

Iowa Balance of State Continuum of Care (CoC) 2016 Renewal Project Narrative

APPLICANT NAME AND LOCATION

Organization Name: Humility of Mary Shelter, Inc.

Project Name: Service Coordination through Collaboration for Permanent Housing

Project Name as listed on the Housing Inventory Chart (HIC): Permanent Supportive Housing

Type of Project (PSH, RRH, TH, SSO, HMIS): PSH

Federal DUNS Number: 828271325

Address: 1016 West 5th Street, Davenport, Iowa 52802

(Administrative Office: 3805 Mississippi Avenue, Davenport, Iowa 52807)

Contact Person: Emily Harvey

E-mail & Phone: eharvey@humilityofmaryhousing.com 563-326-1330

Secondary Contact Person: Kathy Meier

Email & phone: kmeier@humilityofmaryhousing.com 563-326-1330

Is your organization registered in the federal System for Award Management (SAM)? Yes

AGENCY AND PROJECT SUMMARY (3 points)

- 1) Provide a brief introduction to your agency. **(1 point)**

Since 2008, Humility of Mary Shelter, Inc. (HMSI) has served adults experiencing homelessness in the Quad Cities area. HMSI provides emergency shelter, supportive services, transitional housing for veterans, rapid rehousing and homelessness prevention for veterans and their families, and permanent supportive housing in the community.

- 2) Provide a description that addresses the entire scope of the proposed project. **(2 points)**

Our Permanent Supportive Housing project serves up to 25 individuals with a disabling condition and up to 8 families in which at least one family member has a disabling condition, at a point in time. Housing units are located at scattered site apartments in Davenport, Iowa. Three agencies work together on this project to provide housing and supportive services: HMSI serves single adults, Humility of Mary Housing, Inc. (HMHI) serves single-parent families, and Vera French Housing Corporation (VFHC) serves single adults who are living with severe mental illness. Our goal is to serve individuals and families who are experiencing homelessness and living with a disabling condition and who need long-term support in order to maintain housing stability.

CONTINUUM OF CARE PARTICIPATION (10 points)

- 3) Annual Performance Report (APR) Submission:

- a. What is your project's operating year end date? April 30
- b. APRs are due to HUD 90 days after the end of a project's operating year. On what date did you submit your most recently completed APR to HUD? July 23, 2015

- c. On what date did you forward a copy of your APR to the Iowa Finance Authority? July 23, 2015
- d. Did your project meet the 90 day requirement? Yes If an extension was granted or if HUD's E-snaps system was unavailable to complete your APR, describe this. For either an extension or E-snaps being unavailable, submit documentation to verify this. **(2 points if within 90 days or an acceptable extension granted or E-snaps unavailable; no points if not)**
- 4) Local Collaboration: How does your local region plan and collaborate together regarding homelessness? If your local region has an organized planning group, what is it called? How does your agency participate? **(3 points)**

HMSI participates in the two local homeless planning groups in our region: the Scott County Housing Cluster and the Shelter and Transitional Housing Council. HMSI attends monthly meetings for both and has been the lead in planning and discussion regarding local efforts to operationalize coordinated entry. Our SSVF Program Lead is the secretary of the Shelter and Transitional Council, and our Executive Director serves as the secretary for the Scott County Housing Council. Our Director of Services utilizes connections made through these meetings as one avenue for conducting outreach for our Permanent Supportive Housing programs.

- 5) Has any representative of your program been an active participant in the Iowa Council on Homelessness? *(Note that anyone can participate in council meetings even if not a voting member.)* Briefly describe. **(3 points)**

The Executive Director and/or the Director of Services participate in all Iowa Council on Homelessness conference calls and review all materials published by the Council and posted on the Iowa Finance Authority website.

- 6) Has any representative of your program been an active participant in Iowa Council on Homelessness committees and working groups? Briefly explain. **(2 points)**

HMSI's Director of Services was a member of the "Closed with Exceptions" work group that advised the Iowa Council on Homelessness on a shared HMIS system.

BUDGET AND CAPACITY (14 points)

- 7) HUD Grant Monitoring: Check the box to describe any HUD CoC Project monitoring results during the current program year and the previous two program years (select only ONE option): **(2 points)**

- No monitoring visits from HUD (2 points);**
- Monitoring visit(s) from HUD with no findings or concerns **(2 points);**
- Monitoring visit(s) from HUD with fewer than three findings or concerns, all of which have been resolved in the time requested by HUD **(1 point);**

- Monitoring visit(s) from HUD with more than three findings or concerns, and/or findings or concerns that were not resolved in the time requested by HUD (**no points**).
- 8) Will the amount requested for Administration Costs in the E-snaps Project Application be less than or equal to 7% (or the amount listed on the GIW)? Yes/No (circle) (**1 point for “yes”; no point for “no”**)
- 9) Is your agency drawing down CoC funds from HUD at least quarterly? Yes/No (circle) (**1 point for “yes”; no point for “no”**)
- 10) Spending history: Provide your project’s spending history as follows. All information should reflect the most recently-completed operating year for which an APR has been submitted: (**10 points**)
- a. Project operating year end date: April 30
 - b. Amount of grant: \$138,227
 - c. Total funds expended: \$138,227
 - d. Funds remaining (unexpended funds): \$0
 - e. Unexpended funds percentage (d) / (b): 0% (**10 points if funds were fully expended (0% unexpended); 9 points if up to 1% of funds are unexpended; 8 points if up to 2% of funds are unexpended; 7 points if up to 3% of funds are unexpended, and so forth down to zero points if 10% or more of funds are unexpended**)

PRIORITIZATION: PROJECT TYPE, CHRONICALLY HOMELESS, LITERALLY HOMELESS, & HOUSING FIRST (34 points)

- 11) Indicate the project type. Select only **ONE** (this should match your earlier project type indicated). (**9 points**)
- Permanent Supportive Housing (**9 points**)
 - Rapid Rehousing (**9 points**)
 - Transitional Housing exclusively for DV, youth, or substance abuse (**4 points**)
 - Transitional Housing for the general homeless population (no points)
 - Supportive Services Only (no points)

The Iowa Balance of State CoC has adopted HUD CPD 14-012, Notice on Prioritizing Persons Experiencing Chronic Homelessness in PSH: <https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/>. For PSH projects, also note that the Iowa Council on Homelessness voted in 2015 to require all PSH projects to prioritize all beds available through turnover to the chronically homeless.

- 12) Open the 2016 Housing Inventory Chart (HIC) for the Iowa Balance of State; this will be available online here when the competition has opened: **(2 points)**
<http://www.iowafinanceauthority.gov/Home/DocumentSubCategory/107>, in the section for the 2016 Competition. (If your project is not listed in the HIC, explain why not.)
- Which row on the HIC lists your project? 79 HMSI; 85 HMHI; 133 VFHC
 - How many total beds are listed for your project (Column U)? 53
 - How many total beds are for chronically homeless (dedicated or prioritized) (Column L) 44
 - What is HIC utilization rate (Column V) HMHI: 96%; HMSI: 100%; VFHC: 100%
- 13) Answer the following as applicable (answer only (a) OR (b)): **(3 points)**
- PSH projects:
 - Given the answers to the above question, what is your project's percentage of beds committed to the chronically homeless? **(1 point)** 83%
 - How many beds does your project anticipate being made available through turnover in the upcoming grant year? **(1 point)** 7
 - How many beds made available through turnover is your project committing to chronically homeless in the upcoming grant year (should be 100%)? **(1 point)** 100%
 - For non-PSH projects:
 - What specific steps is your agency taking to increase the number of PSH beds for the chronically homeless in your community? **(3 points)**

As a second priority population for CoC programs, HUD encourages communities to serve adults, youth, and families who are unsheltered and those accessing emergency shelter, before serving persons experiencing other forms of homelessness.

- 14) Prioritizing those who are unsheltered or accessing emergency shelter: **(10 points)**
- Based on your most recently submitted program year APR, what is the total number of participants that entered your program? 45 **(1 point)**
 - Based on your most recently submitted program year APR, how many participants entered the program as unsheltered or from an emergency shelter? 43 (2 VFHC clients lived with family or friends prior to entry) **(1 point)**
 - Based on your responses above, what is the percentage of participants that entered your program unsheltered or from emergency shelter (b/a)? 96% **(8 points for 100%; 7 points for higher than 95%; 6 points for higher than 90%; 5 points for higher than 85%; 4 points for higher than 80%; no points for lower than 80%)**

HUD encourages programs to follow Housing First practices. The U.S. Interagency Council on Homelessness and HUD offer several resources regarding Housing First:

- Housing First/Rapid Rehousing Webinar:*
http://usich.gov/media_center/videos_and_webinars/hud-and-usich-core-principles-of-housing-first-and-rapid-re-housing-webinar.

- *Housing First Checklist:*
http://usich.gov/usich_resources/fact_sheets/the_housing_first_checklist_a_practical_tool_for_assessing_housing_first_in.
- *HUD's SNAPS In Focus, "Why Housing First:"*
<https://www.hudexchange.info/news/snaps-in-focus-why-housing-first/>.

15) (a) Has the project removed the following barriers to accessing housing and services? Check the box next to each item to confirm that your project has removed (or never had) barriers to program access related to each of the following (select all that apply): **(10 points total)**

- Having too little or no income (all projects should check this; the Iowa Council on Homelessness voted in 2015 to prohibit CoC-funded projects from screening applicants out due to too little or no income); **(1 point)**
- Active or history of substance abuse; **(1 point)**
- Having a criminal record with exceptions for state-mandated restrictions; **(1 point)**
- Fleeing domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement). **(1 point)**
- None of the above (click this if all of these barriers still exist). **(no points)**

(b) Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply. **Please also attach a copy of the project's termination/appeals policy; no points may be awarded in this section if the policy is not included, or if the policy includes contradictory information.**

- Failure to participate in supportive services; **(1 point)**
- Failure to make progress on a service plan; **(1 point)**
- Loss of income or failure to improve income; **(1 point)**
- Being a victim of domestic violence; **(1 point)**
- Any other activity not covered in a lease agreement typically found in the project's geographic area. **(1 point)**

(c) Verify that the project's termination policy clearly matches with the responses above. **(1 point for Yes; no point for No) Yes/No** Please see attached.

PERFORMANCE (36 points)

In July 2014, HUD released "Systems Performance Measures: An introductory guide to understanding system-level performance measurement." The guide can be found at this link: <https://www.hudexchange.info/resources/documents/System-Performance-Measures-Introductory-Guide.pdf>.

Two measures determined by HUD to be key in permanently exiting homelessness are:

- *The percentage of adults who obtain or increase employment or non-employment cash income over time.*
- *The percentage of participants who obtain or increase non-cash mainstream benefits.*

16) Identify whether the project includes the following activities: **(10 points)**

- Transportation assistance is provided to clients to attend mainstream benefit appointments, employment training, or jobs? **(2 points)**
- Use of a single application form for four or more mainstream programs? **(2 points; all programs should mark yes as Iowa has this available to all)**
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? **(2 points)**
- Project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? **(2 points)**
- The staff person providing the technical assistance completed SOAR training in the past 24 months? **(2 points)** Partly completed, with plan to fully complete.

17) For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided: **(10 points)**

Assessment of Service Needs	Applicant	Weekly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Applicant	Weekly
Child Care	-- select --	-- select --
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Weekly
Mental Health Services	Subrecipient	Weekly
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	Weekly
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	Weekly
Utility Deposits	Subrecipient	As needed

18) Outcomes and costs per outcome. Complete **ONE** of the following charts as applicable. (16 points; 2 points for each response)

For Permanent Supportive Housing projects:

Services provided by the project, including any unique characteristics of population served.	Total annual cost of providing these services (total project budget).	Amount of annual CoC funds requested for these services.	Describe/define a unit of service. Include whether a unit is an individual or household and indicate a measurable outcome (i.e., one person assessed and provided a supportive housing unit with services).	Number of individuals/households who exit to or maintain permanent housing through the project (total funding).	Number of individuals/households who exit to or maintain permanent housing with the CoC funds.	Method used to determine costs described. Include any indirect costs and how those were calculated.	Method used to determine exits to permanent housing.
Each participant receives their own unit of permanent housing, and supportive services provided by an HMSI, HMHI, or VFHC Service Coordinator. Program participants are single adults who have a disabling condition or single-parent families who have a family member with a disabling condition.	<p>Total project budget: \$289,600</p> <p>HMSI: \$162,673 total</p> <ul style="list-style-type: none"> • 21 leased housing units incl. utilities: \$102,000 • 100% of 1.0 FTE Service Coordinator salary, benefits: \$38,346 • 10% of 2.0 FTE HMSI Directors salary, benefits: \$10,966 • Property Insurance: \$2,000 • 5% of agency admin: \$9,361 <p>HMHI: \$100,794 total</p> <ul style="list-style-type: none"> • 8 leased units, utilities: \$40,000 • 50% of 1.0 FTE Service Coordinator salary, benefits: \$40,563 • 20% of 1.0 FTE Director salary, benefits: \$11,472 • Property Insurance: \$1,000 • 5% of agency admin: \$7,759 <p>VFHC:</p> <ul style="list-style-type: none"> • 4 leased units: \$24,924 • Utilities: \$1,200 	<p>Approx. \$140,000</p> <p>FY14 grant award: \$139,974</p> <p>FY15 conditional grant award amount: \$142,646</p>	One unit of service equals one individual provided their own unit of permanent housing and ongoing service coordination.	70 based on most recently submitted APR	70 based on most recent APR. At a point in time, this project serves approx. 53 individuals [Approx. total individuals: 21 adults, HMSI; 4 adults, VFHC; 8 adults, approx. 20 children, HMHI].	Costs are based on current actual costs of leases, utilities, property insurance, and salaries, benefits for staff who dedicate all or a portion of time to the project (detailed timesheets are used).	Service Coordinator conducts an exit interview with the participant. An exit to permanent housing is determined by a participant's ability to remain in housing of their choice for a minimum of 3 months.

Humility of Mary Shelter, Inc.
Termination and Appeal Procedure – Permanent Supportive Housing

If a participant does not agree with their termination from a program, they can file an appeal orally or in writing to resolve their concerns.

Appeal Procedure

- Participants will be offered a copy of the Termination and Appeal Procedure at program entry and be asked to sign a copy.
- If a participant does not agree with their termination from a program they can file an appeal within 48 hours from date of their termination.
- Appeal forms are available at the front desk or the appeal can be completed verbally to the Director of Services/Operations.
- The appeal form is given to the Director of Services or Director of Operations who will meet with the participant within two business days. A decision will be issued to the participant in writing within 1 business day.
- In the event the participant is not satisfied with the appeal decision, they will meet with an appeal committee within two business days of notification of the decision from the Director of Services or Director of Operations. Once a time is scheduled, participants will be notified by letter and must be present for the scheduled time of the appeal.
- The appeal committee will consist of three neutral staff; to never include the participant’s Service Coordinator, Director of Services or the Director of Operations, but can include any other HMSI staff except the Executive Director.
- The appeal committee will first meet with the participant and then review all relevant documents.
- The appeal committee will immediately give their decision to the Director of Services or Director of Operations who will issue a written determination to the participant within 24 hours.

Termination from Permanent Supportive Housing can only occur for the following reasons (all of which are also indicated in the lease agreement):

- Violent behavior
- Possession of illegal drugs, or illegal weapons in your apartment
- Threatening, intimidating or persistent disruptive behavior
- Illegal gang activity

I have reviewed, understand, and agree to all contents in this document, and have been offered a copy of this document.

Participant Signature: _____ Date: _____

Service Coordinator Signature: _____ Date: _____

Humility of Mary Housing, Inc.
Termination and Appeal Procedure – Permanent Supportive Housing

If a participant does not agree with their termination from the program, they can file an appeal orally or in writing to resolve their concerns.

Appeal Procedure

- Participants will be offered a copy of the Termination and Appeal Procedure at program entry and be asked to sign a copy.
- If a participant does not agree with their termination from the program they can file an appeal within 48 hours from date of their termination.
- Appeal forms are available at the front desk or the appeal can be completed verbally to the Program Director.
- The appeal form is given to the Program Director who will meet with the participant within two business days. A decision will be issued to the participant in writing within one business day.
- In the event the participant is not satisfied with the appeal decision, they will meet with an appeal committee within two business days of notification of the decision from the Program Director. Once a time is scheduled, participants will be notified by letter and must be present for the scheduled time of the appeal.
- The appeal committee will consist of three neutral staff, to never include the participant’s Service Coordinator or the Program Director but can include any other HMHI staff except the Executive Director.
- The appeal committee will first meet with the participant and then review all relevant documents.
- The appeal committee will immediately give their decision to the Program Director who will issue a written determination to the participant within 24 hours.

Termination from Permanent Supportive Housing can only occur for the following reasons:

- Violent behavior
- Possession of illegal drugs, or illegal weapons in your apartment
- Threatening, intimidating or persistent disruptive behavior
- Illegal gang activity

I have reviewed, understand, and agree to all contents in this document, and have been offered a copy of this document.

Participant Signature: _____ Date: _____

Service Coordinator Signature: _____ Date: _____

Vera French Housing

SUBJECT/TITLE:	Termination of Assistance to Program Participants
PURPOSE:	To Ensure Program Participants are Given Due Process Prior to Termination from the Program
DEPARTMENT/SCOPE:	Vera French Housing

POLICY:

It is the policy of Vera French Housing to ensure that program participants are given due process that recognizes the rights of the individual.

PROCEDURE:

1. Provide the program participant a written copy of the rules before the participant receives assistance or becomes a part of the program.
2. If a termination notice is given – a written notice will be issued to the participant containing a clear statement of why assistance is being terminated.
3. The participant must be given the opportunity to present a written or oral objection to a person other than the one who is ultimately terminating the assistance.
4. The decision must be reviewed by someone other than the person giving the termination.
5. Prompt written notice of the final decision will be given to the program participant.
6. Vera French Housing reserves the right in determining the seriousness of the offense to warrant a termination from the program.

Tenant Date

Witness/Title Date