Metro Area Continuum of Care for the Homeless (MACCH): 2014 Annual Report
Introduction

MACCH was born out of the collective voice of more than 100 homeless service providers and advocates in the Omaha and Council Bluffs area. The journey began in 1996 via the formation of the Omaha Area Continuum of Care for the Homeless, or OACCH. In 2006, however, metro area leaders decided more should be done to address homelessness and that additional collaboration was needed. Thus, OACCH incorporated as an independent nonprofit program and became MACCH.

MACCH’s main objective is to unite the efforts of shelter, housing, supportive services, and faith-based organizations that serve homeless and near-homeless individuals and families in Douglas, Pottawattamie, and Sarpy Counties. In the nearly 10 years since its incorporation, MACCH has competitively procured $27 million in HUD monies on behalf of almost 25 local homeless assistance programs. Ending homelessness does not occur through the action of one nonprofit service provider or even the advocacy of a single community leader. Rather, ending homelessness requires the collaboration of multiple nonprofit programs, funders, and advocates.

The data contained within this report represent the combined efforts and talents of diverse service providers. The data time period (not including Point-in-Time count data) is the most recently completed federal fiscal year (October 1st, 2013-September 30th, 2014). The data was captured by agency-level use of the Homeless Management Information System (HMIS), which is a federally mandated database used by all agencies receiving homeless assistance funding from the U.S. Department of Housing and Urban Development (HUD). HMIS allows MACCH to accurately measure and track aggregate data at the community level. For the data period (the most recently completed federal fiscal year), MACCH’s member agencies using HMIS served 6,650 consumers. Of that overall number, the following information details consumer service provision by specific housing type:

- Emergency shelter served 4,852 consumers
- Transitional housing served 1,046 consumers
- Permanent supportive housing served 686 consumers
- Rapid re-housing served 66 consumers

MACCH’s Performance Measurement Task Force (PMTF), which monitors system-level outcomes and reviews overall data quality, was an integral aspect of this report’s completion. PMTF members provided initial suggestions regarding report content and ensured final draft development. MACCH therefore offers gratitude for the time and talent of Performance Measurement Task Force personnel.

In closing, MACCH also thanks its member agencies, community partners, and stakeholders. It is only through collaboration we will prevent and end homelessness within our community.
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Continuum of Care

A Continuum of Care (CoC) is a community region working collectively to deliver services and provide housing to individuals experiencing homelessness (in the hopes of either preventing homelessness or ending someone’s homelessness as quickly as possible). Many local homeless Continuum of Care service providers and housing projects are funded through federal Department of Housing and Urban Development (HUD) homeless assistance grants annually. MACCH’s CoC service area is the tri-county region of Douglas, Sarpy, and Pottawattamie Counties, respectively.

Overview

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: end chronic homelessness by 2017; prevent and end homelessness among veterans by 2016; prevent and end homelessness for families, youth, and children by 2020; and finally, set a path for ending all types of homelessness.

HUD funds emergency, transitional, and permanent housing programs 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. HUD’s definition of chronic homelessness is as follows: an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness within the past three years. It is estimated that the chronically homeless comprise just 10% of the overall homeless demographic but use nearly 50% of the system of care resources.

MACCH’s Annual Report on Homelessness herein is based on data compiled by the Institute for Community Alliances (ICA) through the Homeless Management Information System (HMIS) reporting tool. It provides a true summary of homelessness within our community. The data represented within this report is aggregate data for the 6,650 homeless consumers served by MACCH’s HMIS-using agencies during the most recently completed federal fiscal year.

Limitations

This report is based on data entered into the Homeless Management Information System (HMIS). Thus, all information presented in this report is based solely upon the service providers who enter into HMIS (unless otherwise specified). Individuals and families who are unsheltered, “doubled up,” or served by victim services providers (such as Catholic Charities Domestic Violence Shelter, which served 152 women and 137 children during the 2013-2014 federal fiscal year) without any interaction with HMIS providers are not included in this report (with the exception of the “Point-in-Time Count” section below). For purpose of HMIS, providers utilize federal definitions (examples: homelessness, demographic information, etc) when entering client-level data.
DID YOU KNOW ...

MACCH’s Homeless Management Information System (HMIS)-using agencies served 6,650 consumers during the most recently completed federal fiscal year. Over 95% of community direct homeless service providers participate in HMIS.

Of those consumers served, almost 65% exited a program in a month or less.

Nearly 20% of consumers served reported past domestic violence experience. Of those reporting past domestic violence experience, nearly 50% indicated the domestic violence occurred within the past year.

Almost 10% of consumers identified as a veteran.

Of consumers participating in a permanent housing program, 93% achieved housing stability.

“We have come dangerously close to accepting the homeless situation as a problem that we just can’t solve.”

--Linda Lingle, former governor of Hawaii
Homelessness Summary

6,650 Homeless Individuals Served by HMIS Agencies

“Even one homeless veteran is a shame.”

--First Lady Michelle Obama
Homelessness Summary

6,650 Homeless Individuals Served by HMIS Agencies

Gender of Children Served

47% (486 individuals) Male 53% (551 individuals) Female

Age of Persons Served

Don't Know/Refused 74
62+ 246
55 - 61 620
45 - 54 1433
35 - 44 1254
25 - 34 1301
18 - 24 686
13 - 17 130
5 - 12 445
Under 5 461

“Preventing and ending homelessness is not just a Federal issue or responsibility. It also will require the skill and talents of people outside of Washington—where the best ideas are most often found.”

--President Barack Obama
Homelessness Summary

6,650 Homeless Individuals Served by HMIS Agencies

Ethnicity of Persons Served

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Race of Persons Served

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<td>Don't Know/Refused</td>
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<td>Multiple Races</td>
<td>414</td>
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<td>Native Hawaiian or Other Pacific Islander</td>
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<td>American Indian or Alaska Native</td>
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<tr>
<td>Asian</td>
<td>35</td>
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<td>Black or African-American</td>
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<tr>
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“One of the greatest diseases is to be nobody to anybody.”

--Mother Teresa
Homelessness Summary

6,650 Homeless Individuals Served by HMIS Agencies

**Known Physical and Mental Health Conditions at Program Entry**

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**Length of Program Participation**

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<td>More than 1825 Days (&gt;5 Yrs)</td>
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<tr>
<td>1461 to 1825 days (4-5 Yrs)</td>
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<td>1096 to 1460 days (3-4 Yrs)</td>
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<td>731 to 1095 days (2-3 Yrs)</td>
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<td>366 to 730 days (1-2 Yrs)</td>
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<td>181 to 365 days</td>
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<td>61 to 180 days</td>
<td>712</td>
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<td>31 to 60 days</td>
<td>655</td>
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<tr>
<td>Less than 30 days</td>
<td>4341</td>
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“Some people thought it was cheap for society to ignore poor people and, if they had to, let them starve on the streets. But it turns out that having poor people live on the street isn’t cheap at all.”

--Dr. Dennis Culhane, University of Pennsylvania professor and noted researcher regarding homelessness
Annual Point-in-Time (PIT) Count

During the last week 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 persons 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 22, 2014, volunteers in our community surveyed homelessness for both sheltered and unsheltered populations. Per federal (HUD) definitions, individuals in both emergency shelter and transitional housing are considered homeless. Per HUD, transitional housing is defined as “a project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living within 24 months [or less].”

Of persons in households with at least one adult and one child within emergency shelter on the night of the PIT count, the following chart illustrates relevant demographic information (263 persons total):

![Chart showing PIT count demographics]

“We have a keen awareness of the need to link services with housing for homeless people with a lot of barriers to maintaining their housing. But at the federal level, getting the agencies that operate housing and services programs to coordinate their efforts has been a real challenge.”

--Norm Suchar, immediate past Director of Capacity Building at the National Alliance to End Homelessness
Of persons in households with at least one adult and one child within transitional housing on the night of the PIT count, the following chart illustrates relevant demographic information (254 persons total):

![Pie chart showing distribution of persons by age group in transitional housing]

During the count, 771 adults without children (comprising that many households exactly) were identified within emergency shelter. Of those persons within emergency shelter in households without children during the 2014 Point-in-Time Count, the following chart illustrates the age ranges of this population:

![Pie chart showing distribution of persons by age group within emergency shelter]
During the count, 302 adults without children (comprising that many households exactly) were identified within transitional housing. Of those persons within transitional housing in households without children during the 2014 Point-in-Time Count, the following chart illustrates the age ranges of this population:

![2014 PIT Count: Number and Percent of Persons Within Transitional Housing by Age](image)

The following chart illustrates homeless subpopulations (by number of individuals self-identifying) found during the 2014 Point-in-Time Count:

![2014 Point-in-Time Count Homeless Subpopulations by # of Individuals](image)
During the Point-in-Time Count, demographic and census information is specifically captured regarding veterans. For veterans in households without children during the 2014 Point-in-Time Count, 126 individuals (comprising that many households exactly) were identified. The following chart illustrates information by housing type (unsheltered, emergency shelter, and transitional housing, respectively) for this population:

### 2014 PIT Count: Number and Percent of Veterans in Households Without Children (By Housing Type)

- **Unsheltered**: 43% (54 persons)
- **Emergency Shelter**: 2% (2 persons)
- **Transitional Housing**: 55% (70 persons)

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**CURRENT INITIATIVES AND NEXT STEPS**

**Coordinated Assessment**

In July 2012, HUD issued a federal mandate known as *Coordinated Assessment* for all federally-funded homeless service providers. That mandate, codified within the Federal Register (Vol. 77, No. 147), was known as the Interim Rule. It noted: “[A] centralized or coordinated assessment system is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum’s centralized or coordinated assessment system. Coordinated assessment is a powerful tool for improving system-wide entry, assessment, and referral processes.”

To comply with this mandate, MACCH in late 2012 issued a Request for Proposals (RFP) for local providers willing and able to institute a Coordinated Assessment system. Of the applicants,
Heartland Family Service was selected as the lead Coordinated Assessment vendor. Its Coordinated Assessment pilot, known as Metro Home Base (MHB), operated from December 2012-March 2014. That pilot period allowed a substantial and collective learning curve; MACCH was among only a handful of Continua instituting any Coordinated Assessment system during that time.

The initial goals of Metro Home Base were as follows:

- Establish a centralized entry point for individuals experiencing a housing crisis
- Initially assess the eligibility and needs of each individual or family who seeks homeless assistance or homelessness prevention assistance
- Coordinate participant intake for homelessness prevention and emergency shelter
- Ensure that a comprehensive and standardized assessment is completed
- Consolidate the referral linkage process for individuals and families seeking housing services

Metro Home Base provided an excellent community learning opportunity regarding implementation of Coordinated Assessment. MACCH sincerely thanks Heartland Family Service for its time and talent in coordination of the program.

**Coordinated Assessment: 2015 and Beyond**

For the next stage of our community’s Coordinated Assessment initiative, MACCH will implement a ‘no-wrong door’ approach for homeless individuals and families. This will be done by universal adoption of an agency-level common assessment termed the **Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)**. This will allow any homeless consumer within MACCH’s tri-county service area to arrive at any local (federally-funded) provider site and receive the same process of assessment, prioritization, and referral. The VI-SPDAT pre-screen tool, recommended as a best practice assessment nationally, requires only 10 minutes for both the case manager and consumer upon intake. Based upon the consumer’s unique (and quantified) barriers and acuity, the VI-SPDAT will either recommend diversion from emergency shelter or an appropriate permanent housing destination. MACCH will in 2015 implement the VI-SPDAT CoC-wide for benefit of homeless individuals; MACCH will implement the VI-SPDAT for homeless families beginning in 2016.

**10 Year Plan to Prevent and End Homelessness**

In July 2014, MACCH updated its 10 Year Plan to Prevent and End Homelessness. The original 10 Year Plan, unveiled in 2008, provided an early foundation for performance measurement and focus; the revised 10 Year Plan contains data-driven and federally-aligned goals for purpose of truly preventing and ending homelessness.
The 10 Year Plan goals are now as follows:

- End chronic homelessness
- End veteran homelessness
- End child, family, and youth homelessness
- Set a path to reducing overall homelessness

2014 Annual Report Summary

2014 was a year of growth, transition, and success for MACCH and its member agencies. The year marked the updating and revising of MACCH’s 10 Year Plan to Prevent and End Homelessness as well as the commencement of MACCH’s first ever Strategic Planning process; both of these involved extended community dialogues and stakeholder outreach for purpose of Collective Impact (a key part of MACCH’s mission and operations).

2014 also witnessed MACCH’s official move into the Barbara Weitz Community Engagement Center of the University of Nebraska-Omaha (UNO), a one-of-its-kind facility in the nation connecting UNO’s student population with the broader Omaha nonprofit community. Finally, MACCH—yet again and for the fourth consecutive year—competitively captured nearly $3.6 million of HUD Continuum of Care funding on behalf of almost 25 local homeless assistance projects; this successful funding capture ensured the Omaha metro area once more ranked among the highest performing Continua nationally.

It is anticipated that the 2015 Annual Report, building from the data contained within this 2014 Report, will include greater analysis and mention of trend data. This 2014 Annual Report, however, is a vital first step towards sharing of MACCH’s data, outcomes, and successes.

In summation, MACCH’s mission of preventing and ending homelessness is only made possible by its member agencies, funders, advocates, and stakeholders. MACCH therefore thanks its vast network of supporters, and we look ahead to another year of preventing and ending homelessness for our community’s most vulnerable individuals and families.

“The data will guide you on what you need to do in order to achieve your goal. If you work towards the data as a collective, you will reach the outputs necessary to achieve your goal. If you consider the target only an abstract or ‘nice to do,’ you will fail.”

--Iain De Jong, advocate and originator of the Vulnerability Index--Service Prioritization and Decision Assistance Tool
MACCH Member Agencies: Alegent Creighton Health, Bethlehem House, Catholic Charities of the Archdiocese of Omaha, Catholic Charities Phoenix House, City of Council Bluffs, Iowa, Community Alliance, Completely Kids, Domestic Violence Council of Greater Omaha, Douglas County, Nebraska, Eastern Nebraska Community Action Partnership, Family Housing Advisory Services, Heartland Family Service, Hope of Glory Ministries, Inc. (Williams Prepared Place), inCOMMON Community Development, Institute for Community Alliances, Legal Aid of Nebraska, Mercy Housing, MICAH House, Mutual of Omaha Foundation, Nebraska AIDS Project, Nebraska Families Collaborative, New Visions Homeless Service Omaha Campus, New Visions Homeless Services/MOHM’s Place, Omaha City Planning Department, Omaha Home for Boys, Jacob’s Place, Branching Out, Omaha Public Library, Open Door Mission, Region 6 Behavioral Healthcare, Salvation Army, Siena/Francis House, Square One, Stephen Center, The Russell Center, LLC, Together, United Way of the Midlands, Visiting Nurse Association, Youth Emergency Services

Point-in-Time Participating Agencies and Partners: Bethlehem House, Catholic Charities, City of Council Bluffs, Community Alliance, Eastern Nebraska Community Action Partnership, Family Housing Advisory Services, Heartland Family Service, Hope of Glory Ministries (Williams Prepared Place), MERCY Housing, Micah House, Nebraska AIDS Project, New Visions, MOHM’s Place, Omaha Home for Boys (Jacob’s Place), Omaha Public Library, Open Door Mission, Region 6 Behavioral Healthcare, Salvation Army, Siena/Francis House, Stephen Center, Together, Visiting Nurse Association, Youth Emergency Services

HMIS Participating Agencies: Bethlehem House, Catholic Charities, City of Council Bluffs, Community Alliance, Eastern Nebraska Community Action Partnership, Family Housing Advisory Services, Heartland Family Service, Hope of Glory Ministries (Williams Prepared Place), MERCY Housing, Micah House, Nebraska AIDS Project, New Visions, MOHM’s Place, Omaha Home for Boys (Jacob’s Place), Open Door Mission, Region 6 Behavioral Healthcare, Salvation Army, Siena/Francis House, Stephen Center, Together, Visiting Nurse Association, Youth Emergency Services

Victim Services Provider and/or Coalition: Catholic Charities Victim Services (Domestic Violence Shelter), Domestic Violence Council of Greater Omaha
MACCH wishes to cordially thank its 2014-2015 Board of Directors. They are as follows:

President Deanna Wagner, Douglas County Housing Authority
Vice President Scott Brown, Gallup
Secretary Aileen Brady, Community Alliance
Treasurer Jo Williams, Tenaska
Sue Moore, Charles Drew Health Center
Ryan Durant, Omaha Housing Authority
Mark Foxall, Douglas County Corrections
Frankie Holeton, Catholic Charities
Patti Jurjevich, Region 6 Behavioral Healthcare
Chris Rodgers, Douglas County Commission
Mike Saklar, Siena Francis House
Nancy Schulze, Heartland Family Service
Linda Twomey, VA Nebraska-Western Iowa Health Care System
Abby Burgess, The Stephen Center
Pastor Pat Williams, Williams Prepared Place/Hope of Glory Ministries
Deborah Dancer, Family Housing Advisory Services
David Eberbach, Institute for Community Alliances
Rev. Zach Anderson, Hanscom Park United Methodist Church