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2019 Iowa Balance of State (IA-501) Continuum of Care (CoC) Grantee Renewal Application

APPLICANT NAME AND INFORMATION

Organization Name:	Crisis Intervention & Advocacy Center
Renewal Project Name:	STAARS
Project Name(s) as appearing in HMIS/DVIMS:	CIAC - Perry Transitional Housing (TH)
Grant Identifier:	42-1372343
Project Type:	Transitional Housing (TH)
Projected number of clients to be served in renewal grant period:	24
Anticipated Renewal Amount:	161945.00
Verify current registration in federal System for Award Management:	Yes
DUNS #:	806377032
Counties Served by Project:	Adair, Adams, Clarke, Dallas, Decatur, Guthrie, Madison, Ringgold, Taylor, Union
Address of Administrative Office:	911 Court Street Po Box 40 Adel, IA 50003
Primary Contact Name:	Johna Sullivan
Primary Contact Phone:	(515) 993-4095
Primary Contact Email:	johna@ciac91.org
Secondary Contact Name:	Kacey Barrow-Miner
Secondary Contact Phone:	(515) 993-4095
Secondary Contact Email:	kacey@ciac91.org

THRESHOLD ASSURANCES

Having too little or no income:	NOT a Barrier
Having a criminal record with exceptions for state, and/or federal restrictions:	NOT a Barrier
Fleeing domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement):	NOT a Barrier
Having (or not having) a previous address within Iowa:	NOT a Barrier
Failure to comply with HUD's 2016 Gender Identity Rule: (https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/)	NOT a Barrier
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
Attach project Policies & Procedures to verify barrier statuses selected above:	https://s3.amazonaws.com/files.formstack.com/uploads/3367170/74759947/511669211/74759947_termination_policy.doc

CONTINUUM OF CARE PARTICIPATION

1. a. What percentage of your clients served do you feel were referred through coordinated entry? Explain your response.	90 % - Local Service providers, hospitals, and law enforcement were making referrals to our agency prior to coordinated entry. Coordinated entry formalized the referral process.
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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.

CIAC began Coordinated Entry planning as the designated lead agency in July 2017. After months of concerted networking with service providers, it became evident that more than one meeting would be necessary to involve all providers in this process. To accommodate professionals in all 10 counties, the feedback was to facilitate 5 separate meetings in our area. In November 2017 the first coordinated entry meeting was held in Madison County. During all 5 initial meetings, the agenda including determining access points, monthly meeting locations and times, inclusion of other providers and training needs assessed. In July 2018 South Central West's (SCWR) policies and procedures were approved. The remaining 9 counties in the SCWR were all live by January 2019. In planning for CE in our service area, CIAC staff recognized that the other counties required multiple, separate CE meetings. CIAC housing staff lead a total of 5 meetings a month to accommodate the needs of partner professionals.

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.

Yes. January 19 2018- Nikki Kinkennon-Bettis, March 20 2018- Gina DeGroot, May 18 2018- Nikki Kinkennon-Bettis and Kristin Millhollin, July 20 2018- Nikki Kinkennon-Bettis

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.

There were three extremely beneficial opportunities in the past year. October 2018 CIAC staff member attended the Rapid Rehousing Institute in San Diego, CA. This event was specifically targeted for Rapid Rehousing practitioners and crisis response system planners. It brought Rapid Rehousing practitioners and crisis response planners together from around the country for a conference focused on creative solutions (e.g., diversion, rapid exit, housing strategies, etc.), including using strategies such as RRH, homeless, diversion, and rapid exit. In June 2018 two staff attended the 2018 Iowa/Nebraska Peer to Peer Symposium. The symposium brought together homeless service professionals from across Iowa and Nebraska to network and expand their knowledge of homeless policy initiatives, programs and best practices. Staff attended the Iowa Housing Conference in September of 2018, where they gained knowledge in developing prioritization policies and best practices from around the country.

3. b. From the mentioned above, list the top three (3) most useful experiences and describe how your project implemented information gained from them?

In multiple of the trainings listed above diversion was discussed. CIAC staff, and coordinated entry access points were trained how to use this tool and how diversion can reduce the number of families becoming homeless by identifying immediate alternate housing. This tool is helpful in the rural communities and to effectively divert. Research shows that individuals experiencing homelessness or who are at risk of homelessness want to work but are faced with a variety of barriers. Discussion about locally responsive strategies to overcome the barriers facing individuals and families experiencing homelessness, these strategies helped with innovative networking ideas like with local libraries to see if they could set one computer aside for individuals experiencing homeless to use to fill out any homeless assistance, fill out job applications, etc.

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:

This topic was on the agenda for the coordinated entry meetings we facilitated. The two housing authorities (Central Iowa Regional Housing Authority and Southern IRHA) were invited via email and yet haven't attended yet. Through our research of the two housing authorities in our region we have identified only a few preferences for SIRHA which include residence, disability and veteran status. The CIRHA only has a preference for those residing in their service area. Neither one currently has a coordinated entry preference which provides a specific outreach opportunity for our team. Our networking strategies will be in person and via phone in the future to continue to encourage participation by the local housing authorities in an effort to alter their written policies.

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>):

CIAC housing staff assists in completing applications for deeply subsidized housing providers at our office. Our agency pays application fees, leverages other grants to support people living in these move on strategies. While none of the affordable housing providers have a family violence preference in policies, our housing staff have gotten homeless individuals/families into these housing options rapidly through advocate in person networking in communities. In rural areas housing advocates have discovered that the most effective networking happens in person as we devote much of our time to in person relationship building. Housing staff remains informed of new construction of multifamily assisted housing and all developments through this concerted networking effort throughout the year. Formalizing these Moving on strategies in written policies with these affordable housing providers is part of our continued efforts.

<p>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)?</p>	<p>Each presentation/training that CIAC staff provide discuss issues of homelessness. CIAC staff sat on two panel discussions at the 2018 Iowa/Nebraska Peer to Peer Homeless Symposium: Rural Homelessness- It's just not the same out here. The panel discussed issues unique to the rural homeless population and effective methods to end rural homelessness. Diversion in Rural Communities: Panel discussed what effective homeless diversion look likes in rural communities. MOUS with local law enforcement, community members, hospitals, service providers. Chamber coffee events - focus on homelessness.</p>
<p>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?</p>	<p>Systems of care are in daily contact with our agency and we specialize in working with systems of care through trauma focused services. Including discharge planning is a focus with all staff in coordinating services with these systems of care. In our rural service area, there are no prisons and very few mental health inpatient facilities but many scattered foster care homes, group homes, one in patient resource center for youth and adults and a few jails. As the only homeless service provider in these ten rural counties, we are the first contact when discharging for most systems of care. It is, again, our goal to formalize these connections through written policies in the coming year. Local health providers participated in the Coordinated Entry meetings. When networking with hospitals, we have built strong relationships with Patient Community Care Coordinators. We have worked with them to create policies the entire hospital can use for patients experiencing homelessness.</p>
<p>7. a. Did your agency participate in the street (unsheltered) count in counties served by your project and how?</p>	<p>Yes. CIAC staff engaged and educated local volunteers from local law enforcement, hospitals, service providers, community members, churches, business owners to collect street count data in order to track individuals and provide needed information and referrals to homeless individuals/families to get an accurate count. Once agencies agreed to participate, CIAC staff provided the homeless surveys and coordinated timing to have the most accurate street count.</p>
<p>7. b. Did your agency submit the PIT/HIC information for your projects by the set submission deadline? If not, why?</p>	<p>No, the weather prevented the completed of the count due to numerous business being closed, law enforcement/hospitals were preoccupied with traffic accidents and weather related needs. Advocates weren't able to get into work to submit PIT surveys with clarity. This difficulty in submitting was communicated by Nikki Kinkennon-Bettis via email.</p>
<p>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.</p>	<p>Nikki Kinkennon-Bettis, Stephanie Fluckey and Kacey Barrow-Miner attended the annual meeting in Cedar Rapids. Nikki introduced our agency as the lead coordinated entry agency in the ten county service area.</p>

PROJECT MANAGEMENT

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

9. b. Project grant year end-date completed: Jun 30, 2018

9. c. Grant amount: 161945.00

9. d. Total funds expended: 161945.00

9. e. Funds remaining (unexpended funds): 0.00

9. f. Unexpended funds % (unexpended funds/grant amount): 0.00

APR Sage Submission Requirement (days) 90

APR Deadline in SAGE: Sep 28, 2018

10. a. Date APR submitted to HUD in SAGE: Sep 26, 2018

10. b. Did your project meet the 90-day requirement? Yes

11. a. Has HUD monitored the project within the past two years? No

12. a. Failure to participate in supportive services and/or failure to make progress on a service plan: No

12. b. Loss of income or failure to improve income: No

12. c. Active substance abuse: 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.	https://s3.amazonaws.com/files.formstack.com/uploads/3367170/74776944/511669211/74776944_termination_policy.doc
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.	Yes, CIAC met the number of clients served by the TH project. The transitional house project was at capacity throughout the year and provided holistic supportive services throughout the stay including services to support transition out of homelessness and into permanent supportive housing.

PROJECT PERFORMANCE/EVALUATION

Attach "2019 BOS CoC Renewal Application Report" from HMIS/DVIMS	https://s3.amazonaws.com/files.formstack.com/uploads/3367170/74778606/511669211/74778606_2019_bos_coc_renewal_application_report.pdf
15. Does the agency maintain an average of 14 days or less between clients' project start and entry into HMIS?	No, the average days between start and entry into the system is currently 36 days. This is due to staff turnover, training timing and determining the number of staff who need licenses in order to enter data efficiently.
16. Does your agency maintain an average data completeness score of less than 2% missing data?	Yes.

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

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

21. TH: Percentage of all adult participants who increased total income from entry to exit? 100%.

22. TH: Percentage of exits to Permanent Housing? 100%

23. TH: Chronic population served in project? 0%. In order to be considered chronically homeless one needs to be without consistent housing for at least a year. Our transitional housing program houses families and/or individuals for up to two years.

BONUS QUESTION

***Bonus - Describe any specific services provided by your project specifically for youth/mental health/substance abuse:** The Integrated Services Project (ISP) is a grant funded project CIAC participated in and continue to maintain the work and mission throughout services. This group combines substance abuse counseling with sexual assault/domestic violence counseling for survivors who experience these co-occurring issues. Co-located services were provided and CIAC staff created and implemented a trauma informed substance abuse assessment tool. All CIAC staff are trained to include substance abuse and related symptoms in services provided. The staff at Zion recovery were trained in how to ensure trauma informed care to survivors who are addicted. CIAC has one staff certified in youth mental health first aid and one staff certified in adult mental health first aid. These two staff have trained all CIAC staff on providing mental health service in a crisis and in an ongoing advocacy capacity. These two staff are utilized to provide technical assistance to other partner professionals as well as staff.
