

**2018 Iowa Balance of State Continuum of Care (CoC)**

**5.04.2018 Amended Final Renewal Project Application: Deadline: Friday, May 25, 2018, 11:59 PM**

Please be sure to submit the application and ALL attachments, including the Performance Report, as a **SINGLE PDF DOCUMENT**.

Instructions: Answer the questions below. Include a "Self-Score" as indicated.

**APPLICANT NAME AND LOCATION**

Organization Name:	Youth and Shelter Services, Inc.		
Project Name:	Lighthouse Transitional Living Program		
Type of Project (Permanent Supportive Housing, Rapid Rehousing, Transitional Housing)	Transitional Living Program		
Project Name on the HIC:	YSS-Story County TLP; YSS-MCLHadmitted; YSS-Boone County TLP		
Anticipated Renewal Amount:	\$194,737		
Address:	420 Kellogg Avenue, Ames IA, 50010		
Contact Person (w/Email & Phone):	Toby O'Berry, toberry@yss.org, 515-883-2379		
Secondary Contact (w/Email & Phone):	Liz Manion, lmanion@yss.org, 515-233-3141		
Verify current registration in federal System for Award Management:	Circle or Enter: Yes/No YES	DUNS #:	56505589

**THRESHOLD ASSURANCES**

**Projects MUST meet ALL of these requirements to be eligible for renewal consideration.**

Has the project removed the following barriers to accessing housing and services? Verify that each barrier described does NOT exist:

	Circle or Enter: <i><u>Not a barrier</u></i>	Self-Score: Assurances met?	CoC-Score: Assurances met?	Threshold Notes
a. Having too little or no income:	<i><u>Not a barrier</u></i>	Yes		
b. Having a criminal record with exceptions for state-mandated restrictions:	<i><u>Not a barrier</u></i>			
c. Fleeing domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement):	<i><u>Not a barrier</u></i>			
d. Having (or not having) a previous address within Iowa:	<i><u>Not a barrier</u></i>			
e. Failure to comply with HUD's 2016 Gender Identity Rule: ( <a href="https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/">https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/</a> )	<i><u>Not a barrier</u></i>			

**2018 Iowa Balance of State Continuum of Care  
Renewal Project Application DRAFT**

Note: This applies only to projects which were new in 2017 or projects that were new in 2016 AND have been operating for less than twelve months *due to HUD delays in issuing a contract* . If this is the case and you believe that your scores for the following questions may be negatively affected, please attach a concise explanation of the details, including the date your project started, why and how your scores are negatively impacted, and any steps taken to minimize any gaps in project services. Depending on this response and HUD's 2018 CoC Funding NOFA, rulings, and other communications, application reviewers MAY consider scoring adjustments. Questions to which this pertains: 8.a.,d. and e.; 9.c-e; 13.a.; 21.b-c; 21.a1-a2

**CONTINUUM OF CARE PARTICIPATION** (30 points, questions 1 -7)

- 1 Local Participation:** Since January 2017, have representatives of your project attended meetings as part of planning a Coordinated Entry/Coordinated Services Region that includes your service area OR attended meetings of your organized local planning group? Meeting minutes must be available to verify attendance. List meetings below. (2 points for each meeting attended, up to 10 points)

Representative (Name of Individual)	Region or Planning Group	Date Attended	Self-Score (up to 10)	CoC Score (up to 10)	Scoring Notes
Hope Metheny	Two Rivers	3/1/2018	10		
Hope Metheny	Two Rivers	1/4/2018			
Hope Metheny	Two Rivers	12/17/2018			
Katie Oelfke	Two Rivers	11/2/2017			
Hope Metheny	Two Rivers	10/5/2017			

10

- 2 ICH Participation:** Since January 2017, 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. (1 point for each meeting attended, up to 3 points)

Representative (Name of Individual)	Date Attended	Three meetings attended? Circle or enter: YES	Self-Score (up to 3)	CoC Score (up to 3)	Scoring Notes
David Hicks	1/19/2018	YES	3		
Hope Metheny	11/17/2017				
Hope Metheny	9/14/2017				

3

**2018 Iowa Balance of State Continuum of Care  
Renewal Project Application DRAFT**

**3 ICH Committee Participation: Since January 2017, have representatives of your project attended at least three meetings of one or more Iowa Council on Homelessness committees, including work groups? Note that anyone can participate in committee meetings even if not a Council member. Posted meeting minutes must verify attendance. (1 point for each meeting attended, up to 3 points)**

Representative (Name of Individual)	Committee	Date Attended	Self-Score (up to 3)	CoC Score (up to 3)	Scoring Notes
Hope Metheny	Coordinated Entry & Progressive Engagement	1/16/2018	3		
Hope Metheny	Coordinated Entry & Progressive Engagement	12/19/2017			
Hope Metheny	Coordinated Entry & Progressive Engagement	7/11/2017			

3

**Other CoC Participation: Have representatives of your project participated in any of the activities described in questions 4-7? Participation records must verify attendance.**

**4 Professional Development and Networking: Did any project staff attend either the 2017 HUD Peer-to-Peer Symposium OR September 2017 HousingIowa Conference? (2 points for attending either)**

2017 HUD Peer-to-Peer Symposium OR September 2017 HousingIowa Conference	Name of attendee	Self-Score (up to 2)	CoC Score (up to 2)	Scoring Notes
2017 HUD Peer-to-Peer Symposium	Katie Oelfke	2		

2

**5 Education: Since July 2017 have you engaged in educating one or more local officials about your project services and your area's homeless/housing needs? Please attach an email chain or similar documentation to verify. Note: sign-in sheet for March 20, 2018 Day on the Hill will be used as verification for that event. (2 points for participation in such a meeting)**

Please make sure that the e-mail chain/documentation makes clear the nature of the meeting, date, name and title of official(s), location, and names of agency staff present. <b>March 20, 2018; Day on the Hill; Hope Metheny and Marney Opperman. Marney meet briefly with State Representative Mark Smith (43rd District). Representative Smith followed-up telephonically with the YSS Marshall County office staff April 9, 2018 and spoke with staff. Documentation attached.</b>	Self-Score (0 or 2)	CoC Score (0 or 2)	Scoring Notes
	2		

2

**2018 Iowa Balance of State Continuum of Care  
Renewal Project Application DRAFT**

**6 Point in Time Count: Did your agency participate in the street (unsheltered) count in counties served by your project? Count must be recorded with HUD. (3 points for 1 county; 5 points for multiple counties)**

		Self-Score (0,3 or 5)	CoC Score (0,3 or 5)	Scoring Notes
Yes	County/Countries: Boone, Marshall, Story	5		

5

**7 CoC Annual Meeting Participation: Did at least one representative of your project participate in the April 2018 Annual Meeting of Iowa Balance of State CoC Grantees? ( 5 points)**

		Self-Score (up to 5)	CoC Score (up to 5)	Scoring Notes
Representatives (Names of Individual) Hope Metheny		5		

5

**PROJECT MANAGEMENT** (14 points, questions 8-14)

**8 Spending History: Refer to the most recently-completed operating year for which an APR has been submitted. (5 points if funds were fully expended [0% unexpended]; 4 points if up to 1% of funds are unexpended; 3 points if up to 2% of funds are unexpended; 2 points if up to 3% of funds are unexpended, 1 point if 4% of funds are unexpended and zero points if 5% or more of funds are unexpended)**

		Self-Score (up to 5)	CoC Score (up to 5)	Scoring Notes
a. Project operating year end-date:	3/31/2018	5		
b. Grant amount:	\$194,737			
c. Total funds expended:	\$194,737			
d. Funds remaining (unexpended funds):	\$ -			
e. Unexpended funds percentage (unexpended funds/grant amount):	0%			

5

**9 Annual Performance Report (APR): Refer to most recently-completed year for which an APR was submitted. (1 point if 90-day requirement met)**

		Self-Score (0 or 1)	CoC Score (0 or 1)	Scoring Notes
a. Project operating year end-date:	3/31/2017	1		
b. Date APR submitted to HUD in SAGE:	6/20/2017			
d. Did your project meet the 90-day requirement? Circle or enter:	Yes			
e. If an extension was granted by HUD or SAGE was unavailable, describe. Must have written documentation available upon request.				

1

**2018 Iowa Balance of State Continuum of Care  
Renewal Project Application DRAFT**

**10 HUD Grant Monitoring: (2 points)**

		Self-Score (up to 2)	CoC Score (up to 2)	Scoring Notes
a. Has HUD monitored the project within the past two years? (If no, STOP and award full 2 points.)	<b>Circle or enter: No</b>	2		
b. Date of monitoring visit:	XX/XX/XXXX			
c. How many findings of noncompliance were documented by HUD? (If greater than 3, stop and award NO points.)				
d. How many findings of noncompliance have NOT been resolved within the required time frame? (If greater than zero, award NO points. If 3 findings or fewer and all were resolved within the required time frame, award full 2 points.)				

2

**11 Administration Costs: (1 point if yes)**

		Self-Score (0 or 1)	CoC Score (0 or 1)	Scoring Notes
Will the amount requested for Administration Costs in the Esnaps project application be no more than 7% or the amount listed on the GIW?	<b>Circle or enter: Yes</b>	1		

1

**12 Timely Compliance: (1 point for each yes; up to 2 points)**

		Self-Score (1 each)	CoC Score (1 each)	Scoring Notes
a) In the most recently completed project year, did the agency draw down funds from HUD at least quarterly?	<b>Circle or enter: Yes</b>	1		
Indicate date on which project contract was executed:	5/8/2017			
b) Does the agency maintain an average of 14 days or less between clients' project start and entry into HMIS?	<b>Yes</b>	1		

1

1

**2018 Iowa Balance of State Continuum of Care  
Renewal Project Application DRAFT**

13 Data Completeness: (points described below; up to 2 points)	Circle or enter:	Self-Score (up to 2)	CoC Score (up to 2)	Scoring Notes	2
<b>Less than 2% missing (null) values in ServicePoint (HMIS or DVIMS) (2 Points)</b> Between 2% and 5% missing (null) values in ServicePoint (HMIS or DVIMS) (1 Point) Higher than 5% missing (null) values in ServicePoint (HMIS or DVIMS) (0 Points)	Less than 2% missing (null) values in ServicePoint (HMIS or DVIMS)	2			

14 Exit Destination Errors: (1 point if yes)	Circle or enter:	Self-Score (0 or 1)	CoC Score (0 or 1)	Scoring Notes	1
Is the total exit destination error less than 20%?	Yes	1			

**PROJECT DESIGN** (21 points, questions 15-19)

15 Project Type: (10 points)	Self-Score (0 or 10)	CoC Score (0 or 10)	Scoring Notes	10
<b>Mark one:</b> <input type="checkbox"/> -Permanent Supportive Housing (10 points) <input type="checkbox"/> -Rapid Rehousing (10 points) <input checked="" type="checkbox"/> -Transitional Housing exclusively for DV, youth, or substance abuse (10 points) <input type="checkbox"/> -Transitional Housing NOT exclusively for DV, youth, or substance abuse (no points)	10			

**2018 Iowa Balance of State Continuum of Care  
Renewal Project Application DRAFT**

**16 Prioritization of literally homeless or fleeing domestic violence: Refer to the most recently-completed operating year for which an APR has been submitted. (5 points)**

		Self-Score (up to 5)	CoC Score (up to 5)	Scoring Notes
a. Total number of participants served by project: (ALL/Adults)	72/45	0		
b. Number of adult participants or head of households (HoH) served that came from the street, other locations not meant for human habitation, emergency shelters, safe havens, or fleeing domestic violence, including less than 90 days in institutions with literally homeless immediately prior:	11			
c. Percentage of adult participants served or HoH who entered from the sources above (b)/(a). (5 points for 100%; 4 points for at least 95%; 3 points for at least 90%; 2 points for at least 85%; 1 point for at least 80%; no points for lower than 80%)	24%			

5

**17 Housing First: Does the project ensure participants are NOT terminated from the project for the following reasons, as evidenced by a written termination policy attached to the application? (select all that apply) Effective date must be evident. (5 points; MUST attach written termination policy for points)**

		Self-Score (up to 5)	CoC Score (up to 5)	Scoring Notes
Failure to participate in supportive services and/or failure to make progress on a service plan: (1 point if yes AND matches attached termination policy)	Circle or enter: Yes	2		1
Loss of income or failure to improve income: (1 point if yes AND matches attached Termination Policy)	Circle or enter: Yes			1
Active substance abuse: (1 point if yes AND matches attached termination policy)	Circle or enter: Yes	3		1
Any other activity not covered in a lease agreement typically found in the project's geographic area: (1 point if yes AND matches attached termination policy)	Circle or enter: Yes			1
<b>and ensure that:</b> every effort is made to help participants transition to other housing options when continuation in this project is jeopardized or about to expire? (1 point if yes)	Circle or enter: Yes			1

**2018 Iowa Balance of State Continuum of Care  
Renewal Project Application DRAFT**

**18 Supportive Services: Check below for each statement that is true for this project.** (1 point if yes to ALL and completing a. - d.; no points for incomplete response)

		<b>Self-Score (0 or 1)</b>	<b>CoC Score (0 or 1)</b>	<b>Scoring Notes</b>
a. Transportation assistance is provided to clients to attend mainstream benefit appointments, employment training, or jobs.	<b>Circle or enter: Yes</b>	1		
b. At least semi-annual follow-ups are conducted with participants after project exit to ensure verify that mainstream benefits are received and renewed (and for RRH projects, to ensure verify that housing stability is maintained).	<b>Circle or enter: Yes</b>			
c. Project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency.	<b>Circle or enter: Yes</b>			

1

**PERFORMANCE** (34 points, questions 19-20)

**19 Successful Client Outcomes & Cost Per Exit: Refer to the most recently-completed operating year for which an APR has been submitted.** (4 points for accurately completing all items below)

		<b>Self-Score (up to 4)</b>	<b>CoC Score (up to 4)</b>	<b>Scoring Notes</b>
a. Project Type (PSH, RRH, TH)	TH	4		
b. Total CoC Project funds spent not including match:	\$ 194,737			
c. Cost per permanent housing exit: (Explain your methodology below.)	\$ 4,529			

4

Briefly explain the formula used to arrive at the calculation reflected in 19.c.: **Total CoC project funds spent (\$194,737, 19b) divided by total number of exits to permanent housing destinations (43 exits to permanent housing).** In 2017, the number of individuals provided services increased from 2016 along with the number of successful exits to permanent housing. Costs per permanent housing per yer is far below annual cost to a community per homeless individual of \$30,000 - \$50,000 (<https://www.usich.gov>).



**2018 Iowa Balance of State Continuum of Care  
Renewal Project Application DRAFT**

		(0 or 10)	(0 or 10)	Scoring Notes		
b1. RRH or TH Only: Percentage of all adult participants who increased <u>total income</u> from entry to exit:	<p>≥25% = <b>10 Points</b>                      &lt; 25% = 0 Points</p>	41%	10			10
b2. PSH ONLY: Percentage of adults remaining (stayers) who increase <u>total income</u>	<p>≥25% = 10 Points                      &lt; 25% = 0 Points</p>					

		(0, 5 or 10)	(0, 5 or 10)	Scoring Notes		
c1. RRH or TH Only: Percentage of exits to Permanent Housing:	<p>≥80% = 10 Points  <b>70 - 79% = 5 Points</b>                      &lt;70% 0 Points</p>	78%	5			10
c2. PSH Only: Percentage of successful exits/retention:	<p>≥85% = 10 Points                      75 - 84% = 5 Points                      &lt;75% = 0 Points</p>					

		Self-score (up to 5)	CoC Score (up to 5)	Scoring Notes		
d1. RRH or TH Only: Percentage of adult participants who met HUD definition of chronically homeless (note: 5 points for youth-focused projects):	<p>≥10% = 5 Points                      5 - 9% = 3 Points                      &lt;5% = 0 Points</p>	5				5
d2. PSH Only: Percentage of adult participants who met HUD definition of chronically homeless (note: 5 points for youth-focused projects):	<p>100% = 5 points                      96-99% = 4 points                      92-95% = 3 points                      88-91% = 2 points                      85-87% = 1 point                      &lt;85% = 0 Points</p>					

**2018 Iowa Balance of State Continuum of Care  
Renewal Project Application DRAFT**

**20 Project Evaluation:**

Evaluation Criteria	Benchmark/Standard	Number of Clients			Scoring Notes
			Self-Score (0 or 5)	CoC Score (0 or 5)	
a1. Number of participants proposed to be served in project 2017 application. (18.a in 2017 renewal application; 15.a in 2017 new project application);	N/A	36			
a2. Number of participants served in 2017 project year as of April 30, 2018.	<u>100%</u> of grant year completed as of April 30, 2018 based on start date of <u>04/01/2017</u>	72	5		
If the number served is not on pace to achieve the benchmark set in the application, use this space to explain:					

5

**2018 Iowa Balance of State Continuum of Care  
Renewal Project Application DRAFT**

**z BONUS** (1 point)

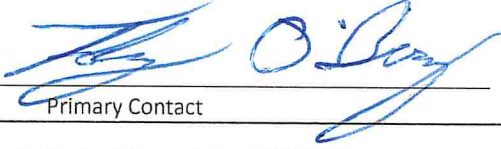
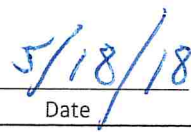
Award 1 point if all questions have complete responses and all required attachments are included.

Self-Score (0 or 1)	CoC Score (0 or 1)	Scoring Notes
1		

1

Total (100 max)	Total (100 max)
94	

100

CERTIFICATION
<p>I certify that to the best of my knowledge and belief, the responses provided above in this application are true, accurate and complete. I further understand that false or incomplete information may result in this application being ineligible for funding.</p> <p align="center">             Primary Contact         </p> <p align="center">             Date         </p>

SUBMISSION CHECKLIST
<p>Be sure you have:</p> <ul style="list-style-type: none"> <li>* completed a response and self-score for each item appropriate to your project</li> <li>* <i>attached a response to Note (page 2) if it applies and negatively impacts scoring of 9.c-e; 13.a.; 20.b1.-eb2. or 20.c1-c2</i></li> <li>* attached a copy of your project's 2018 CoC Project Renewal/Performance Report</li> <li>* <i>attached documentation in support of points claimed for #5</i></li> <li>* provided the appropriate signature on the CERTIFICATION box above (You may insert a signature electronically or print the page, sign and send as a scanned attachment.)</li> <li>* submit the application and ALL attachments, including the Performance Report, as a SINGLE PDF DOCUMENT.</li> </ul> <p>Items in <i>italics</i> are optional.</p>

2018 CoC Project Renewal/Performance Report generated on: 5/15/18

Provider	Project Type
YSS - Boone County (TLP)(863)	Transitional housing (HUD)
YSS - MCLHadmitted (TLP)(263)	Transitional housing (HUD)
YSS - Story County (TLP)(862)	Transitional housing (HUD)
Number of NEW project entries	56
Intake: Ave Data Entry Delay (DAYS)	7.38
<b>12b) Does the agency maintain an average of 14 days or less between clients' program start and entry into HMIS?</b>	<b>Yes</b>

**Completeness**

13) What was your project's data completeness in ServicePoint?	Less than 2% missing (null) values																																						
<table border="1"> <thead> <tr> <th>Vet</th> <th>Rela- tion- ship</th> <th>DOB</th> <th>Race</th> <th>Gen- der</th> <th>Ethn- icity</th> <th>DI</th> <th>Insur- ance</th> <th>Loca- tion</th> <th>Zip</th> <th>Resid- ence Prior</th> <th>LOS</th> <th>Hmls start date</th> <th>DV Surv- ivor</th> <th>Edu</th> <th>Emp</th> <th>Any Income</th> <th>Total Cash Income</th> <th>Any Non- Cash</th> </tr> </thead> <tbody> <tr> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> <td>OK</td> </tr> </tbody> </table>	Vet	Rela- tion- ship	DOB	Race	Gen- der	Ethn- icity	DI	Insur- ance	Loca- tion	Zip	Resid- ence Prior	LOS	Hmls start date	DV Surv- ivor	Edu	Emp	Any Income	Total Cash Income	Any Non- Cash	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	
Vet	Rela- tion- ship	DOB	Race	Gen- der	Ethn- icity	DI	Insur- ance	Loca- tion	Zip	Resid- ence Prior	LOS	Hmls start date	DV Surv- ivor	Edu	Emp	Any Income	Total Cash Income	Any Non- Cash																					
OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK																					

Exit Destination Errors	% Exits
No exit interview completed (HUD)	0%
Data not collected (HUD)	0%
Other (HUD)	0%
Client doesn't know (HUD)	0%
Client refused (HUD)	0%
<b>14) Total exit destination errors</b>	<b>0%</b>

<b>16a) Total number of participants served (All / Adults).</b>	<b>72 / 45</b>
<b>16b) Number of adult participants or head of households (HoH) served that came from the street, other locations not meant for human habitation, emergency shelters, safe havens, or fleeing domestic violence, including less than 90 days in institution with literally homeless immediately prior.</b>	<b>11</b>
<b>16c) Percentage of adult or head of household participants that entered from the sources above (b)/(a).</b>	<b>24%</b>

Increased income: Adult Leavers (RRH & TH ONLY)			
	Prior Year Counts	Current Year Counts	Difference
Number of adults who exited (system leavers)	27	32	5
Number of adults who exited with increased total income	13	13	0
<b>20b1) Percentage of adults who increased total income</b>	<b>48%</b>	<b>41%</b>	

Permanent Housing Placement/Retention: Metric 7			
Metric 7b.1 - Change in exits to permanent housing destinations (TH)			
	Prior Year Counts	Current Year Counts	Difference
Persons in TH who exited	41	55	14
Exited to permanent housing destinations	23	43	20
<b>20c1) Percentage successful exits/retention</b>	<b>56%</b>	<b>78%</b>	
Number of adult participants who met the definition of chronically homeless (note: 2 points for youth-focused projects)		<b>4</b>	
<b>20d1 &amp; 20d2) Percentage of adult participants who met the definition of chronically homeless:</b>		<b>9%</b>	

User Prompt Field	Value(s) Selected
Provider	YSS - Boone County (TLP)(863); YSS - MCLHadmitted (TLP)(263); YSS - Story County (TLP)(862)
Enter Prior Year Start Date	4/1/16
Report_StartDate	4/1/17
Report_EndDate + 1 DAY	4/1/18
EDA Provider	-Default Provider-
Enter effective date (should be the day the report was generated)	4/1/18
Report Version:	v04162018

**Documentation for Question 5 of the 2018 Iowa Balance of State Continuum of Care (CoC) Application**

Youth and Shelter Services, Inc.

Lighthouse TLP

May 16, 2018

Marney Opperman, YSS TLP Case Manager in Marshall County, attended Day on the Hill, March 20, 2018. Afterwards, Marney was contacted April 9, 2018 telephonically by IA State Representative Mark Smith (43<sup>rd</sup> District). Marney and staff asked Representative Smith about what kind of policies, bills and issues, were being discussed and voted on in the Capitol building. Representative Smith relayed that at the time, there was a high concern for Veteran Affairs topics for legislators. YSS staff asked if he was aware of the services provided by YSS and YSS explained the staff job as a TLP Case Manager. Representative Smith told staff that he was aware of YSS and applauded our work with the community. He told staff that he was a licensed social worker himself, and spent many years providing services in Marshall County. Staff discussed briefly the issue of homelessness, and the fact that it's a growing problem. Representative Smith asked if staff had any other questions for him and offered to schedule a lunch or time to meet with the YSS Marshall County office to further discuss any concerns in the community. He seemed interested in learning about any concerns YSS had, and willing to listen.

Marney Opperman

YSS Marshall County TLP Case Worker

11 East State Street

Marshalltown, IA 50158

[mopperman@yss.org](mailto:mopperman@yss.org)

641-752-2300



A COMMUNITY-BASED ORGANIZATION  
SERVING YOUTH AND FAMILIES SINCE 1976

# **Transitional Living Centers Operational Manual**

## **2018**

Youth & Shelter Services Inc. (YSS)  
Transitional Living Centers  
Operations Manual : 2018

Table of Contents

1. General.....	3
2. Program Description .....	4
3. Referral and Intake Procedures .....	10
<b>3.8 Termination</b> .....	<b>21</b>
4. Personnel .....	23
5. Documentation .....	26
6. Policies and Procedures.....	36
7. Program Management.....	50
8. Discipline .....	57



Upon admission into the program, the participant is given information about Youth & Shelter Services, Inc. including the services provided within the agency that will meet the participants' initial needs, the qualifications of staff to provide services, the ability to serve the participant, and information regarding outcomes performance. The participant will also be informed of any potential conflicts of interest, if applicable. The orientation process will identify the different TLP staff and the roles of each staff member, along with a reminder of program expectations, hours of operation, access to after-hour services, the code of ethics, confidentiality policy, and information regarding the follow-up program. The participant will also be informed of YSS's rights and responsibilities and the participant termination and grievance procedures.

Participants will be given information on how they can provide input regarding the services received, transition plan development, and service satisfaction. The Case Worker/Program Coordinator will inform participants of the ways their information may be utilized for billing and research purposes, including Service Point data collection for annual grants.

YSS staff will provide the participant with a tour of the facility of residence. The tour will include emergency exits and procedures, location of fire suppression equipment and first aid kits. YSS staff will assist the participant in determining if there are any emergency needs that need to be taken care of, i.e. food, bedding, clothing, etc.

### **3.8 Termination**

Any of the following violations will be cause for early (and immediate) termination from the program:

- Using illegal or possession of illegal drugs on property
- Physically harming or assaulting another participant or staff member
- Having violent or sexual offenders on property
- Having weapons on property
- Other safety issues that present themselves as multiple people live on these sites and we need for other participants to feel safe

The Housing First Model is practiced and ensures participants ARE NOT terminated for the following reasons:

- Loss of income, wage decrease or failure to improve income status
- Having a criminal record with exceptions for state-mandated restrictions
- Failure to comply with HUD's 2016 Gender Identity Rule (<https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/>)
- Active substance use or relapse. Participants will be asked to complete a substance use assessment; if assessment deems inpatient level of care, staff will work with participant to transition to the appropriate level of care

- Any activities that are not listed in a lease; i.e. YSS staff can't ask a participant to move out for a reason that would not be found on the lease that YSS signs with the property managers.
- Participant covered under the Violence Against Women Act (VAWA).

VAWA provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. Participants residing in a YSS TLP unit may not be denied assistance, terminated from participation, or be evicted from housing because they're experiencing or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking by a member of the household or any guest, the participant may not be denied occupancy rights under YSS solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking. YSS may divide the sublease in order to terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking. If YSS chooses to remove the abuser or perpetrator, YSS may not take away the rights of eligible participants to the unit or otherwise punish the remaining tenants. In order to remove the abuser or divide a sublease, YSS may ask for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

For non-safety issues we give participants a 30 day notice and will continue case management services until discharge from the program occurs. The protocol for proper notification for discharge is as follows:

1. Supportive Plan-If participants can't maintain their case plan goals, repeatedly break agreed upon rules listed in Participant Agreement or Sublease, or have resided off site/not occupying the unit for 14 days+ during time allotment of 18/24 months, then they will be put on a Supportive Plan for two weeks to monitor and provide more intensive case management support in order to re-evaluate the behaviors which caused Supportive Plan. Participants have the option to follow the Supportive Plan or they can voluntarily leave the program by instead choosing the 30 day notice written out on the Supportive Plan.
2. Termination Notice- If the participant did not follow the Supportive Plan and is being asked to leave the program, they will be given a 30 day letter in the form of a Termination Notice. The exact discharge date is written on the Termination Notice along with specific reasons and dates of participant infractions. Two staff should sign off on the Termination Notice. It must include the participants' right to appeal the termination, along with who they can appeal to, and the date and time the appeal must be in by. The appeal should go to the next level up from the person that is writing/signing off on the termination letter.

3. Appeal Process- Everyone has the right to appeal any decision including the Supportive Plan or Termination Notice. In most cases the appeal will go to the coordinator of the program within 72 business hours of the letter being presented. If the coordinator has been involved closely in the case or is on vacation due to the time constraints this letter will go to the Program Director TLP services and their information will be provided to the participant in a Grievance Form.

Staff will ensure that every effort has been made to help all participants' transition to safe and appropriate housing options when a participant is starting to jeopardize their stay or they're approaching their 18 -month or 24-month allocated time per program.

All participants who have been discharged from the program either voluntarily or involuntary may be eligible to return to the program. Circumstances surrounding departure may be considered when making a decision on readmitting the former participant. This decision will be made with input from the former participant. YSS will make every effort to maintain an open door policy whenever possible.

#### **4. Personnel**

##### **4.1. Role Definitions and Duties**

###### **4.1.1. Program Coordinator**

The Program Coordinator is the team leader for all transitional living staff and participants. These individuals work with the participant and referral worker and family to develop a transition plan and carry out the goals of the case plan. Program Coordinators at all transitional living sites oversee the programs services offered (i.e. Parenting/Living Skills classes, volunteer interactions, etc.). These staff members assist the participant in maintaining school attendance, job attendance and help prepare the individual for eventual independence. The Program Coordinator also fields referrals, networks within the community, facilitates program development, and may be a member of the local homeless coordinating board. This position requires a bachelor's degree in Social Work or a human service field and two years of experience working with youth, or a master's degree in a human service field.

###### **4.1.2. Case Worker**

The Case Worker will help assist the participants in accessing community resources, monitoring progress, and helping them reach their goals. This position will teach the participants independent living skills to assist in problem solving. It is the participant's responsibility to meet with the case worker once per week, turn in their participant fee and savings money, and discuss with the youth any requests to withdraw money from their account.

The assigned staff will coordinate the services for each participant. Specifically, staff will:

*Effective Date: 10/2008*

*Last Revised: 1/18*