

Form Name: IA-BOS CoC Renewal Application  
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## 2019 Iowa Balance of State (IA-501) Continuum of Care (CoC) Grantee Renewal Application

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### APPLICANT NAME AND INFORMATION

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**Organization Name:** Area Substance Abuse Council

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**Renewal Project Name:** Hightower Place Women and Children Transitional Recovery Program

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**Project Name(s) as appearing in HMIS/DVIMS:** Hightower Place Women and Children Transitional Program

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**Grant Identifier:** IA0009L7D011609

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**Project Type:** Transitional Housing (TH)

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**Projected number of clients to be served in renewal grant period:** 90

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**Anticipated Renewal Amount:** 106208.00

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**Verify current registration in federal System for Award Management:** Yes

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**DUNS #:** 54907464

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**Counties Served by Project:** Clinton, Jackson

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**Address of Administrative Office:** 3601 16th Ave SW  
Cedar Rapids, IA 52404

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**Primary Contact Name:** Mickey Miller

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**Primary Contact Phone:** (319) 390-4611 ext. 194

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**Primary Contact Email:** mmiller@asac.us

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**Secondary Contact Name:** Melissa Walker

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**Secondary Contact Phone:** (319) 390-4611 ext. 122

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**Secondary Contact Email:** mwalker@asac.us

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### THRESHOLD ASSURANCES

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**Having too little or no income:** NOT a Barrier

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**Having a criminal record with exceptions for state, and/or federal restrictions:** NOT a Barrier

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**Fleeing domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement):** NOT a Barrier

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**Having (or not having) a previous address within Iowa:** NOT a Barrier

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**Failure to comply with HUD's 2016 Gender Identity Rule:** NOT a Barrier  
(<https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/>)

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**Failure to comply with Non-Discrimination and Equal Opportunity Requirements including assuring non-discrimination on the basis of age, race, creed, color, national origin, religion, sex/gender, sexual orientation, gender identity, and familial status and disability.** NOT a Barrier

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**Attach project Policies & Procedures to verify barrier statuses selected above:** [https://s3.amazonaws.com/files.formstack.com/uploads/3367170/74759947/510837797/74759947\\_policies\\_and\\_procedures.pdf](https://s3.amazonaws.com/files.formstack.com/uploads/3367170/74759947/510837797/74759947_policies_and_procedures.pdf)

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## **CONTINUUM OF CARE PARTICIPATION**

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**1. a. What percentage of your clients served do you feel were referred through coordinated entry? Explain your response.** 100% of our patients are referred through coordinated entry as evidenced by the VI-SPDAT being completed, as well as ServicePoint entry and exit forms completed at intake and discharge.

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**1. b. Describe timeline/progress of Coordinated Entry in your region. Explain your project's participation in Coordinated Entry and the steps taken to support the Coordinated Entry process in the project's region.**

ASAC managers who work most frequently with the homeless population attended Coordinated Entry process in Clinton and Jackson Counties (Gabe Gluba, Sue Wolever, Maribeth Bousman, Cody Crawford). Both Clinton Jackson Coalition and Clinton Homelessness Discussion Steering Committee address Coordinated Entry on an ongoing basis through community collaboration. Crawford is trained and qualified to enter patients into ServicePoint and onto the Prioritization List.

- Bousman, Coordinated Entry Committee: 6/18/18, phone
- Gluba, Clinton Homelessness Discussion Steering Committee: 6/16/18 Community Update; regular mtgs (2018) 5/29, 6/22, 8/15, 8/28, 9/25, 10/23; (2019) 2/26
- Gluba, Bousman met with Laura Burget, Clinton YWCA about Prioritization List Meeting: 1/17/19
- Prioritization List ("Pull") mtg: Gluba 3/7/19, 3/14/19, 4/11/19; Crawford 5/30/19
- Clinton Jackson Coalition: Gluba, (2018) 5/2, 9/11, 11/7, (2019) 1/2, 3/6, 5/1; Wolever, (2018) 5/2, 7/11, 9/11, 11/7, (2019) 1/2, 5/1

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**2. Since January 2018, have representatives of your project attended at least three bimonthly meetings of the Iowa Council on Homelessness? Note that anyone can participate in Council meetings even if not a voting member. Posted meeting minutes must be available to verify attendance.**

Gabe Gluba- Iowa Council on Homelessness Board Member and Iowa Council on Homelessness - Nominating Committee

Melissa Walker 1/19/2018

Gabe Gluba 3/20/2018, 5/18/2018, 9/21/2018, 11/16/2018, 1/18/2019, 4/4/2019, 5/17/2019

Cody Crawford 1/18/2019, 4/4/2019

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**3. a. Describe professional development opportunities (conferences, meeting, trainings, webinars, etc.) related to Homelessness in which representatives of your project have participated within the last 12 months.**

(Character limit prevents full list)

- Clinton Tx Dir Gabe Gluba, Hightower Place Mgr Sue Wolever are President & VP, Clinton Jackson Coalition for the Homeless
  - Clinton Jackson Coalition: Gluba, (2018) 5/2, 9/11, 11/7, (2019) 1/2, 3/6, 5/1; Wolever, (2018) 5/2, 7/11, 9/11, 11/7, (2019) 1/2, 5/1
  - Gluba, IA Housing Partnership First Annual Mtg: 9/4/18, DM; IA Council on Homelessness Governance Strategy: 11/16/18; Clinton Homelessness Discussion Steering Committee: (2018) 5/29, 6/22, 8/15, 8/28, 9/25, 10/23, (2019) 2/26; visited Rockford, IL, re: Built for Zero approach: 7/26/18
  - Gluba, Shar Jones, Housing IA Conference: 9/5/18-9/7/18, CR
  - Gluba, Crawford, Understanding Critical Time Intervention: weekly webinars 2/25/19-3/25/19
  - Prioritization List ("Pull") mtg: Gluba 3/7/19, 3/14/19, 4/11/19; Crawford 5/30/19
  - Gluba, Bousman met w/Laura Burget, Clinton YWCA about Pull mtg, 1/17/19
  - CoC Program Grant Start-up weekly webinars: Mickey Miller 4/11/19-4/25/19; Crawford 4/18/19-5/2/19
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**3. b. From the mentioned above, list the top three (3) most useful experiences and describe how your project implemented information gained from them?**

1. Gluba, Bousman meeting w/Laura Burget, Clinton YWCA about Pull meeting, 1/17/19: Helped staff better understand how to use the Coordinated Entry process in place locally, resulting in better service to patient population. ASAC has begun getting patients set up with Rapid Rehousing and other Coordinated Entry resources earlier in their treatment stay because of this expanded knowledge.
2. Gluba, Understanding Critical Time Intervention Training: Provides staff more evidence-based practices in their approach to case management and linkages, which not only addresses individuals' substance use disorder needs, but also focuses more on long-term stability and getting basic needs met, including housing.
3. Gluba and Crawford have been able to take information presented at Iowa Council on Homelessness meetings, trainings, and events to local groups such as Clinton Jackson Coalition and Clinton Homelessness Discussion Steering Committee to help implement locally.

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**4. a. In the past year, describe your agency's activities/engagement/involvement with one or more local Public Housing Authorities (PHAs) about implementing a homeless admission preference in their written policies for the Housing Choice Voucher (Section 8) or Public Housing programs:**

The attached letter, dated 11/21/2018, from Gabe Gluba on behalf of the Clinton Jackson Coalition for the Homeless, demonstrates support of the Clinton Housing Authority's application to the Iowa Finance Authority's HOME Tenant-Based Rental Assistance funds in Clinton County, to provide security deposit assistance to families on the Section 8 program and public housing.

ASAC works with the Clinton Jackson Coalition for the Homeless, the Clinton Homelessness Discussion Steering Committee, the Clinton Housing Authority and others as part of an interdisciplinary team through monthly coalition meetings and the continuum of care to address community low-income housing issues.

At this time, ASAC has not specifically worked with the local PHA on implementing a homeless admission preference in their written policies; however, the PHA is involved in relevant discussions and committees and this goal will be discussed in the near future.

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**4. a. Please attach documentation to verify, such as an email chain or meeting notes.**

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**4. b. In the past year, describe your agency's activities/engagement/involvement with local affordable housing providers (e.g. multifamily assisted housing owners, PHAs, Low Income Housing Tax Credit developments, or local low-income housing programs) about implementing a Move On strategy (Informational resource: <https://www.csh.org/wp-content/uploads/2016/07/Moving-On-Chapter-6-Final.pdf>):**

With other members of the Clinton Homelessness Discussion Steering Committee, Cody Crawford has worked to implement a scattered-site permanent supportive housing program in Clinton. This program will work with local service agencies, landlords, the local PHA, and low-income housing organizations. We are currently in the planning phase of this project and also hope to include fundamentals of the Moving On strategy.

Crawford attended committee meetings on 1/22/19, 2/26/19, 3/26/19, 4/23/19 and 5/28/19. Email attached indicates current committee activities, current and proposed partners, and progress toward development of a business plan.

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**4. b. Please attach documentation to verify, such as an email chain or meeting notes.**

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**5. In the past year, to what extent has your agency taken steps locally to educate communities on the issues of homelessness: (e.g. decriminalization of homelessness engaging local policymakers, law enforcement, or business leaders; implementing community plan)?**

\*Gabe Gluba, Cody Crawford, 4/4/19 Homelessness Awareness Day on the Hill, met with elected officials

\*National Hunger and Homelessness Awareness Week: Gluba, Leslie Mussmann coordinated meetings 10/3/18, 10/16/18, 10/25/18, 10/29/18 to plan community events. Partners: Benevolent Society, Clinton Housing Authority, Clinton/Jackson Homeless Coalition, Community Action of E. Iowa, Council of Social Agencies, Family Resources, Franciscan Peace Center, Information Referral and Assistance Services, Pathways, RSVP, Salvation Army, United Way Clinton Co, YWCA Clinton

Events:

\*Proclamation, Clinton City Council 10/23/18, Gluba

\*Proclamation, Clinton County Board of Supervisors 11/5/18, Gluba

\*Oxfam Hunger Banquet 11/14/18

\*MEDIA RELEASE

\*Clinton elementary schools, Clinton Public Library children's programming, partners read age-appropriate books on hunger/homelessness, facilitated discussions

\*Crawford, Clinton Rotary 2/4/19, Clinton Kiwanis 4/17/19 about local homeless issues

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**6. In the past year, to what extent has your agency taken steps locally to prevent the discharge of persons from local systems of care (foster care, health care, mental health care, correctional facilities) into homelessness?**

It is written into ASAC's program policy. In the event a patient is deemed not appropriate for the program or is not benefiting from the program, staff will assess their needs and facilitate referral to a more appropriate primary care or transitional or housing program. See attachment 12.f.

As outlined above, ASAC's ongoing work with the Clinton Jackson Coalition for the Homeless, the Clinton Homelessness Discussion Steering Committee, and community partners helps prevent the discharge of people from local systems of care into homelessness.

At this time, ASAC has not specifically worked with the local PHA on implementing a homeless admission preference in their written policies; however, the PHA is involved in relevant discussions and committees and this goal will be discussed in the near future.

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**7. a. Did your agency participate in the street (unsheltered) count in counties served by your project and how?**

ASAC participated in the PIT for Clinton County on 7/25/18 and 12/30/18.

In addition to recording the number of individuals residing in our Hightower Place facility, Gabe Gluba and Maribeth Bousman participated in the local Point in Time street counts on both dates.

Staff walked around their identified community area; when they encountered a homeless person or persons they explained what the PIT survey was and asked the individual(s) for their participation, following a script. They had participants sign a consent form and read through the 7 points of consent, including confirming that the survey was completely voluntary, that they could stop participating at any time, and their answers would not affect benefits in any way. Participants received small bags containing basic needs items.

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**7. b. Did your agency submit the PIT/HIC information for your projects by the set submission deadline? If not, why?**

Yes

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**8. List at least one representative of your project participate in the April 2019 Annual Meeting of Iowa Balance of State CoC Grantees. Describe any special participation your agency performed in regards to the meeting.**

Cody Crawford and Mickey Miller

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## **PROJECT MANAGEMENT**

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**9. a. Has this project completed it's first grant full grant cycle? (i.e. 1st year renewal with end date after application date?)**

Yes

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<b>9. b. Project grant year end-date completed:</b>	Apr 30, 2018
<b>9. c. Grant amount:</b>	106208.00
<b>9. d. Total funds expended:</b>	106208.00
<b>9. e. Funds remaining (unexpended funds):</b>	0.00
<b>9. f. Unexpended funds % (unexpended funds/grant amount):</b>	0.00
<b>APR Sage Submission Requirement (days)</b>	90
<b>APR Deadline in SAGE:</b>	Jul 29, 2018
<b>10. a. Date APR submitted to HUD in SAGE:</b>	Aug 13, 2018
<b>10. b. Did your project meet the 90-day requirement?</b>	No
<b>10. c. If an extension was granted by HUD or SAGE was unavailable, describe. Must have written documentation available upon request.</b>	<p>Although the APR was uploaded to SAGE in May 2018, a missing piece of financial data prevented the report from being submitted within the 90-day requirement. At that time, there were staffing changes in both our fiscal office and with the grants manager, and reporting notifications from the funder were not received by ASAC staff.</p> <p>As soon as the new grants manager learned of the overdue APR, the missing data was completed and submitted on 8/13/2018. The new grants manager was unaware that a HUD extension was available. In spring 2019, ASAC hired both a grants coordinator and a fundraising director to expand its grants management resources. Several safeguards have since been implemented to ensure that future APR submission dates are tracked by more than one individual.</p>
<b>11. a. Has HUD monitored the project within the past two years?</b>	No
<b>12. a. Failure to participate in supportive services and/or failure to make progress on a service plan:</b>	No
<b>12. b. Loss of income or failure to improve income:</b>	No
<b>12. c. Active substance abuse:</b>	No

12. d. Any other activity not covered in a lease agreement typically found in the project's geographic area:	No
12. e. Ensure that every effort is made to help participants transition to other housing options when continuation in this project is jeopardized or about to expire?	No
12. f. Attach the project's written termination policy. The effective date must be evident on the policy.	<a href="https://s3.amazonaws.com/files.formstack.com/uploads/3367170/74776944/510837797/74776944_termination_policy.pdf">https://s3.amazonaws.com/files.formstack.com/uploads/3367170/74776944/510837797/74776944_termination_policy.pdf</a>
13. a. Transportation assistance is provided to clients to attend mainstream benefit appointments, employment training, or jobs.	True
13. b. At least semi-annual follow-ups are attempted with participants after project exit to ensure that mainstream benefits are received and renewed (and for RRH projects, to verify that housing stability is maintained) for a period of X years.	True
13. c. Annual interim reviews with current clients are being completed with 30 days of anniversary date to check on client well-being and update all relevant data including: income, disability status, health care, etc.	True
13. d. Project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency.	True
14. Did the number of clients served by your project achieve or exceed your estimated levels of service when you last applied/renewed this grant? Explain, success/difficulties.	<p>It does not appear that we were asked to estimate a number of clients for the 2018 renewal application. However, our expectation was a similar number to the previous application.</p> <p>Our proposed number of participants to be served in the 2017 application was 80-100; we served 91 as of April 30, 2018.</p> <p>As of April 30, 2019, we served 86 participants, which is in line with both our expectations and previous year results. We expect to serve 90 participants in the year ending April 30, 2020.</p>

## PROJECT PERFORMANCE/EVALUATION

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Attach "2019 BOS CoC Renewal Application Report" from HMIS/DVIMS

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**15. Does the agency maintain an average of 14 days or less between clients' project start and entry into HMIS?**

Our average data entry delay was 14.11, just over the 14 day benchmark.

Although ASAC has policies and procedures in place guiding this process, new staff learning curves on both the clinical and data teams have contributed to the average data entry delay being slightly over 14 days. When the leadership team identified this delay, additional processes were put in place, including additional staff training, and the implementation of a notification system that serves as a prompt for relevant staff to ensure timely compliance.

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**16. Does your agency maintain an average data completeness score of less than 2% missing data?**

Our data completeness score was 3%.

As noted in the response to question 15 above, new staffing in both clinical and data teams have contributed to this score being slightly above the 2% threshold. Additional training and checks have been implemented.

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**17. TH: Does your project sufficiently prioritize literally homeless clients or those fleeing domestic violence?**

As a transitional recovery program for women, ASAC's Hightower Place program gives priority to patients who have a substance use disorder (and their children) who are literally homeless or are fleeing domestic violence. If the individual does not meet the criteria of having a substance use disorder, appropriate linkages are made to meet their shelter needs.

Last year 26% of our patients entered from the sources above, compared to 19% the previous year. Although our program does prioritize those entering from the sources above, because we serve a specialized substance use disorder population, individuals are often referred directly from a residential program or are staying with family and friends. Thus, they may not meet the definition of literally homeless, but they do not have a stable, supportive housing situation prior to entering Hightower Place to support their continued recovery needs for themselves and their children.

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**20. TH: Is the total exit destination error less than 15%?**

Yes. 11%.

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**21. TH: Percentage of all adult participants who increased total income from entry to exit?**

61%

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**22. TH: Percentage of exits to Permanent Housing?**

71%

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23. TH: Chronic population served in project? 9%

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## BONUS QUESTION

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**\*Bonus - Describe any specific services provided by your project specifically for youth/mental health/substance abuse:**

ASAC is one of Iowa's oldest and most comprehensive substance use disorder agencies. Our services follow the continuum of care beginning with substance abuse prevention and moving through various levels of treatment and recovery.

We provide substance use disorder treatment to any individual or family that needs services, including those without financial resources to pay and those at risk of homelessness. Because substance use and mental health disorders are often co-occurring, ASAC coordinates mental health counseling for patients as needed.

Prevention services are primarily focused on youth, implementing programs and strategies to change and strengthen attitudes, actions and trends to reduce substance use disorders. Treatment services include assessment, extended and intensive outpatient services, residential treatment and halfway house services for adolescents, adults, and pregnant women and women and children. ASAC also provides transitional housing for families in recovery.

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