

[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	New Pathways Permanent Supportive Housing Project 2489 Hillcrest Road, Dubuque , Iowa 52001
c. Type of Project	<input checked="" type="checkbox"/> New Project <input 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>\$127,598 Total request</u> \$23,879 Rehabilitation funds request \$103,719 Grant budget request
f. Primary Agency Contact Person	Name: Cindy Hess Email: cindy.hess@hillcrest-fs.org Phone: 563-588-0605, extension 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	New Pathways would be a permanent supportive housing project for chronically homeless individuals or a family up to 2, or unaccompanied youth experiencing homelessness. The building is a shared housing project where each household served has private space, plus common space.
Additional Items for Voluntary Reallocation Projects	
j. Name of renewal project being reallocated	
k. Eligible current renewal amount	\$ _____
l. Retained by renewal project: \$ <u>0</u>	Reallocated for new project: \$ _____ Additional requested for new project: \$ _____

[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: New Pathways 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 (HFS) 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.*

Dubuque has a shortage of affordable housing for persons with no income or low income, due to lack of education, un- or under-employment, or disability. HFS currently has 20+ on the waiting list for our existing TH program; many of which will qualify for this PSH program. This new option would provide a these individuals a supported permanent home, in an environment where they can learn new skills as they transition into adulthood and would be a great addition to our continuum of care, focusing on ending the cycle of chronic homelessness.

HFS's plan is to provide the target population of youth between 17- 24 years old and up to one other family member, with not only affordable rental housing, but also coordinated, individualized services; and the community with another option to decrease those classified as homeless before it becomes ingrained way of life for them.

Services are voluntary and tailored to fit the needs of the residents. The housing is affordable, meaning residents will pay 30% of their adjusted income towards rent. Supportive housing does not have any time limit restrictions, allowing the participants to stay as long as they see necessary to address their needs and reach their goals. The program would provide six (6) furnished units in a shared building with common space. Staffing will be on-site seven days a week, including a portion of the HFS PSH Manager's salary (split between another CoC project) a full-time Resident Advisor, and part-time evening/night support staff.

Total program capacity would be seven (7), accommodating, five (5) individuals and at least one, two (2) person family. 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.

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. Needs for financial, debt or credit counseling are coordinated with other community providers. In addition, we work to secure employment and increase income. If a resident is unemployed, we may assist them as they actively job seek, attend school, or both. HFS works 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. Resident wellness is of utmost importance to us. We often assist residents in obtaining medical insurance and obtaining a primary care physician. We have good relationships with community providers and as needed we work often with agencies such as Child Support Recovery Unit, Department of Human Service (DHS), Dubuque Food Pantry, Iowa Legal Aid, Substance Abuse and Services Center (SASC), VNA, WIC, and local churches.

Our projected target population most likely will have additional mental health and substance abuse needs. Those individuals can receive services at the Hillcrest Community Mental Health Center on the Mercy Campus (or the satellite office located within a block of the proposed housing), the Wellness Center for peer support. Additionally, qualifying residents are provided supported community living, or intensive psychiatric rehabilitation services, on-site, through Hillcrest or another agency of the resident's choice. Special Education, for those under 21 who have not obtained enough credits for graduation, can be provided on-site, or integrated into the public school setting through our cooperative agreement with the Dubuque Community School District. Additional educational support for obtaining a GED or other continuing education is available as well.

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: **6**
- b. Total Beds.** Includes all of the beds in the project, regardless of unit configuration: **7**

4) Housing type: (1 point)

The new PSH project will be shared housing arrangement where two or more unrelated people share a house or an apartment. Each unit will contain private space for the assisted household, plus common space for shared use by the residents of the unit.

Designated space will be appropriate for shared use by the residents and private space must contain at least one bedroom for each two persons in the family. No zero or one bedroom units will be used for shared housing.

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, sub recipients, 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:

- **Title V funding contract for reproductive health services in Dubuque County via HFS Professional Health Clinic since 1971.**

HACAP/ Supportive Services for Veterans Families (SSVF):

- **Sub-contractor under HACAP's Veterans Affairs funded program since 2015 providing services, including homelessness prevention, to veterans and/or their families in Delaware and Dubuque Counties.**

Iowa Continuum of Care/HUD:

- TH project for homeless families since 2003.

Iowa Department of Human Services:

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

Iowa Department of Public Health (IDPH):

- Women, Infants and Children (WIC) contract in five counties (Dubuque, Jackson, Clinton, Delaware and Jones) since 1982.
- Maternal Health contract partner with Medical Associates/Mercy Hospital for Delaware, Dubuque, Jackson, and Clinton Counties since 1988.
- Tobacco Use Prevention contract for Dubuque County.
- Sub-contractor for Dubuque County Board of Health providing CTR counseling, HIV and Hepatitis testing/referral.

Iowa Health Link:

- Medicaid contractor with all three managed care organizations (MCOs) providing integrated mental, physical and care coordination services.

Iowa Medicaid Enterprise (IME):

- Contractor for Intellectual Disabilities (ID) and Brain Injury (BI) Waiver and Medicaid (FFS) Services.

Iowa Vocational Rehabilitation Services (IVRS):

- 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)**

HFS has extensive experience providing a wide array of human services to many communities for 120 years. HFS has a demonstrated ability to offer programs through leveraging other federal, state, local and private sector funds. Un or under-funded programs often require creative leveraging amongst a variety of funding streams in order to meet our stakeholder needs.

For example, HFS Wellness Center leverages funds from Medicaid, ECR MHDS and United Way. Our PATH program (Projects for Assistance in Transition from

Homelessness) has used leveraged federal dollars, implemented by the State of Iowa through SAMHSA, since 2005. For the PATH program, HFS also leverages funds from ECR MHDS, United Way, and private sector donors and grants (McDonough Foundation).

The HFS/Mercy Maternal Health Program receives funds through IDPH and a local group called the Women's Giving Circle.

Our sub-contract with Youth and Shelter Services of Ames, Inc. for Achieving Maximum Potential (AMP) support group, for teens in Dubuque that have experienced out of home placements, is through the Partnership of the Iowa Foster Care Youth Councils.

Hillcrest contracts to provide school-based youth counseling services in the various district buildings and special education, including autism programs to K-12 students for the DCSD on our campus.

HFS utilizes Medicaid, and some private insurance to fund, adult group homes for those with a serious mental illness or a qualifying intellectual disability (ID), as well as for other mental health services. The ECR MHDS is also a "funder of last resort" for these services. HFS has applied for, received and used private donors or grants including those from the Dubuque Racing Association and Whaler Foundation to help remodel and provide new furnishings to some of our residential facilities.

HFS uses Medicaid and private insurance money and contracts with the Southeast Iowa Link Mental Health and Disability Region (SEIL) to provide community mental health center, crisis intervention and IHH services.

TH program has leveraged funds from grants through HUD Continuum Care and These's. We historically have used some United Way funding, and were fortunate to have several private donors designate funds for the program as well.

HFS contracts with the Southeast Iowa Link Mental Health and Disability Region (SEIL) to provide community mental health center, crisis intervention and IHH services. Medicaid and private insurance is also utilized.

Our current Hopes Transitional Housing (TH) program has leveraged funds from grants through HUD Continuum Care and Theisen's. We have also used portions of our historic United Way funding and were fortunate to have several private donors designate funds for the program.

- 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)

Attached you will find the organizational and management chart in relation to the New Pathways PSH program. Please see attachment A. Our Board of Trustees and the Executive Leadership Team set the direction of the organization, our approach to treatment and care, and our vision for the future, which include our CEO, COO and Vice Presidents through the strategic planning process.

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 approved by the CFO. Hillcrest's books are closed monthly and 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 youth defined as chronically homeless, unaccompanied disabled youth or young adults ages 17-24 and their families (up to 2 individuals). The target population includes: those who have aged out of the foster care system, are transitioning from the juvenile justice 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)

Currently the shelter options in Dubuque 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 a fall/winter overflow shelter for men, Almost Home. For TH for women and children, there is Maria House and for men, there the Rescue Mission, and Hope House. Mary's Inn is available in Dubuque for pregnant single women.

The permanent housing projects in Dubuque are: Shelter Plus Care (disabled men and women), Manasseh House (men SRO), Salvia House (women SRO), and Davis Place (men SRO).

Dubuque lacks affordable, safe rental properties to accommodate the no income or lower income population including homeless individuals. Access to Dubuque's Section 8 housing funds has been closed for some time. Many landlords opt not to rent to youth/young adults, not only due to age, but because they lack established credit, income, or references due to lack of rental history.

Options are needed that alleviate the barriers to finding a stable place to live. HFS TH project is/was the only project classified as "homeless" in Dubuque area to house full families; otherwise families must be split up in order to obtain shelter. By allowing another PSH project in Dubuque, more timely permanent housing could be obtained.

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

There are two projects in Dubuque besides Hillcrest's current TH program, receiving COC funds. One is the scattered site PSH Phoenix Housing, Shelter Plus Care Program, currently administered by the City of Dubuque. The other program is Maria Transitional Housing Program for women and children; however, Maria House is not renewing their COC grant, for next year.

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

The New Pathways 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 Coalition 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 Resident Advisor 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 upmost 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.

- 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 New Pathways Permanent Supported Housing Program would be a new COC PSH project in Dubuque. There is an existing building that we are planning on updating for the new program. We are hoping that the grant year dates would coincide with the other voluntary reallocation project, which would begin on May 1, 2017. We would be able to make all necessary renovations within two months and be able to house residents by July 1, 2017. We would also be able to have the Resident Advisor hired within that time frame. We currently have Night Monitors that do check on other Hillcrest programs over night, so we would not have to hire new employees to do that.

Since we would know about the project approval in advance, the Program Manager would be able to have all intakes and decisions made regarding which persons to accept into the program, which hopefully we would be at capacity by August 15, 2017 (six weeks). The VI-SPDAT tool will be utilized. Additionally, once our Continuum of Care utilizes a coordinated entry process, we will be actively participating in this as a way to identify the highest need chronically homeless individuals to place into the program.

Hillcrest's Chief Operating Officer will be overseeing the schedule of proposed activities and will ensure the timely completion of all work.

- 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.

- ✓ 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) or
- ✓ 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

YES. See Attachment B.

(d) Verify that the project’s admissions and terminations don’t discriminate on the basis of residency requirements Yes/No (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 ▼

- 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 HFS New Pathways PSH Program utilizes the Housing First Model as a 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 not rejected due to income, resources, poor credit history, or 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, barriers are removed to get persons into safe permanent housing. This population often needs guidance, nurturing and support to maintain independent living. New Pathways staffing is on site 7 days a week. Program participants must meet at least weekly. It is anticipated that due to the increased needs of youth and young adults, more frequent contact is needed to work on support plans, especially in the beginning, to ensure success in the program.

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.

One of the initial areas of focus of case management is getting the traumatized youth/young adults mental health treatment, especially if untreated/or undiagnosed due to their age. Without gaining the necessary supports in this area, it often is very difficult to work on anything else. HFS will assist them in accessing these services and offer counseling on-site.

After that, we can work on developing 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.

HFS plans to assist in monthly budgeting, encouraging residents to pay their bills at the beginning of the month, including rent, before money accessing for leisure. This routine of making sure that necessities are covered monthly assists in maintaining 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)***

Available on-site supportive services include working on employment readiness skills such as: job searching, completing applications, writing resumes and practicing interview etiquette. HFS provides assisted on site computers and internet access for these purposes. Tenants may purchase wireless internet in their units.

Referrals are made to community state providers such as IWD, IVRS, and Promise Jobs to assist them in gaining or maintaining employment as necessary. Participants can also be referred to other private supported employment, job coaching and psychiatric rehabilitation service providers in the area as appropriate.

If individuals are not interested in employment or are not ready, we explore options of completing and/or continuing their education. HFS can assist in attending campus tours, meeting with advisors, completing financial aid and college applications, and/or developing school and studying schedules/time management. HFS works closely with Dubuque Community Schools Alternative Learning Center (ALC) life coaches to provide any support necessary to ensure successful completion of their high school education. We also work closely with Northeast Iowa Community College (NICC) to help remove barriers to completion of GED, including paying for textbook or testing fees.

HFS will make sure that the youth and/or family has 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. Staff is available to teach the tenants about each benefit, how to maintain enrollment and other participant responsibilities.

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. 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 Coalition 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 even if not a voting member.*) Briefly describe. (2 points)

Yes. Cathy Ahrens and/or Cindy Hess participate in 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 regularly participate in the Continuum of Care Committee meetings via phone. Cathy Ahrens also serves on the local CoC Executive Committee of the Homeless Advisory Council. We also have formerly homeless client who 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 NEW PROJECT REQUEST: \$127,598

1. REHABILITATION FUNDS REQUEST: \$23,879

Costs of purchasing and installation of the following: energy-efficient furnaces/central air units to return heating/cooling to capacity to meet standards, energy efficient washer and dryer, energy efficient microwaves, energy efficient stove, energy efficient dishwasher, energy efficient refrigerators (2 stand-up and 6

mini-refrigerators for the tenant rooms), and an energy efficient freezer. The current appliances are either out-dated/not energy efficient or not present in the proposed facility.

2. GRANT BUDGET REQUEST: \$103,719

OPERATION: \$39,820

Costs in this area include: maintenance and repair; utilities such as gas, electric, water and sewage; scheduled payments to a reserve for replacement of major systems of the housing; furnishings; insurance; equipment; maintenance costs; and care of building and grounds.

SUPPORTIVE SERVICES REQUEST: \$58,713

Costs in this area include salary and benefits for the Resident Advisors, portion of shared program manager salary and benefits, gas, and Resident Advisor cell phone.

ADMINISTRATIVE REQUEST: \$ 5186 (5%)

Costs in this area include a portion of the Administrator/Director, general management, oversight and coordination, and costs for services and goods required for administration of the project.

TOTAL OVERALL NEW PATHWAYS PROGRAM BUDGET (including rehabilitation costs, agency match grant budget request and rental income): \$160,265

- 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 \$ 25,930 (25% of the grant request of \$103,719).

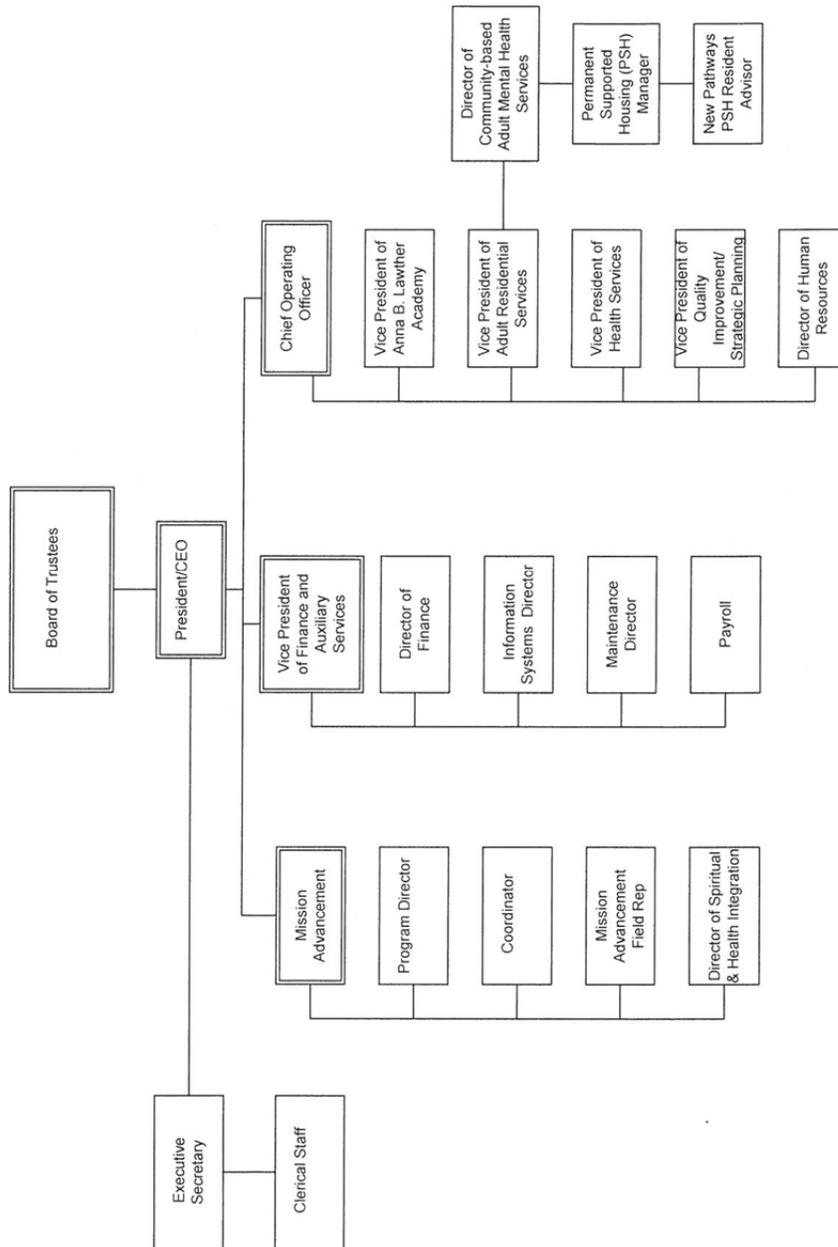
Match funds are proposed to cover maintenance staff costs, kitchen remodel; other furnishings for the building; vehicle insurance, license and vehicle maintenance costs prorated to program usage; educational assistance and materials; groceries; out-patient mental health therapy and medication management services; out-patient health services for primary care. Also, match will include the remainder of our federally-approved administrative cost rate of 12.8% for general management, oversight and coordination, and costs for services and goods required for administration.

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 New Pathways Permanent Supported Housing Program/PSH



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 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 tenants, or possession of illegal substances. Eviction will be determined by the Program Coordinator, in consultation with the Division Director.

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 the termination/eviction. The contact person for this appeal is:

Julie Heiderscheit, Chief Operating Officer
Hillcrest Family Services
2005 Asbury Road
Dubuque, Iowa 52001
(563) 583-7357, extension 209.

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