

[Exhibit A]
2016 Iowa Balance of State Continuum of Care (CoC)
Letter of Intent Form
For New Projects and Voluntary Reallocation New Projects

All New Projects	
a. Name and Location of Agency	Hillcrest Family Services 2005 Asbury Road, Dubuque , Iowa 52001
b. Name and Location of New Project	Hopes Permanent Supportive Housing Project 1995 Asbury Road, Dubuque , Iowa 52001
c. Type of Project	<input type="checkbox"/> New Project <input checked="" type="checkbox"/> Voluntary Reallocation New Project
d. Project Component	<input checked="" type="checkbox"/> Permanent Supportive Housing for chronically homeless individuals and families <input type="checkbox"/> Rapid Rehousing for individuals, including HUD-prioritized populations <input type="checkbox"/> Supportive Services for centralized/coordinated assessment
e. Amount Requested	<u>\$ 74,745</u>
f. Primary Agency Contact Person	Name: Cindy Hess Email: cindy.hess@hillcrest-fs.org Phone: 563-588-0605, ext 216
g. Alternate Agency Contact Person	Name: Cathy Ahrens Email: cathy.ahrens@hillcrest-fs.org Phone: 563-543-6410
h. Federal identification/registration	DUNS #: <u>080293467</u> Date of IRS 501(c)(3) status determination letter: <u>07/1996</u> SAM Registration Current? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
i. Two-three sentence description of project	This program would convert to a permanent supportive housing project for chronically homeless families or unaccompanied youth experiencing homelessness. Each individual or family has a self-contained apartment/unit within the building.
Additional Items for Voluntary Reallocation Projects	
j. Name of renewal project being reallocated	Hillcrest Family Services Hopes Transitional Housing
k. Eligible current renewal amount	<u>\$ 61,303</u>
l. Retained by renewal project: \$ <u>0</u> Will be for a new budget year.	Reallocated for new project: \$ <u>61,303</u> Additional requested for new project: \$ <u>13,442</u>

[Exhibit B]

**2016 Iowa Balance of State Continuum of Care (CoC)-
New Project Narrative
For New Projects and Voluntary Reallocation New 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.

NOTE ANY APPEALS of SORING Are due to the Appeals committee or Amber Lewis by 4pm on August 30th

Name of Agency: Hillcrest Family Services

Name of Project: Hopes Permanent Supportive Housing Project

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

AGENCY SUMMARY (1 point)

- 1) **Provide a brief introduction to the agency. Include how this particular project fits within the overall agency.**

Since 1896, Hillcrest Family Services has been enhancing the lives of children, families, and adults in need by teaching skills and providing information and resources. We advocate on their behalf and work collaboratively with local communities to provide a range of quality and innovative services. Hillcrest Family Services provides a vast array of services across an expansive continuum of care. Currently, we provide services in 13 Iowa counties, serving over 38,438 persons fiscal year 2015. Through Hillcrest's expansive continuum of care, the agency can provide many of the supportive services a homeless disabled youth or young adult and their family's need, if they would so choose to utilize.

Hillcrest serves families through our Adoption, Maternal Health, Mental Health Centers, Supportive Services for Veteran Families (SSVF), Transitional Housing, and Women/Infant/Children's (WIC) Programs. We serve adolescents in our Achieving Maximum Potential (AMP), at-risk youth/adolescent pregnancy prevention program (CAPP), Child Welfare Emergency Services (CWES—including emergency shelter), residential education facilities and school, and Mentor Dubuque. The children who are in group foster care often meet the qualifications as homeless upon entering the system, and very often have no home to go to when they "age out" of foster care. This new option would provide these individuals with a supported permanent home, in an environment where they can learn new skills as they transition into adulthood.

Our programs focused on adults include: Intensive Psychiatric Rehabilitation (IPR), residential care facility and group homes, supported community living (SCL), supported employment, and Wellness Center (with peer support services).

We provide services to those of all ages through our Integrated Health Home (IHH), mental/physical health clinics, and tobacco-use prevention programs. Many of these programs within Hillcrest often interact with clients who are homeless. This new Permanent Supportive Housing (PSH) Project would be a great addition to our continuum of care focusing on ending the cycle of chronic homelessness.

PROJECT SUMMARY (2 points)

- 2) **Provide a brief summary of the proposed project. *The summary will serve as a guide to orient reviewers to the project. If seeking a voluntary reallocation of an existing renewal project, explain this.***

Hillcrest Family Services is seeking a voluntary reallocation of the Hillcrest Transitional Housing Program COC funds to become a Permanent Supportive Housing Project (PSH). The program will provide chronically homeless, disabled youth and young adults ages 17 - 24, and their families, with affordable rental housing combined with services and case management, aimed at serving the highest-need youth, young adult and if applicable, their families. Services are voluntary and are tailored to fit the needs of the youth, young adult and/or their family. The housing is affordable, meaning residents will pay 30% of their adjusted income towards rent. We will allow the participants to stay as long as they see necessary to address their needs and reach their goals. The program provides 5 furnished apartments in a single complex with a 3 BR unit, 1 BR unit and 3- 2 BR units. Current program capacity is 15. It is located centrally in Dubuque along the public transportation route and is close to grocery and shopping centers. Additionally, the program can provide transportation as needed.

Project outcomes for the residents include maintaining permanent housing; securing necessary mainstream benefits and resources, including health care and insurance; and increasing household income and securing employment. A full-time Coordinator/Case Manager is on site 5 days a week and is available 7 days a week in case of an emergency.

Upon admission, the coordinator conducts a needs assessment with the tenant, which will identify where support is needed, strengths of the individual or family, and will prioritize goals. Our residents present with multiple and very complex issues and this ensures housing and service options are tailored to meet the unique needs of the youth, young adult or family, and ensures that they have access to the services that they reasonably believe will help them achieve their goals. Following the assessment, the coordinator and residents develop the support plan that consists of mutually-determined goals. The program exists to build upon strengths and we include residents in all facets in the planning and implementation of service strategies. Once the support plan is determined, head of households are required to meet with the coordinator at least weekly to work on goals and provide updates on their progress as determined by their plan and adjusted accordingly.

When providing supportive services to the residents, we may work on developing many independent living skills. For example, we often assist in teaching them how to budget. Any financial debt or credit counseling is referred to community providers. Also, we work to secure employment and increase income. If a resident is unemployed, we may assist them to become job ready, or help them to apply for jobs and develop a resume. We also may support them in completing their high school education or GED, or assist in applying for and attending college. We may also work on both schooling and employment at the same time. We work with community providers such as IWD, IVRS, and Promise Jobs to assist them in gaining or maintaining employment. We also make sure that the family or youth has applied for all eligible mainstream benefits and resources to assist them in making ends meet as they transition out of our program.

Resident wellness is of utmost importance to us. Medical insurance and obtaining a primary care physician is critical for these individuals or families and we assist as needed in securing both. We also have good relationships with community providers and as needed we work often with agencies such as Iowa Legal Aid, Dubuque Food Pantry, Operation New View, the Substance Abuse and Services Center, DHS, WIC, VNA, Child Support Recovery Unit and local churches. Furthermore, our population served tends to have additional mental health and substance abuse needs. We refer those individuals to the Hillcrest Community Mental Health Center or Wellness Center. Counseling, supported community living services and intensive psychiatric rehabilitation services can be provided on-site.

PROJECT TYPE (2 points)

PERMANENT SUPPORTIVE HOUSING check here

RAPID REHOUSING check here

3) Units/beds: (1 point)

- a. **Total units:** Includes all of the units in the project, regardless of size: **5**
- b. **Total Beds.** Includes all of the beds in the project, regardless of unit configuration:
15

4) Housing type: (1 point)

The newly reallocated project will be clustered apartments: Each individual or family has a self-contained housing unit located within a building or complex that houses both (1) persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems persons with mental illness, or persons with AIDS/HIV—and (2) persons without any special needs.

AGENCY EXPERIENCE (20 points)

- 5) Describe the experience of the agency in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time**

limitations. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. (For housing projects) Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems. (10 points)

Description of contracts and projects undertaken by Hillcrest Family Services

Family Planning Council of Iowa:

- Contractor since 1971 for Title V funding reproductive health services in Dubuque County via our Hillcrest Professional Health Clinic.

HACAP/SSVF:

- Sub-contractor for Supportive Services for Veterans Families (SSVF) Program since 2015, to provide services for at-risk of homeless veteran families and homeless veteran families in Delaware and Dubuque County. This is a Veterans Affairs (VA) funded program.

Iowa Continuum of Care/HUD:

- Transitional Housing Project for homeless families since 2003.

Iowa Department of Public Health:

- Contractor for the Tobacco Use Prevention program in Dubuque County.
- Contractor since 1982 for the Women, Infants and Children (WIC) Program in five counties (Dubuque, Jackson, Clinton, Delaware and Jones).
- Contract partner since 1988 with Medical Associates and Mercy Hospital for the Maternal Health program for three counties (Delaware, Dubuque, Jackson, Clinton and Jones).
- Sub-contractor for Dubuque County Board of Health for CTR counseling, HIV and Hepatitis testing and referral. We are the sub-contractor that provides the service for Dubuque County by the Iowa Department of Public Health.

Iowa Department of Human Services:

- Contractor for Child Welfare Emergency Services (CWES), Foster Group Care, and Supported Apartment Living (SAL).
- Contractor since 2007 for Eyes Open Iowa for Community Adolescent Pregnancy Prevention (CAPP) Program in Dubuque.
- Contractor for PATH (Projects for Assistance in Transition from Homelessness) Program in Dubuque County since 2005.

Iowa Health Link (Iowa):

- Medicaid contractor with all three managed care organizations providing community mental health center services, behavioral intervention services (BHIS), intensive psychiatric rehabilitation (IPR) services, habilitation services, community support services, primary care, integrated health homes and peer support.

Iowa Medicaid Enterprise:

- **Contractor for Intellectual Disabilities (ID) and Brain Injury (BI) Waiver and Medicaid (FFS) Services.**
- Iowa Vocational Rehabilitation Services (IVRS):**
- **Contracted to provide vocational/supported employment services.**

- 6) **Describe the experience of the agency in leveraging other federal, state, local, and private sector funds. Include experience with leveraging all Federal, State, local and private sector funds. (5 points)**

Hillcrest has extensive experience providing a wide array of human services to many communities for 120 years. Through these years, we have demonstrated our ability to offer programs in which leveraging other federal, state, local and private sector funds has occurred, and still occurs. Very often programs are underfunded and require creative leveraging amongst a variety of funding streams.

Examples of experience:

- **Since 2005, is the PATH program (Projects for Assistance in Transition from Homelessness). We leverage federal dollars that are implemented by the State of Iowa through a federal SAMHSA grant. We also have local (MHDS of the East Central Region and United Way) and private sector (Individual donors and McDonough Foundation) funds leveraged in this project.**
- **Hillcrest/Mercy Maternal Health Program - We receive funds through the Iowa Department of Health and also from a local group called the Women's Giving Circle.**
- **The Hillcrest Wellness Center leverages funds from Medicaid, MHDS of the East Central Region and also United Way.**
- **The current Hopes Transitional housing program has leveraged funds from the HUD Continuum of Care Grant, private donors, Theisen's grant and United Way.**
- **Dubuque Community School District - contracted to provide special education, including autism programs to K-12, and also to provide school-based youth counseling services in the various district buildings.**
- **MHDS of East Central Region- contracted to provide community mental health center services, crisis stabilization beds, mobile crisis services, integrated health homes (IHH), intensive psychiatric rehabilitation (IPR), RCF and RCF/PMI residential services, supported community living, and supported employment. We also utilize Medicaid and some private insurance to fund these services. We also have utilized private grants from the Dubuque Racing Association and Wahlert Foundation to help remodel and provide new furnishings to some of our residential facilities.**
- **Southeast Iowa Link Region to provide the community mental health center, Crisis Intervention and IHH services. Medicaid and private insurance is also utilized.**
- **Achieving Maximum Potential (AMP) Sub-contractor for the support group program for teens in Dubuque that have experienced out of home placements, which is a program of the Partnership of the Iowa Foster Care Youth Councils. The program is coordinated through Youth and Shelter Services of Ames, Inc.**

- 7) **Describe the basic organization and management structure of the agency. Include evidence of internal and external coordination and an adequate financial accounting system. Include the organization and management structure of the applicant and all subrecipients; be sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant. (5 points)**

Attachment A contains the organizational and management charts in relation to the Hopes PSH program. The direction of the organization, our approach to treatment and care, and our vision for the future is set forth by our Board of Trustees and the Executive Leadership Team, which includes our CEO, COO and Vice Presidents.

Hillcrest has used Blackbaud Financial Edge as its financial system since 2003; Financial Edge is a not-for-profit software that gives each Hillcrest project their own Income Statement and Balance Sheet.

Through our BlackBaud financial accounting system, monthly grant invoices are completed by the Hillcrest Staff Accountant; reviewed by the Director of Finance, and then signed by the CFO. Hillcrest's books are closed monthly; financial reports are shared with the Finance/Personal Committee of the Board of Trustees monthly and the full Board of Trustees four times a fiscal year.

An independent auditing firm including a section specifically addressing compliance for our federal programs and reporting on internal control as required by OMB Circular A-133 completes an annual audit.

PROJECT DETAIL (26 points)

- 8) **Describe the scope of the project. (10 Points)**

- a. **Describe the target population(s) to be served (*Be specific*) (2 Points)**

The program aims to serve Chronically Homeless, Unaccompanied Disabled Youth or Young Adults ages 17-24 and their families, including those who have aged out of the foster care system, transitioning from the juvenile justice system or children's mental health system, runaway, fleeing domestic violence, fleeing or are at risk of sexual abuse, prostitution, sexual exploitation (including trafficking), living in a homeless shelter, living on the street or a place not meant for habitation, or are precariously housed such as couch surfing who are being asked to leave that situation and have no safe alternative housing, and/or are pregnant and/or parenting, and who would thrive in a more independent and supportive setting.

- b. **Describe the project community/service area including a clear and concise description existing housing needs including a list of other currently funded ESG/COC projects in the project's service area (2 Points)**

The project is located in Dubuque, Iowa. Currently the shelter options are Theresa Shelter (for women and children (males cannot be over 12)),

YMCA/YWCA Domestic Violence Shelter (women and children), Hope House (single men), Dubuque Rescue Mission (men) and the fall/winter overflow shelter for men is Almost Home. For transitional housing for women and children, there is Maria House, and for men there is a TH building through the Rescue Mission, and Hope House. Also available is Mary's Inn for pregnant single women. For permanent housing there is Shelter Plus Care (disabled men and women), Manasseh House (men SRO) Salvia House (women SRO), and Davis Place (men SRO).

The city lacks in affordable and safe rental properties to accommodate the no-income or lower income population including homeless, disabled individuals. The rental costs are not manageable to maintain housing. Additionally, our Section 8 Housing waiting list has been closed for some time. Also, many landlords do not opt to rent to youth/young adults, not only due to age, but because they have no credit or income. And, they often don't have references as they have had no rental history. They need options that alleviate the barriers to finding and affording a place to live. Also, there are no homeless shelters in the area that house full families. Families must be split up if homeless and require shelter. If we can get more PSH projects in the city, we could place them in a permanent home in a timelier manner. Next year, we will only have one PSH in the area with Shelter Plus Care, so if we are awarded the reallocated funds, we would be the only other project in the community of almost 57,000 people.

Currently, the only local ESG project in Dubuque is Cedar Valley Friends of the Family for rapid rehousing, shelter and homeless prevention.

In regards to COC funds in Dubuque, there are two local projects besides Hillcrest's current TH program. One is Phoenix Housing- Shelter Plus Care Program, currently administered by the City of Dubuque. The program is a PSH project with scattered sites. The other program is Maria Transitional Housing Program for women and children. However, they are not renewing their COC grant.

- c. Describe how the project will work in coordination with other funding sources and other mainstream and homelessness provider's partners (2 Points)

The Hopes PSH project will take referrals from any provider or person in the community. We will especially work closely with the Dubuque Community School District, Northeast Iowa Community College, Central Iowa Juvenile Detention Center, Juvenile Court Services, Department of Human Services, Hillcrest PATH program, Teresa Shelter, Dubuque Rescue Mission, Maria House, Hope House, Hillcrest SSVF Program, YMCA/YWCA Domestic Violence Shelter, Almost Home, and Mary's Inn. Furthermore, we will work with all members of the Homeless Advisory Council on placing individuals as appropriate. As the coordinated entry process gets developed in our

continuum of care, we will utilize that system to help place the highest need and vulnerable individuals or families ages 17-24, through the VI-SPDAT tool.

- d. Please provide the project plan for addressing the identified housing and supportive service needs, **(2 Points)**

Using the VI-SPADT tool and the Housing First model, we will follow prioritizing guidelines for placement. Once safely housed, needs are assessed and a plan of support will be developed and goals prioritized. Service delivery will support individual choice and empowerment. Residents will be asked to meet at least weekly with the Case Manager to work on these goals and to review progress/barriers. The meeting times and dates will be flexible, based on resident's preferences and needs. Developing a relationship with a trustworthy responsible adult is very crucial in engaging participants. This population often faces the transition to adulthood without the support of any family. Common service needs that may be worked on may include: learning and practicing independent living skills such as money management, self-care, shopping, cooking; public transportation; communication skills; developing healthy relationships; coping skills; conflict resolution skills; parenting skills; employment readiness skills including completing applications, writing resumes and practicing interview etiquette; gaining access to medical care, dental care and mental health and/or substance abuse care; access to community resources and mainstream benefits; and also supporting/coordinating for continued and completion of education. It will be important that there is continuous emotional support, especially during times of crisis for these individuals and families. Transportation will be provided as needed to support all program goals, as community integration is of utmost importance.

- e. Please describe how these projected project outcome(s) will enhance the COC system wide performance outcomes (These performance measures track the average length of homeless episodes, rates of return **(2 Points)**)

By adding this permanent supportive housing project to our COC system, it will help to decrease the average length of homeless episodes by using the Housing First model. It will also help to decrease the rates of return because the residents will be offered supportive services and case management to help maintain their permanent housing and the apartments will be affordable.

- 9) **Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**
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: all RRH project must begin rental assistance within the first 10 months of award for full points (5 points)

The Hillcrest Hopes Permanent Supported Housing Program is a Voluntary Reallocation Project in the Iowa Balance of State Continuum of Care. We are hoping to be able to complete the current grant year which ends on April 30, 2017, and start the new PSH project shortly after (within 1 month).

We feel this can be accomplished because the program is located in an existing building with existing furnished apartments, so this will greatly cut down the time needed to have the program fully up and running. Beyond completing some general upkeep and replacement of some furnishings that may have had some normal wear and tear from the past TH project, the building is projected to be ready to go within 30 days.

Additionally, the current Case Manager will already be in place, so we will not need time to hire someone new, which will greatly cut down on any project delays. She has 8 years experience in working with the homeless population and managing the transitional housing program. Since she is already in place, we plan to have all intakes and decisions made regarding which persons to accept into the program, and plan to be at capacity within two months.

- 10) **Housing First.** *The Housing First model is an approach to: 1) quickly and successfully connect individuals and families experiencing homelessness to permanent supportive housing 2) without barriers to entry, such as sobriety, treatment or service participation requirements or 3) related preconditions that might lead to the program participant's termination from the program. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. Review Sections II.A.6. and VII.A.1.h. of the FY 2015 CoC Program Competition NOFA and the Housing First in PSH brief at www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/ for more information. (11 points)*

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

- ✓ 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)

(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.

- ✓ Loss of income or failure to improve income; (1 point)
- ✓ Being a victim of domestic violence; (1 point) or
- ✓ Failure to participate in supportive services; (1 point)
- ✓ Failure to make progress on a service plan; (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- see Attachment B**

(d) Verify that the project’s admissions and terminations don’t discriminate on the basis of residency requirements (1 point) **Yes –see Attachment B**

SUPPORTIVE SERVICES FOR PARTICIPANTS (20 points)

11) 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	Applicant ▼	As needed ▼
Case Management	Applicant ▼	As needed ▼
Child Care	Partner ▼	As needed ▼
Education Services	Partner ▼	As needed ▼
Employment Assistance and Job Training	Applicant ▼	As needed ▼
Food	Applicant ▼	As needed ▼
Housing Search and Counseling Services	Applicant ▼	As needed ▼
Legal Services	Partner ▼	As needed ▼
Life Skills Training	Applicant ▼	As needed ▼
Mental Health Services	Partner ▼	As needed ▼
Outpatient Health Services	Partner ▼	As needed ▼
Outreach Services	Applicant ▼	As needed ▼
Substance Abuse Treatment Services	Partner ▼	As needed ▼
Transportation	Applicant ▼	As needed ▼
Utility Deposits	Applicant ▼	As needed ▼

12) **Describe how participants will be assisted to obtain and remain in permanent housing:** *Describe plans to move program participants from the streets, other places not*

meant for human habitation, emergency shelters, and safe havens into PH, as well as plans to ensure that program participants stabilize in PH. A good response will acknowledge the needs of the target population and include plans to address those needs through current and proposed case management activities and the availability and accessibility of supportive services through primary health services, mental health services, educational services, employment services, life skills, and/or child care services. Good strategies should be highly population specific and will look markedly different for youth, older adults, and families. For example, youth may require a more time intensive service array including specifically tailored life skills, housing, and education programming with more points of contact with a case manager meeting them at their apartment or in youth relevant locations. Similarly, a young parents program might include parenting classes and other child care services. If program participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative. (5 points)

Research repeatedly shows that the lack of affordable and available housing becomes the primary barrier to completing education, securing and maintaining employment, accessing healthcare, and in short, making a successful transition into adulthood.¹ So, if we can expediently house these homeless youth and young adults/families, the better chance for success.

The Housing First Model is the most effective approach to ending chronic homelessness. Our screening and intake procedures accept residents regardless of their sobriety, completion of treatment, and service participation requirements. Applicants are also not rejected due to poor credit history or having little or lack of income, or having a criminal record (with exceptions of state-mandated restrictions). Often, youth and young adults present with a lack of high school degree or GED, history of incarceration or detention for criminal activity, lack of family support due to abuse or neglect, history of substance use/abuse, present as pregnant or with small children, and also will have a disabling condition. By utilizing the Housing First Model, these barriers are removed to get persons into safe permanent housing.

This population often needs guidance, nurturing and support to maintain independent living. A Case Manager is available to residents on site 5 days a week and on-call 24 hours a day/7 days a week to assist as needed. We ask that participants meet at least weekly, but it is anticipated that due to the increased needs of youth and young adults, they will want to meet more frequently to work on their support plan to ensure success. Often one of the initial areas of focus is getting the traumatized youth and young adults into mental health treatment. Without gaining the necessary supports in this area, it often is very difficult for them to work on anything else. Many are untreated and cannot be diagnosed until age 18. We

¹ National Association of Social Workers, *Helping Vulnerable Youths: Runaway and Homeless Adolescents in the United States* (Washington DC:NASW Press, 1992). See National Network for Youth Website, February 2000.

will assist them in accessing these services and we offer counseling in a building across from the program location.

After that, we can develop the working relationship with the individual or family, assist in obtaining all needed medical care, focus on learning and practicing independent living skills, applying for and accessing mainstream benefits, work to obtain and maintain employment or education; all as determined by their client-centered support plan. For young parents we also will assist in obtaining childcare and parenting classes as needed. Some of these skill-building activities may occur in group settings to encourage peer interaction and community building for the program. Also, monthly Resident Focus groups will serve as a forum to discuss community issues, share resources and resolve conflicts.

Additionally, we plan on assisting in monthly budgeting and at the beginning of the month, we will encourage that the residents pay their bills, including rent, before money is accessed for leisure, to get them into a routine of making sure that necessities are covered monthly, which assures their maintaining their permanent housing.

- 13) **Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently:** *Address the needs of the target population, the required supportive services, the availability and accessibility of those supportive services, and any coordination with other homeless services providers and mainstream systems. Describe how service delivery directly leads to program participant employment; how service delivery leads directly to program participants accessing SSI, SSDI, or other mainstream services; and how the requested funds contribute to program participants becoming more independent. Note: Education plays an important role in the personal development of program participants, especially youth participants, and should be considered a strategy to maximize their ability to live independently. Youth are also unlikely to have job experience or familiarity with the workforce and government-provided supplementary income sources and so may require unique programming to meet their needs. (5 points)*

On-site supportive services may include working on employment readiness skills including job searching, completing applications, writing resumes and practicing interview etiquette. Individuals are offered computer and internet access to do so. They are also welcome to purchase wireless internet in their apartments. Referrals will be made to IWD, IVRS, and Promise Jobs and other private supported employment, job coaching and psychiatric rehabilitation service providers in the area.

If an individual is not interested in employment or is not ready, one option we ask them to consider is continuing or completing their education. We can assist in attending campus tours and meeting with advisors, assist in completing financial aid and college applications, assist in developing school and studying schedules/time management. We work closely with Dubuque Community Schools Alternative

Learning Center (ALC) Life Coaches and Northeast Iowa Community College, to support the individual in any way to complete or further their education.

Furthermore, we make sure that all tenants have applied for all eligible mainstream benefits and resources to assist them in self-sufficiency. We can refer to an agency SOAR provider to apply for SSI/SSDI benefits. We are available to teach the tenants about each benefit and how to maintain them.

OUTREACH FOR PARTICIPANTS (4 points)

14) Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations: Indicate the percentage of homeless persons who are (or have been) admitted from each of the listed locations. (2 points)

- a. Directly from the street or other locations not meant for human habitation. 30%
- b. Directly from emergency shelters. 50%
- c. Directly from safe havens. 5%
- d. Persons fleeing domestic violence (or attempting to flee). 10%
- e. **Total of above percentages (must be 95% for full points):** **95 %**

15) Outreach *Explain how program participants will be identified and connected with the offered housing and services below. (2 points)*

- a. *Is there a current coordinated entry system in all or part of the project service area yes/no*

No, but one is being developed. Currently in Dubuque, our local Homeless Advisory Council collaborates bi-monthly in person and as needed by phone and reviews area program openings so that all are aware of what is available to place homeless individuals or families.

- b. *Does the project participate in Coordinated Entry? yes/no or a Domestic Violence Organization*

No, because is not available but we have already participated in the Service Point Coordinated Entry training in Cedar Rapids in June, in preparation for the new process. Also, in Dubuque, our local Homeless Advisory Council collaborates bi-monthly in person and as needed by phone and reviews area program openings so that all are aware of what is available to place homeless individuals or families.

CONTINUUM OF CARE PARTICIPATION (10 points)

16) Local Collaboration: Does the agency participate in any local regional planning group? If so, what is it called and how does the agency participate? (3 points)

Locally, Dubuque has formed a Homeless Advisory Coalition (HAC) that meets bi-monthly. This includes COC members/organizations, city of Dubuque, churches, non-COC facilities/shelters, landlords, homeless individuals, police, and any interested community citizens. Representing Hillcrest Family Services is Cathy

Ahrens from the Transitional Housing program, as well as our coordinator from our SSVF program and our coordinator from our PATH program. Cathy also serves on the Executive Committee of this Coalition. The Coalition is working on obtaining a 501(c)3 at this time, reviewing community service needs especially due to closing of Project Concern, and is working on establishing a coordinated entry process for our community.

- 17) Has any representative of the program been an active participant in 2016 meetings of the Iowa Council on Homelessness? *(Note that anyone can participate in council meetings)*

Yes. Cathy Ahrens and/or Cindy Hess have participated in all bi-monthly meetings via phone or ICN.

- 18) Has any representative of the program been an active participant in Iowa Council on Homelessness committees and working groups? Briefly explain. **(5 points)**

Yes. Cathy Ahrens and/or Cindy Hess have participated in the Continuum of Care Committee meetings via phone. Cathy Ahrens also serves on the local COC Executive Committee of the Homeless Advisory Coalition. We also have a past homeless client that is completing the required application to serve on the Iowa Council of Homelessness on behalf of Hillcrest.

BUDGET AND CAPACITY (15 points)

- 19) **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. **(10 points)**

TOTAL PROGRAM BUDGET: \$93,431

GRANT BUDGET REQUEST: \$74,745

OPERATION: \$21,130

(Costs in this area include: maintenance and repair; utilities such as gas, electric, water and sewage; furnishings; insurance; maintenance costs; and care of building and grounds.)

SUPPORTIVE SERVICES REQUEST: \$49,884

(Costs in this area include salary and benefits for the Case Manager, transportation costs, food, and case manager cell phone.)

ADMINISTRATIVE REQUEST: \$3,731 (5%)

(Costs in this area include a portion of the Administrator/Director salary and Case Manager office costs including utilities)

20) **Match** Provide a summary of how the proposed project will meet the HUD matching requirement (25% for all categories except leasing) **(5 Points)**

A match will be provided of at least \$18,686 (25% of the grant request of \$74,745). Hillcrest Family Services will provide the match if a private source is not obtained. However, historically, we have obtained donations from local foundation grants and private donors to supply the required match. We have no reason to anticipate that this won't happen again. For example, we have recently applied for a local private grant again that we have received for several years in a row. Also, we have partners that will provide some supportive services including out-patient mental health therapy and medication management, and primary health care.

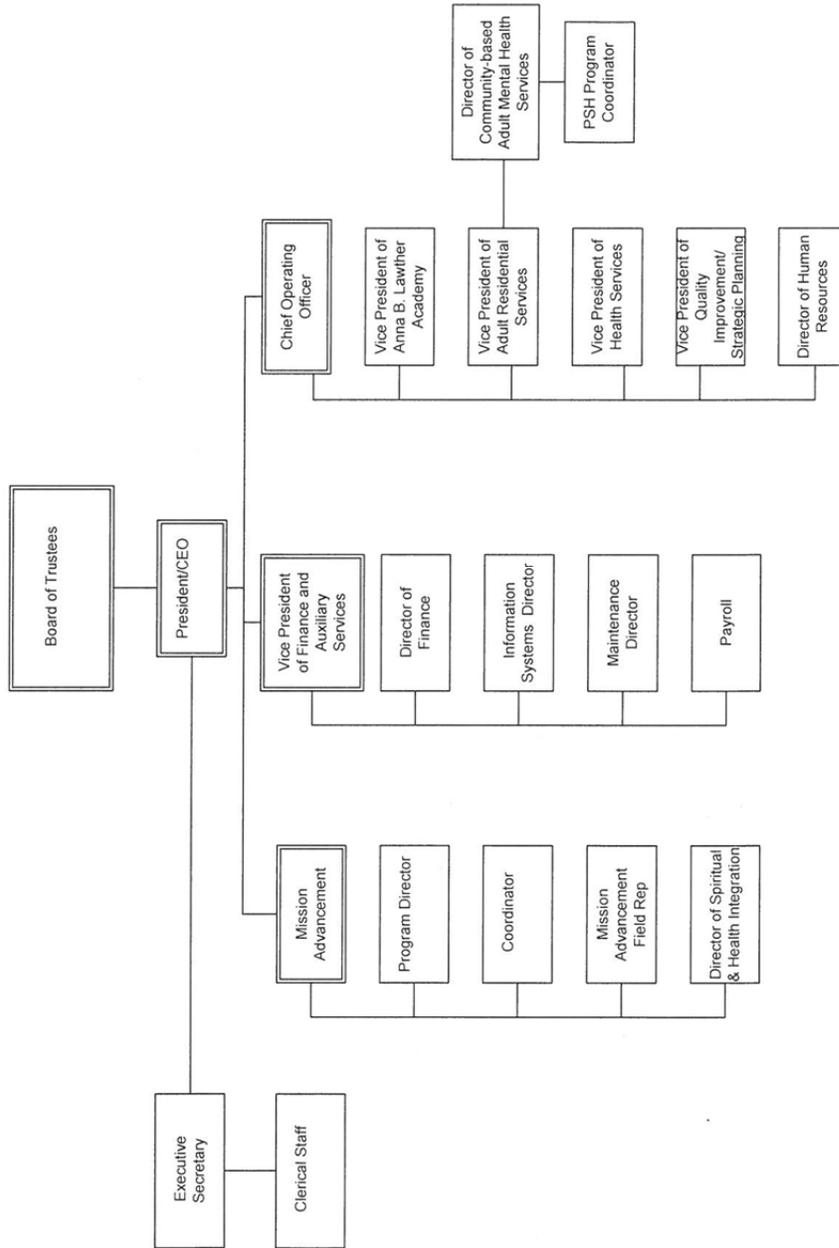
Match will include funds for additional operational, supportive services and administrative costs that the program incurs above and beyond the received COC grant amount. Also, we have partners that will provide some supportive services including out-patient mental health therapy and medication management, and primary health care.

BONUS:

21. Does the proposed project service area (Answer 8b.) include no other ESG/COC currently funded projects or proposes a service area in which all existing ESG/COC projects have been defunded yes/no? **(5 Points for new service area projects) No**

Attachment A: Organizational Chart

HILLCREST FAMILY SERVICES Table of Organization HOPES Permanent Supported Housing Program



**Attachment B:
Termination/Appeals Policy:**

Services may be terminated and the individual/family asked to vacate the premises if criminal activity occurs. Termination may also occur if there is repeated and unalleviated damage to the facility or if a household participant is a threat to the safety of other individuals and families in the program.

Staff will provide the individual/family with at least a 30-day notice for nonpayment of rent or other infractions that have not been remedied per lease agreement. Immediate eviction may occur for serious infractions such as assault on staff or others, possession of illegal substances, etc. Eviction will be determined by the Program Manager, in consultation with the supervisor. Eviction notices will be given in writing clearly stating the reasons for termination. The participant has the right to appeal this decision in writing or request a meeting within 14 days to dispute this termination/eviction. The person to contact for this appeal is Julie Heiderscheit, Chief Operating Officer, Hillcrest Family Services, 2005 Asbury Road, Dubuque, Iowa 52001. Phone number 563-583-7357, ext. 209.

Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process. If applicable, please indicate your request when writing or requesting a meeting.