extend, expand, and broaden participation in the CoC. The primary tool in this process is keeping a current, active, and timely invite list, and promoting the open invite process.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Agency employee

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	Yes
ESG monitoring?	No

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

Lincoln's 10 Year Strategic Plan includes the following goal: Ensure appropriate fiscal management and program performance for CoC and ESG grantees. Strategies to meet this goal include evaluating programs after developing review criteria, provide technical assistance and require programs not meeting performance targets to develop plan to meet baseline goals, and to establish a performance baseline and performance targets by which to measure progress in improving funded program performance. Currently, the State Health & Human Services (HHS) Department administers ESG grants for Lincoln. HHS reps are active in the CoC.

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

Written Agenda

Lincoln's CoC conducts a "planning" meeting in December to outline a general scope and framework of monthly meetings for the coming year. The CoC Executive committee meets 2 weeks before each monthly CoC meeting to finalize monthly agendas. Immediately after that meeting, agendas are sent to the CoC's mailing list and posted on the CoC's website.

Centralized Assessment

Lincoln's CoC Grant committee actively reviews APR information, spending, access to mainstream resources, length of stay, and all pertinent benchmarks. The CoC is in the process of enhancing the current 10 Year Strategic Plan to improve and formally identify quantifiable benchmarks and performance targets, and outline a process for assisting agen

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive Committee	CoC Executive Committee The Executive Committee is the primary administrative arm of the CoC, with a focus on short-term planning. In addition to the business of "running" and organizing CoC activities, general duties include: monitoring CoC and ESG grantee performance, oversight of HEARTH transition objectives, administrative oversight of PIT counts, data quality, coordinating technical assistance as needed, and tracking homeless needs and gaps in services. In addition, the Executive Committee provides oversight and administration of subcommittee activities.	Monthly or more
Planning & Data Committee	Planning & Data Committee Responsible for long term planning, completion of the information requested on the HUD HDX, assist with HEARTH Act preparedness efforts, administer the PIT count, lead implementation of the 10 Year Plan, analyze CoC data in order to identify and fill gaps in services, explore options for increased efficiency across the CoC, i.e., housing first efforts, collaboration across agency boundaries, and formal planning and involvement with mainstream resource providers at the county, state, and federal level.	Monthly or more
PLACE Committee	The PLACE (Project Landlord and Consumer Engagement) committee includes landlords, CoC agencies, & individuals and families experiencing homelessness. PLACE is responsible for working with and recruiting partnering landlords to consider involvement in case management with a partner agency as an additional screening criteria for prospective tenants. Partnering agencies work with approved tenants to help them gain the tools they need for a successful tenancy, provide on-going in-home case management, and respond to landlord concerns in a timely manner.	Monthly or more
Youth Committee	Responsible for coordinating services to homeless and near homeless youth, ensuring collaborating on outreach efforts with emergency service providers, Lincoln Public Schools, the City of Lincoln Police Department, etc., and leading implementation of various initiatives and studies, including the Safe Place program.	Monthly or more
Reintegration Committee	The Reintegration Committee is responsible for discharge planning for individuals being released from county and state corrections. The committee involves supportive housing service providers, representatives from state and local corrections and law enforcement, non-profits, and landlords.	Monthly or more

**If any group meets less than quarterly, please explain
(limit 750 characters)**

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Individual
Public Sector
Private Sector

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	2	3	0

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	1	0	0
Substance abuse	1	0	0
Veterans	0	1	0
HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	2	3	0
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	2	3	0
Attend consolidated plan focus groups/ public forums during past 12 months	2	3	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	3	3	0
Primary decision making group	0	1	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector

Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	4	9	1	1	4	3	0

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	0	1	0	0	0	0	0
Substance abuse	0	0	0	0	0	0	0
Veterans	0	1	0	0	0	0	0
HIV/AIDS	0	1	0	0	0	0	0
Domestic violence	0	0	0	0	0	0	0
Children (under age 18)	0	2	0	0	1	0	0
Unaccompanied youth (ages 18 to 24)	0	2	0	0	1	0	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	1	5	1	1	2	1	0
Authoring agency for consolidated plan	0	1	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	4	9	1	1	4	3	9
Attend consolidated plan focus groups/public forums during past 12 months	4	9	1	1	4	3	9
Lead agency for 10-year plan	0	1	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	4	9	1	1	4	3	0
Primary decision making group	1	3	0	1	1	1	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.
 Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	4	7	7	4	20	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	0	0	0	3	4	0
Substance abuse	0	0	0	0	4	

Veterans	0	0	0	1	2	0
HIV/AIDS	0	0	0	0	1	0
Domestic violence	0	2	0	0	4	0
Children (under age 18)	0	0	0	0	4	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	4	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	4	7	7	4	20	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	4	7	7	4	20	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	4	7	7	4	20	0
Lead agency for 10-year plan	0	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	4	7	7	4	20	0
Primary decision making group	1	2	1	1	4	0

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply): d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s) (select all that apply): m. Assess Provider Organization Capacity, i. Evaluate Project Readiness, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, a. CoC Rating & Review Committee Exists, f. Review Unexecuted Grants, e. Review HUD APR for Performance Results, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

Lincoln's CoC Grant Committee developed a ranking tool based on key APR data and national HUD objectives, i.e., HMIS Data Quality, Cash and Non Cash Benefits at Exit, Percentage of Leavers exiting with benefits, Percentage of Exits to PH, Subpopulations served, matching funds, leverage, and spending rates. Data from APRs and bi-annual evaluations was scored and renewals were ranked accordingly. Results were presented to the CoC Executive Committee, and formally approved by the CoC in December.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): b. Consumer Representative Has a Vote, d. One Vote per Organization, e. Consensus (general agreement), a. Unbiased Panel/Review Committee

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

Lincoln's CoC advertises funding opportunities in accordance with timelines and guidance provided in the CoC Funding NOFA. For this competition, the same day the NOFA was released, the CoC disseminated appropriate resource materials and information relating to the bonus funding opportunity, and requested letters of interest submitted to the CoC Executive Committee. This year, no agencies will be applying for bonus funds. All renewals and project applications submitted paper copies of Project Applications by the internal CoC deadline of December 19th. In the past, agencies applying for funds are screened for capacity, project ability to meet gaps in services. If qualified, extensive technical assistance to assist with completing grant applications, understanding and preparing for the administrative capacity necessary to manage CoC grants, and general oversight and assistance is provided by the CoC Executive Committee.

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters)

2011 ES Beds: 415

2012 ES Beds: 422

HDX HIC data showed the ES bed inventory for 2011 was 415. In 2012, ES bed inventory was 422, which reflects a modest increase of 7 beds which were created for unaccompanied youth.

HPRP Beds: Not Applicable

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)

Not Applicable.

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters)

Not Applicable.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters)

2011 TH Beds: 656.
2012 TH Beds: 752

HDX data indicates 96 additional beds were added to Lincoln's CoC TH inventory in 2012. The additional TH beds are primarily the result the expansion of a new transitional domestic violence program by 50 beds and addition of a new transitional program for veterans with 20 beds. Additional transitional beds were added to existing programs for single parent households with children.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)

2011 PH Beds: 119
2012 PH Beds: 65* (2012 PH Beds in HDX is not correct. 2012 HUD VASH beds were inadvertently omitted. The U.S. Dept of Veterans Affairs currently has 70 HUD VASH beds in Lincoln Accordingly, the correct number of PH beds for 2012 is 135. The number of HUD VASH beds increased from 60 to 70 during 2012.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: No

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply): HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Instructions, HMIS, Confirmation

Must specify other:

Lincoln CoC housing providers were emailed inventory surveys. Surveys were returned to the HMIS lead, agencies not responding were called to remind/or information gathered on phone. Comparison of inventory survey data with the current HIC information made. Where differences were found, follow-up phone interviews with agency were made to verify. Updates to the HIC information were made upon verification.

Indicate the type of data or method(s) used to determine unmet need (select all that apply): Unsheltered count, HMIS data, Housing inventory, Stakeholder discussion, HUD unmet need formula

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters)

CoC with HMIS lead calculated HUD unmet need formula, examined formula results in comparison to Lincoln HMIS data including AHAR,PIT counts and examined results in relation to current HIC and Lincoln plan to end homelessness with CoC stakeholders.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area: Single CoC

Select the CoC(s) covered by the HMIS (select all that apply): NE-502 - Lincoln CoC

Is there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan, Privacy Plan, Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: Service Point

What is the name of the HMIS software company? Bowmans Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 10/01/2003

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): Inadequate resources

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

not applicable.

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

The primary challenge is lack of resources available for HMIS implementation and expansion of the HMIS in Lincoln through HMIS Lead, The University of Nebraska - Lincoln - Center on Children, Families, and the Law, (CCFL). CCFL developed and has implemented the strong Lincoln CoC HMIS, which has maintained high HMIS participation among homeless and homeless contributory programs and high data quality since inception through local and state funding streams. This support has been very beneficial to the Lincoln community for local buy-in and use of HMIS data but limited the further expansion of the Lincoln HMIS. Local funding for the Lincoln HMIS has decreased in the last two years. The Lincoln CoC is submitting a FY2012 reallocation project for HMIS to increase the resources available for the HMIS implementation.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

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

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	July	2011
Operating End Month/Year	June	2012

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	
ESG	
CDGB	
HOPWA	
HPRP	
Federal - HUD - Total Amount	

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
Other Federal - Total Amount	

Funding Type: State and Local

Funding Source	Funding Amount
City	
County	\$4,500
State	
State and Local - Total Amount	\$4,500

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	\$4,500
Private - Total Amount	\$4,500

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	

Total Budget for Operating Year	\$9,000
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Is the funding listed above adequate to fully fund HMIS? No

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

CoC and HMIS Lead agencies are submitting a FY2012 HMIS Project from reallocated funds.

How was the HMIS Lead Agency selected by the CoC? Other

If Other, explain (limit 750 characters)

UNL - CCFL was asked by CoC to develop, implement, and manage HMIS. UNL - CCFL obtained funding for HMIS through community and state sources. Although dedicated local, state, and Federal funding for Lincoln's HMIS program appears comparatively small, the University of Nebraska provides in-kind staff time and resources to administer HMIS in Lincoln.

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

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 (ES) beds	86%+
* HPRP beds	Housing type does not exist in CoC
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	76-85%
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Semi-annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	72%
Rapid Re-Housing	100%
Supportive Services	68%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	14
Safe Haven	0

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	4%
Date of birth	0%	1%
Ethnicity	0%	1%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	7%	0%
Gender	0%	0%
Veteran status	1%	0%
Disabling condition	13%	3%
Residence prior to program entry	2%	0%
Zip Code of last permanent address	6%	3%
Housing status	13%	0%
Destination	0%	7%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

The HMIS System Administrators reviews data quality by HMIS agency at least quarterly. The HMIS lead agency is scheduled on the monthly CoC agenda to address data quality issues, facilitates a user listserv, and is generally responsible for providing constant outreach to participating agencies, including twice monthly training. HMIS system administrators notify HMIS Agency administrators when data quality issues within the agency are appearing in standard data quality reports. The HMIS Lead also attends monthly CoC Executive Committee meetings, and is a key member of both the HUD HDX and Data & Planning committee.

How frequently does the CoC review the quality of client level data? At least Quarterly

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

- Integrating or warehousing data to generate unduplicated counts:** At least Annually
- Point-in-time count of sheltered persons:** At least Quarterly
- Point-in-time count of unsheltered persons:** At least Annually
- Measuring the performance of participating housing and service providers:** At least Semi-annually
- Using data for program management:** At least Quarterly
- Integration of HMIS data with data from mainstream resources:** At least Semi-annually

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Monthly
* Locking screen savers	At least Semi-annually
* Virus protection with auto update	At least Semi-annually
* Individual or network firewalls	At least Monthly
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS policy and procedures manual	At least Quarterly
* Validation of off-site storage of HMIS data	At least Monthly

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Quarterly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Semi-annually

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input checked="" type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

**If 'Yes', indicate date of last review
or update by CoC:** 12/18/2012

**If 'Yes', does the manual include a glossary of
terms?** No

**If 'No', indicate when development of manual
will be completed (mm/dd/yyyy):** 06/01/2013

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

* Privacy/Ethics training	At least Monthly
* Data security training	At least Monthly
* Data quality training	At least Quarterly
* Using data locally	At least Monthly
* Using HMIS data for assessing program performance	At least Semi-annually
* Basic computer skills training	Never
* HMIS software training	At least Monthly
* Policy and procedures	At least Monthly
* Training	At least Monthly
* HMIS data collection requirements	At least Monthly

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

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	11%	0%	89%
Transitional Housing	0%	22%	0%	78%
Safe Havens	0%	0%	0%	0%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

Lincoln 2012 PIT count of homeless persons increased from 2011 PIT by 15.5% (134). The Lincoln HPRP Rapid Re-housing project removed 112 persons from the homeless count in January of 2011 and this program had ceased serving homeless persons in January of 2012. A new domestic violence transitional housing program of 98 beds was added to the Lincoln HIC / PIT in 2012 and 58 additional persons were counted in this new program. The unsheltered count also increased in 2012. In contrast to the January 2012 PIT County, preliminary 2012 Lincoln AHAR data indicate a homeless person decrease of -4% in Lincoln for the 2012 AHAR year compared to 2011.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	Using data from the annual PIT and HDX HIC information, the following unmet housing needs in Lincoln's CoC were determined: Emergency Shelter: A total of 86 additional total Year Round beds (includes 40 beds for HH w/Children) Transitional Housing: No housing shortage. Permanent Supportive Housing: A total of 40 PSH beds (HDX Unmet Need reflects omission of 70 HUD VASH Beds for 2012, the correct number is 40).
* Services	2011 PIT SMI Sheltered Count: 94 2012 PIT SMI Sheltered Count: 110. This represents an increase of 15% in the sheltered SMI population. 2011 PIT Chronic Substance Abuse Sheltered Count: 152. 2012 PIT Chronic Substance Abuse Sheltered Count: 197. This represents a 33% increase in the CSA subpopulation in 2012. Other subpop categories reflected significant decreases. It remains clear that SMI and CSA remain as priorities for services in Lincoln's CoC.
* Mainstream Resources	Although Lincoln's CoC connects 71% of leavers with SNAP, it is clear that SNAP could be more widely accessed.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

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

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

The sheltered population data is collected in two ways, 1) HMIS entry-exit & universal data set and 2) paper surveys of entry-exit & universal data by non-HMIS providers. To collect PIT data from non DV providers, HMIS-users, the HMIS administrator utilizes the HMIS to pull case management and bed capacity information on the day of the PIT count, including capture of entry/exits on the specific date for sheltered clients. HMIS System administrators require agencies to access each client in the ServicePoint system and verify correct information exist on the Nebraska Universal Data set and entry/exit during the PIT. The few non-HMIS providers complete the Nebraska Universal Data and entry/exit survey, including information for unduplication and submit to HMIS Lead. DV sheltered population providers complete the Nebraska Universal Data for their program in aggregate form and provide to HMIS lead.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Interviews:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

The Nebraska Universal Data set built in the HMIS and the non-HMIS provider PIT survey includes all information need to compute PIT subpopulation data. The universal is verified by HMIS and non-HMIS providers on the day of PIT and submitted to HMIS lead. DV shelters provide the universal data set to HMIS lead in aggregate form and these numbers are incorporated into the sub-population data.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Not applicable.

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

Not applicable.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

The instructions provided to providers describe in detail and serve as a refresher training for defining elements of the Nebraska Universal data set which include data relevant for sub-population data counts. Twice monthly training is available on HMIS in Lincoln and the Nebraska Universal Data set is covered in depth during this training. Reminder follow-ups are sent to all providers of process and details of count with encouragement to contact HMIS if questions or concerns remain. HMIS data quality reports are examined by agency and data quality issues with universal data elements are noted for correction by agency.

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

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? annually (every year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Not applicable.

Comparing the 2011 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 reason(s) for the increase, decrease, or no change (limit 750 characters)

The unsheltered count of homeless person increased in 2012 from 69 to 123. A portion of this increase is attributed to an increased collaboration and input from local offices of the Veteran's Administration. In addition to VA input the VA began assistance with the Lincoln street count which increased the coverage. A very mild early winter in Lincoln in which the January 2012 mean temperatures were 5 degrees higher than normal with several days in the 60s may also account for some of the increase in the unsheltered count.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	
HMIS:	X
Other:	
None:	

If Other, specify:

Not applicable.

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

Public place counts by a variety of service providers and service organizations were conducted for the 2012 PIT count, including street outreach agencies, Lincoln Police Department and the Veterans administration. Data on identified literally homeless persons were collected during the street count and this information included sufficient identifying information to cross-check with data in HMIS for deduplication purposes of entry/exits, and to gather sub-population data entered into the HMIS when a person received services anywhere in the Lincoln community that use the HMIS Service Point system (contributory non-homeless assistance programs), including services such as food distribution lines and soup kitchens.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

Not applicable.

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	X
HMIS:	X
De-duplication techniques:	
"Blitz" count:	
Unique identifier:	
Survey question:	X
Enumerator observation:	
Other:	

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

Identifying information to include name, gender, dob, are collected by unsheltered collectors to check for duplication of count with sheltered or other street count sources. All unsheltered counts are cross-checked across unsheltered count sources to remove duplication and then cross-checked with HMIS data on date of PIT to gather additional sub population data and remove any potential unsheltered counts that have a current entry - exit at a shelter provider.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters)

2011 HH w/ Dep Children: 0
2012 HH w/ Dep Children: 2

In the most recent PIT count, two individuals aged 17 and under were identified. No HH w/Dep Children were counted. Lincoln's CoC has been successful in limiting homelessness among HH with children by collaborating with Lincoln Public Schools to identify and assist homeless families with dependent children to gain access to education and mainstream resources. Lincoln's HPRP program moves unsheltered families to housing quickly through rental assistance. Furthermore, Lincoln was one of 2 cities nationally selected to participate in a pilot program with the National Alliance to End Homelessness, aimed specifically at homeless households with dependent children. As a result of that planning process, Lincoln has updated its 10 Year Plan to incorporate additional goals for preventing or reducing family homelessness. Strategies are based in 4 basic categories: employment assistance, a standard community wide assessment, additional resource and planning for homeless youth, and development of system wide sharing of landlord resources. In addition to the NAEH planning effort, Lincoln's Housing Authority works closely with the CoC and assigns homeless families the highest priority on the Section 8 waiting list.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters)

2011 Street Count: 69
2012 Street Count: 125

Lincoln's CoC conducts a direct count "street count" which utilizes the efforts of the UNL Police Department, the City of Lincoln Police Department, and outreach workers from several emergency shelter providers and the VA. The street count (which takes place during the day time in public places and known locations) involves administering surveys, which produce enough demographic information to allow the HMIS administrator to generate a unique identifier that can be entered into the HMIS to remove any duplication. Surveys are given at known locations for unsheltered populations, local soup kitchens, etc. The PIT count is usually "advertised" before hand, in an attempt to generate interest and produce as much accuracy as possible. Currently, Lincoln's CoC does not use any extrapolation or estimation techniques to guesstimate the number of precariously housed who are not literally counted and interviewed

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

- How many permanent housing beds are currently in place for chronically homeless persons?** 11
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 13
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 20
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 30

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

During the past year, the CoC formally adopted a policy that dedicates 20% of new PH projects to the CH. In addition, 22 beds were converted to PH from TH in this application. The program provides housing and support to individuals with mental illness and addiction making it a likely resource for CH. Other housing recently approved in the CoC that will be available to CH includes a 25 bed Vet Per Diem scattered-site housing program. The program will be operational by February 2013. Other goals involve adapting to changes via the HEARTH ACT, and exploring the availability of Federal or NSP funding sources to support new PH housing projects. Lincoln's FMR for a 1 bedroom apartment is \$525. Obtaining \$63,000 would provide a minimum of 10 new units of PH, 2 of which would be dedicated to CH. The CoC Executive Committee is responsible for short term CH goals.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

Long term plans include continued implementation of Lincoln's 10 Year Plan to End Homelessness, which is the primary responsibility of the Planning & Data committee. Goals include an effort to convert SRO beds at the People's City Mission to PH Beds, with a percentage of those beds dedicated to CH. Another goal involves outreach, collaboration, and capacity building efforts with agencies planning to expand services to the chronically homeless. Furthermore, the implementation of the HPRP program provides a template for the CoC to take the same community/system wide approach to dealing with PH, from a common assessment tool, to data sharing, to bridging agency barriers.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

The HDX Unmet Need report indicates that Lincoln requires 40 PH Beds to meet overall need, and the CoC estimates that 25% of these beds, or 10 PH beds will need to be created and dedicated for the CH. To achieve this goal by 2015, Lincoln will continue implementation of the 10 Year Strategic Plan, which is the primary responsibility of the Planning & Data committee. Goals include an effort to convert SRO beds at the People's City Mission to PH Beds, with a percentage of those beds dedicated to CH. Another key goal involves outreach, collaboration, and capacity building efforts with agencies planning to expand services to the chronically homeless. Furthermore, the implementation of the HPRP program has provided a template for the CoC to take the same community/system wide approach to dealing with PH, from a common assessment tool, to data sharing, to bridging agency barriers.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 77%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 93%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 94%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 95%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC reported 77% of persons remaining in PH > 6 mo. The length of stay in the PH programs was lower than previous years and is due to several entries that occurred in the later half of the yr. The average stay for most in PH is > 2 years. This is accomplished by providing support services to prevent eviction/early discharge, including peer support for residents through a consumer employed Peer Support Specialist (PSS). The PSS allows residents to develop Wellness Recovery Action Plans (WRAP), a recovery based intervention that assists consumers live day to day. The CoC will offer RentWise, a tenant ed program that stresses responsibility, at no cost to CoC programs. CoC providers will include RentWise and WRAP in the participants service plans. Stakeholders coordinate these efforts by contributing funds to support PSS salaries and by providing training and resources for RentWise. The CoC Exec Comm is responsible for carrying out short term strategies and oversight.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

As part of CoC continuous quality improvement efforts, the Executive Committee will review SHP and S+C projects performance to ensure that residents of PH needs are addressed. If necessary the CoC will create a mechanism to provide support and TA to new and existing permanent housing programs so that adequate support services are in place. Lastly, the Landlord/Tenant Committee will continue to develop the PLACE (Project Landlord & Consumer Engagement) Committee, a collaborative project between Lincoln Homeless Coalition agencies and local landlords to help people experiencing homelessness find stable housing, and provide a formal connection between service providers and landlords.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 57%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 65%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 70%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

Lincoln's CoC had an increase in moving individuals from TH to PH during the past year, from 44% to 57%. The Exec Committee will be responsible for implementing the following short term goals: increasing opportunities for employment services, continue to work with the PLACE Committee to develop formal collaboration with private market housing providers, and promotion and further development of the community wide assessment created to provide case managers with real time appropriate housing options and current availability at intake. A specific goal in this process will be analyzing APR information and working with housing providers below targeted TH to PH goals to create specific strategies and performance measures in order to increase the transition from TH to PH.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

The Exec Committee will be responsible for implementing the following long term goals: create 40 units of PH (either by converting current TH beds where feasible, or via new projects), conduct monthly employment services opportunities, develop a "housing inventory" system in collaboration with local landlords, and adapt to HEARTH Act changes and anticipate community wide collaboration across systems to provide efficient supportive services and housing options for the homeless.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 22%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 25%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 30%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 35%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)

Employment income decreased from 29% in 2011, to 22% in 2012. To achieve consistent success in securing employment income for consumers, the Consumer Employment Committee will oversee the following short term goals: increase the number of employment empowerment workshops held during the fiscal year, continue building informal relationships between local employers and current employment services programs, increase collaboration with the local WIA Board and One Stop Employment Center, and using the HPRP program as a template, collaborate with existing supported employment programs to create a Consumer Employment task force focused specifically on the homeless and near homeless

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)

Lincoln's Consumer Employment task force will work with the Planning & Data committee to incorporate employment questions into the PIT process, finalize strategies, goals, and evaluation methods, collaborate with the Consumer Engagement committee, develop employment focused informational materials and brochures, and ultimately present formal plan to the CoC Executive Committee for recommendations and approval.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 88%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 90%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 92%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 95%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

Additional resources were added to the CoC to increase access to mainstream resources and will be utilized by all CoC programs. SSI/SSDI Outreach Access and Recovery (SOAR) expanded to include 2 FTE SSI Specialist that assists individuals apply for Social Security and other benefits. The Food Bank of Lincoln SNAP Outreach program screens for eligibility and assists individuals and families apply for Supplemental Nutrition Assistance Program. SNAP outreach also provides staff training to CoC programs. Additionally, monthly CoC meetings include guest speakers that provide information and training about mainstream resources that are available to the CoC and their program participants.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

Lincoln's CoC is already very successful at connecting participants with mainstream resources. At exit, More than 70% of participants in Lincoln's CoC are connected with SNAP, 42% with Medicaid health insurance, and 21% with SSI. The on-going transformation of service delivery in response to HEARTH regs, in particular efforts to improve SSI and SSDI outcomes for participants, services targeting Vets, quality control of case management practices, and increased planning and collaboration with other State/Fed programs will lead to specific objectives aimed at sustaining and improving the current high rate of mainstream resource success.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 89%
- In 12 months, what will be the total number of homeless households with children?** 75%
- In 5 years, what will be the total number of homeless households with children?** 70%
- In 10 years, what will be the total number of homeless households with children?** 65%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

Two years ago, Lincoln was selected to participate in a pilot planning project with the National Alliance to End Homelessness (NAEH). This resulted in the creation of five goals and strategies specific to reducing HH with children. Work on all 5 strategies will be completed in the next 12 months: Data & Planning Committee-Implement a community-wide standardized assessment to identify the most appropriate housing option within 24 hours of intake (aimed at the sheltered population); Youth Committee-Continue the establishment and promotion of the Safe Place Program, work to continually review and analyze gaps in resources serving youth and meet those gaps with existing resources or new programs if necessary(applies to both sheltered and unsheltered populations). Lastly, the Youth Committee will continue to provide general case management and resources to homeless children and their families(primarily for sheltered populations)

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

The long term goal for Lincoln's CoC is to ensure that families will not experience more than 30 days of homelessness in Lincoln. The strategies to meet this goal are focused in 4 areas: employment opportunities (Employment Opportunity Committee), an community wide assessment to identify housing options within 24 hours of intake (Data & Planning Committee), identify and fill gaps in youth services (Youth Committee), and strengthen and formalize landlord/provider relationships and developing an inventory of available units in the community (PLACE Committee). Although the work these strategies has been spread through several committees, ultimately the CoC Exec committee will be responsible for oversight and ensuring progress towards the goal.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocate it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

- Indicate the current number of projects submitted on the current application for reallocation:** 1
- Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):** 0
- Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):** 0
- Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):** 0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

The CoC does not have SSO projects so reallocation will not occur.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

The CoC is reallocating a portion of one TH project (St. Monica's Women in Transition) to support the continuums HMIS. The TH project was unable to consistently expend grant funds, the project voluntarily agreed and the CoC approved to reallocate \$14,743 of TH grant funds to support HMIS. The reallocated dollars were from the programs Operations line item so the number of project participants in the TH program will not reduce nor will the type or frequency of supportive services they receive.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Not applicable.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

State policy addresses discharge from foster care. The state P& P Manual guides discharge planning for a smooth transition from wardship to community living, connecting youth to community supports, and recognizing the strengths and needs of the ward. The service worker plan ensures that youth continue to receive supported living into adulthood and reflects the need for a continuity of programmed services, including voc-ed services. The Transitional Plan to Adult Living through school district is used for youth receiving special education services. Wards with mental or physical disabilities are linked to specialized support services to transition to community living. At the CoC level efforts are underway to replicate Project Everlast, a project piloted in Omaha, NE that ensures transitions from foster care with a safe place to live, a living wage job, education goals and healthcare through collaborative efforts between child welfare, Lincoln Public Schools and community providers.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not applicable.

Specifically, 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)

At the regional and local level, relationships are built between service providers and foster care workers through intra-agency councils and other local coordination councils, which facilitate addressing the needs of youth locally. Project Everlast (see above) will improve these relationships by bringing together disconnected service providers previously working on parallel tracks to work more efficiently to identify missing services, and to streamline complicated admissions processes to ensure youth have the support they need to be successful. The Stakeholders and collaborating agencies include: Department of Health and Human Services Child Welfare, Lincoln Public Schools, Cedars Youth Services, CenterPointe, Nebraska Children & Families Foundation, Child Guidance Center, Department of Corrections, The HUB, Region V Systems, Lincoln Housing Authority. City of Lincoln Urban Development, Lancaster Co. Human Services Dept.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Child welfare and CoC agencies work together to transition youth to independent living from Foster Care. The CoC has an array of services for young adults based on individual needs ranging from independent living with minimal supports to assisted living. Transitioning foster care with the highest needs are referred to Region V Family Youth Investment program (FYI). FYI and DHHS treatment teams identify housing and supportive service needs for the youth. Housing placements include independent living in scattered-site apartments with assistance from the Nebraska Department of Health and Human Services Rental Assistance Program. Rental Assistance funds come from the states set aside Housing Trust funds. Section 8 Vouchers are sought as well for qualifying youth through Lincoln Housing Authority's Housing Choice program. Congregate living in assisted living facilities is provide for those youth with severe emotional needs and is paid for with mainstream resources (Medicaid and General Assistance)

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Not applicable.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

CoC agencies have informal arrangements regarding discharge of patients from privately funded hospitals/systems of care, and CoC agencies work closely with Lincolns two hospitals. In addition, representatives from Lincolns largest hospital, Bryan Lincoln General Hospital, attend CoC meetings regularly and provide leadership on our discharge planning committee.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

NA

Specifically, 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)

CoC agencies have informal arrangements regarding discharge of patients from privately funded hospitals/systems of care, and CoC agencies work closely with Lincolns hospitals and health care providers, Stakholder/Collaborating agencies include: Bryan Health, St. Elizabeth's Regional Med Center, Community Mental Health, CenterPointe, People's Health Center (FQHC), and the VA.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Housing options for Health Care discharge other than HUD McKinney-Vento funded programs includes: Lincoln Housing Authority, OUR Homes Assisted Living (Severe and Persistent MI), and Madonna Rehabilitation Facility.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Not applicable.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

When an individual is committed to a State Regional Center, the discharge planning process begins. The goal is to return the individual to the community. All planned discharges include appropriate housing and community services.

The Nebraska Housing Related Assistance Program, authorized under Neb. Rev. Stat. 71-812 (3) and consistent with the intent of Nebraska's Behavioral Health Reform, is to help those experiencing extreme housing burden.

The Nebraska Housing Related Assistance Program provides Supported Housing capacity in the State of Nebraska by addressing the following program requirements: The general principles of the evidence based practice of "Supported Housing" are followed, as defined by the U.S. Department of Health and Human Services in the Community Mental Health Services Block Grant. This includes permanence, functional separation of housing and services, integration, affordability, and flexibility.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not applicable.

Specifically, 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 include: Lincoln Region Center, Community Mental Health Center, CenterPointe, and Region V Systems.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Primary non-HUD McKinney-Vento discharge options include the Nebraska Housing Related Assistance Program (RAP) specific for persons exiting the Lincoln Regional Center (mentioned above, includes 56 vouchers), Lincoln Housing Authority, CenterPointe's Supported Living project which includes 11 one bedroom apt units for d/c from LRC and crisis center, and Assisted Living at OUR Homes, Prescott Place, and Bel Aire Homes.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" CoC Mandated Policy
mandated
policy or "CoC" adopted policy?**

If "Other," explain:

Not applicable.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

At the State level, Lincoln CoC reps work with Nebraska's Commission on Housing and Homeless (NCHH) and various stakeholders on all levels of discharge planning. Several members of Lincoln's CoC are members of and participate on the NCHH. In corrections, the NCHH is working with the Lincoln Correctional Center, a state medium/maximum custody facility, to pursue specific policy language that would prohibit releasing inmates directly into homelessness. In general, 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; this is mandatory for NE Corrections Youth Facility inmates. The discharge plan is revised at regular interviews and encompasses a continuum of care to be available upon release.
+State correction added 3 LSW to coordinate discharges.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not applicable.

Specifically, 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.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Housing options include several non-profit housing providers, and 3/4 way houses and 1/2 way houses: Fresh Start (women only), Oxford for men and women, Exodus house, McKinley House, New Way House, Promise House (Vets), House for New Life (sex offenders). In addition, Lancaster County Corrections recently created a pre-trial diversions housing program.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:

Lincoln's Consolidated Plan is synched with the CoC application. Each annual action plan includes and incorporates goals and strategies identified in the Consolidated Application. Accordingly, goals in the CoC Strategic Plan that are included in the Con Plan include: 1) Creating new PH beds for the CH, 2) Increasing the percentage of participants remaining in PH for at least six months to more than 93%, 3) Increasing the percentage of participants in CoC funded TH that move into PH to 65% or higher, 4) Increasing the percentage of participants in all CoC funded projects that are employed at program exit to 30%, 5) Increasing the percentage of participants in all CoC funded projects that obtained mainstream benefits at program exit to more than 20%, and 6) Decrease the number of homeless individuals and families. In addition, Lincoln's Con Plan and the Lincoln CoC Strategic Plan mirror each other regarding objectives and strategies in ES, TH, PH, CH, and Prevention.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

Lincoln's CoC continues to provide coordinated prevention services via funding from the State. Administration of the program has shifted from Region V to Community Action Program. Although the funding is significantly less than during the previous three years, the Rent & Utility Network (formerly the HPRP Advisory Committee) continues to meet on a monthly basis to provide guidance on formal issues ranging from minor tweaks to eligibility criteria, to monitoring spending levels, to facilitating case management and sharing of program data among service providers. Lastly, "HPRP Update" is a standing agenda item at monthly CoC meetings, and the new Rent and Utility Network lead agency, Community Action Program, is a long time renewal program via this grant competition, and is represented or provides leadership on several CoC committees and initiatives.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

The primary applicant for Lincoln's CoC is the City's Urban Development Department. Because of this connection, Lincoln's CoC is well poised to stay abreast of relevant HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG programs or funding opportunities that may be available for homeless service providers and consumers. Staff from the City of Lincoln's Urban Development Department participate on the CoC's Executive committee, and promote and connect opportunities to other federal programs, including job training via the local One Stop, NSP initiatives, and weatherization grants. Specific to coordination with the VA, Lincoln currently has 70 HUD VASH Beds, 65 VA Per Diem beds, and through the CoC has begun coordinating activities with the VA Synchronization Committee. In addition, several agencies receive ESG grants.

Another key component to awareness of complimentary homeless programming is provided via the Community Action Agencies in Nebraska. One of Lincoln's key CoC Stakeholders is Community Action. Through Community Action, the CoC stays connected to other Federal programs that may be less prominent at the City level. Lastly, the CoC has strengthened ties to the local Veteran's Administration office, which has increased collaboration on a variety of issues related to housing and medical services.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If 'Yes', describe the established policies that are in currently in place:

Lincoln's CoC collaborates with Lincoln Public Shools and agencies who work with youth to assist in the identification of homeless families, which includes informing homeless families and youth of their eligibility for McKinney-Vento education services as outlined in the education subtitle of the Act. The Youth committee ensures that homeless providers are aware of the education subtitle of the Act and will support homeless providers in the CoC to establish policy and procedures consistent with the McKinney-Vento Act that include practices that do not restrict the rights provided to families by the education subtitle of the Act.

Specifically describe the steps the CoC, working with homeless services providers, has taken 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 1500 characters)

Each SHP program within 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 Homeless Coordinator chairs the CoC's Youth Committee.

The school system and homeless service provides work 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 assuring continuity of education with a minimum of disruptions. In addition, agencies work with the school district on quarterly meetings to identify progress towards goals and meeting the needs of homeless children. Services provided typically include transportation arrangements to attend their current or new school, 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 the shelter, the school, and the family.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

PCM Family Shelter policy and practice is to keep families intact while in shelter. Families have their own room that accomdates children. same with Friendship Home. Our continuum include TH and PH specific for families.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

The VA Nebraska-Western Iowa Health Care System (VA) is an active Member of the CoC. The VA participates in planning meetings and provides homeless outreach services, case management and housing opportunities for Veterans in conjunction with local homeless service providers. The VA's Health Care for Homeless Veterans Outreach worker visits local shelters and soup kitchens to reach out to veterans. He also contacts veterans who are "street living" wherever they reside.

The VA and CoC Stand Down/Project Homeless Connect annual event was held on October 11th, 2012. Forty-nine veterans received services and 6 veterans, new to the VA, were identified at the event. Over the past two years, Fifty-nine additional housing opportunities for veterans have been added to the CoC inventory. The increased housing options for veterans are consistent with CoC goals to end Veterans homelessness in five years. The CoC plans to continue collaborating with the VA to add additional Per Diem housing options in the future.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)

The National Alliance to End Homelessness (NAEH) selected Lincoln as one of two pilot sites to establish plans to end family homelessness in 2010. CoC providers, with the direction of NAEH, established 4 strategic goals related to ending family homelessness including the goal to Reduce Homelessness Among

Youth. As a result of the pilot project, the CoC created a Youth committee to improve data specific to homeless youth and to identify gaps and opportunities for youth in the system of care. The Youth committee's work on youth related homelessness has led to several new programs: housing at CenterPointe tailored specifically to youth ages 18-24, a collaborative effort between Lincoln Public Schools and the Peoples City Mission, to implement Project Safe Place, a national program that offers youth in crisis a safe haven, as a result, hundreds of local businesses, organizations, schools and fire stations have become designated "safe places" to go for help. The People's City Mission opened a drop-in center for homeless youth. Cedars continues to provide housing opportunities and emergency shelter for homeless youth as well. The new efforts in place are consistent with the CoC goal to reduce homelessness among youth. The CoC plans to expand permanent housing for youth by examining opportunities for bonus funds to house youth 18 to 24 years old in future CoC competitions.

Has the CoC established a centralized or coordinated assessment system? Yes

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

Lincoln's HMIS system functions as a centralized assessment system at multiple sites throughout the community. At in-take, service providers are able to identify individual or family housing needs. The HMIS provides real time bed and supportive service availability within the CoC. Agencies ensure that data on all persons served and all activities assisted under ESG are entered into the applicable community-wide HMIS in the area in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS.

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

Lincoln's CoC works closely with the State (Lincoln's ESG funding is administered by the State of Nebraska Health & Human Services (HHS) Department) to develop parameters for ESG fund allocation. During the past year, Lincoln's CoC Executive Committee met with HHS representatives to develop minimum threshold qualifications for ESG applicants, including quality control elements, attendance requirements and participation in the CoC, and helping to identify funding specific to the on-going provision of HPRP activities. In addition, HHS has works with the CoC to improve and streamline the ESG grant and grant application process. Lastly, representatives from local and county government, foundations, and other representatives with a solid understanding of homeless needs and services participate in the grant review and grant allocation process.

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)

Lincoln's 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 Equal Housing Opportunity (EHO) logo or statement in their letterhead, press releases and advertisements of vacant rental units. Advertising may include newspapers, radio, television, websites, brochures, leaflets, or simply a sign in a window. Housing providers display fair housing poster 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 Community Action Program 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. These materials are disseminated widely throughout the CoC.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

Lincoln's CoC coordinates the implementation of a housing and service system from outreach to housing to services to meet the needs of homeless individuals and families. Street outreach workers from Matt Talbot Kitchen & Outreach and Cedars provide daytime shelter and meals, and to identify services and housing. Housing providers work to rapidly re-house and stabilize while supportive service providers provide case management and assess needs for support services. A standard HMIS intake form allows for referral and coordination of services. Prevention programs are designed for housing retention with subsidies, support services and landlord risk mitigation.

Coordinated programs include:

- Lincoln Housing Authority Homeless Voucher program that targets homeless families, and is coordinating with housing and service providers.
- For chronically homeless with mental health and substance abuse issues, permanent housing is provided with coordinated support services.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

Lincoln's Con Plan is written and developed by the City of Lincoln Urban Development Department (UDD). UDD also serves as the lead entity for the annual CoC grant application process. Because of this overlap, there is a seamless exchange between the CoC and the Con Plan goals and strategies. Lincoln's current Con Plan runs through August of 2013. To prepare the Con Plan, UDD followed the City of Lincoln Public Participation Plan, which encourages all Lincoln residents to participate, with an emphasis on those who can benefit most from housing and community development activities: Low- and moderate-income residents, minorities, non-English speaking persons, persons with disabilities, residents of public and assisted housing developments, recipients of tenant-based assistance, low-income residents of targeted revitalization areas, and the homeless and near homeless. UDD conducted several presentations, public hearings, open houses, and provided information and opportunities for input through local media, websites, and mailings.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

Lincoln's CoC works closely with the State, and locally through the Planning & Data Committee, to oversee, implement, and adapt the CoC's 10 Year Plan. Membership from Lincoln's CoC meets with the State on a quarterly basis, and the Planning & Data Committee meets on a monthly basis (10 Year Plan implementation is a standing agenda item). Standard topics of discussion at the local level include: identifying a specific number or percentage reduction of homeless individuals and family households in the annual PIT count, targeting a specific reduction in the length of time individuals and families transition from homelessness to appropriate shelter, how these goals will be met among various subpopulations (homeless vets, youth, victims of DV, etc.), and ensuring that quantifiable performance measures and timelines in the 10 Year Plan are accurate and effective. Furthermore, progress towards the development of goals involving PH beds, services to the CH, and objectives 1-7 in section 3A of this application are also addressed formally on a bi-annual basis, and informally throughout the calendar year.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

Lincoln's CoC used the "Opening Doors" document as a blueprint to modify, update, and re-evaluate Lincoln's existing strategic plan. "Opening Doors," in combination with relevant support materials from HUD, and the HUD HEARTH/HMIS Training held in Denver in September of 2010, has served as the guide to help Lincoln's CoC begin to understand and implement HEARTH policies. Lincoln's CoC Strategic Plan adopted the "Open Doors" framework, including goals, themes, and objectives, modifying them slightly to deal directly with local gaps and needs, tailored and informed by local data compiled via HDX (HIC, PIT, etc.)

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG): Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

Lincoln's CoC works closely with the State (Lincoln's ESG funding is administered by the State of Nebraska Health & Human Services (HHS) Department) to develop parameters for ESG fund allocation. During the past year, Lincoln's CoC Executive Committee met with HHS representatives to develop minimum threshold qualifications for ESG applicants, including minimum performance standards, attendance requirements and participation in the CoC, and helping to identify funding specific to the on-going provision of HPRP activities. In addition, HHS has works with the CoC to improve and streamline the ESG grant and grant application process. Lastly, representatives from local and county government, foundations, and other representatives with a solid understanding of homeless needs and services participate in the grant review and grant allocation process.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval? No

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

NA

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

NA

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (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 permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
\$14,743					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Women In Transition	NE0020B7D021104	\$143,131	\$128,388	\$14,743	Regular

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Women In Transition

Grant Number of Reduced Project: NE0020B7D021104

Reduced Project Current Annual Renewal Amount: \$143,131

Amount Retained for Project: \$128,388

Amount available for New Project: \$14,743
(This amount will auto-calculate by selecting "Save" button)

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the [link](#) to enter information for each of the proposed new reallocated projects.

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

\$14,473				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
11	Lincoln NE H...	HMIS	\$14,473	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 11

Proposed New Project Name: Lincoln NE HMIS FY2012

Component Type: HMIS

Amount Requested for New Project: \$14,473

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "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 project(s).

Reallocated funds available for new project(s):	\$14,743
Amount requested for new project(s):	\$14,473
Remaining Reallocation Balance:	\$270

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	11	Beds	11	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	93	%	77	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	50	%	53	%
Increase the percentage of homeless persons employed at exit to at least 20%	30	%	22	%
Decrease the number of homeless households with children	75	Households	89	Households

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The CoC reported 77% of persons remaining in PH > 6 mo. The length of stay in the PH programs was lower than previous years and is due to several entries that occurred in the later half of the yr. The average stay for most in PH is > 2 years. Although Lincoln missed its goal, the data remains at the national objective of 77%. The percentage of homeless persons employed at exit was also below target, at 22%. Again, although missing our local annual goal, Lincoln's CoC is still above the national objective of 20%. Lincoln's CoC did increase and develop a more robust employment effort during the past year, that results were less than anticipated speaks to the difficulty of this goal. Lastly, the increase of the number of homeless households with children can be directly linked to a loss of funding in the HPRP program.

How does the CoC monitor recipients' performance? (limit 750 characters)

The CoC monitors recipient performance by periodically collecting data on projects via HMIS, HDX, and APRs to analyze and evaluate the effectiveness of renewal projects, and to provide technical assistance if needed. Performance reviews include an overview of the following categories: financial information (rate of spending, match, leveraging, etc.), and categories and performance measures reported in APRs (Bed inventory, utilization rates, HMIS bed participation, mainstream resources at exit), and consideration of how the program fits in Lincoln's CoC Strategic Plan. Performance "monitoring" is conducted bi-annually on all renewal programs by the CoC Executive Committee.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

The CoC assists recipient through the performance review process which is outlined in the previous section. If it is determined that HUD-established performance goals will not be met at current rates of service, specific programs, events, or outreach efforts are developed to address deficiencies. The CoC has developed several committees, programs, or bolstered efforts in areas targeting increased employment, moving TH participants to PH, success with SSI/SSDI applications, and goals related to homeless youth. Regular and consistent monitoring provides the CoC with the opportunity to remain flexible, and address needs and gaps in services efficiently.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

The CoC aids in increasing capacity at agencies facing challenges in a variety of ways: from the relatively informal sharing of best practices or research materials, or site visits to relevant or similar programs, to more extensive committee work, collaboration with other agencies, assistance in securing funding for additional or specialized staff, to exploring training opportunities.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
0	0	\$0
0	0	\$0
0	0	\$0
0	0	\$0
0	0	\$0
Total		\$0

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

The HMIS lead extracts data from the Lincoln HMIS and periodically examines length of homeless episodes as measured via entry/exit data at shelters and transitional housing programs using HMIS. This data is reported back to the CoC and CoC Data and Planning committee.

**What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
 (limit 1000 characters)**

The HMIS lead extracts data from the Lincoln HMIS and periodically examines homeless episodes among persons receiving shelter and housing through shelters and transitional housing programs using HMIS. This data is reported back to the CoC and CoC Data and Planning committee.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
 (limit 1500 characters)**

The CoC uses several outreach strategies to engage homeless individuals. These include street outreach services, and agencies that provide daily meals. The People's City Mission is open 365 days a year and allows service resistant individuals a place to receive mail, eat, and make phone calls. Lincoln's CoC is informally working with the Downtown Business Association and the Lincoln Police Department to connect with homeless who are mentally ill and difficult to engage, offering persons who are experiencing homelessness community-based services. The goal is to keep clients in the community and out of the hospital, residential services, or corrections, while helping them get the support and services they need to be safe and successful. Regarding outreach to homeless families, Lincoln was selected to participate in a pilot planning project with the National Alliance to End Homelessness (NAEH) in 2010. This resulted in the creation of five goals specific to reducing HH with children: Implement a community-wide standardized assessment to identify the most appropriate housing option within 24 hours of intake; Continue the establishment and promotion of the Safe Place Program, work to continually review and analyze gaps in resources serving youth and meet those gaps with existing resources or new programs if necessary, and to provide case management to homeless children and their families.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

Through its Analysis of Impediments to Fair Housing, Consolidated Plan and on-going planning, the CoC identifies barriers to housing vulnerable populations and implemented programs to prevent homelessness. Strategies included: increasing the inventory of PH units, establishing a "Safe Place" program for youth, and continued HPRP activities to keep people housed and to provide emergency housing assistance.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

**If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)**

Not applicable.

**If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living
(limit 1500 characters)**

Not applicable.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	125	9
2011	101	9
2012	133	11

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

Chronic homeless status is a required determination on the Nebraska Universal Intake within HMIS. HMIS end users are trained within HMIS on the process to use to determine chronic homeless status. DV providers are matching their non-HMIS intake data collection to the Nebraska Universal Intake.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

CenterPointe was award 25 Transition in Place Per Diem Beds for Scattered-site apartments in October 2012. Five of the 25 per diem beds are dedicated to chronic homeless veterans. CenterPointe was awarded a SHP PH program during the 2011 application. The project serves transition age youth and families. One bed is dedicated to chronic homeless families.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$9,000	\$74,825	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$9,000	\$74,825	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	11
b. Number of participants who did not leave the project(s)	51
c. Number of participants who exited after staying 6 months or longer	8
d. Number of participants who did not exit after staying 6 months or longer	40
e. Number of participants who did not exit and were enrolled for less than 6 months	11
TOTAL PH (%)	77

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	241
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	137
TOTAL TH (%)	57

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 152

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	28	18%
Unemployment insurance	4	3%
SSI	32	21%
SSDI	19	13%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	21	14%
General assistance	13	9%
Retirement (Social Security)	0	0%
Veteran's pension	1	1%
Pension from former job	0	0%
Child support	9	6%
Alimony (Spousal support)	1	1%
Other source	0	0%
No sources (from Q25a2.)	44	29%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 152

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	109	72%
MEDICAID health insurance	64	42%
MEDICARE health insurance	4	3%
State children's health insurance	1	1%
WIC	18	12%
VA medical services	1	1%
TANF child care services	9	6%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	39	26%
Other source	13	9%
No sources (from Q26a2.)	19	13%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: www.energystar.gov .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more?

4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs:

The Executive Committee monitors APRs and relevant program data from renewal projects twice a year. Recipient performance is analyzed by reviewing data on projects via HMIS, HDX, and APRs to evaluate the effectiveness of renewal projects, and to provide technical assistance if needed. Reviews typically include an overview of the following categories: financial information (rate of spending, match, leveraging, etc.), and categories and performance measures reported in APRs (Bed inventory, utilization rates, HMIS bed participation, mainstream resources at exit), and consideration of how the program fits in Lincoln's CoC Strategic Plan. Performance "monitoring" is conducted bi-annually on all renewal programs by the CoC Executive Committee.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If 'Yes', indicate all meeting dates in the past 12 months:

The Executive Committee meets the third Thursday of every month. 2012 Executive Committee Meeting dates:

1/19/12
2/16/12
3/15/12
4/19/12
5/17/12
6/21/12
7/19/12
8/16/12
9/20/12
10/18/12
11/15/12
12/20/12

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If 'Yes', identify these staff members: Both

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

If 'Yes', specify the frequency of the training: Not Applicable

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If 'Yes', indicate for which mainstream programs HMIS completes screening:

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

SOAR Training is conducted bi-annually. The two training sessions in 2012 were held in March and September.

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case managers assist clients in identifying program eligibility, completing applications, provide transportation to appointments, and generally serve as advocates or a resource to ensure that clients receive the mainstream resources that will help clients achieve self sufficiency.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
The state of Nebraska, "Access Nebraska" application includes enough information to determine if individuals are eligible for several programs, including Medicaid, ADC, Food Stamps, Energy Assistance, Health Care, Child Care, Kids Connection, and others.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received: 4a. Describe the follow-up process:	100%
Case managers throughout the continuum make follow-up contacts through face to face appointments, committee meetings, through phone calls and in some cases are appointed as representatives for the consumer to ensure services are approved in a timely manner. Homeless assistance providers have created an environment that allows for case managers to work cooperatively with mainstream resource personnel including a working relationship with mainstream resources supervisors/administrators to intervene when problems occur.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area? No

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area? No

**What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)**

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NE 502 Cert of Co...	01/17/2013
CoC-HMIS Governance Agreement	No	CoC HMIS GOv Agre...	01/17/2013
Other	No		

Attachment Details

Document Description: NE 502 Cert of Cons w Con Plan

Attachment Details

Document Description: CoC HMIS GOv Agreement

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/18/2013
1C. Committees	01/17/2013
1D. Member Organizations	01/18/2013
1E. Project Review and Selection	01/17/2013
1F. e-HIC Change in Beds	01/17/2013
1G. e-HIC Sources and Methods	12/17/2012
2A. HMIS Implementation	01/18/2013
2B. HMIS Funding Sources	01/18/2013
2C. HMIS Bed Coverage	01/07/2013
2D. HMIS Data Quality	01/09/2013
2E. HMIS Data Usage	12/18/2012
2F. HMIS Data and Technical Standards	01/17/2013
2G. HMIS Training	12/13/2012
2H. Sheltered PIT	01/17/2013
2I. Sheltered Data - Methods	12/17/2012
2J. Sheltered Data - Collections	12/17/2012
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	01/17/2013
2M. Unsheltered Data - Methods	12/17/2012
2N. Unsheltered Data - Coverage	12/13/2012
2O. Unsheltered Data - Quality	01/17/2013
Objective 1	01/17/2013
Objective 2	01/16/2013
Objective 3	01/18/2013
Objective 4	01/16/2013

Objective 5	01/16/2013
Objective 6	01/16/2013
Objective 7	01/16/2013
3B. Discharge Planning: Foster Care	01/17/2013
3B. CoC Discharge Planning: Health Care	01/18/2013
3B. CoC Discharge Planning: Mental Health	01/18/2013
3B. CoC Discharge Planning: Corrections	01/18/2013
3C. CoC Coordination	01/18/2013
3D. CoC Strategic Planning Coordination	01/17/2013
3E. Reallocation	01/16/2013
3F. Eliminated Grants	No Input Required
3G. Reduced Grants	01/16/2013
3H. New Projects Requested	01/18/2013
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/18/2013
4B. Chronic Homeless Progress	01/18/2013
4C. Housing Performance	01/17/2013
4D. CoC Cash Income Information	01/17/2013
4E. CoC Non-Cash Benefits	01/18/2013
4F. Section 3 Employment Policy Detail	01/17/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/18/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/18/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/17/2013
Submission Summary	No Input Required

**Certification of Consistency
with the Consolidated Plan**U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: City of Lincoln/Urban Development DepartmentProject Name: NE-502 Continuum of Care GrantLocation of the Project: 555 So 10th StreetSuite # 205Lincoln NE 68508Name of the Federal
Program to which the
applicant is applying: HUD CoC FY 2012Name of
Certifying Jurisdiction: City of Lincoln Urban Development DepartmentCertifying Official
of the Jurisdiction
Name: David LandisTitle: Direct, Urban Development DepartmentSignature: Date: 1/17/13

***Lincoln Homeless Coalition Management Information System
Memorandum of Understanding between
Lincoln Homeless Coalition - Continuum of Care and the
University of Nebraska – Lincoln – Center on Children, Families, and the Law***

A. Purpose and Scope

The purpose of this Memorandum of Understanding is to confirm agreements between the Lincoln Homeless Coalition Continuum of Care and the University of Nebraska - Lincoln - Center on Children, Families, and the Law in connection with the Homeless Management Information System. As such, the Memorandum of Understanding sets forth the general understandings, and specific responsibilities of each party relating to key aspects of the governance and operation of the Homelessness Management Information System. This agreement is effective on October 12th, 2012.

B. Background

The Homeless Management Information System (HMIS) is a collaborative project of the Lincoln Homeless Coalition Continuum of Care, the University of Nebraska - Lincoln - Center on Children, Families, and the Law (CCFL), and participating Partner Agencies. HMIS is a computerized data collection application designed to capture information about homeless people and homeless programs over time. HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care (CoC) homeless assistance funds and Emergency Solutions Grant (ESG) funds. HMIS is essential to efforts to streamline client services and inform public policy. Through HMIS, homeless people benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in the Lincoln, which may include measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs. Such an unduplicated accounting of homelessness is necessary to service and systems planning, effective resource allocation, and advocacy. The parties to this Memorandum of Understanding (MOU) share a common interest in collaborating to successfully implement and operate a HMIS in Lincoln.

Lincoln Homeless Coalition Continuum of Care is a communitywide collaborative that works to provide a range of homeless housing and services. The continuum of care system components includes prevention, emergency shelter, transitional housing, permanent affordable / permanent supportive housing, and supportive services at each stage, specialized programs and outreach for each homeless subpopulations, and integration with “mainstream” programs. HMIS enables homeless service providers to collect uniform client information over time. Analysis of information gathered through HMIS is critical to accurately calculate the size, characteristics, and needs of the homeless population; these data are necessary to service and systems planning, and advocacy.

The University of Nebraska – Lincoln – Center on Children, Families, and the Law, CCFL, was established in 1987 as a home for interdisciplinary research, teaching, and public service on issues related to child and family policy and services. Since 2003 CCFL has administered the Community Services Management Information System (CS-MIS) as part of their public service and research efforts in the City of Lincoln and the State of Nebraska.

CCFL is a charter member in the Nebraska Management Information System, NMIS, a 501c3 in the State of Nebraska. NMIS provides infrastructure and overarching system support including standard policies and procedures for the implementation of the community services management information system, including HMIS. The NMIS is managed and provided direction through the NMIS Board of Directors which is made up of community service agencies and management information system lead agencies that are appointed from each of the three Continua of Care in the State of Nebraska, Lincoln, Balance of State, and Omaha (Metro Area Continuum of Care for the Homeless).

C. General Understandings

1. Homeless Action Partnership Governance

Lincoln Homeless Coalition Continuum of Care is the lead-planning group for efforts to end homelessness and for implementing and operating a homeless CoC system in the Lincoln community. As such and under HUD policy, the Lincoln Homeless Coalition Continuum of Care is responsible for HMIS implementation and oversight, including planning, software selection, and setting up and managing the HMIS in compliance with HUD's national HMIS Standards. Lincoln Homeless Coalition Continuum of Care's oversight and governance responsibilities are carried by the Lincoln Homeless Coalition Continuum of Care Committee and appointed sub-committees, including the HMIS subcommittee. The Lincoln Homeless Coalition partners with the Nebraska Homeless Management Information System (NMIS), which discusses and approves all statewide HMIS policies and procedures.

2. Lead Agency Designation

The Lincoln Homeless Coalition Continuum of Care designated CCFL as the HMIS Lead Agency to manage HMIS operations on its behalf and to provide HMIS administrative functions for the Lincoln Homeless Coalition Continuum of Care.

3. Funding

3a. Local and Future HUD CoC Funding

Lincoln Homeless Coalition CoC HMIS activities are currently funded by small, local community grants. UNL – CCFL will be applying for HUD CoC grant funds in the FY 2012 Lincoln HUD CoC application.

4b. Local Jurisdiction and HMIS Cash Match

The HUD CoC grant comes with a 25% cash match requirement. Continuing match funding is subject to and contingent upon available annual financing from local partner organizations and agencies. In the event there is a shortfall in the cash match, Lincoln Homeless Coalition Continuum of Care, will explore funding options with CCFL.

5. Software and Hosting

Lincoln Homeless Coalition Continuum of Care has selected a single software product—Service Point—to serve as the sole HMIS software application for the CoC. All Partner Agencies agree to use Service Point as configured for Lincoln Coalition and the Nebraska Management Information System, NMIS.

6. Compliance with Homeless Management Information System Standards

The HMIS is operated in compliance with HUD HMIS Data and Technical Standards and other applicable laws. The parties anticipate that HUD will approve revised HMIS Standards in 2013. The parties agree to make changes to this MOU, other HMIS operational documents, and HMIS practices and procedures to comply with the expected revisions, within the HUD-specified timeframe for such changes, expected to be one year after approval of the revised HMIS Standards in spring of 2013.

7. Local Operational Policies and Agreements

The HMIS continues to operate within the framework of agreements, policies, and procedures that have been developed and approved over time by the NMIS and the Lincoln Homeless Coalition Continuum of Care. These agreements, policies and procedures include but are not limited to the Policies and Procedures Manual, Privacy Policies and Notices, Client Release of Information (ROI) Forms and Procedures, Standardized Information Collection Forms (Intake and Exit), Partner Agency Agreements, and User Agreements. Changes to the policies and procedures may be made from time to time by Lincoln Homeless Coalition Continuum of Care through the NMIS, to comply with the HMIS Standards or otherwise improve HMIS operations.

D. Specific Responsibilities of the Parties

1. Lincoln Homeless Coalition Continuum of Care Responsibilities

Lincoln Homeless Coalition Continuum of Care serves as the lead HMIS governance body, providing oversight, project direction, policy setting, and guidance for the HMIS project. Lincoln Homeless Coalition Continuum of Care exercises all its responsibilities for HMIS governance through the Lincoln Homeless Coalition Continuum of Care Continuum of Care Committee Executive Committee and NMIS. These responsibilities include:

- a. Responsibility for ensuring and monitoring compliance with the HUD HMIS Standards.
- b. Designating the HMIS Lead Agency and the software to be used for HMIS, and approving any changes to the HMIS Lead Agency or software.

- c. Conducting outreach to and encouraging participation by all homeless assistance programs and other mainstream programs serving homeless people.
- d. Developing and approving all HMIS operational agreements, policies, and procedures.
- e. Working to inform elected officials, government agencies, the nonprofit community, and the public about the role and importance of HMIS and HMIS data.
- f. Guiding data quality and reporting.
- g. Promoting the effective use of HMIS data, including measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs.
- h. Provide all local information as necessary for compilation of the Continuum of Care Bed Inventory, Point in Time Street Count, and support CCFL in preparing the Annual Homeless Assessment Report (AHAR).

2. CCFL Responsibilities

CCFL serves as the lead agency for the HMIS project, managing and administering all HMIS operations and activities. CCFL exercises these responsibilities at the direction of Lincoln Homeless Coalition Continuum of Care Committee and NMIS. These responsibilities are contingent on receipt of the appropriate HUD grant funding and match dollars and include:

General Responsibilities:

- a. Serving as the liaison with HUD regarding the HUD HMIS grant.
- b. Serving as the liaison with the software vendor.
- c. Attending the Lincoln Homeless Coalition Continuum of Care Committee meetings and regional Continuum of Care meetings.
- d. Providing overall staffing for the HMIS project.
- e. Participating in the success of HMIS.
- f. Complying with HUD HMIS Standards (including anticipated changes to the HMIS Standards) and all other applicable laws.
- g. Maintaining the HUD McKinney-Vento CoC Supportive Housing project grant, applying for renewal funds each year, and administering the HUD HMIS grant.
- i. CCFL shall be responsible for billing Partner Agencies and jurisdictions for cash match in the event of non-receipt of cash match funds.
- j. Annually prepare the HUD McKinney-Vento CoC Supportive Housing NOFA application for HMIS funding.

Project Management and System Administration:

I. General

- a. Selecting and procuring server hardware or Server hosting arrangements.
- b. Arranging hosting and executing the hosting facility agreement, if necessary.
- c. Procuring server software and licenses.
- d. Providing and managing end user licenses (per terms of grant agreement with HUD).
- e. Creating project forms and documentation.
- f. Preparing/updating project policies and procedures and work with Lincoln Homeless Coalition Continuum of Care Committee, regional CoCs, to monitor and ensure compliance.
- h. Obtaining and maintaining signed Partner Agency MOU's .
- i. CCFL will invoice partner agencies and jurisdictions. CCFL will collect local match and will provide accounting of match contributions to Lincoln Homeless Coalition Continuum of Care if requested. CCFL will follow-up with Partner Agencies, as needed, to collect funding from Partner Agencies

II. Administering HMIS end users, including:

- a. Add and remove partner agency technical administrators
- b. Manage user licenses

Training:

Provide all training and user guidance needed to ensure appropriate system use, data entry, data reporting, and data security and confidentiality, including:

- a. Training documentation
- b. Confidentiality and Intake/Exit Forms training
- c. Application training for agency administrators and end users
- d. Outreach to users/end user support
- e. Training timetable
- f. Helpdesk

Data Quality:

- a. Ensuring all client and homeless program data are collected in adherence to the HUD HMIS Data Standards and local additional requirements thereto.

- b. Customizing the HMIS application to meet local data requirements.
- c. Monitoring data quality, generating agency exceptions reports,
- d. Ensuring data quality.
- e. Preparing and implementing a data quality plan if required by the revised HUD HMIS Standards.
- f. Carrying out data extraction and reporting including the HMIS data needed for an unduplicated accounting of homelessness, including annual Homeless Point in Time Counts, Annual Homeless Assessment Reporting, and Housing Inventory.
- g. Assist partner agencies with agency-specific data collection and reporting needs, such as the Annual Progress Report and program reports (within reason and within constraints of budget and other duties).

IV. Satisfactory Assurances Regarding Confidentiality and Security:

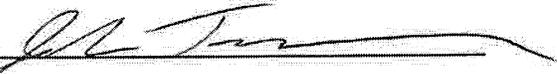
It is understood that CCFL will receive from client information that may be subject to the privacy and security protections and requirements of HUD HMIS Standards, HIPAA Privacy Rule, other law, and local HMIS privacy and security policies and procedures. CCFL hereby agrees that it will use protected client information only for purposes permitted by partnership agreements and as permitted by the applicable law and Standards. Further, CCFL agrees it will make use of all safeguards required by HUD Privacy Standards, HIPAA Privacy Rule, where appropriate, other law, and local HMIS privacy and security policies and procedures in order to prevent any unauthorized disclosure of protected client information.

E. Period of Agreement and Modification/Termination

1. Period of Operation and Termination: This MOU will become effective upon signature of the parties and shall remain in effect until terminated by the parties. Each party shall have the right to terminate this agreement as to itself only upon 90 days prior written notice to the other party.
2. Amendments: Amendments, including additions, deletions, or modifications to this MOU must be agreed to by all parties to this Agreement. The signatures of the parties indicate their agreement with the terms and conditions set forth in this document.

For Lincoln Homeless Coalition Continuum of Care

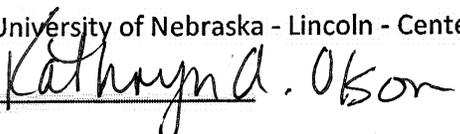
By



John Turner, Chair, Lincoln Homeless Coalition Continuum of Care

For University of Nebraska - Lincoln - Center on Children, Families, and the Law

By



Kathryn A. Olson, J.D., Associate Director

