Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness   - DRAFT -

GOAL ONE: Develop and establish a statewide initiative to lead Nebraskans in collaborative efforts to create strategies and initiatives that focus resources and efforts resulting in increased access to services, systems, and housing for persons experiencing chronic homelessness.						
Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.1 Create a sustainable structure to monitor and ensure implementation of the action plan.	Action 1.1.1 Establish an Ad Hoc Committee of the NCHH to serve as the planning structure that will develop the plan to End Chronic Homelessness in NE.	Nebraska Commission on Housing and Homelessness (NCHH)-Chair-Rick Kiolbasa	NCHH CoC Committee Co-Chairs	Structure within which the planning committee is able to conduct planning.	Vote to establish the committee	11/20/2003
	Action Step 1.1.2 Engage the 7 regional CoCs (and multiple local groups) in the development, implementation, and ongoing evaluation of the Statewide Plan to End Chronic Homelessness.	HHS-Office of Economic & Family Support-Betty Medinger, Admin. and Jean Chicoine, Homeless Program Specialist	Regional CoC conveners & CoC members.	Establishment of a broad-based stakeholder group helps ensure collaboration on ending chronic homelessness.	Development of the plan and ongoing evaluation of the progress made on the plan at Regional & State CoC meetings.	01/31/04 and ongoing
Strategy 1.2 Create a sustainable financial structure to support activities of the planning group.	Action 1.2.1 Lead agencies meet to create interim financial plan for planning group.	NCHH Ad Hoc Committee Chair & HHS-Betty Medinger	DED & HHS program managers (DOL, Vets, & other departments or agencies)	1-year financing is provided.	1-year budget is created.	03/2004
	Action 1.2.2 Ad Hoc committee and partners identify & make recommendations on long-term financial sustainability strategies.	NCHH Ad Hoc Committee Chair and/or HHS-Betty Medinger	Ad Hoc committee members & program managers.	Annual budget is developed & reviewed by commission members.	On-going financial support is in place.	01/30/2004
	Action 1.2.3 Identify & gain commitments from additional organizations/partners to invest in implementation of the plan	NCHH Ad Hoc Committee Chair and/or HHS Betty Medinger	DED, HHS and Ad Hoc Committee	Full implementation of action steps as outlined in each goal.	Organizational structure and responsibilities are defined and implemented.	1/30/2004 thru 2009
Strategy 1.3 Strengthen the existing Continuum of Cares' organizational structures.	Action 1.3.1 Provide support and T.A. to local and regional CoCs.	HUD (federal) and HHSS (NHAP)-Betty Medinger & Jean Chicoine	HUD T.A. Consultant, NHAP Program Specialist & all CoC Chairs	Strategic planning process put in place.	Strategic plans updated annually by all regions.	05/31/2004 and ongoing

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness   - DRAFT -

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	Action 1.3.2 Develop a monitoring & evaluation process that strengthens and continues to maximize input from the CoCs and direct service providers.	HHSS Administrator - Betty Medinger	NHAP Specialist – Jean Chicoine	• Continued development of the 7 CoCs. • Increased participation. • Improved coordination of services to consumers.	Number of providers attending CoC meetings and participating in HMIS continues to increase.	Present and ongoing
	Action 1.3.3 Invite CoC groups to a briefing on opportunities to better utilize the available resources from HUD (14 programs including SHP &/or Shelter Plus Care funds).	Ad Hoc Committee Chair	NCHH CoC Committee Co-Chairs	State fully utilizes funding opportunities.	Submitting of SHP &/or Shelter Plus Care applications.	07/15/2004 or due date as designated by HUD for the Super NOFA
Strategy 1.4 Develop a system that ensures ongoing identification and access of funding opportunities to attract additional resources for plan implementation strategies.	**Action 1.4.1** (see Action 3.5.5) Research funding sources and in-kind support for a FTE position that would track funding opportunities, facilitate coordination, and submit grants to alleviate conditions of homelessness.	Ad Hoc Committee Chair	NCHH CoC Committee Co-chairs	Additional grants opportunities are garnered for the State of Nebraska	• A job description is developed. • FTE is hired. • Funding sources are located and grants written, submitted, and funded.	01/2005
	Action 1.4.2 Hire a FTE for inter-agency grant identification and resource garnering.	DED & HHS Program Administrators	Program specialists	An increasing amount of grants will be awarded to address chronic homelessness.	Guidelines for submission of proposals will be established.	01/2005 & ongoing
Strategy 1.5 Assess impact of behavioral health reform and other relevant legislation and provide input to policymakers on potential strategies to achieve successful outcomes and mitigate undesirable outcomes (e.g. increased homelessness, less effective service delivery).	**Action 1.5.1** Use available data (e.g. Dennis Culhane's research & NE statistics and reports) to provide high impact information to policy and decision-makers during legislative and reorganizational phases of behavioral health reform.	Ad-Hoc Committee Chair & NCHH Executive Committee with support of all Commission Members and Betty Medinger-and Jim Harvey with HHS.	Program staff & Ad-hoc Committee	Policymakers and decision-makers have adequate and appropriate data to make key decisions.	Data is provided to appropriate legislators & NCHH submits annual report & recommendations to the Governor's Office.	02/2004 & ongoing

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness - DRAFT -

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Strategy(-ies)	**Action(s)**	**Manager[1]**	**Implementer[2]**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 1.5.2 Develop a concentrated strategy to reach all relevant policy and decision-makers. (e.g. presentations, meetings, printed materials, citizen meetings & consumer input.)	Ad Hoc Committee Chair	NCHH Education and Awareness Committee	A comprehensive package of relevant information is available for distribution.	Draft materials are available for the Ad Hoc Committee to review.	02/2004 and ongoing
Progress to Date		**Barriers and/or Situational Changes**		**Immediate Next Steps (including potential technical assistance needs)**		

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness
- DRAFT -

GOAL TWO: Create Additional Appropriate and Supportive Housing Choices						
Strategy(-ies)	**Action(s)**	**Manager**[1]	**Implementer**[2]	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 2.1 Establish a Supportive Housing Committee/Task Force	**Action 2.1.1** Identify missing partners from the planning team ensuring consumers are included in the planning process.	DED-Special Needs, Pat Compton & Nancy Bentley Housing Authority	Task Force Members	Establishment of a Housing Task Force with statewide representation & consumer inclusion.	Commitment from members to participate on the Housing Task Force.	01/2004 and ongoing
	Action 2.1.2 Involve the missing partners (i.e., local law enforcement, landlords, people who are homeless or near homeless) in the planning process.	DED, Pat Compton & Nancy Bentley	Task Force Members	Establishment of a Housing Task Force with statewide representation & consumer inclusion.	Commitment from members to participate on the Housing Task Force.	01/2004 and ongoing
Strategy 2.2 (see Strategy 4.2) Determine/assess the need for affordable and appropriate housing for identified sub populations ensuring cultural competency in the process and housing arrangements.	**Action 2.2.1** Utilize existing housing studies and CoC Exhibit 1s (i.e., the Hanna-Keelan Study that identifies 3,926 units needs for individuals with mental health issues) to determine housing needs for: 1. Adults with Serious Mental Illness; 2. Adults served in three (3) regional centers; 3. Adults with substance abuse & co-occur. 4. HIV/AIDS 5. Felons 6. MR/DD 7. Youth *age 19-21) 8. Adults (age 22-64) 9. Aging (65 and over) 10. Veterans 11. Hispanic/migrant 12. African Americans 13. Domestic Violence 14. Native Americans 15. Other	Task Force Chair	Jim Harvey, Jean Chicoine, Seth Hyberger & others as identified.	Housing Report(s) distributed	Housing Report to distribute	07/31/2004

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness   - DRAFT -

GOAL TWO: Create Additional Appropriate and Supportive Housing Choices						
Strategy(-ies)	**Action(s)**	**Manager[1]**	**Implementer[2]**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 2.3 Assess the distribution and utilization of housing vouchers across the state.	**Action 2.3.1** Review Nebraska's Housing Rental Assistance Program and issues relating to: • Unused vouchers in some jurisdictions; • Short term assistance (flex funding used to pay deposits and other one-time costs needed to secure housing); • Long term assistance (consumer pays 30% of income for rent and utilities; rental assistance pays the balance on a long term basis. Program is structured like HUD Section 8).	Task Force Chair	Stan Quy, Nancy Bentley	Full usage of vouchers based on need across the state.	Assessment of the distribution and utilization of housing vouchers across the state.	02/2004
	Action 2.3.2 Explore the pros and cons of creating a State Housing Agency to address distribution of vouchers to populations having higher supportive service needs. Note: NE Legislative authorization may be needed for Action Step 2.3.2. If this is a desired action step, it may need to be a part of the NE Behavioral Health Reform Planning.	Task Force Chair	Betty Medinger with support from Senator Synowiecki's office, Jim Harvey, Pat Compton, Nancy Bentley, and others.	The state could be funded, as a State Housing Agency, for housing vouchers - or - decision made not to because another approach was selected.	Have rental assistance available for populations such as the very low income who are seriously mentally ill and the chronically homeless.	Initial discussions have occurred at HHS re: vouchers; pros and cons explored; presented to Senator; housing conf. call with CO 1/22/04- this is an ongoing activity.
Strategy 2.4 **Research various housing models**	**Action 2.4.1** Research Housing First model	Task Force Chair	NCHH CoC Committee Co-Chairs	State fully utilizes funding & housing options and opportunities.	Implement the Housing First model if appropriate.	07/15/2004

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness   - DRAFT -

	GOAL TWO: Create Additional Appropriate and Supportive Housing Choices					
Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 2.4.2 Research Shelter Plus Care (See Action 1.3.3)	NCHH Ad Hoc Committee Chair & Task Force Chair	NCHH CoC Committee Co-Chairs	State fully utilizes funding & housing options and opportunities.	Implement the Housing First model if appropriate.	07/15/2004 and ongoing
Strategy 2.5 Identify funding sources relating to various housing options, including funding for support service (for supportive housing).	**Action 2.5.1** Explore Supportive Services Funding (This will include 14 HUD programs of which the SHP and Shelter + Care programs are two.)	Task Force Chair	• Harvey addresses mental health support services • Compton addresses special needs • Hughes to review requirements for SHP for HIV/AIDS Note: This is in regards to the chronic homeless population.	Additional supportive services funding is brought into the state.	List of supportive services funding and resources.	01/31/2004
	Action 2.5.2 Explore housing funding such as HOME Funds, Shelter Plus Care, PHA Vouchers, Trust Fund, USDA, Federal Home Loan Bank, NIFA. NIFA (tax credit set-aside for homeless). (This will include 14 HUD programs of which the SHP and Shelter + Care programs are two.)	Task Force Chair	• Harvey addresses mental health support services • Compton addresses special needs • Hughes to review requirements for SHP for HIV/AIDS Note: This is in regards to the chronic homeless population.	$3 million dollars designated for long term rental assistance for those who are chronically homeless, including adults with Serious Mental Illness or those served by Regional Centers.	List of housing funding sources & appropriate supportive services.	01/31/2004
Strategy 2.6 Engage Agencies to prioritize Chronic Homelessness	**Action 2.6.1** Prioritize homeless in Annual Action Plan, Consolidated Plan, etc. • DED (State Comp Plan) • Omaha • Lincoln	Task Force Chair	DED-(State Comp plan)-Compton Stan Quy will start process with: • Omaha – Dave Thomas • Lincoln – Brad Schmeichel	"x" number of agencies supporting housing for chronic homeless	Successful contacts and involvement of additional agencies.	12/3 1/2004 For Lincoln and Omaha, Stan Quy will address first step by Jan 31, 2004.

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness   - DRAFT -

GOAL TWO: Create Additional Appropriate and Supportive Housing Choices						
Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 2.6.2 HUD/PHA (make a preference in Agency plan to prioritize chronic homelessness – partner to fully utilize Housing Choice Vouchers, i.e., Project-based, expand jurisdictions, merging to create consortium of PHA's.)	Task Force Chair	DED (State Comp plan) Pat Compton Stan Quy will start process by approaching: • Omaha – Dave Thomas • Lincoln – Brad Schmeichel	"x" number of agencies supporting housing for chronic homeless	Successful contacts and involvement of additional agencies.	12/ 01/2004 For Lincoln and Omaha, Stan Quy will address first step by Jan 31, 2004.
Strategy 2.7 Explore development of housing options as part of the Behavioral Health Reform Plan	**Action 2.7.1** Explore the possibility of having the HHS Office of Mental Health, Substance Abuse and Addiction Services contract with Regional Governing Boards (RGB) to develop low cost housing options • Housing Coordinator at each RGB is to match up rental assistance vouchers, mental health services with available suitable housing for eligible individuals. • Start with Hanna-Keelan MH Housing Study Project #2.	Task Force Chair	Jim Harvey	$3 million dollars are designated for long-term rental assistance for Adults with Serious Mental Illness or those served by Regional Centers.	Structure in place for RGBs to develop local housing options for people with mental illness in connection with the NE Behavioral Health Reform proposals.	Explore the possibility by January 31, 2004. H-K project #2 completed by February 1, 2004.
Strategy 2.8 Develop and maintain the capacity to track inventory of local resources for affordable rental housing.	**Action 2.8.1** Assess status of regions and capacity for on-line housing inventory listing(s).	Task Force Chair	NCHH CoC Committee Co-Chairs	Access to information on housing availability.	Establishment of on-line housing inventories for each region.	07/2008
Strategy 2.9 Explore Best Practices	**Action 2.9.1** Collect Best Practices for established goals.	Task Force Chair	Stan Quy & others as identified.	Implementation of Best Practices applicable to NE.	A review of Best Practices for established goals.	01/31/2004
	Action 2.9.2 Engage in education program	Task Force Chair	NCHH Education & Awareness Committee	Public awareness of issues and best practices relating to chronic homelessness.	Establishment of a public education module about chronic homelessness.	08/2004 and ongoing

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness   - DRAFT -

GOAL TWO: Create Additional Appropriate and Supportive Housing Choices						
Strategy(-ies)	**Action(s)**	**Manager[1]**	**Implementer[2]**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 2.9.3 State report on Homelessness in NE. Answer questions like: Who is in the homeless population? How many working? Where come from?	Task Force Chair	Seth Hyberger	Increased awareness about chronic homeless individuals.	Report ready for public distribution.	07/30/2004
Progress to Date		**Barriers and/or Situational Changes**		**Immediate Next Steps (including potential technical assistance needs)**		

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Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness   - DRAFT -

GOAL THREE: Increase Access to Mainstream Services

Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1 Establish mainstream services Task Force	**Action 3.1.1** Establishment of a Task Force with consumer inclusion.	HHS-Medicaid Admin., George Kahlandt & Ardi Hoins-Service Provider, Comm. Action	HHS & Regional CoC leads	Establishment of Task Force	Commitment of stakeholders to participate.	3/31/2004
	Action 3.1.2 Identify & enlist key stakeholders (i.e, DOL, HHS, VA, Social Security) and review mainstream services of agencies and current status.	Chair of Mainstream Services Task Force	Agency representatives	Inventory of mainstream services usage.	Active participation by key stakeholders	3/31/2004
Strategy 3.2 Do inventory of mainstream services and funding sources across the state.	**Action 3.2.1** Obtain & review existing reports, including 7 CoC Exhibit One sections of 2003 SHP application, NCHH Annual Report, VA Expenditure Report, SSI, TANF, Food Stamps, WIA, State Children's Health Program, Medicaid reports.	Task Force Chair	Hyberger to copy Exhibit Ones & send to Hoins & Rathke; Hoins & Rathke to attain other reports and review all.	Consolidated report of mainstream services.	All reports obtained and completion of inventory of services from various sources.	07/2004
	Action 3.2.2 Assess inventory for mainstream services to homeless.	Task Force Chair	Task Force with HHSS support	Inventory & summary available to planning groups.	Compilation of inventory of services assessment & summary prepared	08/ 2004
Strategy 3.3 Explore best practices	**Action 3.3.1** Research internet and other states' best practices.	Task Force Chair	Dan Powers	Report available to planning groups.	Report of research with identification of three best practices.	04/2004
	Action 3.3.2 Identify best practices that will work in Nebraska.	Task Force Chair	Hoins & Rathke	Implementation of best practices appropriate for the various regions.	Summary of process and plan to implement best practices.	08/2004
Strategy 3.4 Identify barriers & gaps of services for homeless persons	**Action 3.4.1** Compile list of barriers & gaps of services as identified in Exhibit Ones and other reports.	Task Force Chair	NCHH CoC Committee with HHSS support	Report on gaps of services and barriers in accessing services available to planning groups.	List of gaps in barriers to services by region.	07/2004

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness　　　　　- DRAFT -

GOAL THREE: Increase Access to Mainstream Services						
Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 3.4.2 Identify barriers within the system prohibiting access to existing resources	Task Force Chair	Regional CoCs	Improved access to mainstream services by people who are homeless.	Document that identifies barriers and provides strategies to improve access.	07/2005 and ongoing
	Action 3.4.3 Encourage collaboration through the Nebraska Homeless Assistance Program application process.	HHS – Betty Medinger & Jean Chicoine	Regional CoCs	Increased collaboration based on NHAP funding process.	Grant applications reflect information revealed in Strategy 3.4	Present and ongoing
Strategy 3.5 Identify funding gaps & lack of coordination of services among existing resources for homeless persons	Action 3.5.1 Identify underutilized resources in state programs.	Stakeholders meeting	Committee	List of underutilized resources in state programs.	Initial meeting	Spring 2004
	Action 3.5.2 Bring together state resources and develop a plan for coordinated access and utilization of mainstream services.	Key People for State Resources & Task Force Chair	Task Force members	Final report/plan available to planning groups.	Report from group meeting details plan for new resources and/or combined resources.	Meeting completed June 2005; Strategies Identified July 2006; Report Submitted August 2006; Applications Submitted 2007, 2008
	Action 3.5.3 Address gaps of services through the coordinated efforts	Task Force Chair	CoC Chairs and CoCs	Reduced gaps in services based on increased coordinated planning & implementation efforts.	Findings in regional CoC's Exhibit Ones	01/2004 and ongoing
	Action 3.5.4 Access current uses of funding to determine if shifting of resources is possible to implement new and needed services.	Task Force Chair & HHSS, DED, VA, DOL administrators	HHSS, DED, VA, DOL administrators	Efficient and focused use of funding.	Monitoring on grantee program outcomes.	01/2004 and ongoing
	Action 3.5.5 (see Strategy 1.4) Commit grant writer to research new funding alternatives (i.e. HUD, private foundation grants, federal and state grants, etc.)	DED and HHSS Program Administrators	Program Specialists	An increasing amount of grants will be awarded to address chronic homelessness.	Guidelines for submission of proposals will be established. (See Action 1.4.2)	06/2004 and ongoing

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness — DRAFT -

GOAL THREE: Increase Access to Mainstream Services						
Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 3.5.6 Develop innovative SSI strategies • Assess SSI and Medicaid benefits for incarcerated individuals. • Model Baltimore SSI project • Advocate for presumptive eligibility for SSI	Task Force Chair	Task Force Members (to include Dept. of Corrections)	A model program will be in place for access to SSI by people who are chronically homeless.	Identification of current model in place and any barriers to SSI.	08/2004 with ongoing monitoring
Strategy 3.6 Increase training and employment opportunities for people who are homeless and options for individuals who will not be employed.	**Action 3.6.1** Increase the Outreach to Homeless through the One-stop Career Centers, day centers, and street outreach.	Task Force Chair	Task Force Members (to include DOL representative)	Increased placement or other options.	Training is increased at various contact points because of increased outreach.	09/2004 and ongoing
	Action 3.6.2 Inclusion of Homeless population in WIA state plan under re-authorization.	Task Force Chair	Task Force Members (to include DOL representative)	Increased placement or other options.	WIA State Plan includes the chronic homeless population.	12/2004
	Action 3.6.3 Ticket to Work – connect to Special Services, HHS.	Task Force Chair	Task Force Members (to include DOL representative)	Increased placement or other options.	Education re: the Ticket to Work Program and monitoring of program effectiveness.	11/2004 and ongoing
Progress to Date		**Barriers and/or Situational Changes**		**Immediate Next Steps (including potential technical assistance needs)**		

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Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness
- DRAFT -

GOAL FOUR: Increase Strategies Addressing Prevention and Discharge Planning						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.1 Establish a Discharge Policy Task Force	**Action 4.1.1** Identify missing partners making sure mental health, corrections, youth aging out of foster care, and consumers are represented.	Jim McKenzie and Denver team	Task Force Members	Establishment of a Discharge Policy Planning Task Force.	Commitment from members to participate on the Discharge Planning Task Force.	01/2004 and ongoing
Strategy 4.2 (See Strategy 2.2) Research various housing models to use in discharge planning.	**Action 4.2.1** Contact "Housing First" in New York City (Stan Terembsis) and others on successful housing models.	Task Force Chair(s)	NCHH CoC Committee Co-Chairs	Extract viable components from models to develop a model that fits Nebr. & use "Housing First" approach in discharge planning if applicable.	Receipt of literature on success models	03/2004
	Action 4.2.2 Develop and implement a written policy and procedure to have case workers address discharge planning to include reliable housing prior to discharge from institutions (1. Corrections, 2. Mental Health, 3. Youth/Foster Care) and emergency shelters.	Larry Wayne & Jim McKenzie for DCS and Jim Harvey HHS	Larry Wayne & Jim McKenzie for DCS and Jim Harvey HHS	All persons have stable and secure housing.	• Implementation of formal discharge planning with housing as a major component. • Reduction of & ultimate elimination of discharges from institutions to homeless shelters or streets. • Reductions in clients returning to shelters.	10/2004
	Action 4.2.3 Identify and arrange for/refer to needed community support services to maintain housing.	Larry Wayne-prisons Jim McKenzie -parole Jim Harvey-HHS	DCS= Case Management, Medical, SAP HHS=Social Workers CoC members	Consumers major issues that affect homelessness are met by community service providers.	Implementation of comprehensive discharge planning	Parole -in effect now. DCS & HHS, 12/2004

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness   - DRAFT -

GOAL FOUR: Increase Strategies Addressing Prevention and Discharge Planning						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 4.2.4 Case management continues after discharge for necessary support for those under supervision.	Jim McKenzie Parole Jim Harvey HHS	Parole Officers HHS Community Providers	Case management services are continued after release to community.	Coordinated case management services occurring in the community.	Parole in effect now DCS & HHS, 12/2004
	Action 4.2.5 Access informal supports (family/friends, support groups, wrap around programs) prior to and after discharge.	Larry Wayne DCS Jim Harvey HHS	Re-Entry Officers DCS, HHS, and Community Service Providers	A support team is formed before discharge, continues into community.	Formation of support teams prior to discharge and ongoing.	12/2004 DCS, Parole & HHS
	Action 4.2.6 Obtain booking records of jails/police agencies to count those who are homeless at time of arrest. Use this data to request Byrne Grant funds.	Mike Overton -Crime Commission Steve King DCS	Mike Overton - Crime Commission Steve King DCS	Data used to justify Byrne Grant funds to reduce recidivism among homeless ex-offenders.	Application for Byrne Grant funds.	12/2004
Strategy 4.3 Explore and address Public Housing Authority eligibility and barriers for the homeless. (see similar Strategy 2.2)	**Action 4.3.1** PHA to explore flexibility in eligibility requirements for those under coordinated supervision; eligibility contingent upon discharge plan which includes supervision and other needed supports.	Stan Quy	National Assoc. Housing and Redevelopment Officials (NAHRO) NAHRO	Increased eligibility options and supports for homeless.	Admission of mental patients, ex-offender to public housing.	January, 2005
	Action 4.3.2 Collaboration & networking between regional housing administrators.	Stan Quy	NAHRO	Increased eligibility options for homeless	Admission of mental patients, ex-offender to public housing.	January, 2005
Strategy 4.4 (See Strategy3.6) Create successful transition through labor and employment policy.	**Action 4.4.1** Develop incentives for supportive employment programs (apprenticeship and temporary employment programs).	Vicki Leech & Vernon Muhammad - Dept of Labor	Dept of Labor Voc Rehab	Creation of work programs	Consumers accepted and supported in work programs	January 2006
	Action 4.4.2 Bonding homeless, ex-offenders, mental patients, etc. for employer's protection.	??	Dept of Labor Insurance Board??	Bonding insurance for those at risk of being homeless.	Issuing of bonds or similar agreements	January 2006

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness
- DRAFT -

GOAL FOUR: Increase Strategies Addressing Prevention and Discharge Planning						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 4.4.3 Work Opportunities Tax Credit.	Theresa Reutzel DOL/WOTC	Dept of Labor	Tax incentive for employers.	Consumers at risk of homelessness employed under WOTC program	October 2004
	Action 4.4.4 Job Corp & job training program incentives for community colleges.	Vernon Muhammad & Vicki Leech - DOL	Dept of Labor	Job training programs	Target populations accepted in job training programs	January 2006
	Action 4.4.5 Identify and enhance existing programs & support services.	Vernon Muhammad, Vicki Leech, DOL	Dept of Labor	Enhancement of existing programs and support services to keep the homeless employed	Increased services in the areas of programs and support services to keep homeless employed	January 2006
Strategy 4.5 Include landlord/tenant mediation for eviction prevention in case management services.	**Action 4.5.1** Develop agreements/incentives for landlords under PHAs to address potential issues leading to eviction.	Stan Quy & Julie Hendricks - HUD	Regional housing administrators	Mediation agreements	Signed mediation agreements landlord to PHA's	January 2005
	Action 4.5.2 Recruit pro bono legal services, i.e. HUD/PHA affiliated pro bono legal services, mediation centers, Legal Services of Nebraska, Apple Seed Foundation, UNL Law Center.	Stan Quy & Merry Wills, Cedars	Legal entities willing to provide pro bono services,	Agreements with legal entities to do housing dispute mediation.	Signed agreements with legal entities agreeing to mediate housing disputes	January 2005
Strategy 4.6 Address discharge planning for youth transitioning from foster care and Youth Rehabilitation Training Centers.	**Action 4.6.1** Get key players to commit to meet and strategize. Develop Peer support group to assist in tying clients into support services.	Mark Mitchell?? HHS Betty Medinger, HHS	NE Association of Homes and Services for Children, HHS, CoCs, Transitional & Independent Living Service Providers.	Discharge planning developed for all youth discharging from foster care, youth rehab centers, or other institutions.	All youth discharging with a written discharge plan that provides necessary support.	January 2005

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness
- DRAFT -

GOAL FIVE: Ensure Culturally Competent Services.						
Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 5.1 Establish Cultural Competency Sub-group or Task Force within the NCHH Ad Hoc Committee to End Homelessness.	**Action 5.1.1** Bring individuals or representatives of each sub population to the group. - Hispanic/migrant (NAF) - African Americans (Eliga Ali) - Youth - Domestic Violence (Sarah) - Veteran's Administration (Joe H., Vernon, Eliga Ali) - Native Americans (all 4 tribes) - Other identified groups (Mental Health) - Serious mental issues - Substance abuse & co-occurring - HIV/AIDS - Felons - MR/DD - Youth (19-22) - Adults (22-64) - Aging (65+)	Rodney Moore, Admin.of Diversity, Cultural Competency, Equity-HHS & Eliga Ali Service Provider	Task Force members & hired facilitator	Formation of Cultural Competency Committee in order to expand delivery of services for each sub-population.	Identification and commitment from committee members (policy and consumer).	05/31/ 2004
	Action 5.1.2 Establish Best Practices currently in use (as identified by Task Force Members, which includes consumers). Also research other Best Practices.	Task Force members	Task Force members	Coordination of information on each sub-population.	Development of desk guides on cultural competency for sub-populations.	04/2004
Strategy 5.2 Share existing good/best practices of education and awareness (CoC, PHA and others) (Internal)	**Action 5.2.1** Identify individuals and groups with whom to share or educate about current knowledge.	Task Force members	Identified educators as per Strategy 5.1	Increased awareness of best practices.	Creation of mail list of identified members.	04/2004

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness   - DRAFT -

Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
GOAL FIVE: Ensure Culturally Competent Services.						
	Action 5.2.2 Develop a plan to disseminate information to identified groups - speaking opportunities - Power Point presentations - Brochures/Newsletters – electronic and mail - Conferences - Media	Task Force members	Identified educators as per Strategy 5.1	Verify programs and presenters.	Develop itinerary of activities.	05/2004 and ongoing
	Action 5.2.3 Disseminate information on various cultural groups – broad distribution	Task Force members	Identified educators as per Strategy 5.1	Contact identified individuals/groups.	Establishment of mail list. Feedback from presenters.	09/2004 and ongoing
Strategy 5.3 Enhance awareness and cultural competency by providing culturally based training on sub-population issues. Access to mainstream services is improved by identifying and implementing culturally based approaches and treatment modalities currently used in Nebraska and the nation. - Hispanic/migrant (NAF) - African Americans (Eliga Ali) - Youth - Domestic Violence (Sarah) - Veteran's Administration (Joe H., Vernon, Eliga Ali) - Native Americans (all 4 tribes) - Other identified groups (Mental Health) - Serious mental issues - Substance abuse & co-occurring - HIV/AIDS - Felons - MR/DD - Youth (19-22) - Adults (22-64) - Aging (65+)	**Action 5.3.1** Identify, assess and/or develop training on strategies of best practices for sub-populations that include: • Culturally-based personal response interventions • Causality/trauma • Gender specific	Task Force members	Identified educators as per Strategy 5.1	Identification, assessment and/or development of programs.	Calendar of best practices and schedule of existing training opportunities.	Sept. 2004 and ongoing

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness   - DRAFT -

GOAL FIVE: Ensure Culturally Competent Services.						
Strategy(-ies)	**Action(s)**	**Manager¹**	**Implementer²**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 5.3.2 Develop awareness strategies for agencies to examine applications and intake processes (and forms).	Task Force members	Identified educators as per Strategy 5.1	Intake forms that reflect cultural competency.	Establish best practices to use in the intake process that ensures cultural competency.	09/2004 and ongoing
	Action 5.3.3 Conduct training - broadly	Task Force members	Identified educators as per Strategy 5.1	Increase the facilitation of awareness and responsiveness to cultural issues.	Develop evaluation methodology and instrument to assess effectiveness of training.	09/2004 and ongoing
Strategy 5.4 Conduct public education and awareness regarding stigma reduction around populations who are homeless (external)	**Action 5.4.1** Identify media contact sensitive to the issues.	Task Force members (consumer involvement in drafting the messages)	Task Force members	Establish and list of media and contact information.	Contacts made.	04/2004
	Action 5.4.2 Develop media responses • Facts/myths • Personal stories • Who are people who are chronically homeless • Mental health/health issues • Veterans	Task Force members	Task Force members	Increased public awareness of issues, facts, and myths through program developed by service providers to follow up on special human-interest stories and programs.	Distribution of educational material to media contacts (developed in 5.4.1 outcome).	09/2004 and ongoing
	Action 5.4.3 Proactively Respond to Media Stories	Task Force members	Task Force members	Public discourse on issues.	Communication network in place to identify media stories.	10/2004 and ongoing
Strategy 5.5 Evaluate and monitor effectiveness of culturally competent goals/strategies/action steps.	**Action 5.5.1** Develop evaluation plan to assess effectiveness of goals and strategies (educ., training and awareness) from consumer to policy level. (see Goal #6)	Task Force members	Task Force members	Increased cultural competency and on-going feedback to Ad Hoc Committee.	Evaluation plan and assessment of implementation of goals.	11/2004 and ongoing

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness
- DRAFT -

GOAL FIVE: Ensure Culturally Competent Services.						
Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Progress to Date		Barriers and/or Situational Changes		Immediate Next Steps (including potential technical assistance needs)		

[1] The Manager is the individual responsible for coordinating each action.

[2] The Implementer is the individual (or entity) responsible for carrying-out each action.

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness
- DRAFT -

GOAL SIX: Data Collection and Evaluation

Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 6.1 Identify Task Force members	**Action 6.1.1** Assemble Task force that represents all regions of the state.	Daryl Wusk- HHS, Admin. of Office of Economic & Family Support & David Thomas-City of Omaha, Planning, Homeless program administrator	Jeff Chambers-Research Manager at the University of NE, Children, Family & the Law.	Establishment of a Data Collection & Evaluation Task Force	Commitment from members to participate on the Task Force	01/2004
Strategy 6.2 Identify "measures" needed to assess NCHH Policy Academy Plan (i.e. the "Five Goals")	**Action 6.2.1** Identify Goal 1 measures Identify Goal 2 measures Identify Goal 3 measures Identify Goal 4 measures Identify Goal 5 measures	Data Collection & Evaluation coordinators in collaboration with other goal committee members	Jeff Chambers	Identification of measures for evaluating progress on each of the goals in NCHH/Policy Academy Plan	"Benchmarks" from each goal submitted to Data & Evaluation Committee	06/2004
Strategy 6.3 Create reporting process, i.e., CoC's to NCHH and NCHH to CoCs.	**Action 6.3.1** Design reports and reporting cycles that permit evaluation, feedback, course-correction for CoCs and NCHH/Policy Academy Plan	Data Collection & Evaluation coordinators in collaboration with other goal committee members	Jeff Chambers	Creation of specific report(s) that permits NCHH to assess impact (by CoC) of Policy Academy Plan; specific report(s) that permits CoCs to see/assess their part in and contribution to Statewide Homeless initiative	Policy Academy sign off on adequacy of proposed reports and proposed report frequencies	09/2004
Strategy 6.4 Successfully implement HMIS and "point-in-time" data management systems in the State's seven CoCs	**Action 6.4.1** Secure funding/resources to permit continuum-wide implementation	Regional CoC coordinating committees	Individual/team identified by CoC coordinating Committee	Funding for and acquisition of hardware, software and training to permit each CoC to implement its HMIS/"point-in-time" data management system	Number/percent of agencies/programs quipped and readied through training to participate in a given region's CoC HMIS; Plan for conducting regular "point-in-time" homeless counts	01/2005

Nebraska's Action Plan for Increasing Access to Mainstream Services for People Experiencing Chronic Homelessness   - DRAFT -

GOAL SIX: Data Collection and Evaluation

Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 6.4.2 Train agencies/staff in HMIS and "point-in-time" data collection and data entry requirements	HMIS administrator covering each CoC	HMIS administrator/task force in each CoC	Reliable and regular collection and entry of data needed for CoC and NCHH reports	Data collection and data entry practices implemented	07/2005
	Action 6.4.3 Generate reports of use to CoC and NCHH	HMIS administrator covering each CoC	HMIS administrator covering each CoC	Capacity to generate needed CoC and NCHH reports	SHP, NHAP reports, aggregate HMIS reports, ESG reports, NCHH report	01/2006
Action 6.5 Utilize data collected to assist NCHH, other departments, CoCs and others with planning, policy formation and the pursuit of funding.	**Action 6.5.1** Distribute NCHH report to policy-makers/decision-makers/elected officials throughout State	Data Collection & Evaluation Task Force	Jeff Chambers	Increase in reliable data for policy- makers /decision-makers/ elected officials throughout State	Capacity to build data-based case for policy formation and funding	03/2006
	Action 6.5.2 Assess existing allocation of resources in light of needs as revealed by data	Funders	All departments and agencies	Increased ability to target resources toward identified needs.	Reports that reflect need by regions.	03/2007
	Action 6.5.3 Develop proposals for reallocation of resources so as to more effectively address homeless issue, if data requires	Funders	All departments and agencies	Effective use of resources.	Revisions of RFPs and applications to reflect needs revealed by data.	01/2008

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)

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