

## 2016 Iowa Balance of State Continuum of Care (CoC)

### Letter of Intent Form

#### For New Projects and Voluntary Reallocation New Projects

<b>All New Projects</b>	
a. Name and Location of Agency	Hawkeye Area Community Action Program, Inc. Hiawatha, IA
b. Name and Location of New Project	Iowa Balance of State Coordinated Entry Project, 96 Iowa Counties
c. Type of Project	<input checked="" type="checkbox"/> New Project <input type="checkbox"/> Voluntary Reallocation New Project
d. Project Component	<input checked="" type="checkbox"/> Supportive Services for centralized/coordinated assessment
e. Amount Requested	\$ 400,000
f. Primary Agency Contact Person	Name: Heather Harney Email: hharney@hacap.org Phone: 319-393-7811
g. Alternate Agency Contact Person	Name: David Hagen Email: dhagen@hacap.org Phone: 319-393-7811
h. Federal identification/ registration	DUNS #: 039311399 Date of IRS 501(c)(3) status determination letter: 9/25/1968 SAM Registration Current? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
i. Two-three sentence description of project	The project will develop and operate a virtual intake center, using a single statewide hotline for housing services, and integrate multiple physical access points into the system. Physical sites will be strategically selected across the CoC, partnering with HUD-funded grantees, VA-funded grantees, local homeless planning groups, community action agencies or faith-based organizations, to develop a viable network of access points across the geographic area of the CoC. Lead agency [HACAP] with the Institute for Community Alliances will coordinate training elements to standardize training for all intake sites and provide intake monitoring to ensure the quality of client contact and accuracy of the housing service referrals.
<b>Additional Items for Voluntary Reallocation Projects</b>	
j. Name of renewal project being reallocated	
k. Eligible current renewal amount	\$ _____
l. Retained by renewal project: \$ _____	Reallocated for new project: \$ _____  Additional requested for new project: \$ _____

## [Exhibit B]

### 2016 Iowa Balance of State Continuum of Care (CoC) New Project Narrative For Centralized/Coordinated Assessment Projects

*Points possible: 100*

*Please be concise. Narrative responses should generally be limited to 1,000 characters or less. If selected to submit in E-snaps, the following questions mirror many of the questions in E-snaps. The E-snaps system has character limits for all fields, some of which may be different from 1,000 characters, but this provides a rough estimate.*

**Name of Agency: Hawkeye Area Community Action Program, Inc.**

**Name of Project: Iowa Balance of State Coordinated Entry Project**

*(must match with Letter of Intent submitted by July 22, 2016)*

- **Up to \$400,000 is available through CoC funds, which may be renewed annually subject to certain conditions.**
- **An additional \$45,000 will be awarded this year to the applicant selected to submit a Coordinated Entry application to HUD; this will come from a state legislative appropriation and will be available from July 2016 – June 2017.**

#### **AGENCY SUMMARY (2 point)**

- 1) **Does your agency provide services statewide? No**
- 2) **Provide a brief introduction to your agency or agencies. Include how this particular project fits within your overall agency**

HACAP is a community-focused non-profit dedicated to improving the lives of low-income families. We are part of the Iowa community action network that provides human services in its ninety-nine counties. Since 1965 HACAP has been providing a portfolio of health and human services in six counties: Benton, Iowa, Johnson, Jones, Linn and Washington County. In FY2015 we served 54,010. Three years ago we expanded our rapid rehousing and supportive services for veterans to include Cedar, Black Hawk, Buchanan, Delaware and Dubuque Counties, this service area contains 30% of the people living in the CoC. A statewide coordinated entry system for housing services aligns with our efforts to end veteran homelessness in the balance of state as well as continuing to reach all other benchmarks set by HUD. HACAP also serves a 42 county area with a call center based in Hiawatha and partners with other community action programs

across the state, with services in all 96 counties. HACAP will be partnering with the Institute for Community Alliances for the project. The Institute provides training and HMIS services to multiple CoC across the Midwest, including the Iowa Balance of State.

### **PROJECT SUMMARY (2 points)**

- 3) **Provide a brief summary of your proposed project. Include a summary of how the \$45,000 appropriation will be used. *The summary will serve as a guide to orient reviewers to your project.***

The project will develop and operate a virtual intake center, using a statewide hotline for housing services, and integrate multiple physical access points spread across the CoC's geographic space. HACAP will partner with HUD- or VA-funded grantees; DV agencies; homeless planning groups, county officials, school homeless liaisons, hospitals, community action agencies or faith-based groups to identify physical site providers & establish an advisory group, over three program phases. The project will coordinate training elements, through a partnership with the Institute for Community Alliances, to standardize training for all intake sites and provide intake monitoring to ensure the quality of client contact and referrals. A prioritization system and protocols for each type of homeless service will be developed. HACAP will provide organization-level outreach to community stakeholders that interact or serve homelessness populations to ensure their awareness of the system and their support to connect homeless people to the CE process. A customer satisfaction process for providers, clients and stakeholders will provide for regular process improvement.

- 4) **If applying with more as more than one agency are there signed MOUs in place, that describe the responsibilities of each sub grantee Yes**

### **AGENCY EXPERIENCE & CAPACITY (16 points)**

- 5) **Describe the agency's experience in effectively utilizing federal funds (2 Points)**

Since 1965 HACAP has administered federal DOE, DOL, VA, HUD, DOA, and HHS funds to provide human service to low-income & high risk populations. The agency has a history of achieving outcome measures and expending federal funds in an efficient and timely manner. HACAP currently operates other federal funded homeless programing including, CoC grants for Transitional Housing and Rapid Re-housing, Support Services for Veteran Families, Emergency Solutions Grants. HACAP's federal programs and the agency are audited and monitored on a continuing basis, with the agency audit conducted annually in the fall. In the last completed agency audit, no findings or concerns were present.

- 6) **Describe the basic organizational structure of the agency and its financial capacity. Include evidence of an adequate financial accounting system. *Include an organizational chart and a description of the financial accounting system that will be used to administer the grant. (4 points)***

HACAP is governed by a tripartite board, which consists of private, public, and consumer seats. The board approves the annual budget, outcome reports, agency policies, grant submissions, and large contracts. Day to day operations is overseen by the CEO and members of the Executive Team. HACAP's Administrative Division Director oversees compliance on all federal, state, and local programming and internal controls. The CEO directs the business office which is responsible for financial accounting for the agency. Monthly financial reports are provided to program managers and coordination between the business office is crucial for each program's success. All members of the Strategic Leadership team, which includes all division directors, have attended OMB circular trainings regularly, are up to date on changing federal and local priorities and policy, and coordinate to present clients with individualized service packages. HACAP's annual agency audit is conducted in November by Wipfli, a nationally recognized provider.

**7) Describe the experience of the agency with homelessness programming and the provision of direct services to individuals and families experiencing homelessness and addressing their identified housing and supportive service needs (3 points)**

We understand and provide housing services tailored to specific populations: housing first models for PH for chronically homeless, rapid rehousing for veterans, and TH programs for vulnerable families with children and people coming from shelter. We regularly meet or exceed HUD's outcome measures for placing these families into permanent housing with increased income. Programs are evaluated annually to ensure our services align with the presenting needs of our target populations. We utilize local – like United Way and foundations – and state funds, private & corporate donations, and volunteers to provide diversified and sustainable match

**8) Describe the experience of the agency in crafting specific written standards and policies and procedures for geographic service area? Provide specific examples if possible? (3 Points)**

HACAP has developed written standards for multiple federal programs. These include programs with the Veterans Administration, Housing and Urban Development, and Health and Human Services. These include written policies and procedures for SSVF, ESG, CoC programs, and Head Start. These policies and procedures incorporate multiple counties, and in some cases up to 11. HACAP works in partnership with other community action agencies across the state that also develops policies and procures for programs that touch all 96 counties. In addition, the Institute for Community Alliances has developed standard HMIS procedures and protocols for services in all 96 counties.

**9) Describe the experience of the agency in compiling, completing and submitting periodic reports. Include experience with performance, financial and other forms of reporting, including to whom such reports were submitted. (2 points)**

HACAP submits monthly, quarterly, and annual reports for multiple programs and funding sources. This includes reporting for federal, state, and local contracts. For homeless programming, HACAP submits reports to the City of Cedar Rapids, Linn County, United Way, HUD, IFA, City of Iowa City, the Veterans Administration and the State of Iowa on at least an

annual basis. Reports include performance measures, numbers service, expenditure reports, and data quality reports. Some of these reports are submitted to funders on a monthly basis.

**10) Describe the experience of the agency in communicating with key partners in the community, including mainstream service partners, government officials, consumers and the general public? (2 points)**

Over the last 50 years HACAP has worked on developing relationships with partners in the communities we serve. Continuing to build and foster these partnerships is an ongoing process and something HACAP strives to maintain and flourish in every community. HACAP has worked with government officials on programing at varying levels across the Eastern Iowa area. In addition, the agency has developed partnerships with mainstream service partners over the last 50 years to ensure HACAP's program participants and all individuals in need of services are connected to benefits. The agency will work with the other community action agencies and other homeless service providers across the state to assist in developing these partnerships in areas where HACAP has not historically provided services.

**PROJECT DETAIL (30 points)**

**11) Describe the scope of the project. Where appropriate, include information about how the initial \$45,000 appropriation will be used. Provide a clear and concise description of the scope of the project. The description must include plans for the creation and management of the entry system (20 points)**

- a. Encompasses full coverage of the 96 counties of the Balance of State
- b. Provides 24-hour access to rapid Emergency Services
- c. Utilizes a low barrier a housing-first orientation fair and equitable access, to all
- d. Implement referral protocols that utilize CoC-funded and other service providers,
- e. Ensure proper consent and use of client information
- f. Demonstrated ability to successful leverage local resources on an ongoing basis
- g. Use of the HMIS system to improve access for all consumers
- h. Identify the prioritization system to be used.
- i. Implement person Centered, Cultural competent approach that respects client choice
- j. Institute Safety Planning for all

The scope of the project will fall into three phases: system setup (where the initial \$45,000 will be used), system implementation when the CE components are on-lined into a seamless process, and system enhancement where we evaluate and improve the process and integrate non-housing services utilized by homeless populations with the overall goal of a quality consumer experience that transitions the people in homelessness to safe, stable housing. The project will utilize a CoC-wide virtual 24/7 intake site (or hotline) and regionally based physical intake sites (a). Each region will be allowed to self-determine if a single centralized physical site or a no wrong door approach best serves the homeless people, residing in their region (b). The Council has already recognize the core components for the CE process: HMIS closed with exception, a national recognized common assessment tool (the VI-SPDAT), a prioritization list [PL] that integrates the results VI-SPDAT within HMIS to provide a CoC-wide tool for matching a person's presenting level of need within the most appropriate housing

service available(h). Shelters and homeless outreach service will be able to add homeless people onto the PL (also referred to as a *By Name List*). Homeless service providers will communicate weekly through meetings or conference calls, working together to place households into permanent housing. PL management will include HMIS and non-HMIS users that provide housing services to homeless populations. Referral protocols for housing services will follow guidelines identified and approved by the Council; referrals to other community resources needed by people entering the coordinated entry process will be managed by the project that removes the household from the PL to address their homeless situation (d). Each housing service providers will arrange for potential housing placements across the CoC, but the final acceptance of any housing assistance will be the choice of the client. (i)

The process in development ensures proper consent and use of client information. It utilizes a Housing First approach. Its fairness and equity is grounded in the common assessment tool and identified tie breaker conditions that promote the housing of vulnerable homeless populations first and resolution of low risk homeless population needs through diversion and other community resources (c). Much like a doctor that assesses the condition of any presenting illness and proscribes an intervention plan that fits the disease, this coordinated entry process will utilize a common assessment tool with results that form the foundation of CoC-wide PL operated within the existing HMIS system (e, g). (Non-HMIS user, especially DV providers, will be able to include any of their clients ready for homeless housing by providing essential PL data for their anonymous inclusion.)

A foundational principle of coordinated entry is a client- or person-centered approach (i). The Council has already identified trainings to promote and sustain a common, quality intake experience across all 96-counties. Standardized training will be part of the Phase 1 and a regular component of Phase 2. The transitions from program-centered to person-centered thinking and regional to CoC-wide understanding of homelessness will be challenging and take time. HACAP anticipates that different areas of the state will adapt to this change at different rates of success; success lives in uniform and consistent training on system tools (HMIS, VI-SPDAT and PL procedures), client-centered approaches (motivation interviewing , trauma informed care, and cultural competency), and local support. Local recognition of homeless needs, ownership of the actions needed to track and reduce local homelessness and local investment all play a role in the establishment and maintenance of a high functioning coordinated entry process. Once we build a common ground for this project and shared ownership of its operation, the HACAP and its partners will be able to measure the results. In turn quality results will be reportable back to our stakeholders to promote longer term local investment (f). Safety Planning will include recommended DV intake protocols and training on mental health for signs of immediate self-harm and other dangerous situations that may present in the coordinated entry system. Collaborations with other crisis call lines will be formed during the set up phase of the project to train intake and other staff members on protocols for referrals to these lines as well as when other emergency services (police, ambulance, etc) are needed. (j).

**12) Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work. Where appropriate, include the plan for the \$45,000 appropriation. Demonstrate how full capacity will be achieved over the term requested in this application. Keep in mind, in order to expend funds within statutorily required deadlines. (Note: This schedule can be attached as a separate document if preferred) (10 points)**

- a. Established Coordinated Assessment Planning Working Group
- b. Council Approval of Coordinated Assessment Structure
- c. Survey Map of existing Assessment, Intake, referral process across the state
- d. Identify the organization(s) that host coordinated assessment
- e. Obtain local resources in support of coordinated entry
- f. Obtain signed MOU with HMIS provider in support of Coordinated Assessment System
- g. Iowa Council on Homelessness (ICH) adopt screening tool and VI-SPDAT policy regarding Transitional Housing
- h. Training people on the data and HMIS procedures and waitlist procedures involved in Coordinated Assessment process
- i. ICH adopts Written Specific Referral processes for BOS
- j. Written process for use of VI-SPDAT and initial screen tool
- k. Coordinated Assessment Entry Startup date

HACAP will use the momentum that has been gained over the past year over coordinated entry and start to formalize current Balance of State thoughts, into plans of action. HACAP will begin working immediately with the current coordinated entry committee to start to formalize progress that has already been made regarding the system. Although HACAP already has a staff member on the committee, no one person has been able to dedicate the time needed in order to establish the system. HACAP with part of the initial \$45,000 will hire a staff member dedicated to this process and immediately start speaking more broadly about the system to the service providers and stakeholders across the CoC. HACAP will work with the current coordinated entry committee to establish a planning working group **(a)** that represents a member of the council, an individual in each potential region of the state, a staff member of the Institute for Community Alliances, and other interested parties. With the assistance of HACAP staff member, the working group, and other partners HACAP would like to have council approval of the structure **(b)**, a survey map of existing processes **(c)**, and have identified organizations that will host coordinated entries as regional hubs **(d)** before the early fall of 2017 and prior to the receipt of the CoC Coordinated Entry funds. The initial \$45,000 appropriation will be used for staff time and travel for HACAP and established CE project partners during this time.

HACAP and the Institute realize some communities and regions of the state will be ready to adopt the system more quickly than others. After the CoC Coordinated Entry funds are received, HACAP will retain the coordinator position that was established in the initial appropriate phase and also hire a housing specialist that will staff housing calls but also help support initial system set up. An MOU with the HMIS provider and their support of the system has already been submitted with this application **(f)** and will be reviewed continuously as progress on the system is made to make sure all services are being provided in order to support the changing system. Another ongoing part of the system is working with transitional housing providers and the communities they serve on the VI-SPADT policies regarding transitional housing and prioritization **(g)**. Each community of the state has different needs, not all areas have access to like services and TH is used in different ways across the state. HACAP, along with other members of the ICH and the Institute, have already begun discussing how TH is used in other states, models other states have adopted and if those models may or may not work for the state of Iowa. A recommendation for a process and screening tool will be made to the ICH prior to CoC coordinated entry funds start up.

Training on HMIS and waitlist procedures, ICH adopting a referral process, and a written process for use of the VI-SPDAT and initial screening tool will be established after CoC coordinated entry funds are under contract (h, i, j). Trainings, writing of the procedures, and presentations on these parts of the system all require staff time that is not available on a volunteer basis at this time. Although there will be some overall requirements for each region of the system, the ICH and communities in the BoS need to realize that different regions may have to operate differently in the system due to capacity and need. Written standards can be established but in order for the system to be successful they must be standards that can be met throughout the state. Until more meetings are conducted and surveying of existing programs, processes, and capacity is established setting some things up in the system prematurely may lead to an unsuccessful system.

It is the intention that Coordinated Entry Start Up date for some regions in the system will occur within 60 days of the CoC grant contract (k). Onboarding of the system will be on a moving target for some areas. Not all areas across the state will be ready at the same time. The system would like to have all regions by the end of the first year of operation either adopted into the system or have made significant progress on using the new entry system. As more communities in the state feel comfortable with the system and the benefits the system brings to region, HACAP and local services providers will continue to reach out to local supports to support the effort (e). Local buy from not only the homeless providers but the community at large is crucial for the system's success and this effort will be ongoing for as long as the system is in place.

HACAP and its partners in the project realize that the establishment and onboarding of the system may not go as initially laid out, adjustments may need to be made. Communication on the timeline of system start up and other progress regarding coordinated entry will be updated to the ICH, the formed advisory group, and local homeless coordinated boards/regions, across the balance of state.

## **SUPPORTING REGIONAL SERVICE COORDINATION (10 points)**

- 13) Describe how the agency will provide support to regional planning groups to best ensure delivery of quality services to Iowans experiencing homelessness regardless of where they become homeless: Describe plans for communication with and among regional planning groups and for providing capacity-building assistance. Discussion should cover trainings; system-wide meetings; systems performance measures; Point in Time participation; and APR and other performance data collection, both how these are to be collected and how they will be used including how to support the participation of non-HMIS user agencies. (5 points)**

A working list of homeless planning groups within the geography of the BoS CoC provided by IFA in 2014 lists 19 planning groups; 15 of those groups have active contacts currently. Those active groups serve approximately a third of the counties within the BoS CoC. Phase 1 efforts will begin with the 15 active planning groups and HUD- or VA-funded grantees in areas with an active homeless planning group. The goals of initial communication will be an informing process to ensure that each of these planning groups has a firm understanding of the coordinated entry process and how it will interact with existing homeless housing services, domestic violence professionals and eventually how it will enhance service access for homeless and near-homeless people across the health and human service portfolio for specific regions or the entire CoC geography.

Once we have shared understanding of the CE process and its core components identified by the Council, we will be able to initiate trainings with our partner, ICA, providing those already linked

to statewide HMIS system: Point-in-Time participation, HUD system performance measures, APR and other data collection needs and integration of non-HMIS user agencies. System-wide meetings will be supported through the advisory council discussed within the governance section of this application. Other system-wide meetings will be facilitated through provider roundtables, reports to the Council for CoC concerns and IFA for ESG concerns. We will collect customer satisfaction data on two-levels: the service providers within the CoC-wide system and the people served by the coordinated entry process. We also desire to establish a quality working relationship with ICADV and key domestic violence providers.

A critical component for a successful statewide system requires local buy-in to the process and local ownership. Regions will begin with planning groups with HUD-funded grantees becoming the infrastructural backbone of physical intake sites that will coordinate the entry process with our 24/7 statewide virtual intake site. The shaping of regions will begin with the opportunity for existing stakeholders to self-define their regions and then for a collective identifications of regional gaps. Subsequently, we will work to identify new leaders in these unclaimed geographies through our community networks – networks like the community action agencies, mental health and/or DV regional structures -- or explore the expansion of existing regions supported by homeless planning groups. Such work will require regular conversation across multiple communication venues, and the engagement of our advisory council, which will have representation CoC-wide. Planning for a statewide capacity to support coordinated entry begins at the local level through funded projects and planning groups, but eventually will need to be affirmed by the Council, the governing board of the BoS CoC.

**14) Describe the agency’s experience with providing support to multiple service providers and/or planning groups including: (5 Points)**

- regional trainings
- service coordination
- strategic planning
- communication across communities or regions
- capacity building

HACAP and the technical and training partner, the Institute for Community Alliances, will work together to support providers across the state in order to develop a coordinated entry system that works across the state. HACAP has conducted various trainings on coordinated entry, homeless programs, and service provision across the state of Iowa. The Institute also has years of experience training service providers on system wide goals and outcomes as well more technical HMIS system trainings. Since both HACAP and the Institute provide services across multiple counties, communication across communities and regions is a necessity for day to day operations. HACAP will also work with other established service providers in conducting needed trainings in regions that need more specialized services in order to feel like they can participate in the coordinated entry system. This would include VI-SPDAT training, motivational interviews, trauma informed care, domestic violence, and other trainings needed in order to make referrals that are accurate and safe for the client and agency.

**GOVERNANCE (20 points)**

- 15) Indicate the plans for management and continued improvement of services in a system covering 96 counties. Describe the governing board or advisory body and its constitution. Be sure to explain:**

**a. What steps will ensure that Iowans experiencing/who have experienced homelessness will be represented?**

HACAP will reach out to other homeless services providers and the ICH on filling 1-2 slots on the advisory board with individuals who have experienced homelessness. HACAP believes it should not decide the structure of the board; it will be up to the initial working group of agencies to design the board structure and set up. It will be recommended to them that slots should be reserved for individuals who have experienced homelessness and also have individuals that could represent other possible subgroups.

**b. To what extent will this body be independent from the agency's corporate governing body?**

HACAP with its coordinated entry system partners will form an advisory board that will report to the Iowa Council on Homelessness. The board will also report progress to HACAP's board of directors. The coordinated entry system advisory board will have the authority and expertise to make decisions regarding system design, set up, policies and procedures, and other aspects of the system. The board will also work on reviewing capacity, compliance, and performance of the system as a whole.

**c. How will geographic representation from different parts of the state be ensured?**

HACAP will work with members that are already on the current committee and establish slots on the advisory board for each representative from each region. A request for initial members to work on the planning working group will be sent out in the hope that representatives from across the state will be interested. HACAP and its partners will also work with community action agencies and other entities that may have services in areas that have not previously had good representation on boards for recruitment needs.

**d. How will representation among different types of service providers be ensured?**

In order to form a group that has a functioning working board, initial designs of the board will be less than 13 individuals. Regional representatives will also represent a specific subpopulation, veterans, DV, youth, chronically homeless, and families. As well as representing different subpopulations, the board will also represent shelter, transitional housing, rapid rehousing, and permanent supportive housing providers. If additional advisory board members are needed, the current board will have the authority to add permanent slots or temporary slots to fulfill board need.

**e. What committees are anticipated?**

All board members will be expected to sit on at least one advisory board committee. Anticipated committees for the board are, data compliance and review, regional collaboration, cross service providers group, DV and emergency services group, and potential committees focusing on specific time sensitive special projects. The initial working group will form and vote on the establishment of the board and the committees. The board also will have the authority to add or remove committees as new challenges and initiatives arise.

**BUDGET (10 points)**

16) **Budget request:** Provide a summary budget for the proposed project. Include the amounts that will be requested in each relevant category, according to HUD's rules for the particular proposed project. Include the total budget request. Also include the amount that will be requested for Administration. *Note that CoC funds for this year are limited to a maximum of \$400,000. Any costs above this must be accounted for from other income sources.*

**Additional \$45,000:** Provide a summary budget for the additional \$45,000 appropriation.

Initial \$45,000:

Staff time and travel for beginning of regional coordination and pre set up meetings for HACAP and Institute for Community Alliance staff.

CoC Budget:

HACAP staff (1 FTE Coordinated Entry System Coordinator, 1 FTE Housing Specialist) plus travel- \$186,000

Institute for Community Alliances staff (1 FTE BoS Coordinated Entry System Specialist) plus travel- \$100,000

Other partners- Outreach partners, Housing line staffing evening and weekends, DV partners, other identified needs- \$86,000

Support Services-\$372,000

Administration- \$28,000

Total: \$400,000



