

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: NE-501 - Omaha, Council Bluffs CoC

1A-2. Collaborative Applicant Name: Metro Area Continuum of Care for the Homeless

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Iowa Insitute for Community Alliances

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No	No
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Faith-Based Community	Yes	Yes	Yes
Corporate Community	Yes	Yes	Yes
Federal Government (VA)	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

MACCH solicits and considers diverse opinions by: annually/publicly appealing for membership within the broader Continuum (membership is offered at individual and agency levels); convening monthly General Membership Meetings featuring diverse stakeholders as speakers; ensuring the CoC task forces and CoC Board broadly reflect diversity and provider inclusion; and maintaining an active e-listserv that has over 600 subscribers.

Examples of outreach are as follows: 1) solicitation of a youth services provider (Youth Emergency Services) to join our CoC Board this calendar year; and 2) hosting a CoC Board meeting at Douglas County Corrections to broadly discuss discharge planning (as well as ensuring Douglas County Corrections is a CoC Board member); and 3) convening our VOCAL Task Force to gather authentic consumer voices thru focus groups, surveys & interviews, as well as relying on input from two prior-consumer board members.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Youth Emergency Services	Yes	Yes	Yes
Heartland Family Service	No	Yes	Yes
Omaha Home for Boys/Jacob's Place	No	Yes	No
Completely Kids	No	Yes	No
Boystown	No	Yes	No
Project Everlast	No	Yes	No
Nebraska Families Collaborative	No	Yes	No
Eastern Nebraska Community Action Partnership (ENCAP)	No	Yes	No
The Salvation Army	No	Yes	No
Region 6 Behavioral Healthcare	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Catholic Charities - Omaha Archdiocese	Yes	Yes
Catholic Charities - DesMoines Archdiocese	Yes	No
Heartland Family Service	Yes	Yes
The Salvation Army	Yes	No
Women's Center for Advancement (WCA)	Yes	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
 (limit 1000 characters)**

The identification and assignment of individuals, committees, and organizations responsible for "Opening Doors" is driven by implementation of NE-501's own local 10 Year Plan. Also now named "Opening Doors," the local Plan (first unveiled in 2008) was revised in 2014 to contain the same four overarching goals of the federal Plan.

Opening Doors implementation is driven by MACCH's task force (TF) structure. Some of those task forces (each composed of advocates, stakeholders, and providers) are as follows: Homeless Review Team (which prioritizes permanent housing placement CoC-wide); Coordinated Entry TF; Veteran Homelessness TF; Performance Measurement TF (which ensures HMIS oversight); Prevention and Diversion TF; and the Youth TF.

TF membership and participation is coordinated by MACCH staff and (when appropriate) the CoC Board. Regular TF updates are provided to ensure public and transparent Opening Doors implementation.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

Year-round local discussion of CoC funding occurs at CoC Board, General Membership & Task Force meetings. MACCH conducts outreach to applicants not previously receiving CoC funds by placing public announcements of funding availability on MACCH's and the City of Omaha's websites, sending a notice on MACCH's listserv, and publishing an ad in the Omaha World Herald newspaper. Our public town hall overviewed the NOFA, scoring criteria, and new project/reallocated project funding availability. New Project Scorecards included points for new applicants unable to show a history of successful outcomes but who proposed metrics that show promise. To determine new project inclusion, 21+ factors were weighed tied to performance, contribution toward HUD objectives, adherence to cross-cutting policies, and role in serving special populations. This year MACCH includes a project from an applicant new to the CoC program, and another from an applicant returning after several years without CoC funding.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?

Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	5	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	5	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	3	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	3	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	3	100.00 %
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The CoC (MACCH) coordinates with the Nebraska communities of Omaha and Bellevue; the State of Nebraska; the State of Iowa; and Council Bluffs (Iowa). Regarding Omaha, MACCH meets at least monthly with City personnel for discussion of: HMIS; ESG; the 10 Year Plan; and reporting per the City's Annual Action Plan and CAPER. Weekly phone/email contact occurs between Omaha and MACCH.

Regarding the City of Bellevue, State of NE, State of Iowa, and Council Bluffs, regular communication occurs. This includes but is not limited to: conferring regarding the Annual Action Plan; ongoing discussion regarding homeless service outreach; and finally, consideration of CoC board inclusion.

MACCH maintains strong contact with Iowa ConPlan jurisdictions via its HMIS Lead Agency (Institute for Community Alliances), which also serves as that state's HMIS lead.

All together, MACCH's overall ConPlan participation and outreach comprises about 11 hours/month.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

The CoC (MACCH) works strongly and closely with the City of Omaha regarding the ESG program. MACCH does this by: providing technical assistance regarding ESG performance standards; designing and distributing the ESG funding application; convening a community grants review team meeting for purpose of scoring and evaluating submitted ESG sub funding applications; recommending ESG sub grant award amounts to the City of Omaha; and finally, coordinating submission of HMIS data to the City of Omaha via the ESG CAPER.

MACCH partners with the State of NE for ESG award decisions and outcomes by participation in annual ESG review team meetings. MACCH partners with the State of Iowa for ESG matters by way of its HMIS Lead Agency.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

For a first scenario wherein a household presents to a homeless assistance provider, a pre-screen and eligibility assessment is conducted (per the CoC's Coordinated Entry). When the household is deemed eligible for service by a victim service provider or other housing and service options, the consumer is informed of all referral options. If referral is conducted, all documentation and paperwork is done confidentially (non-electronically). For a second scenario wherein a household presents to a victim service provider, the same principle applies; a pre-screen and assessment is conducted and a consumer is informed of all housing and service options (with all paperwork done confidentially and not electronically). When necessary (to fully maintain safety and security), program participants are referred to other regional programs. Client choice is upheld by the full honoring of client preference regarding housing placement.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Douglas County Public Housing Authority	18.00%	Yes-Public Housing
Omaha Housing Authority	0.00%	No
Bellevue Housing Authority	0.00%	No
Council Bluffs Housing Authority	0.00%	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

MACCH is actively involved with the Nebraska Homeless Assistance Program (NHAP), an office of the Nebraska Department of Health and Human Services (DHHS) that administers the Nebraska State Housing Trust Fund for financial assistance to those projects serving homeless individuals and families. Several MACCH member agencies are recipients of NHAP funding; this provides additional housing resources and set-aside beds for literally homeless consumers. MACCH has also actively built a collaborative list of over 200 landlords who provide low-income housing and are willing to house chronically homeless persons and homeless veterans. Moreover, an affordable housing provider is now a member of the CoC board; this will further encourage private and CoC-wide development of housing for persons experiencing homelessness. Finally, MACCH is in dialogue with CoC providers to solicit private and philanthropic funding to establish additional homeless preferences for permanent housing placement.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
MACCH has partnered with Omaha Public Libraries to include the City library system since local libraries often serve as informal day centers for homeless men and women. Specifically, MACCH is in regular dialogue with Omaha Public Libraries so that the worth, dignity, and humanity of homeless library patrons is respected.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

All boxes checked.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

Coordinated Entry (CE) outreach is conducted collaboratively across the CoC. Law enforcement participation and Street Outreach reach persons unlikely to present for services. CE is advertised thru MACCH’s and providers’ websites & social media. Trained staff facilitate Pre-Assessment with persons engaged via Street Outreach or requesting/ referred for homeless assistance. Applicants whose results indicate potential need for housing complete the CE Assessment (including VI-SPDAT 2.0 and the MACCH Project Eligibility Screener); data is entered into HMIS; and consumers are placed on MACCH’s Priority List. The multi-disciplinary Homeless Review Team meets weekly to case conference and (taking into account consumer choice) identify appropriate referrals. Applicants are referred for Project-Level Assessment, enrolled therein, or returned to the Priority List for new referral. MACCH utilizes a by-name list developed thru Registry Week and continuously updated via year-long CE operations.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

General Medical Care Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS Care Sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-HUD Funded Human Service Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	17
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	17
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Need for specialized population services	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

Vulnerability and severity of participants' needs were weighed in site reviews (conducted in Q2 of 2015) and performance reviews (conducted in October 2015). Scores from the two review processes were combined to determine project priority. The site reviews asked renewal applicants what commitments their program made to prioritizing special populations and how their project addresses MACCH's 10-Year Plan. Performance Score Cards awarded points for PSH increasing CH beds, prioritizing beds for CH, having written policy for prioritizing veterans & their families who cannot be effectively assisted with VA services, serving more unaccompanied youth, and for RRH increasing units to serve families with children. Points were also awarded for projects addressing needs and vulnerabilities through low-barrier / Housing First practices, that ensure participants are not screened out based on low or no income, current or past substance use, criminal record, or history of domestic violence.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

MACCH utilized electronic and print media to publicize the availability of funds for CoC programs, posting the announcement on MACCH's (9/24) and the City of Omaha's (9/24) websites, sending a notice of MACCH's listserv, and publishing an ad in the Omaha World Herald (9/25). Prospective applicants were referred to MACCH's website for the review, ranking and selection timeline, an informational meeting held 9/28/15 at the University of Nebraska-Omaha's Community Engagement Center, and encouraged to join the MACCH listserv to keep up to date on project scoring materials and FAQs.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/13/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 10/27/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

Programs are evaluated annually by MACCH's Rank & Review Team. Data entered into HMIS, outcomes from APRs submitted to HUD, Project Applications, and other HUD-recommended data tools verify that projects serve eligible participants, maximize bed utilization, increase housing stability, reduce the length of time participants are homeless, increase participant income & access to mainstream benefits, and regularly draw down funds. To collect this data transparently, MACCH used a Performance Score Card & Site Visits. The Performance Score Cards (administered in October during NOFA season) assessed timely drawdowns and APR submission (verified by close-out reports and HUD verifications) and performance. Site Visits, conducted in Q2, allowed applicants to earn ranking points for capacity issues like recapture of HUD funds and addressing of any HUD findings, as well as an onsite review of program files to verify documentation of homelessness, service, and access to mainstream services.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. Page 3 of HMIS MOU

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

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

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

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation Single CoC coverage area:

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$140,178
ESG	\$13,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$153,178

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$20,045
State and Local - Total Amount	\$20,045

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$15,000
Other - Total Amount	\$15,000

2B-2.6 Total Budget for Operating Year	\$188,223
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 04/30/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	1,124	77	679	64.85%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	520	11	303	59.53%
Rapid Re-Housing (RRH) beds	144	0	144	100.00%
Permanent Supportive Housing (PSH) beds	872	0	500	57.34%
Other Permanent Housing (OPH) beds	84	0	0	0.00%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

During the past year, the local rescue mission, Open Door Mission, left the HMIS network. They are a significant provider of ES, TH, and some PSH beds. The HMIS Lead and CoC Lead staff are working to broker an agreement to receive data from Open Door in a comparable format to enhance bed coverage for the CoC. Also adding to bed coverage challenges is the lack of participation by the HUD VASH program. The lack of contributing data from the program impacts our PSH bed coverage. It is the intention of the HMIS Lead and the CoC to pursue the potential of VASH data entry contribution under the newly announced agreement with the VA for data entry by VA staff.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	7%
3.3 Date of birth	1%	0%
3.4 Race	2%	0%
3.5 Ethnicity	1%	1%
3.6 Gender	1%	0%
3.7 Veteran status	2%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	2%	2%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	20%	37%
3.15 Relationship to Head of Household	8%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	6%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 10

2D-4. How frequently does the CoC review data quality in the HMIS? Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for 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 the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/27/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 04/30/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

During preparations for the 2015 PIT count, the MACCH Performance Measures Committee determined that the "complete census" methodology would be used for the CoC's sheltered PIT count. This determination was made based on the strong cooperative relationships with all programs providing shelter in the CoC, both participating in HMIS, and those who do not. The demonstrated experience of the HMIS Lead staff in providing data through the HMIS network and securing detailed shelter survey results from all CoC providers assured for a complete and comprehensive count. A complete census count is completed for the shelter count. Each shelter and transitional housing project was able to collect the HUD required data for each individual staying in their project the night of the PIT and provide an unduplicated count of individuals served. Prior to the PIT count, trainings were conducted on how to conduct the PIT count and how to run the report, and PIT count reminders were sent to providers.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

Not Applicable

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

The Salvation Army's Mental Health Respite project was removed from the 2015 emergency shelter count because their residents are not homeless. Also, Heartland Family Service's Opportunities project was removed from the 2015 transitional housing count because the project is now listed as a rapid-rehousing project.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

In 2014 the CoC requested that agencies run monthly data quality reports which helped to ensure that the data quality and client/household count for the PIT was the best it could be. Also, more training on the data collection and HMIS PIT report were conducted for the 2015 PIT.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/27/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/30/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

A night of count methodology was used to conduct the unsheltered count. Teams made up of outreach workers, VA staff, and youth staff canvassed known homeless camp locations. The night of count methodology was selected because the CoC's outreach team knew where homeless camps are located and had let the individuals staying in those camps know that they would be visiting them on the night of the PIT. With the number of outreach teams available the night of the PIT, each known camp was able to be visited.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

Not Applicable

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Multiple trainings were conducted with volunteers prior to the PIT count being conducted and written instructions were provided prior and during the PIT count. When PIT outreach teams were created, each team included a “veteran” PIT outreach worker who assisted newer outreach workers with conducting interviews and completing the PIT paperwork. The 2015 unsheltered count was conducted on a day that was much warmer than 2014, which allowed for a more comprehensive count. The count was also scheduled for a day that was a regularly scheduled street outreach night so individuals counted were expecting to see outreach staff.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,630	1,481	-149
Emergency Shelter Total	1,041	1,047	6
Safe Haven Total	0	0	0
Transitional Housing Total	563	390	-173
Total Sheltered Count	1,604	1,437	-167
Total Unsheltered Count	26	44	18

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	6,000
Emergency Shelter Total	5,334
Safe Haven Total	0
Transitional Housing Total	1,183

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

MACCH’s newly-formed Coordinated Entry Task Force is developing processes to assess barrier and acuity for literally homeless consumers upon program intake, as well as to identify specific risk factors leading to homelessness. This, in turn, will inform the work of MACCH’s Prevention and Diversion Task Force, as they focus on processes ensuring best practices in the area of prevention & diversion and addressing the MACCH 10-Year Plan prevention emphasis. Concrete steps to reduce/prevent homelessness include 10-Year Plan implementation; the collaboration with Omaha Housing Authority (OHA) to address identified risk factors for CH with dedicated vouchers and a new strategic partnership with OHA & Together (a prevention assistance provider) to equip OHA’s CH consumers with an array of support services.

3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

MACCH utilizes our Coordinated Entry Task Force to track & record the length of time homeless. Length of time homeless is also tracked every month by agencies submitting a PIT and APR to our HMIS provider. To reduce length of time homeless, MACCH implements strategies to creatively use HUD New Project funding to increase PH housing stock (new in this application are 3 PSH and 2 RRH projects). On the CoC Scorecard TH projects received points for reducing length of stay, and the ESG application awarded points for Emergency Shelters keeping stays under 90 days. MACCH has implemented the HUD Order of Priority. As MACCH implements its centralized PSH waiting list to be housed in HMIS, this prioritization policy will be further operationalized. MACCH’s Performance Measurement Task Force reviews length of time homeless at their monthly meetings and the MACCH General Membership meetings discuss HUD performance measures, including time spent homeless every other month.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	468
Of the persons in the Universe above, how many of those exited to permanent destinations?	437
% Successful Exits	93.38%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	901
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	821
% Successful Retentions/Exits	91.12%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

In the past 5 years, MACCH's PIT counts demonstrate no increase in our community's homelessness level. MACCH's 10-Year Plan goal to end CH homelessness informs strategies to reduce the number of persons & families returning to homelessness. Task Forces, including our Prevention & Diversion Task Force, focus on how to identify and minimize returns to homelessness. The Performance Measurement Task Force monitors returns to homelessness as submitted to HMIS by agencies monthly in PIT and APR formats. MACCH uses this data to inform Board level discussions on recidivism. Concrete steps to reduce returns to homelessness include 10-Year Plan implementation; the collaboration with Omaha Housing Authority (OHA) to address identified risk factors for CH with dedicated vouchers and a new strategic partnership with OHA & Together (a prevention assistance provider) to equip OHA's CH consumers with supportive services.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

To increase the rate by which persons obtain employment related income, MACCH's strategy over the last year is to partner with local employment assistance programs. Nebraska Workforce Development and Heartland Workforce Solutions carry out these strategies by making connections to employment assistance and placement and by connecting service providers' referrals with programs to assist job seekers. MACCH's strategy to increase non-employment related income over the past year is to partner with our local SOAR project, administrated through Community Alliance, a MACCH member and CoC project participant. The SOAR Project has had tremendous success in connecting disabled individuals with SSI and SSDI benefits in an effort to increase non-employment income from the homeless households in our CoC. Increasing job & income growth also represents a goal of MACCH's 10-Year Plan on-going efforts.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

The primary mainstream employment organizations with whom MACCH works and their roles in our efforts to grow consumers' income are: Nebraska Workforce Development & Heartland Workforce Solutions-whose specialized programming assist homeless persons to obtain and maintain steady employment; Eastern Nebraska Community Action Partnership (NCAP), Family Housing Advisory Services (FHAS), & inCommon Community Development-who are MACCH member agencies proving employment assistance; Goodwill Industries-who trains & employs people with disabilities and others who may be at a competitive disadvantage in the job market; and Nebraska Dept of Health & Human Services' Employment First-Nebraska's welfare reform program assisting people through the transition from welfare to the workforce. 100% of CoC-funded TH and relevant PH providers connect with these services.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

Member agencies on MACCH's Street Outreach team - including Heartland Family Services, Youth Emergency Services, Community Alliance, & US Dept of Veterans Affairs - identify and track unsheltered persons. Street Outreach works with local law enforcement, among others, to identify new areas where unsheltered homeless are residing. The outreach teams assist unsheltered homeless individuals 3 times/week. When unsheltered homeless persons are identified, strategies to move them into a sheltered or permanently house situation include offers of basic needs assistance, including blankets, food, and hygiene supplies, and attempts are made to administer the VI-SPDAT. The regular Street Outreach presence has resulted in high levels of engagement with many unsheltered homeless individuals identified and prioritized for housing through MACCH's Homeless Review Team. Housing CH based on length of homelessness and level of service need is the foundation of MACCH's coordinated entry system.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

The CoC included all of its geographic territory within the 2015 PIT count. Therefore, no geographic areas were excluded.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	247	262	15
Sheltered Count of chronically homeless persons	242	231	-11
Unsheltered Count of chronically homeless persons	5	31	26

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

Comparison of the 2014-2015 PIT Counts reflect increases in the total number of CH persons in the CoC (+15), as well as in the unsheltered count (+26). Utilizing new techniques, an increase in volunteers, and partnering with local law enforcement led to a more efficient and detailed count of unsheltered homeless in the CoC, specifically CH. 2015 count changes included volunteers adding Walmarts in West Omaha and Gretna that had not previously been visited. Throughout 2015, MACCH Street Outreach Teams have continued to build upon the success of the 2015 unsheltered PIT count to ensure the 2016 count is the most comprehensive yet. MACCH has been dedicated to prioritizing CH for PSH openings throughout the CoC and this is evident by the increase in PSH beds both dedicated and prioritized for chronically homeless on the 2015 HIC. Because of this dedication to prioritizing chronically homeless, the MACCH sheltered count of chronically homeless dropped by 11 individuals from 2014 to 2015.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

MACCH surpassed our goal of CH beds. MACCH's new paid staff have been directed that beds for CH are a Board priority. Rank & Review process enforces this with points for PSH bed prioritization and bonus points for prioritization commitment letters. Pipeline reflects MACCH's work with a TH provider to convert projects to PSH with dedication/prioritizing of CH beds by providing technical assistance for Williams Prepared Place. In many cases, low-performing projects convert to PSH with CH beds, instead of risking reallocation. Staff continues work developing pipeline projects, including Stephen Center, VA vouchers, & regional housing authorities to increase PSH thru project-based vouchers and homeless preference access with support.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

Our revised July 2014 10-Year Plan's goal to Finish the Job of Ending CH reflects the Board priority of beds for CH – spurring a 35% increase in CH beds on the Jan. 2015 HIC. Prioritization efforts culminated Oct. 2015 when the Board adopted a CoC Prioritization Policy and Rank & Review chose to award competitive points for prioritizing non-CH beds. No longer able to convert to PH, 3 TH chose to reallocate in Sep. 2015 including Wms Prep Place, a recipient of MACCH's TA. The past 2 years' pipeline work supported Stephen Center's application for the PH Bonus (Oct. 2015), which is 100% dedicated to CH. The Jan 2015 HIC shows VA vouchers increased by 8 in Council Bluffs, 78 for Omaha & 59 for Douglas County, reflecting the goal to End Homelessness among Veterans in our 10-Year Plan (rev. July 2014) and our acceptance as a Zero:16 Community in Jan 2015. In April 2015 the Douglas County Housing Authority agreed to set aside 20 vouchers for CH, to be determined by our Homeless Review Team.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	271	364	93

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

Our 2013 CoC application was the first time MACCH reinforced our Board priority for CH with bonus points for prioritizing non-CH beds (previously points were awarded for increasing dedicated CH beds, but not for prioritizing). The 2015 HIC has begun to show the CoC-funded projects that increased CH bed inventory by 2 and earned these points. MACCH has kept the CH priority at the forefront, with community forums announcing the July 2014 revised 10-Year Plan and its goal to Finish the Job of Ending CH, points tied to project ranking for supporting 10-Year Plan goals and related topics presented at membership meetings. The largest boost to 2015's HIC was due to collaboration with Council Bluffs VASH (+8), and Omaha Housing Authority (59 VASH Douglas County Scattered Site + 128 VASH OHA Permanent Housing = an increase of 78 CH beds for veterans). These increases were vital, as the non-CoC funded Victory Apartments for veterans reduced CH beds by 41 & other projects lost 13.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. Page 1-5

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	208
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	38
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	36
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	94.74%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

MACCH’s 10 Year Plan, unveiled in 2008 and revised in 2014 (to include the goals of the Federal “Opening Doors” Plan) includes as its very first objective the ending of chronic homelessness (CH). This ensures that ending CH by the federally specified deadline of 2017 is both a CoC goal and a funding mandate. Additional strategies implemented to maximize current resources to meet this goal include: continuation of best practices learned per MACCH’s past participation in the national “100K Homes Campaign” (i.e., establishment of a by-name list for high-barrier/CH consumers); use of a CoC-wide and interagency “Homeless Review Team” that meets weekly to discuss PH placement; use of Nebraska State funding to sustain a local SOAR initiative; and use of a scoring preference for prioritization/dedication of beds for CH consumers on MACCH’s local ranking scorecard annually. In addition to meeting the federal goal, MACCH will (per its participation as a Zero:2016 community) end CH by the end of calendar 2016. Further webinars, USICH webinars & continued Zero:2016 TA would enhance these efforts.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

MACCH's Coordinated Entry uses phased assessment to identify families and prioritize them for RRH. A pre-assessment is completed at intake to identify household demographics and appropriate services for families that would benefit from RRH. The CoC standardized, comprehensive assessment is completed and provided to RRH providers to ensure the family's homelessness is resolved within 30 days of homelessness and without separation. MACCH is maximizing HUD resources by including 2 new RRH projects in this proposal and granting 2 RRH projects in our recent ESG competition. Actions echo MACCH's 10-Year Plan objectives to increase use of prevention resources to divert families from entering shelter & end homelessness among households w/only children: insisting on interagency collaboration between RRH providers to institute similar policies & procedures regarding referral and intake; using RRH providers for shelter in-reach; and including the family subpop. in MACCH's Prioritization Policy.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	5	32	27

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
The CoC's Fair Housing Center is a CoC member, and it ensures Fair Housing compliance is ensured throughout the Continuum.	<input type="checkbox"/>
Per MACCH's Coordinated Entry compliance and implementation, MACCH works to ensure providers neither deny admission to nor separately family members from one another based on age, sex, or gender.	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	173	139	-34
Sheltered Count of homeless households with children:	161	139	-22
Unsheltered Count of homeless households with children:	12	0	-12

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

Our total number of homeless households with children decreased by 34 in 2015. With the CoC's 10 Year Plan revision in 2014, ending child/family/youth homelessness has now been a CoC objective for nearly 15 months. This focus ensured a strategic push to accurately count and house homeless households with children, resulting in the universal decrease in the total number of homeless households with children. Specific actions that caused this decrease were: ensuring the use of RRH as an intervention--using both ESG and CoC NOFA funding (specifically, through MACCH's involvement in both the ESG award process and the ranking of CoC NOFA projects)--thereby increasing RRH bed inventory; ensuring family service provider representation on MACCH's CoC Board (thus encouraging inter-agency collaboration for referral and permanent housing placement); and use of emergency shelter in-reach (on the part of RRH providers) to ensure family housing placement.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input type="checkbox"/>
MACCH's Youth Task Force proactively addresses all facets of youth homelessness, including youth trafficking and other forms of exploitation.	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	89	96	7

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

N/A

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,906,907.00	\$2,984,666.00	\$1,077,759.00
CoC Program funding for youth homelessness dedicated projects:	\$248,062.00	\$433,071.00	\$185,009.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,658,845.00	\$2,551,595.00	\$892,750.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	12
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	6
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

MACCH's Youth Task Force collaborates with McKinney-Vento local liaisons, ensuring inclusion of liaisons within monthly planning meetings; coordinating liaison collaboration with all youth homeless service providers; supporting liaisons in ensuring educational access and attainment for homeless youth, ensuring student/parent choice in selection of local schools for homeless youth; and finally, ensuring a comprehensive transportation strategy for all homeless youth to and from school. MACCH coordinates with State educational coordinators by way of its sustained partnership with the NE Department of Education, which coordinates McKinney-Vento funding to statewide school districts. This partnership ensures the CoC is represented at State interagency meetings and participates in policy discussions. This all supports MACCH's 10 Year Plan goal (ending child/family/youth homelessness).

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

Per "Section IX: Educational Attainment of Homeless Children" of MACCH's annually-board-approved Governance Charter, "MACCH member agencies work with...McKinney-Vento funded [homeless liaison] personnel to ensure homeless children are enrolled in early childhood programs and/or school." This Governance Charter section comprises the policy and procedure that MACCH homeless service providers (CoC & ESG Programs) are required to follow, detailing expected protocol for all HUD homeless assistance funded programs within the CoC.

MACCH ensures homeless participants are informed of their eligibility for and access to educational services by partnership with and outreach to school social workers. MACCH's Youth Task Force (and youth homeless service providers) ensure contact and referral information is provided at school sites (readily and easily accessible); upon referral to a youth provider, homeless participants are informed of comprehensive services per McKinney-Vento. This proactive partnership and referral identifies participants who are assistance-eligible, ensuring appropriate program participant referrals (from school sites). Upon intake, a participant is assessed and informed of service and access options (including but not limited to school choice). This 'no wrong door' approach to ending youth homelessness mirrors the Coordinated Entry effort within the broader CoC.

MACCH's Youth Task Force, which is the CoC's single point of entry regarding youth homelessness, coordinates outreach, eligibility overview, LEA and SEA partnership, and data collection. Within its annual PIT count, MACCH includes at least two youth-specific street outreach teams for outreach, referral, and participant access to services. MACCH staff conduct site visits with ESG & CoC recipients, during which EAHC compliance is confirmed.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	133	150	17
Sheltered count of homeless veterans:	131	145	14
Unsheltered count of homeless veterans:	2	5	3

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

There was an increase in the total number of veterans in the CoC (as reported in the 2015 PIT count compared to the 2014 PIT count) due to an improved and more accurate means of counting homeless vets. Specifically--and per MACCH's participation in the national Zero:2016 campaign, an intentional effort has been made to accurately count, assess, and house homeless veterans; this resulted in the increased vet count per the 2015 PIT. Actions supporting this more accurate counting of homeless vets are as follows: monthly comparison and merging of data per VA's HOMES database and the CoC HMIS database (thereby ensuring a true and correct census of homeless vets); specific involvement of VA personnel in the annual PIT count (thereby ensuring the PIT count includes veteran outreach); and finally, the formation earlier this year of the CoC's first ever Veteran Homelessness Task Force (which has established regular shelter in-reach for purpose of more accurately ID'ing homeless vets).

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)**

The CoC ensures that veterans who are eligible for VA services are identified, assessed, and referred to the appropriate resources by utilizing the MACCH Homeless Veteran Task Force "By Name List (BNL)" of current homeless veterans. The Veteran Task Force meets twice per month.

The BNL is updated via HMIS and the eligibility of all veterans (current and incoming) is checked through the VA. Based on the information provided, an agency/case manager is then assigned to each veteran during the meeting. The assigned agency/case manager is responsible for connecting with the veteran.

The MACCH Homeless Veteran Task Force also has an Outreach Team that rotates between the shelters weekly. The team attempts to locate veterans whose names are on the BNL (who've not yet made contact). The team seeks to find veterans who are not currently on the BNL. The VA and SSVF program have representatives on the Outreach Team to ensure eligibility is determined.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)**

Veterans not eligible for homeless assistance through the U.S. Dept of Veterans Affairs Programs receive assistance through other agencies that are represented at the Homeless Veteran Task Force meetings. MACCH has adopted a prioritization policy for agency/programs that receive CoC funding. Within each prioritization level, veterans that are eligible for homeless assistance programs take precedence over non-veterans or veterans that are not eligible for homeless assistance through the U.S. Department of Veterans Affairs Programs.

MACCH has adopted the HUD Order of Priority continuumwide. One process ensuring veterans are referred to CoC program-funded resources is the use of veterans who are ineligible for VA homeless assistance as a tie-breaker across all priorities. MACCH's Veterans Task Force assists in implementation, and Coordinated Entry Task Force ensures compliance. Of MACCH's 12 renewing PH + 5 proposed New Projects, 100% have committed to the Order of Priority.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	165	150	-9.09%
Unsheltered count of homeless veterans:	6	5	-16.67%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. No

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

While MACCH is not on target to end veteran homelessness by the end of 2015, the ending of vet homelessness overall remains a goal of MACCH's 10 Year Plan. The Plan objectives supporting the goal of ending veteran homelessness are as follows: end homelessness among veterans who are eligible for VA assistance; prioritize those who served in the military but who are not eligible for VA services for receipt of CoC support and housing placement; and finally, coordinate CoC and VA resources so that all homeless veterans spend less than 90 days homeless. The resources or TA that would help MACCH end veteran homelessness by the end of 2015 are as follows: heightened and ever better coordination between the VA's HOMES database and the CoC's HMIS; continuation of strategic TA per MACCH's involvement in the Zero:2016 Campaign; and finally, more HUD and/or USICH webinars highlighting the best practices of ending vet homelessness.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	20
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	20
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

Nebraska is not a Medicaid expansion state, and Iowa is (impacting our Pottawattamie County/Council Bluffs geography). As an active CoC partner in Nebraska's 10 Year Plan, we work to realize its goal for Medicaid expansion. Collaborations to facilitate health insurance enrollment include: CoC membership of United Health Care (to increase referrals from service providers); Nebraska Department of Health and Human Services' participation in CoC membership meetings (whose coordination of mainstream benefits is vital to enrollment); and Charles Drew Health Center membership on the CoC Board. Outcomes from the Charles Drew partnership include encouraging referrals, gaining insight of a Federally Qualified Health Center, and increasing access to a point of entry for service provision/enrollment at their school-based, public housing and homeless healthcare centers. In Iowa, MACCH partners with Pott. County Substance Abuse and Mental Health Network to ensure equity & access for consumers.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	20
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	17
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	85%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	20
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	16
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	80%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	11	87	76

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
 (limit 1000 characters)**

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Coordinated Entry	02/10/2015	4

Attachment Details

Document Description: MACCH Evidence of Communications to Rejected Applicants

Attachment Details

Document Description: MACCH Public Posting Evidence

Attachment Details

Document Description: MACCH Rating and Review Procedure with Score Cards

Attachment Details

Document Description:

Attachment Details

Document Description: MACCH Reallocation Policy

Attachment Details

Document Description: MACCH Governance Charter

Attachment Details

Document Description: Nebraska Management Information System:
Policies and Standard Operating Procedures
Manual

Attachment Details

Document Description:

Attachment Details

Document Description: Douglas County Housing Authority evidence

Attachment Details

Document Description: HMIS MOU between MACCH and the Institute
for Community Alliances

Attachment Details

Document Description: MACCH Prioritization Policy

Attachment Details

Document Description:

Attachment Details

Document Description: MACCH 10-Year Plan "Opening Doors: 10 Year Plan to Prevent and End Homelessness in Douglas, Sarpy, and Pottawattamie Counties"

Attachment Details

Document Description: Opening Doors: 10 Year Plan to Prevent and End Homelessness in the State of Nebraska

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	10/29/2015
1B. CoC Engagement	11/12/2015
1C. Coordination	11/12/2015
1D. CoC Discharge Planning	10/29/2015
1E. Coordinated Assessment	11/09/2015
1F. Project Review	11/11/2015
1G. Addressing Project Capacity	11/09/2015
2A. HMIS Implementation	10/29/2015
2B. HMIS Funding Sources	11/09/2015
2C. HMIS Beds	11/11/2015
2D. HMIS Data Quality	11/06/2015
2E. Sheltered PIT	11/11/2015
2F. Sheltered Data - Methods	11/12/2015
2G. Sheltered Data - Quality	10/29/2015
2H. Unsheltered PIT	11/11/2015
2I. Unsheltered Data - Methods	10/29/2015
2J. Unsheltered Data - Quality	10/29/2015
3A. System Performance	11/11/2015
3B. Objective 1	11/11/2015
3B. Objective 2	11/12/2015
3B. Objective 3	11/12/2015
4A. Benefits	11/10/2015
4B. Additional Policies	11/10/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required