<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quick Facts</td>
<td>03</td>
</tr>
<tr>
<td>Welcome from the Executive Director</td>
<td>04</td>
</tr>
<tr>
<td>Introduction and Limitations</td>
<td>06</td>
</tr>
<tr>
<td>Point-in-Time</td>
<td>07</td>
</tr>
<tr>
<td>Housing Inventory Chart</td>
<td>10</td>
</tr>
<tr>
<td>Demographic Data</td>
<td>12</td>
</tr>
<tr>
<td>Opening Doors Goals</td>
<td>15</td>
</tr>
<tr>
<td>Coordinated Entry</td>
<td>19</td>
</tr>
<tr>
<td>Task Force and Work Groups</td>
<td>20</td>
</tr>
<tr>
<td>Board Members</td>
<td>23</td>
</tr>
<tr>
<td>References</td>
<td>25</td>
</tr>
<tr>
<td>Contact Information</td>
<td>27</td>
</tr>
</tbody>
</table>
2016 Quick Facts

33% of participants entered the homeless system for the first time

97% of participants remained stably housed

18% of homeless individuals are under age 18

15% of homeless individuals were between 18 and 24

Chronic homelessness down 30% since FY 2012

Veteran homelessness down 25% since FY 2012

15% of homeless individuals were unsheltered at least one night in 2016

6,947 clients experienced homelessness in FY 2016.
On behalf of the member agencies, staff, and Board of Directors of the Metro Area Continuum of Care for the Homeless (MACCH), I proudly welcome you to MACCH’s 2016 Annual Report. This report is a public documenting of MACCH’s role as the backbone organization of a Collective Impact effort to prevent and end homelessness within MACCH’s tri-county service area (Douglas and Sarpy Counties in Nebraska and Pottawattamie County in Iowa, respectively).

MACCH was formed in 2006 out of the collective voice of more than 100 homeless service advocates in the Omaha and Council Bluffs area. In the decade-plus since, MACCH has competitively procured nearly $35 million of federal funding for almost 20 local homeless assistance projects (per MACCH’s ongoing role as Collaborative Applicant to the U.S. Department of Housing and Urban Development, or HUD, for Continuum of Care grants). During the 2015 HUD competition (widely considered the most competitive ever), MACCH ranked among the nation’s highest applicants with an overall score of 184 (the national high score that year was 188 from among a 200-point HUD rubric). For the 2016 competition, MACCH once again ranked high nationally and was likely among the top-performing quartile of applicants.

MACCH’s success is not limited to federal funding acquisition and national performance. We have made strong local progress in recent years regarding reductions in chronic and veteran homelessness, respectively. Chronic homelessness decreased nearly 30% since 2012, and veteran homelessness decreased 25% in the same time span. Our community success has continued for the aforementioned subpopulations during the past year (per the data contained herein the 2016 Annual Report). This is due to MACCH’s intentional focus upon priority subpopulations and high-barrier homeless consumers for purpose of permanent housing placement.

It should be noted that the Omaha metro area experienced an increase in overall homelessness from calendar year 2015 to calendar year 2016 (the latter being the period of analysis for this report and the former being measured by the 2015 federal fiscal year). However, one prominent factor regarding this increase was enhanced data entry and performance management. In other words, we became more effective at tracking homelessness, and as result, our numbers increased. Specifically, MACCH’s Street Outreach Work Group broadened its interagency outreach to consumers within the past year (and ensured subsequent data entry for those consumers). Moreover, the tracking and entering of youth homelessness data has increased. Given all this, MACCH believes that the data contained within this year’s Annual Report is a more accurate and thorough snapshot of homelessness within our community.
In closing, I emphasize the essential elements of MACCH operations and programming now and for the coming year: third year implementation of MACCH’s Strategic Plan (slated for the period 2015-2020); continued implementation of MACCH’s 10 Year-Plan to Prevent and Homelessness (now in its ninth year of existence); and finally, continued expansion of MACCH’s Coordinated Entry initiative (which ensures a common process of assessment, referral, and permanent housing placement for homeless consumers). I also cordially acknowledge the funders that supported MACCH in 2016: Scott Family Foundation; Lozier Foundation; Sherwood Foundation; HUD; Peter Kiewit Foundation; Hawks Foundation and Tenaska; and United Way of the Midlands. Finally, I thank MACCH’s member agencies and diverse community partners, each of which ensure ongoing success regarding the prevention and ending of homelessness in our community.

In partnership,

Charles Coley
Executive Director, MACCH
Introduction

In 2010, the United States Interagency Council on Homelessness released Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness. Benchmarks were set to: 1) end chronic homelessness by 2017; 2) prevent and end homelessness among veterans by 2016; 3) prevent and end homelessness for families, youth, and children by 2020; 4) set a path for ending all types of homelessness.

HUD funds emergency, transitional, and permanent housing projects throughout the country to alleviate and end homelessness. The federally-recognized definition of homelessness includes those who are 1) literally homeless; 2) at imminent risk of homelessness; 3) homeless under other federal statutes; and 4) fleeing/attempting to flee domestic violence.

MACCH’s 2016 Annual Report herein is based on data compiled by the Institute for Community Alliances through the Nebraska Management Information System (NMIS), a Homeless Management Information System (HMIS), which collects data on approximately 70% of homeless projects in the Continuum of Care (CoC).

Included in this report are both point-in-time and longitudinal counts of clients utilizing emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing from MACCH’s service providers. Demographics including race, gender, ethnicity, and veteran status are reported.

Limitations

This report is based on self-reported data that was entered into the NMIS between January 1, 2016 and December 31, 2016. Thus, all information presented in this report is based only on those providers who enter into NMIS (unless otherwise specified). Individuals and families who are unsheltered, “doubled up,” or served by domestic violence providers without any interaction with NMIS providers are not included in this report.

NMIS users strive to report timely and accurate information into the system. In an effort to maintain high data quality, MACCH’s Performance Management Task Force (PMTF) has instituted monthly data quality report reviews.
During the last 10 days of January, communities nationwide participate in the HUD-mandated annual Point-In-Time (PIT) count to capture a snapshot of homelessness within the United States. Communities must submit a count based on complete census coverage and/or statistically reliable sampling and extrapolation methods. While information on subpopulations (including unsheltered homeless youth, veterans, and person experiencing chronic homelessness) may be difficult to capture, the point-in-time count serves an important function in estimating the scope of homelessness both locally and nationally.

On the night of January 28, 2016, volunteers in our community surveyed sheltered and unsheltered individuals experiencing homelessness. Per federal (HUD) definitions, individuals residing on the streets, and in both emergency shelter and transitional housing, are considered homeless. In total, 1,509 individuals were counted as homeless, with 983 residing in emergency shelters; 469 in transitional housing programs; and 57 in unsheltered living situations. While 2016 data displays a 2% overall increase and a 23% unsheltered increase, MACCH attributes this to increased collaboration among street outreach providers. MACCH’s unsheltered homeless rate continues to be among the lowest nationally, at 3.7% for 2016.

These point-in-time counts include individuals and families served by HMIS agencies, domestic violence shelters, and other non-HMIS agencies. For more information on agencies participating in the PIT count, see page 25.
January 2016
Point-in-Time Count

Individuals:

- Emergency Shelter: 983
- Transitional Housing: 469
- Unsheltered: 57

Households:

- Single Adults: 1,102
- Households with children: 399
- Households with only children: 8
PIT Count by year:

Unsheltered Count by year:
Housing Inventory Count (HIC) reports provide a snapshot of a CoC’s housing inventory and are conducted in conjunction with the annual PIT count. The report tallies the number of beds and units available on the night designated for the count by program type, and includes beds dedicated to serve persons who are homeless as well as persons within Permanent Housing.

The 2016 HIC is reflective of MACCH’s housing inventory on January 28, 2016. In total, the CoC maintains a total of 2,799 beds, inclusive of emergency shelters, transitional housing, rapid rehousing, permanent supportive housing (PSH), and other permanent housing programs. Additionally, the HIC includes overflow beds that were utilized the night of the report.
2016 PIT Utilization

Emergency Shelter:
- Beds Utilized: 96%
- Beds Not Utilized: 4%

Transitional Housing:
- Beds Utilized: 90%
- Beds Not Utilized: 10%

Rapid Re-Housing:
- Beds Utilized: 91%
- Beds Not Utilized: 9%

PSH and Permanent Housing
- Beds Utilized: 100%
- Beds Not Utilized: 0%
According to the 2010 US Census report, about 73% of Omaha metro residents are white, 14% are black, and less than 3% are other races (American Indian, Asian, and Native Hawaiian). Thirteen percent are Hispanic or Latino, and 68% are non-Hispanic or Latino.  

Race:
- White: 56%
- Black or African American: 29%
- Multiple Races: 7%
- American Indian or Alaska Native: 3%
- Asian: 1%
- Native Hawaiian or Other Pacific Islander: 0%

Ethnicity:
- Non-Hispanic/Non-Latino: 84%
- Hispanic/Latino: 12%
- Client Doesn’t Know/Refused: 4%
Of the individuals who experienced homelessness during 2016, 18% were under the age of 18\(^4\).

**2016 Homeless Count:**

*In 2013, Open Door Mission, a large emergency shelter and transitional housing project, left NMIS.

**Age:**

- Client doesn’t know or Refused: 56
- 62+: 291
- 55-61: 605
- 45-54: 1185
- 35-44: 1144
- 25-34: 1316
- 18-24: 1060
- 13-17: 477
- 5-12: 417
- Under 5: 396
Disabilities:

Nearly 48% of all individuals experiencing homelessness in the MACCH CoC identified as having a disabling condition. A disabling condition is a physical, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder or brain injury that is expected to be long-continuing or indefinite duration; substantially impedes the individual’s ability to live independently; and could be improved by the provision of more suitable housing conditions.

It is important to note that while an individual must have a disabling condition in order to be chronically homeless, not all individuals that have a disability are chronically homeless.

Known Physical and Mental Health Conditions at Project Entry:

- Physical Disability: 1413
- Developmental Disability: 327
- HIV/AIDS and Related Diseases: 35
- Chronic Health Condition: 361
- Drug Abuse: 1257
- Alcohol Abuse: 1252
- Mental Health: 1882

Number of Known Conditions at Project Entry

- Conditions Unknown: 81
- 3+ Conditions: 1423
- 2 Conditions: 688
- 1 Condition: 941
- None: 3615

According to the 2014 National Annual Homeless Assessment Report to Congress, adults with disabilities are four times more likely to be homeless than adults without disabilities5.
In February 2016, MACCH began implementation of our community’s Coordinated Entry System (CES). The initial focus of our implementation was PSH placements for chronically homeless individuals. Three months later, MACCH onboarded families to the CES, thereby prioritizing PSH opportunities for all chronically homeless households. By prioritizing those households with the longest history of homelessness and highest vulnerabilities, our CES implementation led to permanent housing for 260 chronically homeless individuals in 2016.

To be considered chronically homeless, an individual or head of household must meet the definition of “homeless individual with a disability” from the McKinney-Vento Act, as amended by the HEARTH Act and have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for the last 12 months continuously or on at least four occasions in the last three years where those occasions cumulatively total at least 12 months.

Ages of Chronically Homeless:

53% of individuals experiencing chronic homelessness in Omaha/Council Bluffs are 45 years old or older.

Chronic Homelessness Incidence:

Through CoC initiatives such as the Case Conferencing Work Group, use of a By-Name List (BNL), and implementation of a CoC-wide Prioritization Policy, chronic homelessness has declined 30% since October 1, 2012.
Eliminating veteran homelessness continues to be a MACCH priority. Since 2012, the CoC has successfully reduced veteran homelessness by 25%. By the end of 2016, MACCH sought to end homelessness among veterans with medical eligibility through the U.S. Department of Veteran Affairs (VA). Additionally, MACCH’s participation in the national Built for Zero (previously Zero: 2016) Campaign and utilization of a Veteran Task Force allowed MACCH to focus additional efforts on veteran homelessness locally, including prioritizing veterans for supportive housing resources.

A veteran as defined by HUD is someone who has served on active duty in the armed forces of the United States. This does not include inactive military reserves or the National Guard, unless the person was called to active duty.

Veteran Homelessness Incidence:
Opening Doors Goal: End Family and Youth Homelessness

MACCH continues to focus efforts on ending homelessness among families and youth by the federal benchmark of 2020. Locally, MACCH has focused on increasing rapid rehousing resources as a primary resource for families experiencing homelessness, in addition to connections with mainstream resources.

By the end of 2016, MACCH sought to end homelessness among households with only children. MACCH is happy to report that as 2016 closed, fewer than one percent of households served were minor-only households. However, unaccompanied youth continue to be an undercounted subpopulation. MACCH has recently focused efforts on improving youth homelessness counts as an essential component of reducing overall youth homelessness.

Since youth do not typically present into homelessness like their adult counterparts, different methods of identification and engagement must be utilized. MACCH strives to continue improving youth data collection, to increase engagement among youth providers, and to increase local resources dedicated to youth homelessness.

19% of persons experiencing homelessness in the MACCH service area are in families.

33% of the MACCH homeless population are between ages zero and 24.

Forty-one percent of youth between 18 and 24 identify as male; 53% identify as female; and fewer than 1% identify as transgender.
Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH)

2,766 overall clients served in FY 2016

203 vets housed in PSH or RRH
497 chronically homeless housed in PSH or RRH

Households:
- Households with Children: 1,054
- Single Households: 448

Previous Living Situation: Adults Only
- Homeless Situation: 1,503
- Institutional Setting: 41
- Other Location: 226
Per HUD mandate, Continua nationwide are required to implement a Coordinated Entry System (CES) to connect those experiencing a housing crisis with necessary interventions for purpose of housing stability. According to HUD’s Continuum of Care (CoC) Interim Rule, published in 2012, a CES must adhere to the following: 1) Cover the entire CoC geographic area; 2) Be easily accessible by all households seeking services; 3) Be well advertised; and 4) Include a comprehensive and standardized assessment tool. Later, in February of 2015, HUD released the Coordinated Entry Policy Brief, which provided further guidance to CoC’s working to implement the requirements contained in the CoC Interim Rule.

In February 2016, MACCH implemented the first part of our local CES, with a coordinated system of assessment and referrals for PSH. MACCH developed our local standardized assessment by use of the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), developed by OrgCode, in addition to CoC-specific supplementary questions. Homeless service agencies across the community began administering the CES assessment and submitting referrals to a single, prioritized By-Name List (BNL). MACCH implemented our first community-wide Prioritization Policy upon commencement of our PSH pilot, which adopted an enhanced version of the HUD Order of Priority for PSH placement.

In 2016, our CES saw 706 individuals, inclusive of households with and without children, added to our BNL for PSH placement. Of those 706 individuals, 409 were identified as chronically homeless and 52 were veterans. MACCH was able to successfully house 67 individuals through our CoC’s PSH programs and an additional 193 individuals secured permanent housing through outside resources. Nearly 27% of all individuals placed in CoC PSH were housed within 30 days of referral to the BNL, and an additional 42% were housed within 60 days.

Throughout 2016, MACCH worked with a variety of key stakeholders through our Coordinated Entry Work Group and Case Conferencing Work Group (formerly Homeless Review Team, or HRT) to troubleshoot issues and improve CES performance. Through these groups, MACCH began planning to expand CES implementation to other service components, specifically Rapid Re-Housing. As 2016 came to a close, MACCH was prepared for the addition of Rapid Re-Housing to the CES, which commenced January 1, 2017.

Since the conclusion of 2016, HUD has issued the first formal requirements of a CES through publication of the Coordinated Entry Notice on January 23, 2017. CoC’s nationwide have one year to ensure compliance with the requirements contained within, which will include MACCH expanding our CES to the service components of emergency shelter, transitional housing, and homelessness prevention. MACCH will continue working with key stakeholders through targeted work group and task force initiatives to finalize all required components of HUD’s Coordinated Entry Notice by the deadline of January 23, 2018.

### Length of Time to House Through By-Name List

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<tr>
<td>61 to 180 days</td>
<td>(21)</td>
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<tr>
<td>31 to 60 days</td>
<td>(28)</td>
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<tr>
<td>Less than 30 days</td>
<td>(18)</td>
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Task Forces and Work Groups

MACCH continued to operate several Task Forces and Work Groups throughout 2016. Putting the 10-Year Plan in motion, these initiative groups are essential to successfully achieving many of the objectives contained within the Plan. As 2016 began, MACCH operated the following initiative groups: Homeless Review Team (now called Case Conferencing Work Group); Performance Management Task Force; Youth Task Force; Diversified Housing Task Force; Veteran Task Force; and Coordinated Entry Work Group. In 2016, MACCH also added the Prevention and Diversion Task Force and the Street Outreach Work Group.

The Homeless Review Team was central to our local Coordinated Entry implementation, serving as the body to identify referrals for PSH openings from our community’s By-Name-List (BNL) of the most vulnerable homeless consumers. The Diversified Housing Task Force continued efforts to engage with local Public Housing Authorities (PHA’s) and collaborated to hold the CoC’s inaugural Landlord Engagement Event, an effort to engage new landlords within our homeless service system. Veteran Task Force’s focus was on a functional BNL of our CoC’s homeless veterans and connecting veterans with appropriate housing resources. Youth Task Force continued its incredible work to engage and provide services to homeless individuals age 18-24, and several members of this task force also contributed to MACCH’s application for HUD’s Youth Homelessness Demonstration Program in 2016. Performance Management Task Force expanded their analysis to include HUD’s System Performance Measures, in addition to their focused work on additional CoC outcomes and data. Lastly, the Coordinated Entry Work Group remained focused on the ongoing implementation of our community’s Coordinated Entry System, inclusive of HUD-mandated components and best practices for effective system operations.

In 2016, MACCH restarted prevention efforts through the Prevention and Diversion Task Force. This group is not only focused on 10-Year Plan objectives, but also a dedicated section of MACCH’s Strategic Plan. Lastly, MACCH united CoC outreach efforts under the Street Outreach Work Group, which had been on hiatus for several years. This system-wide coordination of street outreach has led to improved data collection and system performance, in addition to connecting many of our community’s most vulnerable individuals to supportive housing resources.
MACCH's ongoing vision is “building community partnerships to improve the quality of life for all homeless and near homeless individuals and families.” In that spirit, 2017 will be a year of growth and transition for MACCH, its member agencies, and our community regarding the prevention and ending of homelessness. This year and for the first time ever, MACCH is strongly considering the addition of a third staff position. If this is done, the position will focus exclusively upon MACCH’s growing Coordinated Entry initiative and will broadly support MACCH’s member agency network. Regarding MACCH’s membership structure, MACCH will this year convene focus groups for purpose of soliciting stakeholder input and potentially revising its Membership Guide (which outlines membership options, benefits, and costs).

MACCH’s Board of Directors is this year considering revision of MACCH’s bylaws to further refine our governance structure and to codify Provider Council as a formal advisory body to MACCH (rather than an informal body as it currently exists). For the first time in three years, MACCH will also add several new directors to its board; this will be a key means of diversifying and strengthening our organizational governance. Finally, MACCH will in 2017 ensure an ever more data-driven and performance-oriented collaborative approach to preventing and ending homelessness. This will be done by fully analyzing the community performance measures established by HUD and ensuring a consistent emphasis upon performance management.

Together receives an award during MACCH’s annual Recognition Event.
MACCH
Metro Area Continuum of Care for the Homeless

wishes to thank its 2016 Board of Directors.
President Deanna Wagner
Douglas County Housing Authority

Vice President Scott Brown
Gallup

Secretary Aileen Brady
Community Alliance

Treasurer Jo Williams
Tenaska

Rev. Zach Anderson
Hanscom Park United Methodist Church

Abby Burgess
The Stephen Center

Sue Moore
Charles Drew Health Center

Deborah Dancer
Family Housing Advisory Services

Ryan Durant
Housing Developer

David Eberbach
Institute for Community Alliances

Mark Foxall
Douglas County Corrections

Frances Holeton
Catholic Charities - The Shelter

Patti Jurjevich
Region 6 Behavioral Healthcare

Mary Fraser Meintz
Youth Emergency Services (YES)

Chris Rodgers
Douglas County Commission

Mike Saklar
Siena Francis House

Linda Twomey
VA Nebraska-Western Iowa Health Care System

Pastor Pat Williams
Hope of Glory Ministries/Williams Prepared Place
HMIS Participating Housing Agencies Included in Annual Report

Community Alliance  
Heartland Family Service  
MACCH Street Outreach  
MICAH House  
New Visions  
Open Door Mission  
Salvation Army  

Siena/Francis House  
Stephen Center  
The Lutheran Home  
Together  
Williams Prepared Place  
Youth Emergency Services

HMIS Participating Agencies:

Beautiful Savior Pantry  
Charles Drew Health Center  
Community Alliance  
Completely KIDS  
Christian Outreach Program of Elkhorn  
Family Housing Advisory Services  
First Lutheran Pantry  
First Presbyterian Church Food Pantry  
Heartland Family Service  
Heart Ministry Center  
Heartland Hope Mission  
Holy Cross Lutheran  
Loaves and Fishes Food Pantry  
The Lutheran Home Veterans  
MACCH Street Outreach  

MICAH House  
New Visions  
Open Door Mission  
Project Hope Pantry  
Salem Baptist Church  
Salvation Army  
Siena/Francis House  
Shepherd of the Hills  
Stephen Center  
The Lutheran Home  
Together  
United Way of the Midlands  
Visiting Nurse Association  
Williams Prepared Place  
Youth Emergency Services
HIC and PIT
Participating Agencies:

Catholic Charities
Charles Drew Health Center
Community Alliance
Heartland Family Service
MICAH House
Nebraska AIDS Project
New Visions
Open Door Mission
Salvation Army
Siena/Francis House
Stephen Center
The Lutheran Home
Together
United Healthcare
Veteran’s Administration
Veterans Affairs
Visiting Nurse Association
Williams Prepared Place
Women’s Center for Advancement
Youth Emergency Services

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2.) https://www.usich.gov/opening-doors
3.) https://www.census.gov/quickfacts/table/PST045215/3137000
4.) http://endhomelessnessstoday.org/blog/c/ahar
5.) http://www.endhomelessness.org/blog/entry/have-five-acting-actors-in-your-closest-community
6.) Other Location includes rental by client, owned by client, staying or living with friends or family, and hotel/motel stays paid for by client.
MACCH Metro Area Continuum of Care for the Homeless
MACCH cordially thanks the Institute for Community Alliances (ICA), which serves as MACCH’s HMIS Lead Agency. This report would not have been possible without the time, talent, and dedication of ICA staff and administration.

MACCH further wishes to thank the leaders and participants of our work groups and task forces in 2016. Our community-wide success would not have been possible without their dedication and passion to serve and affect change among those with housing instability and experiencing homelessness.