

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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| <b>Organization Name:</b>  | Hawkeye Area Community Action Program, Inc.  |
| <b>Renewal Project Name:</b>   | HACAP Housing First  |
| <b>Project Name(s) as appearing in HMIS/DVIMS:</b>                         | HACAP- Housing First   |
| <b>Grant Identifier:</b>   | IA0092L7D011803  |
| <b>Project Type:</b>   | Rapid Rehousing (RRH)  |
| <b>Projected number of clients to be served in renewal grant period:</b>   | 55   |
| <b>Anticipated Renewal Amount:</b>   | 384410.00  |
| <b>Verify current registration in federal System for Award Management:</b> | Yes  |
| <b>DUNS #:</b>   | 39311399   |
| <b>Counties Served by Project:</b>   | Benton, Cedar, Black Hawk, Delaware, Jones, Dubuque, Linn, Iowa, Johnson, Washington, Buchanan |
| <b>Address of Administrative Office:</b>                                   | 1515 Hawkeye Drive<br>Hiawatha, IA 52233   |
| <b>Primary Contact Name:</b>   | Heather Harney   |
| <b>Primary Contact Phone:</b>  | (319) 393-7811 ext. 1056   |
| <b>Primary Contact Email:</b>  | hharney@hacap.org  |
| <b>Secondary Contact Name:</b>   | Jodran Dumolien  |
| <b>Secondary Contact Phone:</b>  | (319) 393-7811   |
| <b>Secondary Contact Email:</b>  | jdumolien@hacap.org  |

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### THRESHOLD ASSURANCES

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|--|---------------|
| <b>Having too little or no income:</b> | 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/3367170/74759947/510840098/74759947\\_rapid\\_rehousing\\_prioritization\\_of\\_assistance.docx](https://s3.amazonaws.com/files.formstack.com/uploads/3367170/74759947/510840098/74759947_rapid_rehousing_prioritization_of_assistance.docx)

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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.** In 2018 the program was at capacity serving homeless households enrolled in 2017. In 2017 4 homeless families were referred to the project from Coordinated Entry. This was in Linn County when coordinated entry was active in 2017. This year all of the homeless households enrolled in the project have been referred through the coordinated entry process. HACAP pulls households from 5 CSRs that are operational in the projects service area.

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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.**

HACAP participated in the development of 4 CSRs and the implementation of Coordinated Entry in the those communities. Linn/Benton/Jones came online in fall of 2017, the Eastern Iowa region was shortly after in May 2018. Johnson/Washington started having active pull meetings in summer of 2018 and Waterloo/Tama just start active pull lists in January 1 2019.

Ginger Scoop and Rachel Carter have been active on the Eastern Iowa and Waterloo/Tama planning committees respectively. They continue to attend development meetings locally of the system and give feedback on ease of client and provider use. Dusty Noble and Debbie Wells are active in the design meetings of the Johnson/Washington system and Heather Harney works with Waypoint Linn/Benton/Jones system and its prioritization those who need PSH services. All regions meet weekly for agencies to pull households into their programs. Case conferencing also happens in each region.

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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.**

Yes, Heather Harney and David Hagen have been attending ICH meetings historically and over the last year.

Three of these dates include:

November 16th, 2018

April 4th, 2019

May 17th, 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.**

HUD Peer to Peer- Des Moines, June 13-14

HUD field office reviewed specific requirements of CoC and ESG grants, topics regarding rural outreach, coordinated entry, and veterans were also relevant

Heather Harney, Jordan Dumolien, Rachel Carter, Nicole Wise

VA Homeless webinars (monthly)

Different topics ranging from suicide prevention, mental health, community collaboration, shared housing, system mapping, etc are discussed monthly on webinars

Heather, Rachel

Rapid Rehousing Institute- San Diego, October 16-18

Different techniques and solutions to the affordable housing crisis were discussed and debated. The VA and HUD spoke about their views on ending homelessness and how all programs can work together to achieve results.

Heather

Rapid Resolution Meetings-various dates in Chicago

Learning out the future of VA and HUD's homeless diversion plans and how to plan community coordination around diversion and coordinated entry.

Heather, Rachel, Ginger, Debbie

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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. Rapid Resolution Meetings**

Although sponsored by the VA for use in VA homeless programs the experience was very useful to begin to think about how HUD may adopt these principles in the near future for CoC and ESG programs. How diversion techniques can be more robust in coordinated entry systems is something that regions and the Balance of State CoC should be looking at in the future.

**2. Rapid Rehousing Institute**

At the rapid rehousing institute HACAP's programs started looking for at long term housing sustainability for the clients that are placed in units and like about using shared housing and other techniques to assist with housing stability. HACAP has used practices in its current RRH programs.

**3. HUD Peer to Peer**

After attending the HUD Peer to Peer, updates to policies and procedures were made to all HACAP rapid rehousing programs. Also networking and asking questions to HUD representatives and other providers was extremely useful in program design.

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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:**

HACAP staff has been actively involved in the planning meetings to implement HUD-VASH vouchers in Waterloo. We have coordinated and participated in the application phase by providing data to the Housing Authority, the planning phase by setting up scheduled case conferencing meetings, and the implementation phase by being a main referral source of homeless veterans to the program.

In Dubuque, HACAP staff has continued to engage with the Housing Authority and City Planning staff to form a plan to apply for HUD-VASH vouchers in the next open grant cycle. We have provided the City the necessary data and are partnering with them to complete the grant application.

Iowa City and Cedar Rapids both already have homeless housing preferences in their Section 8 prioritization criteria. HACAP continues to engage both of those PHA's on how to improve the preference and how they can be more involved in the Coordinated Entry system.

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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>):**

HACAP staff have been instrumental in implementing a new HUD-VASH program in Waterloo. HUD-VASH utilizes a Move On strategy for its clients, as enrolled veterans are able to transition to a regular Housing choice Voucher when they reach a point of stability and no longer need the intensive services provided in PSH.

Shelter House has taken the lead on this initiative in the Johnson County area with its work on the Cross Park permanent supportive housing for frequent users development. HACAP will work with Shelter House over the next year to see how the agency can be of more assistance to the initiative.

Informally HACAP has spoken with the PHA in Cedar Rapids about how to prioritize vouchers for those most in need who are already homeless in the community for long term housing support. Discussions regarding trying to incorporate moving homeless households enrolled in PSH who no longer need long term supports and moving them to HCV are ongoing.

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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)?**

HACAP has taken great strides to educate Waterloo and Dubuque on the issues of homelessness. Staff participate in the Local Homeless Coordinating Board meeting (Waterloo) and the Homeless Advisory Council (Dubuque). Staff attend community meetings and other volunteer events to provide education about homelessness. HACAP has presented to County Board of Supervisors members, group fundraising events, and have raised awareness through local radio and media. HACAP has also developed a relationship with the Waterloo and Dubuque Police Departments to identify a homeless liaison officer to assist us in decriminalizing homelessness. HACAP staff participate in the Stand Down and Community Connections Days in Linn and Johnson County, a community outreach and educational event on homelessness. The event is open to all community members and specific services are targeted to members who are homeless. Staff also sit on the LHCB for Linn and Johnson County and work with community partners on advocacy

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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?**

HACAP staff regularly attends case conferencing meetings in each of our service areas to discuss persons at risk of homelessness and provide diversion services when possible. Staff also assist many hospital social workers, correctional officers, and regional crisis case managers with housing and landlord resources that may be able to accommodate their clients instead of entering homelessness.

The agency has worked with the both corrections and the health care system to get applications to them for individuals they feel make be exiting into a homeless situation. This partnership has resulted in 8 households that would have been homeless placed directly into permanent housing with HACAP after discharge.

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**7. a. Did your agency participate in the street (unsheltered) count in counties served by your project and how?** Yes, HACAP had multiple staff members participate in the street count across Eastern Iowa. They included: Debbie Wells (Johnson and Washington Counties), Jordan Dumolien and Bri O'Hara (Johnson/Benton/Jones Counties), Rachel Carter (Black Hawk/Tama/Buchanan Counties) and Ginger Schoop (Dubuque County). All of these individuals were on street count teams to assist the CSRs in conducting the count in the regions. Dusty Noble also assisted the regions who needed additional technical assistance in how to conduct a street count and worked with ICA to conduct outreach to counties that had not previously participated.

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

**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.** Yes, Heather Harney participated in the CoC Annual Meeting for grantees. Heather gave feedback and ask questions during the meeting.

## PROJECT MANAGEMENT

**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

**9. b. Project grant year end-date completed:** Dec 31, 2018

**9. c. Grant amount:** 333736.00

**9. d. Total funds expended:** 333736.00

**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:** Mar 31, 2019

**10. a. Date APR submitted to HUD in SAGE:** Mar 31, 2019

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| <b>10. b. Did your project meet the 90-day requirement?</b>  | Yes   |
| <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  |
| <b>12. d. Any other activity not covered in a lease agreement typically found in the project's geographic area:</b>  | No  |
| <b>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?</b>   | Yes   |
| <b>12. f. Attach the project's written termination policy. The effective date must be evident on the policy.</b>   | <a href="https://s3.amazonaws.com/files.formstack.com/uploads/3367170/74776944/510840098/74776944_termination_policy.docx">https://s3.amazonaws.com/files.formstack.com/uploads/3367170/74776944/510840098/74776944_termination_policy.docx</a> |
| <b>13. a. Transportation assistance is provided to clients to attend mainstream benefit appointments, employment training, or jobs.</b>  | True  |
| <b>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.</b> | True  |
| <b>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.</b>                            | True  |

**13. d. Project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency.** True

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**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.**

Number of clients exceeded the programs estimated service levels in the program year. The grant was submitted for 43 individuals and 125 were served by the program in 2018. A large number of households were entered into the program in the fall and winter of 2017 to ensure all rental assistance available was expended. Many of these households continued to be served into summer of 2018 resulting in a high number of households being served in the program year. Households remain enrolled in the program depending on service needs between 3 to 12 months.

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## **PROJECT PERFORMANCE/EVALUATION**

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

[https://s3.amazonaws.com/files.formstack.com/uploads/3367170/74778606/510840098/74778606\\_2019\\_bos\\_coc\\_renewal\\_housing\\_first.pdf](https://s3.amazonaws.com/files.formstack.com/uploads/3367170/74778606/510840098/74778606_2019_bos_coc_renewal_housing_first.pdf)

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

Yes. No new clients were enrolled in 2018 due to the high number of households rolling into the new program year from 2017. Many of these clients stayed enrolled in the program for up to 12 months due to the extensive barriers many households faced and limited rental assistance available to serve new households. Additional households have been enrolled in 2019.

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

Yes. No new clients were enrolled in 2018 due to the high number of households rolling into the new program year from 2017. Many of these clients stayed enrolled in the program for up to 12 months due to the extensive barriers many households faced and limited rental assistance available to serve new households. Additional households have been enrolled in 2019.

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**18. RRH/PSH: Was program average time to permanent housing under 30 days?**

The average time to permanent housing for the program in 2018 was 43 days. Many households were enrolled in winter of 2017. Households with fewer barriers were able to be housed quickly and by the end of 2017. Out of the 51 households served, 25 entered permanent housing within 14 days. Three households took 70 days or longer to house with the longest taking 128 days. These three household significantly skewed the average length for placement for the program.

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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:**

HACAP's prioritization policy specifies that our rapid rehousing programs will enroll those with the highest VI-SPDAT score if the intervention service they scored for is not available. As a consequence a vast majority of those enrolled in HACAP's rapid rehousing programs have scored for a PSH intervention and have either mental health and/or substance abuse disorder. Although HACAP does not provide these services directly the partnerships with local hospitals, mental health providers, and substance abuse providers has grown substantially over the last 2 years. HACAP hopes to continue to develop and strengthen these partnerships for the benefit of the homeless population over the next year.

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